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Progress report on the Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind

This report provides an overview of implementation of the Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind, since its adoption by the WHO Regional Committee for Europe in 2016.

It is submitted for consideration at the 69th session of the Regional Committee, in accordance with resolution EUR/RC66/R7.

Background

1. In 2016, at its 66th session, the WHO Regional Committee for Europe adopted resolution EUR/RC66/R7, in which it endorsed the Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind. Hungary, Poland and Turkey dissociated themselves from the Action Plan.
2. The Action Plan puts forward a vision of the WHO European Region as a region in which all people, regardless of sex, age, gender, sexual orientation, gender identity, socioeconomic condition, ethnicity, cultural background and legal status, are enabled and supported in achieving their full potential for sexual and reproductive health and well-being; a region where human rights related to sexual and reproductive health are respected, protected and fulfilled; and a region in which countries work individually and jointly towards reducing inequities in sexual and reproductive health and rights. The Action Plan also contributes to the delivery of the vision and main policy directions of Health 2020, the European health policy framework, and the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030) within the overall framework of the United Nations Sustainable Development Goals.
3. In resolution EUR/RC66/R7, Member States were urged to implement the Action Plan and reduce the burden of ill health in their populations, giving particular attention to vulnerable, disadvantaged and hard-to-reach groups.
4. In the resolution the Regional Director is requested:
 - (a) to support Member States in the implementation of the Action Plan;
 - (b) to report to the Regional Committee at its 69th and 72nd sessions in 2019 and 2022, respectively, on the implementation of the Action Plan.
5. The Action Plan has three closely interlinked goals, each with several objectives. The progress made in implementing these three goals is summarized below.
6. The present report provides information on implementation of the Action Plan between 2016 and 2018, gives an overview of sexual and reproductive health policies and interventions, suggests action and lays the groundwork to help Member States achieve the full potential for sexual and reproductive health and well-being for all their people. Thus far, 39 Member States have responded to the Global Reproductive, Maternal, Newborn, Child and Adolescent Health Policy Survey of 2018. Responses relating to the way national policies are aligned with the Action Plan have been included in the present report. A set of country profiles are being prepared and will be made publicly available through the European Health Information Gateway of the WHO Regional Office for Europe.

Sexual and reproductive health strategies and governance

7. Thirty-three of the 39 Member States that responded to the survey provided data on various sexual and reproductive health strategies in their respective countries. Reproductive health and maternal and newborn health are the priority areas addressed in national strategic documents by as many as 31 Member States (94%) of the 33 that provided the required information.

8. Associating the national strategic documents with the budget required to implement them is evidence of a high level of commitment to translating the strategies into action. Of the sexual and reproductive health strategic documents made available by the 33 Member States referred to above, more than half (65%) are fully or partially costed.

9. Importantly, however, 10% of the 39 Member States that responded to the survey either said they had no reproductive health strategic documents or supplied outdated documents (i.e. ones expiring before 2018). Similarly, 8% of Member States reported that they had no ongoing strategy for maternal and newborn health. This provides an opportunity for the Regional Office to advise these Member States on updating their existing or developing new national sexual and reproductive health strategies and plans in a way that is consistent with the goals and objectives of the Action Plan.

10. Broad and coordinated cross-sectoral policy, engagement and participation by a wide range of governmental and nongovernmental partners in the formulation of national policies on sexual and reproductive health are crucial to the common goal of improving sexual and reproductive health and rights. A total of 77% of the 39 Member States that responded to the survey reported having at least one strategic document that included action from various sectors (for example, education, gender policy, infrastructure, and local government) to deliver on its objectives.

Goal 1: Enable all people to make informed decisions about their sexual and reproductive health and ensure that their human rights are respected, protected and fulfilled

11. Nineteen of the 39 Member States (49%) that participated in the survey have policies and/or laws requiring mandatory comprehensive sexuality education as part of the regular education curriculum. More needs to be done to incorporate such education into the formal curriculum. Standards for sexuality education in Europe have been developed, including competency frameworks and implementation guidelines for the introduction of holistic sexuality education. The Regional Office has been working with eight Member States to develop and strengthen country capacities in promoting and developing policies for comprehensive school-based sexuality education and capacity-building for sexuality educators and experts.

12. National policies and guidelines on the delivery of sexual and reproductive health care that facilitate adequate and harmonized delivery of comprehensive sexual and reproductive health information and services have been developed by 35 of the 39 Member States surveyed.

13. Thirty-two Member States (82%) have national policies in place referencing gender-based violence. Health-care providers have an important role to play in responding to the needs of women who have been subjected to violence. Twenty-eight Member States (72%) have national protocols and/or guidelines on the health sector response to gender-based violence.

Goal 2: Ensure that all people can enjoy the highest attainable standard of sexual and reproductive health and well-being

14. Progress has been made in the Region in reducing unmet need for contraception. Twenty-nine Member States (74%) reported that they have national guidelines on family planning and contraception. However, in relation to policies on the provision of contraceptive commodities free of charge, only 17 Member States (44%) have a national policy and/or guideline on family planning that includes a contraceptive commodity security plan. Having such a security plan and providing contraceptives free of charge, particularly for vulnerable groups, is important in reducing financial barriers and increasing access to family planning services and use of contraceptives.

15. With respect to policies allowing independent provision of various types of contraception by health-care providers other than specialist doctors, family planning services are still mostly provided by specialist health professionals. Only a small number of countries allow the provision of selected family planning services by non-specialist health professionals, commonly midwives and family doctors: intrauterine contraceptive devices may be inserted by midwives in six Member States (15%) and by family doctors in 11 Member States (28%). This strongly suggests that further policy advocacy and investment are required to strengthen policy and institutional mechanisms to improve access to integrated, high-quality family planning and other reproductive health services at primary care level.

16. Almost all Member States that responded have national protocols on antenatal care (93%) and on childbirth and postnatal care (97%), thus facilitating standardization of care and reducing variation across health-care facilities. Thus far, 56% of the Member States that responded have updated the recommended number of antenatal care contacts (visits) to eight, following the latest WHO recommendations.

17. Relatively low priority is given to preconception care. Standards of preconception care, including timely diagnosis of noncommunicable and communicable diseases and provision of information on a healthy lifestyle and its influence on health outcomes for pregnant women and their infants, are addressed by only 27 Member States (69%) in their respective protocols and/or guidelines. More effort is needed to provide access to evidence-based preconception care and promote the life-course approach to health care delivery, as endorsed in the Minsk Declaration: the Life-Course Approach in the Context of Health 2020.

18. Financial barriers may play a critical role in preventing access to high-quality and timely care in pregnancy and childbirth. However, 97% of responding Member States reported that they have policies for free access to antenatal care, with 95% providing childbirth and newborn care services for all.

19. Reviewing every maternal or newborn death and stillbirth is a key strategy in avoiding preventable maternal and perinatal mortality. It contributes to an understanding of the underlying contributing causes and avoidable factors; systematic, critical analysis of the quality of care provided; and development of national and facility-level action based on identified deficiencies. However, the proportion of Member States with established review processes for maternal and newborn deaths remains limited. Only 21 Member States (54%) require a review of maternal deaths and 23 (59%) a review of newborn deaths. Lower still is the number of Member States (19; 49%) that have adopted policies on the review of stillbirths.

20. Antenatal screening and appropriate and timely treatment can also prevent vertical transmission of HIV and syphilis. Some Member States in the Region have maintained a strong commitment to implementing the WHO global health sector strategy on HIV for the period 2016–2021 in respect of mother-to-child transmission of HIV and achieving the set targets and criteria for validation. Twenty-one Member States (54%) reported having a national policy and/or guidelines on elimination of mother-to-child transmission of both HIV and syphilis; an additional five Member States (13%) have national policies on elimination of HIV only and one Member State on elimination of syphilis only.

21. National policies and/or guidelines on diagnosis, treatment and counselling for sexually transmitted infections have been developed by 72% of Member States, which is a lower percentage than seen for other reproductive health guidelines.

22. Policies and/or laws on infertility management are available in 33 of the Member States surveyed (85%) with 31 Member States (79%) regulating access to the application or practice of assisted reproductive technology. There are varying policies regulating the funding of high-cost assisted reproductive technology, with 30 Member States (77%) fully or partially covering the cost of the procedure.

23. As many as 34 Member States (87%) have a national policy and/or guidelines on cervical cancer prevention and control. However, policies on access to free cervical cancer prevention, diagnostic and treatment services vary across countries and services; 79% of Member States have policies on free screening for precancerous lesions, and 29 Member States (74%) have policies on free treatment and diagnosis of cervical cancer for targeted groups. Policies on free treatment of precancerous lesions have been adopted in 27 Member States (69%), with policies on free provision of human papillomavirus vaccine for targeted groups adopted in 24 Member States (62%).

Goal 3: Guarantee universal access to sexual and reproductive health and eliminate inequities

24. Thirty-five of the responding Member States (90%) refer to adolescents as a specific group in national policies and guidelines addressing sexual and reproductive health. However, only 18 (46%) have national adolescent health programmes, and only around half of these (28%) are supported by relevant government budget allocations.

25. Over half of the Member States do not set an age limit for adolescents accessing contraceptive services, emergency contraception or HIV testing and counselling (53%, 63% and 57%, respectively), thus making the services accessible without parental consent. The age limit in the remaining Member States ranges from 14 to 18 years.

26. Financial barriers may limit access to sexual and reproductive health services for adolescents. In 32 Member States (82%) adolescents are exempt from user fees for the testing and treatment of sexually transmitted infections, and in 27 Member States (69%) they are exempt from user fees for contraceptives.

27. Of the 33 Member States reporting data on strategic documents on sexual and reproductive health, as many as 30 (91%) have at least one document reflecting equity issues in sexual and reproductive health, which is evidence of the increased recognition of inequities

in delivery of sexual and reproductive health services by Member States and of their commitment to eliminating them and ensuring sexual and reproductive health and rights.

Conclusions and way forward

28. In August 2018, the Regional Office, in close collaboration with the Public Health Agency of Sweden and the Eastern Europe and Central Asia Regional Office of the United Nations Population Fund, conducted a regional meeting attended by 25 Member States. Progress and challenges in the implementation of the Action Plan and their implications for achieving universal health coverage were discussed with policy-makers and experts from Member States, and the technical support available from the Regional Office and partners was identified. The regional meeting resulted in increased expressions of interest and requests for support from Member States for the evaluation of existing strategies and the development of new ones, which is evidence of their commitment to accelerating implementation of the Action Plan. France, Georgia and the Republic of Moldova developed and approved new strategies in 2017–2018. Azerbaijan, Kyrgyzstan, North Macedonia, Spain, Tajikistan, Turkmenistan and a number of other Member States are preparing new sexual and reproductive health strategies and action plans.

29. WHO collaborating centres for sexual and reproductive health and maternal and child health in the Region met in 2018 in Edinburgh, United Kingdom of Great Britain and Northern Ireland, to discuss support for implementation of the Action Plan and tools and instruments for monitoring progress. There is strong collaboration, coordination and partnership with the Eastern Europe and Central Asia Regional Office of the United Nations Population Fund and regional offices of the United Nations Children's Fund in implementing activities in countries in support of the Action Plan.

30. An assessment of sexual and reproductive health in the context of universal health coverage was initiated and completed in three Member States in 2018 – Albania, Kyrgyzstan and the Republic of Moldova. The assessment describes the sexual and reproductive health services that are included in policies on universal health coverage in the country, assesses the extent to which they are available to the people for whom they are intended and at what cost, and identifies potential health system barriers to the provision of sexual and reproductive health services by using tracer methodology and employing an equity lens. A standardized methodology for country assessment was developed, together with assessment reports and/or case studies, and specific recommendations were drawn up for each country. These resources will support Member States in strengthening policies and service delivery for the progressive realization of universal access to sexual and reproductive health services.

31. A regional expert capacity-building meeting was held in 2018 to promote implementation of stillbirth and neonatal death reviews and the system of maternal and perinatal death surveillance and response in the Region. A core group of country experts (from Georgia, Italy, Kazakhstan, Latvia, North Macedonia, the Republic of Moldova, the Russian Federation, Ukraine and Uzbekistan) was established and mentored by the Regional Office so that it could support ministries of health in the implementation of the surveillance and response system. Country-specific plans using tailored approaches were developed for accelerated implementation of stillbirth and neonatal death reviews, and for maternal and perinatal death surveillance and response.

32. In addition to the work described above to implement the Action Plan, the Regional Office has provided other targeted technical assistance and strategic support for Member States, including: facilitation of intersectoral policy dialogues to promote the sexual and reproductive health and rights agenda; evaluation of existing national sexual and reproductive health strategies; development of new national sexual and reproductive health strategies and action plans; capacity-building for national policy-makers and health-care providers; and engagement of sectors beyond health, such as education, in the development of comprehensive sexuality education policies.

33. Despite improvements in sexual and reproductive health across the Region, great inequalities persist between and within Member States. The evidence to date suggests that universal access to sexual and reproductive health is an unfinished agenda for the Region and a challenge to the attainment of the Sustainable Development Goals. The Action Plan has been partially implemented by Member States, although much work remains to be done before the next evaluation in 2022.

34. The Regional Office will continue to implement the Action Plan and support its national adoption in accordance with national legislation, capacities and priorities. It will also provide recommendations and help Member States to fill the gaps in their existing policies.

35. As mandated by the Regional Committee, a further progress report will be issued in 2022, providing an in-depth evaluation of the achievements and impact at that point, which will form the basis for future strategic documents on sexual and reproductive health and rights.

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