

# Action Plan for Sexual and Reproductive Health - EECA

Recommendations to support the rollout of the WHO Europe Action Plan for SRH at a national level

Ghent, Belgium

October 2019



## **Introduction**

The main aim of this document is to provide a set of recommendations that can support national governments with the implementation of the WHO Europe Action Plan for Sexual and Reproductive Health in the Eastern Europe and Central Asia (EECA) region. To do so, ICRH has been collecting evidence using an evaluation of the national program of Moldova from 2018 and an assessment on the knowledge of Belgian SRHR stakeholders about the Action Plan done in 2019. Recommendations that came out of these two case studies can help other countries in the region to optimise the development process and the content of their national action plans.

## **Background**

### *WHO Europe Action Plan for Sexual and Reproductive Health (2016)*

The '[Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind](#)' and its resolution were adopted by the 66th session of the WHO Regional Committee for Europe in September 2016. It provides a comprehensive framework that aims to support countries to ensure that people are achieving their full potential in terms of sexual and reproductive health and well-being. WHO member states are advised to adapt the plan to the local context and make it into a national action plan, in line with the international agreements that they have already committed to and in accordance with national priorities, legislation and capacities.

The Action plan has three closely interlinked goals focusing on 1) enabling people to make informed decisions about their sexual and reproductive health and rights, 2) ensuring the highest attainable standard of SRH and 3) wellbeing and guaranteeing universal access to SRH. All of them stating several objectives and concrete activities. The plan also indicates a clear division of labour between the Ministry of Health, WHO and NGOs to make the implementation successful. [1]

### *Sexual and Reproductive Health and Rights in the EECA region*

According to UNFPA, the EECA region has very characteristic trends when it comes to SRH, such as considerably high maternal mortality (despite decreasing around 50% since the early 1990s) and an above-average number of abortions. The region also presents a low usage of modern contraception, high teenage birth rates and the world's highest levels of secondary infertility as well as high incidence of cervical cancer. Against the global trend, new HIV cases are also on the rise, with sexual contact being the predominant mode of transmission.

In general, there are still significant inequities between and within countries (with particular sectors of the community being disproportionately affected) and women and adolescents still face considerable barriers to access quality information and services on sexual and reproductive health. [2] [3]

Countries in the EECA region are currently at different levels of implementation of the Action Plan. While 7 countries have already finalised their national action plans (Albania, Georgia, Moldova, Republic of North Macedonia, Serbia and Tajikistan), three are in the process of developing one as we speak (Kyrgyzstan, Turkey, Turkmenistan) and ten countries still need to start the process.

## **Action Plan Indicators**

In order to support the member states in monitoring the implementation of the Action Plan, UNFPA and the International Centre for Reproductive Health (ICRH) have developed a concise list of indicators. This list draws on indicators from existing monitoring frameworks (i.e. the 'Sustainable Development Goals or SDGs' and the 'Global Strategy on Women's Children's and Adolescent's Health'), and brings together those indicators that correspond to the objectives of the plan.

The process to shape this recommended framework of indicators resulted in a final set of 51 SRHR-related indicators meant to support Member States with the monitoring of each objective in the Action Plan. Each indicator is accompanied by a detailed explanation as well as a guidance on which kind of source should be used to obtain it. [4]

## **Case studies used to define a set of recommendations**

In 2017 and 2019, two case studies were carried out to evaluate the implementation of the action plan. The first one was done in Moldova where the 'National Programme on Sexual and Reproductive Health and Rights' was reviewed to look at its impact and effectiveness. The second evaluation was done in Belgium, where no national plan has been developed yet, and it checked the knowledge of different stakeholders on the action plan and how relevant they felt it was in their national context. These two very different contexts led to a complete set of recommendations that can potentially support other countries interested in developing or reviewing an action plan.

### *Review of the National Program on Sexual and Reproductive Health and Rights (SRHR) of the Republic of Moldova*

In 2018, Moldova became one of the first countries in Europe to adopt their National Plan on Sexual and Reproductive Health, based on the WHO Europe Action Plan. The adopted programme aims to ensure universal access to sexual and reproductive health, including in humanitarian situations, to improve the quality of care and human rights-based and patient-centred approaches to sexual and reproductive health. [5]

In this context, WHO commissioned the 'Academic Network on Sexual and Reproductive Health and Rights Policy (ANSER)', led by ICRH, to conduct the external review of the document, focusing particularly on consistency and coherence, scientific soundness and application of the WHO language and alignment with the WHO Europe Action Plan.

The reviewing process began by circulating the National Program among ANSER SRHR experts to collect their input on the narrative and language used in the plan. Besides that a comparison matrix was developed that included the objectives of the National Programme of Moldova and three selected global and regional frameworks (the 'Sustainable Development Goals' the 'Global Strategy on Women's Children's and Adolescent's Health' and the "WHO Europe Action Plan for Sexual and Reproductive Health'). This matrix helped identifying aspects that were underrepresented in the National Plan. The final stage of the review included an assessment of the national program based on the indicator framework.

The evaluation concluded that the plan still had gaps when it came to HIV, sexual violence and harmful practices against women and girls and that some of the key components of the Action plan (such as financial barriers when it comes to accessing SRH services) were clearly not addressed. Additionally, the language used in the national plan was not totally inclusive, vague and at risk of biases [6].

*The implementation of the WHO European Action Plan for Sexual and Reproductive Health in Belgium: A Case-Study*

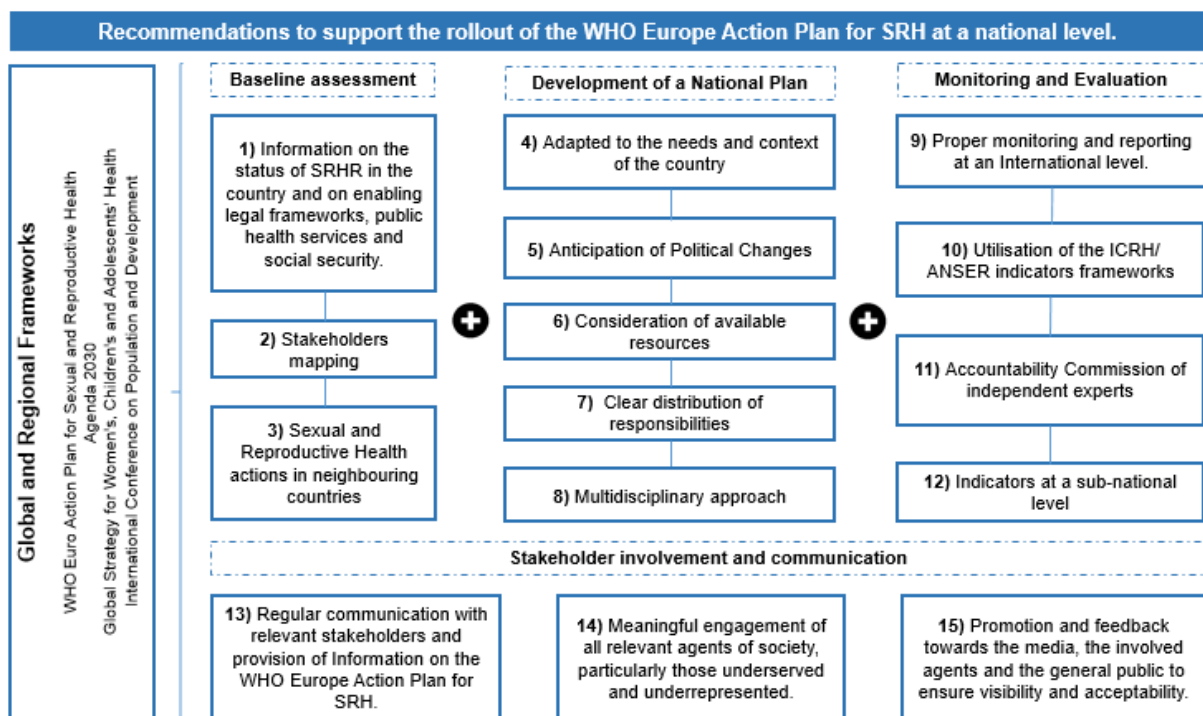
This thesis provides an insight on the implementation of the Action Plan in Belgium. Through interviews with stakeholders that worked on topics relevant to the action plan, the authors identified potential barriers and enablers for its rollout. Based on these outcomes, the authors developed a set of recommendations on a national and subnational level to support the implementation of the Action Plan.

Results obtained from the selected sample showed that the general knowledge around the Action Plan for SRH is rather limited. The fact that there is currently no national plan, combined with the lack of responsibility taken by the government to take the plan forward and the vague guidance provided by WHO on how to implement it are seen as the main reasons behind the low level of acquaintance. [7]

**Recommendations**

Based on the two studies discussed above a set of recommendations was developed that could be relevant for all countries in the EECA region interested in developing, implementing or monitoring their own national plans.

The recommendations are clusters into four groups: **1)** baseline assessment, **2)** implementation, **3)** monitoring and evaluation and **4)** stakeholder involvement and communication.



**Figure 1:** Recommendations to support the rollout of the WHO Europe Action Plan for SRH at a national level.

## 1) Baseline Assessment

1. Carry out a national and/or subnational baseline assessment to get a detailed picture on the status of sexual and reproductive health and rights in the country before developing a national plan. This should include health-related information as well as details on existing legal frameworks that enable the fulfillment of SRHR, all disaggregated by gender, age and key populations. It is recommended to use already existing databases in order to avoid duplicating efforts.
2. Create a detailed stakeholder mapping that includes the different actors (government bodies, academia, civil society...) working on SRHR at a national and subnational level, as well as their responsibilities. Understanding the ongoing work done by relevant actors that contributes to the goals enshrined in the Action Plan can help streamline actions through coordinated efforts.
3. Look at the national plans of other countries (either from the EECA region or the broader European region this Action Plan was made for), particularly those that have a similar context, to learn about barriers and enablers and take over best practices. It can help overcome blind spots and avoid common mistakes.

## 2) Development of a national plan

4. Consider the baseline assessment and the national and subnational context when defining national priority goals and strategic objectives. The more the national plan fits the context, the easier it will be to implement it.
5. Start from a long-term perspective that looks beyond elections and ensures full implementation even in situations of political change.
6. Make the plan realistic and achievable by taking into account the available human and financial resources.
7. Include a clear overview of who is accountable for what actions within the national action plan, to ensure responsibilities are taken up by all stakeholders involved.
8. Involve stakeholders from a wide variety of disciplines related to SRHR in the development of the national plan, to ensure all angles are covered.

## 3) Monitoring and Evaluation

9. Include a strong monitoring and evaluation mechanism in the National Action Plan and define who is responsible for submitting the five year evaluation report WHO requests in the action plan.
10. Use the ICRH/ANSER indicator tool to measure the progress of the national action plan.
11. Appoint an accountability commission of independent experts to help the monitoring of the implementation of the national programme.
12. Compare the indicator results for specific regions or areas in the country to have a better understanding of the subnational discrepancies.

#### 4) Stakeholder involvement and communication

13. Organise regular meetings with relevant stakeholders in the country to update them on the progress of the implementation of the plan and ask their advice on further actions to take.
14. Throughout the whole process (baseline assessment, the development of the national plan and the monitoring and evaluation) the voice of the most vulnerable groups that are often underserved and underrepresented when it comes to SRHR, should be heard and taken into account. This bottom up approach will only increase the impact of the national action plan.
15. Carry out adequate promotion and feedback towards the media, the involved stakeholders and the general public to ensure the rollout of the action plan at a national level is visible and acceptable.

#### **Conclusions**

As presented throughout the document, countries in the EECA region could potentially benefit from streamlining their SRHR-related efforts into a national action plan. The WHO Europe Action Plan for Sexual and Reproductive Health provides a good framework to achieve that.

Considering how most of the countries are at different stages of implementation, the recommendations drawn from the Belgian and Moldovan case studies could be helpful to ensure that the objectives framed in the WHO Europe Action Plan are translated into national and/or subnational legislation. Carrying out a good baseline assessment is essential to develop an action plan adapted to the needs and context of the country. Secondly, a good monitoring and evaluation strategy ensures proper accountability and enhances the reporting of advancements at an international level. For that purpose, the monitoring framework developed by ICRH and ANSER provides a set of 51 indicators that can be used to track the progress achieved.

Finally, ensuring meaningful engagement of all relevant stakeholders throughout the baseline study, development of a national plan and the monitoring and evaluation phases can increase its acceptability and enhance its success. Similarly, establishing a proper line of communication with the media and broader public can be useful to make the plan more visible.

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## Academic Network for Sexual and Reproductive Health and Rights Policy

The Academic Network for Sexual and Reproductive Health and Rights Policy (ANSER) was established by Ghent University in 2016. It aims to be a global resource for SRHR policy research, education and service delivery by:

1. offering an international platform for research on SRHR policy related topics,
2. developing a portfolio of education and training programmes on SRHR policy,
3. and by fostering interaction between SRHR researchers and policy makers.

The establishment of ANSER has to be seen in the context of the Sustainable Development Goals (SDG), that will require governments across the world to develop and implement new policies in the coming years. Sexual and Reproductive Health and Rights (SRHR) lie at the immediate intersect of SDG3 (ensure healthy lives), SDG5 (achieve gender equality) and SDG10 (reduce inequalities), and have a direct link to many other goals. As a consequence, SRHR have a central position in achieving the SDG. ANSER sees it as its role to contribute to the realization of the SDG by:

1. strengthening the evidence base that is needed to ensure the adequacy and effectiveness of SDG-related policies,
2. providing scientific follow-up and monitoring of policy development and implementation,
3. facilitating and nourishing regular exchange of knowledge and sharing of experiences between different types of stakeholders and different countries.

ANSER is characterized by its interdisciplinary and global nature and approach. The network includes academic staff from several disciplines (health sciences, psychology, social sciences...) and its member institutions cover six continents. Currently, ANSER is composed of the following academic institutions:

Institute of Public Health of Albania - Burnet Institute (Australia) - Institute of Tropical Medicine Antwerp (Belgium) - Ghent University (Belgium) - Universite libre de Bruxelles (Belgium) - Antwerp University (Belgium) - Tsinghua University (China) - National Research Institute for Family Planning (China) - Institute of Population Research (China) - University of Cuenca (Ecuador) - Jimma University (Ethiopia) - Tbilisi State Medical University (Georgia) - Ludwig Maximilian University of Munich (Germany) - Philipps-Universität Marburg (Germany) - University of Potsdam (Germany) - Aga Khan University (Kenya) - Technical University of Kenya - University of Nairobi (Kenya) - Riga Stradins University (Latvia) - Nicolae Testemitanu State University of Medicine and Pharmacy (Moldova) - University Eduardo Mondlane (Mozambique) - Norwegian Centre for Violence and Traumatic Stress Studies (Norway) - University NOVA de Lisboa (Portugal) - Foundation for Professional Development (South Africa) - University of the Western Cape (South Africa) - Karolinska Institutet (Sweden) - Uppsala University (Sweden) - Mbarara University (Uganda) - University of St. Andrews (UK) - Edge Hill University (UK) - Coventry University (UK) - Institute of Development Studies (UK) - Johns Hopkins University (USA). In addition, the Bundeszentrale für gesundheitliche Aufklärung (BZgA) (Germany), ICRH Kenya, ICRH Mozambique, Armenian Association of Obstetricians and Gynecologists, Azerbaijan Association "Support to Development of Gynecology and Perinatology", Dance4life (The Netherlands), and Rutgers (The Netherlands) holds the status of associated member within the network.

The network is coordinated by Ghent University.

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