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Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind



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Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind

The proposed Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind is intended to accelerate progress towards improving sexual and reproductive health in line with the European health and well-being policy framework, Health 2020, and the Minsk Declaration: the life-course approach in the context of Health 2020. The Action plan focuses on priority action areas and interventions to help Member States achieve the full potential for sexual and reproductive health and well-being for all people.

The Action plan has been developed through a consultative process, guided by the Twenty-third Standing Committee of the WHO Regional Committee for Europe and technical experts. It has been elaborated in line with the 2030 Agenda for Sustainable Development.

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Background and rationale

1. The International Conference on Population and Development (ICPD), held in Cairo, Egypt, in 1994, and its resulting Programme of Action, moved population policies and programmes away from a focus on human numbers to a focus on human rights and underscored the mutually reinforcing linkages between population and development. It recognized that reproductive health, including sexual health, and reproductive rights, as well as gender equality and women's empowerment, are important ends in themselves and key to improving the quality of life for everyone (1). The Fourth World Conference on Women, held in Beijing, China, in 1995, reaffirmed those sentiments with the adoption of the Beijing Declaration and Platform for Action (2).
2. In the years that followed the ICPD, many countries and organizations around the world used the Programme of Action as a template for elaborating their own sexual and reproductive health strategies and action plans. Similarly, in the WHO European Region, a regional strategy on sexual and reproductive health (3), published in 2001, has been used by many Member States in the Region to formulate their national policy documents. The global reproductive health strategy (4) was adopted by WHO Member States at the Fifty-seventh World Health Assembly in May 2004.
3. Although progress has been made over the past 20 years, many challenges remain to fully implement the outcomes of the Cairo and Beijing meetings and their review conferences. Millennium Development Goal 4 "Reduce child mortality" and Goal 5 "Improve maternal health" have still not been attained in many countries in the WHO European Region (5).
4. The 21st century health landscape is shaped by growing global, regional, national and local interdependence, in which all countries are challenged by major social, economic, environmental and demographic shifts. Significant inequalities in health remain, and in many places are worsening. Moreover, health policy-makers often lack the authority and tools to lead a coherent, integrated approach to these important challenges. For these and other reasons a wide-ranging process of research, dialogue and political commitment was undertaken in the WHO European Region, which led to the adoption – by all 53 European Member States – of the European policy framework for health and well-being, Health 2020 (6), in resolution EUR/RC62/R4 in 2012. Health 2020 aims to support action across government and society to "significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality".
5. By adopting the 2030 Agenda for Sustainable Development (7,8) and the related Sustainable Development Goals (SDGs), United Nations Member States have confirmed their commitment to SDG Target 3.7 to "ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes by 2030" and to SDG Target 5.6 to "ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the ICPD Programme of Action and the Beijing Platform for Action and the outcome documents of their review conferences". SDG10 – reducing inequalities within and among

countries – is crucial for further improvement of sexual and reproductive health. New evidence and recently approved global and regional strategies indicate the need to develop a new European action plan for sexual and reproductive health and rights.¹

6. The Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) (9) provides guidance to accelerate momentum for women's, children's and adolescents' health within the overall framework of the SDGs. The Global Strategy takes a life-course, gender-based approach and views women's, children's and adolescents' health from an integrated and multisectoral perspective.

7. The Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind reflects the objectives and main policy directions of Health 2020 and other relevant global and regional strategies and action plans that have been adopted in recent years (see References and Annex 1).

8. Over the past 15 years, many Member States in the European Region have made substantial progress in improving several key sexual and reproductive health indicators. For instance, the average perinatal mortality rate for the European Region declined by nearly a quarter from 9.5 perinatal deaths per 1000 births in 2000 to fewer than 7.4 in 2013; the average estimated maternal mortality ratio decreased by more than half from 33 maternal deaths per 100 000 live births in 2000 to 16 in 2015.

9. The contraceptive prevalence rate, using modern methods, increased slightly from 55.6% in 2000 to 61.2% in 2015, mostly as a result of increases in eastern and southern Europe (10). The abortion ratio in the European Region has fallen from 431 abortions to 1000 live births in 2000 to 234 in 2013.

10. Progress has also been made in reducing the incidence of syphilis (from a regional average of 45.0 per 100 000 population in 2000 to 10.6 in 2011) and gonococcal infections (from 35.1 in 2000 to 14.0 in 2011) but HIV incidence has nearly doubled (from 3.5 in 2000 to 6.7 in 2013). Infections with *Chlamydia trachomatis*² are also on the rise in European Union and European Economic Area countries (11).

11. Population surveys show that people often remain sexually active well into advanced old age. Sexuality in all people, including this age group, is influenced by physiological changes that are part of the ageing process in both men and women, as well as by psychosocial and socioenvironmental factors (12).

12. Although the overall picture is generally positive, caution should be exercised when interpreting data, since the regional averages frequently hide substantial variations both within and between countries.

13. With respect to within-country variation, data usually show the typical disparities in relation to place of residence (urban versus rural), wealth quintile, level of education and ethnicity. For instance, even in a country with low overall maternal mortality, there

¹ In accordance with the ICPD Programme of Action, the Beijing Platform for Action, the outcome documents of their review conferences, and international and regional human rights treaties.

² Centralized data are not available for *Chlamydia trachomatis* infection for all Member States in the WHO European Region.

are significant variations in maternal mortality ratios between cities, provinces and neighbourhoods (13). In addition, in the same study, a 60% higher relative risk of maternal mortality was observed in women of “non-Western” origin. Similarly, a 2014 European Union Roma health report concluded that maternal health risks and poor pregnancy outcomes are more common in Roma women than in non-Roma women living in the same country in the European Union (14).

14. Differences also continue to persist between countries. For example, the estimated maternal mortality ratio is 25 times greater in some countries of the European Region than in others, and perinatal mortality is up to 10 times higher. Unmet family planning needs, based on the most recent year available, range from 5% to nearly 23% in Member States.

15. Little or no systematic information is available for several important aspects of sexual and reproductive health, such as the prevalence of infertility, the quality of services or the as yet ill-defined concept of, and hence methods for measuring, sexuality-related well-being.

16. Although some ill-health conditions are biologically determined, much of the inequity in sexual and reproductive health arises from the societal conditions in which people are born, grow, live, work and age, and the wider set of forces and systems shaping the conditions of daily life, such as political systems, economic policies and systems, development agendas, social norms, gender inequalities, and social and environmental policies. Additionally, the manner in which health education, information and services are delivered plays a pivotal role.

17. Health systems are essential for ensuring, maintaining and managing the sexual and reproductive health of individuals and populations. Although sexual and reproductive health services are provided at the primary care level in some countries in the European Region, they remain predominantly specialized services in others. The financial crisis has increased inequalities related to the provision of sexual and reproductive health services in many countries in the Region. Member States are at different points in their progress in strengthening the role of the health system within a national multisectoral response to address sexual and reproductive health and rights.¹

Guiding principles

18. This Action plan has been drafted with a focus on the following 10 guiding principles:

- the right of everyone to the enjoyment of the highest attainable standard of health³ – a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (15);
- the right to non-discrimination (16);

³ This right is closely linked to the extent to which people’s human rights – such as the rights to non-discrimination, to privacy and confidentiality, and to be free from violence and coercion, as well as the rights to education, information and access to health services – are respected, protected and fulfilled.

- consistency with the vision, policies and priorities of Health 2020 (6) and relevant regional strategic documents (see Annex 1);
- continuum of care (17) and a life-course approach (18);⁴
- people-centred care (6);
- action based on the best available evidence,⁵ while recognizing that countries engage from different starting points and have different contexts and capacities;
- pursuance of health equity⁶ and gender equity in health;⁷
- pursuance of gender equality and the empowerment of all women and girls (7);
- emphasis on prevention, health promotion, community participation and empowerment; and
- recognition of the importance of cross-cutting actions, building governance and capacity for intersectoral action, strengthening accountability, and the establishment of lasting partnerships between governments and nongovernmental organizations.

Scope

19. The Action plan provides for a comprehensive framework that addresses sexual and reproductive health. It needs to be adapted at the national level, in line with the international commitments that Member States have already made, including to the SDGs, and with international and regional human rights treaties, while taking into account country-specific situations and in accordance with national legislation, capacities, priorities and specific national circumstances.

Target audiences

20. This Action plan is addressed to the policy-makers responsible for setting policies and developing national or subnational⁸ plans of action and associated budgets on sexual and reproductive health and rights.¹

⁴ A life-course approach suggests that the health outcomes of individuals and the community depend on the interaction of multiple protective and risk factors throughout people's lives. This approach adopts a temporal and societal perspective on the health of individuals and cohorts and on the intergenerational determinants of health.

⁵ In the absence of a dedicated initiative to collect, review and systematize the relevant evidence, the Action plan relies on published literature and expert opinion.

⁶ Health equity is an ethical principle closely related to human rights standards; it focuses on the distribution of resources and other processes that may cause avoidable inequalities. It is a concept of social justice (6).

⁷ Gender equity in health refers to a process of being fair to women and men, with the objective of reducing unjust and avoidable inequalities between women and men in health status, access to health services and their contribution to health (6).

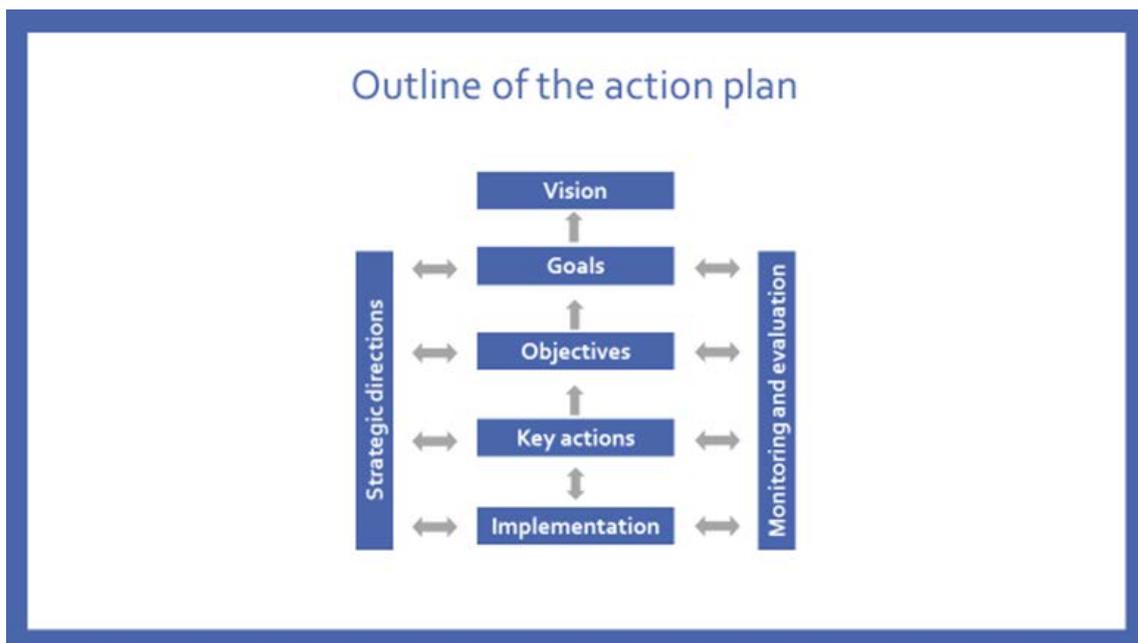
⁸ In countries with a federal or decentralized government, regions or states may have the responsibility for the development and implementation of health- and health systems-related laws, policies, programmes and services.

21. National and international partners are important audiences, since they are expected to play a key role in the implementation of regional and national policies as stakeholders working in partnership with, or alongside, public sector health programmes and services. These partners include the private sector (profit and non-profit); civil society (such as women's organizations, youth organizations, community-based organizations, organizations representing minority groups and other national and international nongovernmental organizations); parliamentarians; professional associations, particularly those with expertise in sexual and reproductive health and rights;¹ United Nations and multilateral organizations; bilateral agencies; and academic and research institutions. In countries confronted with large refugee and migrant populations and internal displacement, partners also include international and national institutions, agencies and organizations involved in the humanitarian system.

Structure

22. The outline of the Action plan is depicted in Fig.1.

Fig. 1. Main components of the regional Action plan for sexual and reproductive health



Vision

23. The WHO European Region is 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 their human rights related to sexual and reproductive health are respected, protected and fulfilled; and a region in which countries, individually and jointly, work towards reducing inequities in sexual and reproductive health and rights.¹

Strategic directions

24. In order to achieve this vision, the following five strategic directions, which provide a framework for the goals, objectives and specific tasks of the health and other relevant sectors and actors, are proposed:

- (a) assess the current situation and trends in sexual and reproductive health and rights¹ in order to define priorities;
- (b) strengthen health services for effective delivery of high-impact, evidence-based interventions and universal health coverage;
- (c) ensure broad cross-sectoral and societal collaboration and participation;
- (d) improve leadership and participatory governance for health; and
- (e) enhance information and improve evidence and accountability.

Goals, objectives and key actions

25. The Action plan has three closely interlinked goals, each of which comprises several objectives to be met by undertaking key activities.

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.

Objective 1.1: Ensure that people's human rights related to sexuality and reproduction are respected, protected and fulfilled (19).

26. Key actions would include:

- (a) recognizing by law the right of every person, throughout the life-course, to seek, receive and impart gender responsive information regarding human sexuality and sexual and reproductive health and rights;¹
- (b) ensuring the ability of all people to access age-appropriate, comprehensive and scientifically accurate information and education necessary for achieving and maintaining sexual and reproductive health and protecting, respecting and fulfilling human rights related to sexual and reproductive health;¹
- (c) protecting, by law, people's rights to confidentiality, privacy and informed decision-making during the receipt of services;
- (d) protecting, by legislative and other measures, people's rights related to sexual and reproductive health¹ by eliminating discrimination and stigmatization;
- (e) reviewing and, if necessary, establishing or strengthening legislation and other measures pertaining to child, early and forced marriage;
- (f) guaranteeing the right of all individuals to decide freely and responsibly if they want to have children and, if so, how many and when and providing them with the information and means to do so; and

- (g) adopting legislation to safeguard people's right to make decisions concerning sexuality and reproduction free from discrimination, coercion and violence.

Objective 1.2: Establish and strengthen formal and informal evidence-informed comprehensive sexuality education.

27. Key actions would include:

- (a) reviewing existing policies and, where necessary, establishing new ones to provide gender, age and appropriate to the development stage, scientifically accurate and comprehensive sexuality education throughout the life-course in order to build decision-making, communication and risk reduction skills in the population;
- (b) reviewing the principles and content of sexuality education programmes to ensure that they are evidence-based, have a rights perspective, start from early years and strive to give the ability to make informed choices on sexual and reproductive health (20,21);
- (c) incorporating the concepts of human rights and gender equality in comprehensive sexuality education in school curricula and in non-school settings or programmes aimed at young people;
- (d) involving a wide range of relevant partners, including parents, young people, and professionals with educational and sexual and reproductive health and human rights expertise in content development, delivery and evaluation of comprehensive sexuality education programmes;
- (e) developing, as necessary, and introducing a system of competency training in comprehensive sexuality education for teachers, educators and health professionals, including peer education and life-skills education methodologies;
- (f) establishing training and awareness raising for religious leaders on sexual and reproductive health in order to enhance their knowledge and skills for providing comprehensive sexuality education and counselling; and
- (g) establishing mechanisms for providing comprehensive sexuality education to less easily accessible groups, such as out-of-school children and adolescents, migrants and refugees, disabled people, people from disadvantaged socioeconomic groups, those with a limited education and older people.

Objective 1.3: Provide information and services that enable people to make informed decisions about their sexual and reproductive health.

28. Key actions would include:

- (a) guaranteeing, through laws, regulations and policies, the provision of comprehensive sexuality education, information and health services pertaining to sexuality and sexual and reproductive health and rights¹ for all;
- (b) reviewing and, where necessary, revising national guidelines and protocols relating to sexual and reproductive health issues to ensure that they are consonant with internationally accepted best evidence;

- (c) ensuring, through both pre- and in-service training, that all health care staff, social workers and other relevant professionals delivering services pertaining to sexual and reproductive health are familiar with national guidelines and protocols relevant to their work;
- (d) enhancing, as required, counselling skills among service personnel and providing them with any necessary support and supervision, including through the use of m-health technologies;
- (e) promoting development of educational tools, including tools adapted to people with disabilities, which are evaluated and monitored over time, for use in counselling to assist clients in making informed choices; and
- (f) providing opportunities for all people to access information and services, as well as contraceptive commodities, that will enable them to contribute to improved sexual and reproductive health for themselves and for their partners.

Objective 1.4: Prevent intimate partner violence and non-partner sexual violence and exploitation, and provide victim support and help to perpetrators.

29. Key actions would include:

- (a) adopting broad definitions of sexual assault, sexual violence and rape, which recognize that these can also take place in all forms of relationships, including marital and same sex relationships, and ensuring that the relevant laws and regulations are drafted or revised, as required;
- (b) awareness raising, reinforcing the role of society as a whole and strengthening that of the health system in preventing and responding to sexual violence from a rights-based perspective (22);
- (c) addressing the root causes of sexual violence, such as gender inequality and sociocultural norms that tolerate violence, by empowering women and young people and ensuring access to comprehensive sexuality education, and combating negative male gender roles and stereotypical images of masculinity linked to the use of violence and a lack of respect for human rights;
- (d) adopting a rights-based and life-course approach to programmes, policies and services to prevent and respond to sexual violence;
- (e) systematically including intimate partner violence and other forms of sexual violence and exploitation in the educational curricula of health care professionals, teachers and social workers;
- (f) reviewing and, where necessary, establishing or strengthening legislative and all other measures necessary to prevent, investigate and punish acts of sexual violence committed either by intimate partners or by others and to provide support to victims, including counselling and health, social and legal services;
- (g) taking all legal measures to penalize those who traffic people, including into forced prostitution, as well as providing protective measures and legal and health services to victims of trafficking; and

- (h) eliminating female genital mutilation through legislation, education and public awareness campaigns, and providing victim support, including counselling, health and legal services.

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

Objective 2.1: Attend to all people's needs or concerns in relation to sexuality and sexual and reproductive health and rights.1

30. Key actions would include:

- (a) facilitating access to age-appropriate, comprehensive and scientifically accurate information and education about relationships and sexual and reproductive health and rights;¹
- (b) ensuring that such information and education recognizes and addresses the various needs and concerns of people based on biological and gender differences;
- (c) ensuring that health care personnel are educated and trained to provide appropriate services related to sexuality and sexual and reproductive health and rights,¹ and that the exercise of conscientious objection does not jeopardize people's access to such services;
- (d) organizing dedicated services for those who may have difficulty accessing sexual and reproductive health services, including adolescents, people who are unmarried, people with socioeconomic disadvantage, those living in institutions, migrants and asylum seekers, people living with HIV, people with disabilities, lesbian, gay, bisexual, transsexual and intersex people, drug users and people engaged in sex work;⁹
- (e) ensuring the provision of necessary counselling and evidence-based treatment for women and men suffering from hormone deficiency, including menopause;
- (f) arranging access to professional counselling and treatment for people with sexual dysfunction; and
- (g) providing older people with information and services related to sexuality and sexual health.

Objective 2.2: Reduce unmet need for contraception.

31. Key actions would include:

- (a) tackling, including through use of the media, existing and newly emerging myths and misconceptions about methods of contraception;
- (b) providing contraceptive services with the widest possible range of evidence-based and effective methods that are acceptable and affordable to all clients;
- (c) providing evidence-based information about available methods of contraception so that clients can make fully informed decisions;

⁹ For the purposes of this Action plan, these population groups will be referred to collectively as "vulnerable, disadvantaged and hard-to-reach groups".

- (d) removing any unnecessary medical barriers to contraceptive use through the application of evidence-based eligibility guidelines;
- (e) making public contraceptive services, including contraceptive commodities, accessible and free of charge for those most in need;
- (f) ensuring that maternity and induced abortion services offer comprehensive information about, and commodities for, contraception;
- (g) providing contraceptive services within the context of comprehensive sexual and reproductive health services for all, especially for vulnerable, disadvantaged and hard-to-reach groups; and
- (h) addressing gender- and age-based barriers to contraception and using transformative approaches that empower women and involve men.

Objective 2.3: Eliminate avoidable maternal and perinatal mortality and morbidity.

32. Key actions would include:

- (a) enabling women to avoid unintended pregnancies;
- (b) providing evidence-based information and counselling on the risks associated with pregnancies that are “too close”, “too early” or “too late”;
- (c) facilitating access to abortion according to the best clinical practice to the full extent of the national law (23) and providing quality post-abortion care;
- (d) improving obstetric and perinatal care by working towards evidence-based knowledge and practice and respecting the user’s perspective;
- (e) taking all measures to secure women’s rights of access to necessary and quality health care and support services that allow them to go safely through pregnancy and childbirth and that provide them with the best chance of delivering a healthy infant;
- (f) using the preconception, antenatal and breastfeeding periods to ensure a life-course approach to health care delivery, as promoted by the Minsk Declaration: the life-course approach in the context of Health 2020 (24);
- (g) ensuring that all women, including those from disadvantaged and hard-to-reach backgrounds, have information about and access to quality services for pregnancy and post-partum care;
- (h) providing quality preconception information and services (25), including timely diagnosis of noncommunicable and communicable diseases and information on the effects of tobacco, alcohol and illicit drugs on health outcomes for pregnant women and infants;
- (i) implementing universal hepatitis B newborn vaccination to prevent mother-to-child transmission of hepatitis B (26,27);
- (j) informing pregnant women and their partners about changes with regard to sexuality during pregnancy and after delivery;
- (k) ensuring skilled attendance at birth for all women;

- (l) taking measures to avoid performance of caesarean sections without medical need;
- (m) ensuring availability, accessibility, acceptability and quality of services for emergency obstetric care and newborn care (28);
- (n) promoting, supporting and protecting breastfeeding as the first choice of infant feeding and provide evidence-based knowledge and support for women who for various reasons cannot breastfeed;
- (o) adopting evidence-based interventions to improve preterm birth outcomes (29);
- (p) establishing confidential enquiries into all cases of maternal death at the national level and analysis of severe maternal morbidity cases (“near-miss” events) at the national and health-facility levels (30);
- (q) establishing perinatal death audits and perinatal registers; and
- (r) enhancing the capacity of health care providers to detect and address intimate partner violence against pregnant women.

Objective 2.4: Reduce sexually transmitted infections (STIs).

33. Key actions would include:

- (a) strengthening in-country surveillance of the dynamics of STI incidence and prevalence, including key populations at risk and vulnerable populations;
- (b) reinforcing prevention of STIs, including HIV and viral hepatitis B and C, by promoting safer sex, targeted distribution and promotion of condoms, vaccination against hepatitis B and human papillomavirus (HPV), counselling and testing for HIV, viral hepatitis and other STIs, pre- and post-exposure prophylaxis of HIV offered as an additional prevention choice for people at substantial risk of HIV infection;
- (c) instituting measures to prevent mother-to-child transmission of HIV, syphilis and other infections (31,32,33,34);
- (d) empowering all people, especially those from key populations with higher risk of exposure to HIV, to demand high-quality sexual and reproductive health services and products;
- (e) increasing the uptake for counselling, timely testing, effective contact-tracing and effective treatment by increasing access to services and integrating the prevention, screening and management of STIs and HIV into the broader agenda of sexual and reproductive health; and
- (f) strengthening the management of STIs, including surveillance of antibiotic and antiviral resistance of pathogens (31).

Objective 2.5: Prevent, diagnose and treat infertility.

34. Key actions would include:

- (a) tackling, including through the use of the media, prevalent myths and misconceptions about causes and treatments of infertility;
- (b) informing people about the adverse effect of advancing age on fertility;

- (c) promoting actions to prevent infertility, such as prevention of obesity and unsafe abortion, and prevention and timely treatment of STIs and postpartum infections;
- (d) safeguarding the reproductive right of people to receive quality counselling, diagnosis and appropriate fertility treatment, including patients of reproductive age with cancer;
- (e) including diagnosis and treatment of fertility problems and infertility as standard components of basic health care packages;
- (f) providing psychosocial support services for people with infertility; and
- (g) safeguarding the reproductive rights and health of persons who are gamete or uterus donors and/or gestational carriers.

Objective 2.6: Establish and strengthen programmes for the prevention, diagnosis and treatment of reproductive cancers.

35. Key actions would include:

- (a) providing people with scientifically based information about the increased risk of some reproductive cancers associated with certain lifestyle behaviours;
- (b) tackling myths and misconceptions about the carcinogenic risk associated with methods of contraception, including the use of media;
- (c) making evidence-based decisions on the introduction of HPV vaccines and undertaking efforts to achieve high coverage in targeted populations;
- (d) launching and expanding national screening programmes for cervical and breast cancers in accordance with internationally recommended guidelines and country contexts (35,36);
- (e) ensuring strong linkages between screening programmes and referral services for definite diagnosis and treatment;
- (f) providing the fullest possible range of treatment options, including palliative terminal care;
- (g) creating opportunities for cancer survivors to obtain professional counselling and treatment for their sexual and reproductive health concerns; and
- (h) setting up psychosocial support services, as needed, for people affected by or survivors of reproductive cancers.

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

Objective 3.1: Expand the scope and reach of sexual and reproductive health services for adolescents.

36. Key actions would include:

- (a) instituting policies that respect, protect and fulfil adolescents' rights within health care, including sexual and reproductive health care;

- (b) increasing the ability of relevant institutions, parents, families and caregivers to support children and young people in making informed, healthy sexual and reproductive health decisions;
- (c) ensuring that sexual and reproductive health services for adolescents meet the standards that define quality youth-friendly services, are evidence-based and accessible regardless of socioeconomic status, cultural or religious background, ethnicity and sexual orientation (37);
- (d) creating enabling environments to enhance adolescents' access to and use of sexual and reproductive health services (38);
- (e) strengthening the capacity of school-based and school-linked facilities to provide age appropriate, comprehensive and scientifically accurate information and services for sexual and reproductive health and rights¹ (39);
- (f) addressing and eliminating obstacles – such as financial barriers and the third-party consent requirements – to provision of services and commodities to adolescents, including unmarried adolescents and those from poor or other vulnerable, disadvantaged and hard-to-reach segments of the population;
- (g) strengthening capacity and knowledge of health care professionals to provide quality services for adolescents, including adolescents from vulnerable, disadvantaged and hard-to-reach groups; and
- (h) ensuring that all interventions targeting adolescents are developed with their involvement and are gender responsive by addressing gender bias in services and gender-stereotypical norms and roles that increase the vulnerability of adolescent boys and girls and limit their access to services.

Objective 3.2: Establish and strengthen access to sexual and reproductive health services for population groups with specific needs.

37. Key actions would include:

- (a) conducting a situation analysis of existing sexual and reproductive health programmes and services, with particular attention to defining the needs and expectations of vulnerable populations such as populations living in poverty and at risk of social exclusion;
- (b) involving a broad range of partners within and outside government, including representatives of the populations concerned, in the formulation of strategies and action plans to provide services to population groups with specific needs;
- (c) agreeing on the distribution of roles and responsibilities and coordination among relevant stakeholders with respect to the delivery of sexual and reproductive health services to population groups with specific needs;
- (d) facilitating evidence-based programmes and services that are sensitive to age, sex, gender, sexual orientation, gender identity, culture and religion;
- (e) reducing inequalities in objective health status by ensuring accessible, equitable and appropriate services, including for people with lower socioeconomic status and other vulnerable, disadvantaged and hard-to-reach groups;

- (f) providing supportive supervisory and advisory mechanisms to ensure that all services are of high quality, non-discriminatory and respectful of the rights of clients, including population groups with specific needs; and
- (g) providing opportunities for older people and people with chronic diseases, such as those suffering from diabetes or the sequelae of cardiovascular incidents, to obtain professional counselling and treatment for their sexual and reproductive health concerns.

Objective 3.3: Integrate sexual and reproductive health into national public health strategies and programmes.

38. Key actions would include:

- (a) reviewing relevant existing national public health policies and programmes to determine their linkages to global and regional strategies on sexual and reproductive health and rights¹ to ensure coordinated and cost-effective implementation;
- (b) evaluating available services to assess whether they provide a continuum of care that meets, in an integrated way, all sexual and reproductive health needs and expectations of all people, without discrimination, throughout the life-course;
- (c) ensuring that sexual and reproductive health and rights¹ are an integral part of national initiatives to develop more people-centred, integrated health services (40);
- (d) promoting policies supporting parenting;
- (e) incorporating sexual and reproductive health and rights¹ education into the curricula for all relevant educational and health service personnel and social workers; and
- (f) supporting research of unmet needs in improving sexual and reproductive health.

Objective 3.4: Develop whole-of-government and whole-of-society approaches for effective and equitable implementation of programmes.

39. Key actions would include:

- (a) facilitating the participation of a wide spectrum of governmental and nongovernmental partners, including civil society and the private sector, in the formulation of national policies on sexual and reproductive health and rights;¹
- (b) reaching agreement between relevant governmental and nongovernmental partners, including civil society and the private sector, on the distribution of roles and responsibilities with respect to the effective and equitable delivery of sexual and reproductive health services;
- (c) establishing, as needed, formal arrangements with nongovernmental organizations and private sector entities to achieve equitable accessibility of services; and
- (d) setting up a national committee or similar coordination and oversight mechanism tasked with monitoring and evaluating the implementation of the national action plan and making adjustments, as and when required.

Implementation

The role of the health ministry

40. Successful implementation of this Action plan will require the cooperation of many national and international partners under the leadership of the health ministry. Key tasks include:

- (a) evaluating achievements and impact, as well as facilitating and impeding influences, and applying lessons learned from implementing current or completed sexual and reproductive health policies and programmes;
- (b) conducting a situation analysis, using both qualitative and quantitative methodologies, of the present sexual and reproductive health and rights¹ situation, including the needs and expectations of current and prospective clients with special attention to vulnerable and disadvantaged groups;
- (c) convening consultations of all relevant stakeholders, including educational institutions and the school sector, to review the draft plan, set priorities among the actions proposed, agree on distribution of roles and responsibilities, identify key targets and indicators, and establish financial and human resource requirements;
- (d) formalizing arrangements with partners responsible for implementing tasks within the overall plan;
- (e) agreeing on sex- and age-disaggregated indicators that are acceptable, feasible and practical for monitoring national action plans;
- (f) strengthening and upgrading information systems necessary for monitoring progress made towards achieving agreed targets, including the reduction of inequities;
- (g) establishing adequate mechanisms and processes to ensure proper governance, transparency and accountability;
- (h) setting up an oversight committee or similar body tasked with monitoring implementation of the national action plan and making adjustments as and when required; and
- (i) promoting the national plan among high-level government officials and parliamentarians and international and national stakeholders.

The role of the WHO Regional Office for Europe

41. To achieve the goals and objectives of the regional Action plan, the Regional Office will provide support to all Member States by:

- (a) strengthening collaboration and coherence among relevant United Nations agencies at national and regional levels;
- (b) providing technical assistance for evaluating the implementation of the current or completed plan of action on sexual and reproductive health and conducting a situation analysis of present needs;
- (c) assisting with the development of a suitable monitoring framework;

- (d) supporting countries in harmonized and standardized collection and analysis of core indicators and the preparation of progress reports;
- (e) disseminating evidence-based guidelines and tools and assisting countries with their national adaptation;
- (f) facilitating the exchange of country experiences to highlight barriers and promote best practices;
- (g) cooperating closely with partners, including bilateral donor and development agencies and initiatives, funds and foundations, civil society, technical institutions and networks, the commercial and non-commercial private sectors, and partnership networks established in support of national action plans; and
- (h) preparing, on the basis of individual country contributions, a midterm report and a final report, detailing regional progress in implementing the Action plan.

The role of nongovernmental partners

42. Key tasks for nongovernmental partners include:
- (a) collaborating with health ministries in conducting the situation analysis of present needs and evaluating the actions currently being taken to improve the enjoyment of sexual and reproductive health and rights;¹
 - (b) participating in setting priorities among the actions proposed, agreeing on the distribution of roles and responsibilities, and identifying key targets and indicators;
 - (c) committing to carrying out specific tasks within the national action plan on the basis of agreed projects, programmes and budgets;
 - (d) ensuring accountability, transparency and adherence to clients' rights and quality of care standards in the delivery of services;
 - (e) advocating, also with and in support of the government, to raise awareness of the national plan among the public at large; and
 - (f) contributing to monitoring and evaluation activities.

Monitoring and evaluation

43. A critical part of formulating policies and plans for action is the setting of targets and milestones and the identification of indicators for monitoring and evaluation so that progress, or lack of it, can be assessed and the findings of those assessments used to make further programme improvements. When selecting indicators for monitoring sexual and reproductive health and rights¹ in the European Region, core indicators will include those which countries report within existing frameworks and the SDGs.

44. Attention will be paid to developing and strengthening existing information systems so that they provide national averages and track inequities through appropriate disaggregation and analysis, use subnational data collection and mapping techniques to detect deficiencies in service provision and infrastructure, report on quality of service provision (from both the client and provider perspectives), and monitor access to, and

uptake of, sexual and reproductive health services by vulnerable, disadvantaged and hard-to-reach populations. Disaggregation of data, as relevant, by sex, age, urban or rural location, income, sociocultural or ethnic background and language, is particularly important in the context of universal health coverage.

45. Existing global and regional agreements, strategies and action plans should be taken into account when selecting new regional and national targets and indicators (see Annex 1). The Regional Office will prepare a list of indicators in consultation with Member States following the adoption of the Action plan by the 66th session of the Regional Committee for Europe in September 2016.

46. An in-depth evaluation of achievements and impact will be undertaken in five years as a basis for the formulation of future strategic documents.

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Annex 1. Selected WHO global and regional¹ strategies relevant to the Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind

Global strategies	
Global plan of action to strengthen the role of health systems in addressing interpersonal violence, in particular against women and girls, and against children	2016–2030
Global Strategy for Women’s, Children’s and Adolescents’ Health	2016–2030
Global health sector strategy on HIV	2016–2021
Global health sector strategy on sexually transmitted infections	2016–2021
Global health sector strategy on viral hepatitis	2016–2021
Regional strategies and action plans	
Strategy on women’s health and well-being in the WHO European Region (EUR/RC66/14)	2017–2021
Action plan for the prevention and control of noncommunicable diseases in the WHO European Region (EUR/RC66/11)	2016–2025
Physical activity strategy for the WHO European Region	2016–2025
Action plan for the health sector response to HIV in the WHO European Region (EUR/RC66/9)	2016–2021
Action plan for the health sector response to viral hepatitis in the WHO European Region (EUR/RC66/10)	2016–2021
Roadmap of actions to strengthen implementation of the WHO Framework Convention on Tobacco Control in the European Region	2015–2025
European Action Plan for Strengthening Public Health Capacities and Services	2012–2020
European action plan to reduce the harmful use of alcohol	2012–2020
European Food and Nutrition Action Plan	2015–2020
European Mental Health Action Plan	2013–2020
Investing in children: the European child and adolescent health strategy	2015–2020
Investing in children: the European child maltreatment prevention action plan	2015–2020
Strategy and action plan for healthy ageing in Europe	2012–2020
Action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases	2012–2016

¹ WHO European Region.

Annex 2. Explanatory notes

1. Paragraph 7.2 of the report of the International Conference on Population and Development defines reproductive and sexual health, which includes well-being, as follows:¹

“**Reproductive health** is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes **sexual health**, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.”

2. General Comment 22 (2016) on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights)² identifies the following human rights principles relevant to sexual and reproductive health and well-being:

- The right to equality and non-discrimination
- The right to life, liberty, and security of the person
- The right to autonomy and bodily integrity
- The right to be free from torture and cruel, inhuman, or degrading treatment or punishment
- The right to privacy
- The right to the highest attainable standard of health
- The right to information
- The right to education
- The right to marry and found a family
- The equal right (of women) in deciding freely and responsibly on the number and spacing of their children (and to have access to the information, education and means to enable them to exercise these rights)
- The right to the freedom of thought, opinion and expression
- The right to freedom of association and peaceful assembly
- The right to participation in public and political life
- The right to a fair trial

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¹ Report of the International Conference on Population and Development (Cairo, Egypt, 5–13 September 1994). New York: United Nations; 1994 (A/CONF.171/13/Rev.1; <http://www.ipci2014.org/en/node/64>).

² As provided through international human rights treaty monitoring mechanisms and European case law, the most recent being General Comment No.22(2016) on the Right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights).