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Accelerating Progress in Sexual and Reproductive Health and Rights in Eastern Europe and Central Asia – Reflecting on ICPD 25 Nairobi Summit[☆]

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ABSTRACT

The International conference on population and development-25 in Nairobi (2019) has reaffirmed the UN and its member countries' commitment to develop focused strategies to provide comprehensive equitable sexual and reproductive health to every one. European Board and college of Obstetrics and Gynaecology (EBCOG) and the European Society of Contraception and Reproductive Health (ESCRH) commit to work with UNFPA EECA Region to deliver these objectives in Eastern Europe and Central Asia where progress as regards SRH targets has been sub-optimal.

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Commentary

The international conference on population and development (ICPD) was held in Cairo, Egypt in 1994, where its 179 participant countries committed themselves to develop strategies to provide

access to comprehensive sexual and reproductive health, for all, by no later than 2015, by setting out ambitious targets to achieve;

- Infant mortality rates below 35 per 1000 live births
- Under-5 mortality rates below 45 per 1000 live births, and
- A 75% reduction in maternal mortality rates

The progress to achieve these targets across the globe and especially among the low-middle income countries have been sub optimal. Within Eastern Europe and Central Asia (EECA Region), significant progress has been made in some countries as regards the provision of SRH services, access to modern contraception and reducing maternal mortality ratio (MMR), but still more needs to be done [1]. Therefore, in 2015, the international community

[☆] Nairobi Statement on ICPD25: Accelerating the Promise <https://www.nairobi-summiticpd.org/content/icpd25-commitments>.

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reaffirmed the commitment of “putting people, planet and prosperity” at the center of “Sustainable Development” and “Leaving no one behind agenda” when it adopted the 2030 agenda for “Sustainable Development and the Sustainable Development Goals (SDGs) [2–4].

This new approach thus recognizes that the fundamental issues around poverty, gender inequality, and low educational status causes hindrance to access essential maternal, neonatal and child health care in low and middle income countries. Therefore, linking together, the economic and social progress may be the correct approach to deliver the vision of the ICPD Programme. It is expected that economic development, prosperity, education, safe guarding and empowerment of women will act as an instrument to design and implement both effective and acceptable SRH interventions, largely arising from women’s lived realities and expressed priorities.

Over the past several years EBCOG and ESCRH have been proactively working with the UNFPA EECA Region on several work streams to promote implementation of evidence based “EBCOG SRH models of care” [5], supporting policy frameworks for regional SRH networks, Capacity building, so that SRH services are delivered by the qualified SRH staff and at the same time, dynamic knowledge transfers from West to East [6].

Therefore, the Joint Position Statement issued by the EBCOG and ESCRH (published in this journal), “Unfinished Business in EECA Region” to mark the “Nairobi Summit” is timely and confirms our commitment to consolidate our partnership further with the UNFPA and other stakeholders working within the region.

We agree with the theme, aims and ambitions as expressed in the “Nairobi Summit ICPD Declaration”, recognizing that the promise of the “ICPD Programme of Action” remains a distant reality for a large world population, especially the universal access to the full range of sexual and reproductive health services, gender equality, violence prevention and the treatment of STI and HIV. We also believe that “Leaving no one behind agenda”, and “the 2030 Agenda for Sustainable Developments” requires big financial commitment from the first world to bridge the gap for realization of this ambitious plan for the provision of equitable SRH Services.

The initial statement of this Conference is a strong commitment to address the unfulfilled needs and gaps:

“Universal access to the full range of sexual and reproductive health information, education and services, as defined in the ICPD Programme of Action and the Key Actions for the Further Implementation of the Programme of Action of the ICPD **has not been achieved. We acknowledge that unless we complete the unfinished business of the ICPD Programme of Action and realize the strong and evidence-based investment case for ensuring sexual and reproductive health and rights for all, and for girls’ and women’s empowerment and gender equality, reaching the ambitious SDGs by 2030 will be difficult, if not impossible**”.

But what is this unfinished business and what commitments are required?

United Nations Population Fund Background Document (2019) [7] launched at the Nairobi summit strongly advocates a comprehensive life course approach to sexual and reproductive health and rights. We endorse this approach and commit to work in partnership with UNFPA EECA Region to support the development of comprehensive national frameworks for Sexual and Reproductive Health using “Life Course Approach” from birth to post reproductive years. We fully support UNFPA to achieve its ambitious key SRHR and UHC targets in SDGs by 2030.

- Reduce the global maternal mortality rates to less than 70 per 100,000 births
- End preventable deaths of newborns and children under 5 years of age, reducing neonatal mortality to as low as 12 per 1000
- End the epidemic of AID, tuberculosis, malaria and neglected tropical diseases
- Ensure universal access to sexual and reproductive health (SRHR) care services through national strategies and programs
- Achieve universal health coverage(UHC) including financial risk protection and access to essential health care services
- Eliminate all forms of violence against all women and girls
- Eliminate all harmful practices such as genital mutilation, child, early and forced marriages
- Ensure universal access to sexual and reproductive rights.

The declaration also describes and defines different levels and targets of action

1 Implementation of comprehensive sexual and reproductive health services based on client-centeredness, nondiscrimination, human rights and protection and promotion of sexual health for all. These include mother and child care, family planning, safe abortion, STI prevention, Prevention of and care for victims of Sexual Violence. There is a special focus on the young generation whose sexual and reproductive health is of utmost importance to the society as a whole.

This is reflected in the EBCOG/ESCRH statement about the importance of the integrated SRH Services [8].

- 2 Increasing investment globally in the realization of the ICPD Program of Action by using National Budgeting processes and increasing international financing. EBCOG/ESCRH position statement also calls upon funders to work together at country levels.
- 3 Focus on sustainable development by investing in education, supporting the development and growth of a society with equal sexual and reproductive rights without discrimination and youth friendly services. Our position statement also advocates national policies to address these challenges.
- 4 Advocacy and engagement

“Ensuring that the basic humanitarian needs and rights of affected populations, especially that of girls and women, are addressed as critical components of responses to humanitarian and environmental crises, as well as fragile and post-crisis reconstruction contexts, through the provision of access to comprehensive sexual and reproductive health information, education and services, including access to safe abortion services to the full extent of the law, and post-abortion care, to significantly reduce maternal mortality and morbidity, sexual and gender-based violence and unplanned pregnancies under these conditions”.

EBCOG and UNFPA EECA Region has previously published a position statement to high light issues for migrant population with irregular status [9].

A way forward

There are a large number of organizations presently undertaking humanitarian work to address the SRH issues all over the world. It is well known that small scale projects carried out in geographically defined areas have reported reassuring results but such experiments have not been replicated at a full country level to define successful integrated SRH and HIV infection

programs. This is timely and a proactive strategic thinking is required.

Global investments are needed to support national systems to develop and implement integrated, comprehensive, vertical, user centered SRH and HIV prevention programs which can be fully audited to provide evidence on the health, economic and social benefit.

EBCOG and ESCRH remains committed to work with the UNFPA EECA Region, Ministries of Health of individual countries, stake holders, national and international funders, and policy makers [8].

It will be advantageous and vital if all the strategic partners can work together and create a Regional/Country level network to focus all financial, organizational and intellectual resources available to define a country level road map for comprehensive SRH and maternal- Child health services. Such approach would prevent duplication of efforts among different funders and ensure the realization of the future objectives as stated in this declaration.

This conceptual approach will also ensure that the actions made to reach these objectives as well as the degree of realization and fulfillment of these objectives will be monitored and reported periodically based on the collaboration between all protagonists involved. This includes not only UN member states, UNFPA and other international institutions but also professional societies.

Let us work together to redefine the agenda for the next 10 years to ensure continuing improvement in Sexual and Reproductive Health, rights and wellbeing of all, so that no one is left behind. The Joint Position Statement of EBCOG and ESCRH is one step in this direction.

Declaration of Competing Interest

None.

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