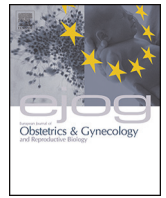


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The sexual reproductive health of women: Unfinished business in the Eastern Europe and Central Asia region☆☆☆



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ABSTRACT

EBCOG and ESCRH are committed to work with UNFPA- EECA Region to reduce high maternal mortality, preventing unwanted pregnancies, improving adolescent health, reducing the burden of STDs including HIV, safeguarding and protecting sexual health and achieving gender equality to achieve the objectives of ICPD 25 as agreed in Nairobi on 12th November 2019. Both organisations will provide technical assistance to support the development of country level SRH strategies to achieve these objectives as outlined in this joint position statement. We advocate policies developments for knowledge transfer from west to the east to address the unmet need for effective contraceptive methods, to reduce the rates of teenage and adolescent pregnancy rates. All this can be achieved by developing a work force fit for purpose to support the implementation of national SRH strategies. We urge upon international and national funders to work with us to develop sustainable models of care in the Eastern Europe and Central Asian Region.

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☆☆ A joint Position Statement by the European Board and College of Obstetrics and Gynaecology (EBCOG) and the European Society of Contraception and Reproductive Health (ESCRH)

☆☆☆ Issued to mark the 25th anniversary of the Cairo International Conference on Population and Development (ICPD) in Nairobi On 12th November 2019

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The European Board and College of Obstetrics and Gynaecology (EBCOG) is a representative body of 36 countries in Europe. One of its aims is to develop and promote high quality standards of care for newborn’s and women’s health to deliver equitable, high level quality assured care to women of all ages. It works very closely with several European Specialist Societies to achieve these objectives including the European Society of Contraception and Reproductive Health (ESCRH) which also aims to promote the delivery of comprehensive sexual and reproductive services (SRH) for adolescents, women and men of all age groups (Tables 1–3).

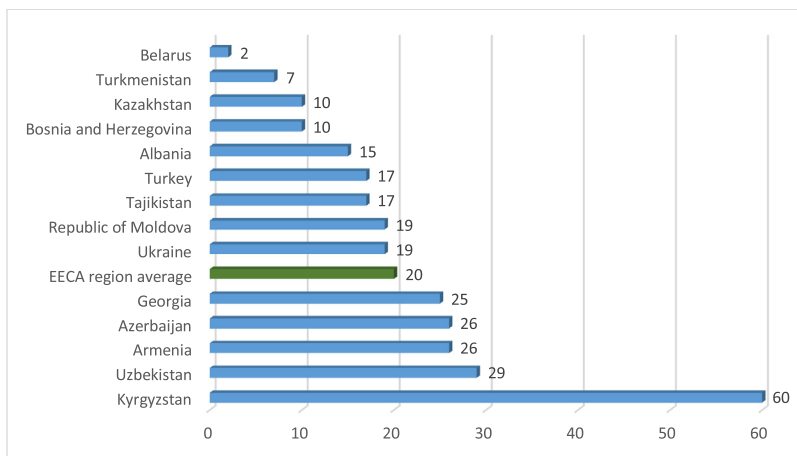
Both EBCOG and ESCRH are committed to uniting their efforts to work with the United Nations Population Fund (UNFPA) Regional Office in Eastern Europe and Central Asia (EECARO)

and the region’s member states to accelerate the promise and unfinished agenda of the International Conference on Population and Development (ICPD) and to deliver the Sustainable Development Goals (SDGs) by 2030 with a particular focus on universal access to Sexual and Reproductive Health and Rights (SRHR).

Both organisations are committed to promoting the rights of girls and women to equitable access to quality-assured, integrated and comprehensive sexual and reproductive health (SRH), information and services to achieve zero unmet need for family planning, zero preventable maternal mortality and zero gender based violence and harmful practices against women, girls and youth, including the most marginalized.

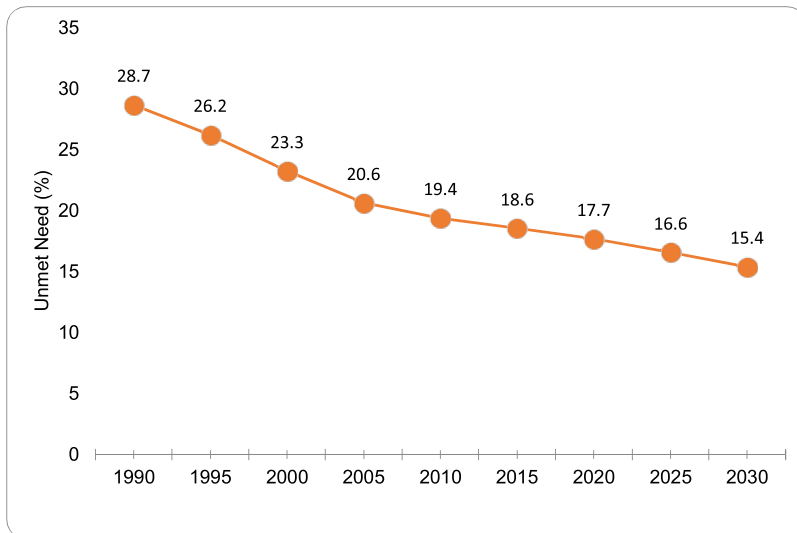
We urge Governments, National Specialist Professional Societies, Academia, Development Partners and the Private Sector

Table 1
Estimates of maternal mortality ratio in Eastern Europe and Central Asia region (2017).



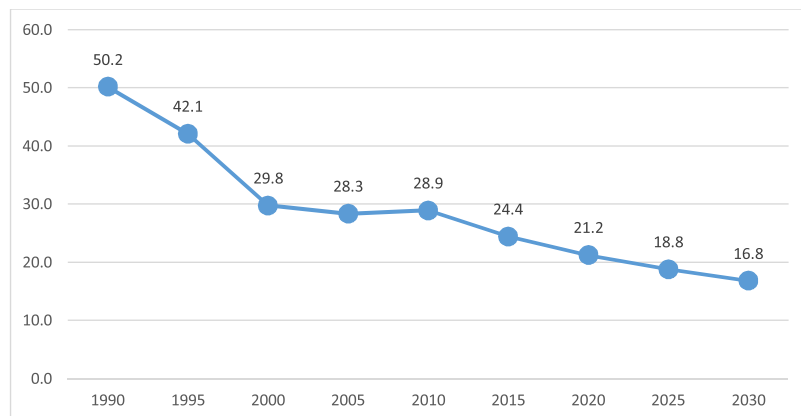
Source: Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization; 2019.

Table 2
Trends in unmet need for modern contraception in Eastern Europe and Central Asia region.



Source: United Nations, Department of Economic and Social Affairs, Population Division (2019). *Estimates and Projections of Family Planning Indicators 2019*. New York: United Nations.

Table 3
Trends in adolescent fertility rate [15–19] in Eastern Europe and Central Asia region.



Source: United Nations, Department of Economic and Social Affairs, Population Division (2019). *World Population Prospects 2019, Online Edition*.

entities to work with us to accelerate the actions for delivering Zero Preventable Maternal Mortality (MMR) by meeting the unmet demands for Family Planning, through expanding method mix and access to rights-based and quality assured contraceptive counseling, including post-abortion Family Planning and ensuring recommended birth spacing and advancing European standards-driven Emergency and Comprehensive Maternity Care in the EECA region, by putting the emphasis on the needs of those furthest behind first, across all contexts and settings, at national, regional and local levels.

Both organisations endorse the ICPD global Programme of Action that, “Reproductive health and rights are basic human rights and all people should have full access to comprehensive reproductive healthcare, including voluntary family planning, safe pregnancy and childbirth services and the prevention and treatment of sexually transmitted infections” [1].

Being scientific organisations, we also support ICPD’s and WHO’s vision that SRH is “a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, as reproductive health addresses the reproductive processes, functions and systems at all stages of life. Reproductive health therefore implies that people are able to have a responsible, 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”. We also endorse the statement that, “A positive approach to sexuality and reproduction should recognize the part played by pleasurable sexual relationships, trust and communication in promoting self-esteem and overall well-being. All individuals have a right to make decisions governing their bodies and to access services that support that right [2,3]”.

We also endorse the Madrid Declaration [4] about the importance of delivering comprehensive, equitable, gender sensitive and easily accessible SRH Services for reducing maternal mortality, preventing unwanted pregnancies, improving adolescent health, reducing the burden of Sexually Transmitted Diseases (STDs), including HIV, safeguarding and protecting sexual health and achieving gender equality as summarized in the transformative results [5] and the strategic plan of UNFPA [6] and as ultimately recognised within the Programme of Action of the ICPD (Cairo, 1994) and Sustainable Development Goals 3 and 5 and to deliver these services to women globally by 2030.

Each year, 200 million women have an unmet need for modern contraception, more than 45 million women receive inadequate or no antenatal care, 1 million women and girls

acquire HIV, and 25 million abortions are unsafe. These numbers illustrate the huge gap in access to basic sexuality and reproductive health services, posing serious challenges to achieving universal health coverage [7].

The challenges and tasks

EBCOG and ESCRH will work with UNFPA to achieve the world changing Sustainable Development Goals. Although maternal mortality rates have steadily declined by 44 % since the 1990s, in the EECA region, many women and adolescents are still unfortunately dying from preventable pregnancy-related causes.

There are concerns as regards the rising costs of managing non-communicable diseases, the insufficient use of modern long acting contraceptives, combating HIV, child marriages and gender based violence. It is recognised that more needs to be done by all to promote equal opportunities to allow women to make their own informed choices as equal players and contributors to economic prosperity.

Although the UNECE [8] report notes that sexuality education is becoming the norm in the region and teenage pregnancy is on the decline, showing regional commitment to implementing the ICPD Programme of Action, a lot more still needs to be done in those countries where a sexuality education philosophy is still not fully legally embedded in their educational systems.

We will work together to develop and implement impact oriented, human rights based strategies, by addressing the following underlying contributory factors.

First: addressing the unmet need for effective contraceptive methods

The use of contraception in the Eastern Europe and Central Asia region has steadily increased over the past 25 years. Furthermore the region’s average abortion rate is now over three times lower than in 1994. Currently 67 % of women of reproductive age in the region are using some form of modern or traditional contraception, albeit the use of unreliable traditional methods remains popular in several countries within the region. Therefore, not surprisingly, teenage pregnancy rates in some EECA countries are approaching 50 %, and

over 40 % of all pregnancies in the region are unplanned, caused by the high prevalence of traditional methods or the non-use or inconsistent use of modern contraceptives or method failure. More worryingly however, the unofficial UN data suggests a decline in modern contraceptive prevalence rates in some countries. The unmet need for modern contraception in some countries (Turkey, Armenia, Azerbaijan, Serbia, North Macedonia, Bosnia and Herzegovina and Albania) is approaching 40–50 % [9–11].

Although the EECA region's average abortion rate is now over three times lower than in 1994, abortion is still over-utilised as a birth control method in many settings. We will support concerted efforts to reverse this trend at all levels by increasing the use of long acting contraceptives, access to emergency contraception and promoting quality-assured and rights-based contraceptive counselling for all those with unmet needs.

Second: addressing barriers to access to healthcare for migrant women with irregular status

Women globally migrate at a rate similar to men. The health outcomes of migrant women are further affected by their ethnicity, race and poverty and this is especially true for undocumented migrants who, for a variety of reasons, do not have a valid permit to remain in the country in which they reside [11]. Exclusion from health services means that undocumented women face delayed access to screening, treatment and care. Pregnant women and adolescents arriving at the borders are acutely affected by inadequate access to medical care and are also at increased risk of sexual violence.

EBCOG and PICCUM's (Platform for International Cooperation on Undocumented Migrants) joint position statement [12] called for action against the violation of international human rights and has published standards of care for this group of highly vulnerable individuals [11]. It is important that all stake holders involved in the care of pregnant women and babies (clinicians, researchers, healthcare planners, policy makers and users of healthcare systems) work together to streamline the provision of care for these vulnerable women. Governments in the host countries have a legal and moral obligation to ensure that the patients' interest, dignity and healthcare are not undercut by improper action or by failing to act, to treat and to speak up.

Third: reducing teenage and adolescent pregnancy rates

Being an adolescent mother has a huge societal burden, as it restricts the mother's ability to return to school to finish her studies whilst needing to look after her offspring with little societal support. These young women are prone to fall pregnant again with a shorter inter-pregnancy interval and are more often suffering from anaemia or other illnesses and have a higher maternal morbidity and mortality risk. With the untimely death of the mother, the surviving children tend to leave school early and female children are more likely to marry and have children at a younger age. Thus, a loss of early education together with early marriage and pregnancy perpetuates a cycle of poverty and gender inequality for many generations.

This vicious circle of teenage and adolescent pregnancies can only be broken by promoting sexuality education in schools and by offering easy access to counselling, reliable

methods of contraception and women's empowerment. We will work with all stakeholders in our joint public advocacy efforts to ensure that the use of modern contraceptives guarantees safer pregnancies and deliveries and better health for mothers and their babies, providing families with better opportunities for development and well-being.

Fourth: tackling high rates of maternal mortality rates

Unfortunately differences continue to persist as regards maternal mortality rates between cities, provinces and neighbourhoods, even within the same country. 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. In addition, a 60 % higher relative risk of maternal mortality was observed in women of non-western origin [13]. It is regrettable that women are dying from preventable causes of deaths such as haemorrhage, sepsis, anaemia and eclampsia.

It should be recognised that newborn babies whose mothers had died in childbirth are more likely to die within the first 5 years of life. All of these preventable tragedies have an impact on economic growth and a loss of productivity estimated to be around \$15 billion each year [15,16].

In order to improve maternal outcomes, concerted efforts by all member states are required in order to implement overarching high quality standards of care for maternity and Gynaecology [17,18].

These standards will enable women to avoid unintended pregnancies, facilitate access to abortion and access to streamlined care during pregnancy and birth.

We will work with Governments and UNFPA EECARO to facilitate the implementation of EBCOG's Standards of Care in Maternity and Gynaecology, which are available both in English and Russian, and are available on the UNFPA EECARO website. These documents provide guidance for providing a life course approach to the care of the women from birth to old age [14,15].

Fifth: addressing restrictive abortion laws, high unsafe abortion rates and high maternal mortality rates

Unfortunately, abortion laws are diverse and complex globally and around 25 % of women aged 15–44 live in countries where abortion is not legally permitted at all, or is restricted. We are concerned that such inequality leads to a four times higher unsafe abortion rate in these countries compared with those countries with less restrictive policies.

It is regrettable that even in the 21st century, despite the availability of safer medical means of abortion, over 47,000 women and girls die each year from unsafe abortion related complications and unsafe abortion remains one of the five main causes of maternal mortality globally, accounting for 13 % of maternal deaths.

Within the EECA Region, the abortion rate has declined and is currently three times lower than it was in 1994. However this decline in the abortion rate in Eastern Europe has been suboptimal compared with Western Europe (88/1000 Vs 13/1000 in 1990 compared to 42/1000 Vs 18/1000 in 2019 respectively) [14].

It should be noted that the barriers to access to safer abortion decrease the abortion rates but in fact increase the risk of illegal

abortion related complications like sepsis and maternal morbidity and mortality.

*We will work together to promote easy access to modern contraception and, in particular, long acting contraceptives (LARC) which will lead to a decline in abortion rates and would also allow family spacing to safeguard the health of the women and children.
Providing access to safe methods of abortion will lead to a reduced risk of complications during pregnancy, delivery and maternal morbidity and mortality.
Experience from the first world has shown that with a decreased unmet need for family planning, the progress in reducing maternal mortality is accelerated.*

*Future integrated strategies are required to address SRH and HIV needs, especially of the key populations to improve their access to essential health services and to non biased treatment and support.
Investments are needed for the implementation of evidence based, multi-sectoral approaches that have proven to be effective in small scale pilots.*

We will work with other stakeholders to advance quality-assured and rights-based contraceptive counselling and develop integrated SRH community based hubs as developed in Holland and the United Kingdom where adolescents, women and men, irrespective of age can access contraception and STI prevention and treatment.

Public financing of integrated SRH and HIV services is vital to support vertical health systems and services for the care of men, women and the newborn, irrespective of economic status.

Sixth: tackling the epidemic of sexually transmitted diseases

More than 1 million sexually transmitted infections (STIs) are acquired every day worldwide. Each year, there are an estimated 357 million new infections with 1 of 4 STIs: chlamydia, gonorrhoea, syphilis and trichomoniasis. More than 500 million people are estimated to have genital infection with the herpes simplex virus (HSV). More than 290 million women have a human papillomavirus (HPV) infection. STIs such as HSV type 2 and syphilis can increase the risk of HIV acquisition and have serious reproductive health consequences beyond the immediate impact of the infection itself (e.g., infertility or mother-to-child transmission). Drug resistance, especially for gonorrhoea, is a major threat to reducing the impact of STIs worldwide.

New HIV infections are on the rise in the EECA Region. Despite the overall global decline of 13 % in the rate of new HIV infections, EECA region remains one of the few regions where new HIV infections have increased by 29 % during 2010-2018.

Seventh: combating sexual and intimate partner violence

Violence against women is a violation of human rights, is rooted in gender inequality, is a public health problem and an impediment to sustainable development. Globally, 1 in 3 women worldwide have experienced physical and/ or sexual violence by an intimate partner or sexual violence, not including sexual harassment, by any perpetrator.

At least one in three women is beaten, coerced into sex, or otherwise abused by an intimate partner during the course of her lifetime. Adolescent girls, young women, women belonging to ethnic and other minorities, transwomen and women with disabilities face a higher risk of different forms of violence. Humanitarian emergencies may exacerbate this and lead to additional forms of violence against women and girls. Globally between 38 %–50 % of murders of women are committed by intimate partners [24].

In 2019, in EECA, **key populations** (sex workers of all genders, men who have sex with men, transgender people and people who inject drugs) and their sexual partners having unprotected sex account for more than 95 % of all new HIV infections. Thirty percent of all people living with HIV are unaware of their status, are quite often diagnosed at a late stage and only 38 % receive antiretroviral therapy (ART). It is estimated that during 2018, there were 150,000 new infections and of these 12,000 were 15–24 years old. [19,20]. Treatment with ART is as low as 28 % in the central and eastern part of Europe [21–23].

Criminal laws, aggressive law enforcement, harassment and violence continue to push key populations to the margins of society and deny them access to basic health and social services. More than 70 % of respondents across 7 countries expressed discriminatory attitudes towards people living with HIV.

We fully endorse the ICPD position that, “adolescents and youth should have access to comprehensive, and age appropriate information, education and adolescent-friendly comprehensive, quality and timely services to be able to make informed choices about their sexuality and reproductive lives, to adequately protect themselves from unintended pregnancies, gender based violence, sexually transmitted infections and HIV/AIDS, and to be able to transition safely and happily into adulthood”.

Unfortunately, the vast majority of women survivors of violence do not disclose or seek any type of services. Sexual and gender based violence in any form, from verbal transgressions to abuse of power in the work place, up to physical life-threatening violent acts should not be tolerated [4,18]. We fully endorse ICPD's position of “zero sexual and gender based violence, including zero child, early and forced marriage, as well as zero female genital mutilation”. In order to design and implement effective SRH strategies and to empower women, we must learn from women's lived realities and expressed priorities. Patriarchal norms that prevent good sexual and reproductive health - such as non-consensual, age disparate sexual relationships, violence against women and disregard for women's rights - need to be addressed [7,24].

We urge health providers to set out referral pathways for victims and GBV - sensitive counselling for all women irrespective of what is the cause of her clinic appointment.

We commit to work with governments to enact legislation to promote gender equality, fairness and the empowerment of women and to provide care for victims of sexual and intimate partner violence and develop programmes of prevention to end gender based violence and harmful practices in EECA region.

We believe that both the economic and social empowerment of women, equal access to education and job opportunities, improved skills in inter personal communication and conflict management will better prepare women to fight for their rights.

We will work with UNFPA to ask Governments to develop national educational and legal policies which challenge harmful gender attitudes, beliefs, norms and stereotypes that justify violence against women. As part of the knowledge transfer from West to East, we will facilitate the adaptation of well proven existing models of care from Western Europe for the victims of sexual and intimate partner violence in the EECA Region.

Let us work across “Multidimensional Determinants of Sexual and Reproductive Health”

Working with the Governments, policy makers and beneficiaries

Legal frameworks can make access to family planning services difficult or impossible and embedded cultural norms and beliefs may have a prohibitive effect on contraceptive behaviour and contraceptive choices. Several studies have shown that investment in SRH care leads not only to immediate health benefits for women and their children but the pay offs are even greater when taking into account the broader, long term benefits for women, their partners, families and society. These include increases in women’s education and earnings, increasing in household savings and assets, increases in children’s schooling, increases in GDP growth and reduction in poverty. Despite these facts, investments in this field of health care are low or very low in many countries and there is a huge unmet need for integrated SRH services [25–27].

It is regrettable that there is lack of awareness – and thus willingness – among policy advocates and decision-makers that money spent on the provision of modern contraception and the prevention of STI as a comprehensive package of SRH, has a higher rate of return of investment (ROI) throughout women’s life.

Economic analysis by the World Health Organisation about investment in contraception

If all women who want to avoid a pregnancy used modern contraceptives and all pregnant women and newborns received care according to the standards recommended by WHO, the benefits would be dramatic. Compared with the situation in 2014, there would be a reduction in: unintended pregnancies by 70 %; abortions by 67 %; maternal deaths by 67 %; newborn deaths by 77 %; and transmission of HIV from mothers to newborns would be nearly eliminated. The return on this investment would be an estimated US\$ 120 for

every US\$1 spent. Population stability would enhance economic sustainability and reduce the risks of climate change [28].

We would urge governments and, in particular, Ministries of Health to include the provision of comprehensive SRH services as part of universal healthcare provision within their own countries.

We would also like to encourage Governments and, in particular, Ministries of Health and Education, to involve all beneficiaries, women and adolescents, in their policy making process. We believe that this interactive dialogue between the users and the providers/funders will facilitate the development of women-centred and accessible information and services.

We commit to work with Governments to overcome the barriers within society; the lack of knowledge, misinformation, myths and distrust about the safety and effectiveness of hormonal contraception.

EBCOG and ESCRH commit to work together with UNFPA EECARO, provide evidence and share knowledge by engaging with Governments, policy makers, funders and other stakeholders to bridge the gap for the effective provision of patient centred sexual and reproductive health services throughout the life course of both women and men.

We commit to work together with UNFPA EECA Region towards achieving three transformative results of UNFPA in the region of Eastern Europe and Central Asia by 2030. This will be achieved by focusing our multi-prong strategies to:

1- Support the development of policy frameworks for “Regional SRH Blocks” to deliver rights based, sustainable, integrated SRH services for all, irrespective of gender, sexual orientation or other identities. This will be achieved by working with the Ministries of Health and other care providers.

This strategy will meet the following objectives

- Work and support rollouts of SRH initiatives at regional and country level, promoting the rights and choices of all people, with a primary focus on the most vulnerable, including migrant and undocumented women and adolescents, to make sure that no one is left behind.
- Commit to multi-sectorial cooperation for universal access to SRH, including family planning and STI prevention and the treatment of HIV, and to support and sustain rights-based and evidence-informed comprehensive integrated SRH service delivery.
- End the unmet need for family planning services by promoting the availability of LARC methods and by the wider availability of the safer option of medical abortion in preference to surgical methods, which carry much higher risks for the health of

women in the hands of inexperienced and incompetent operators [29–32].

- Provide Emergency contraception which women can access after having unprotected intercourse, when a woman has been forced to have sexual intercourse, had intercourse voluntarily without using contraceptive protection or the protection used is believed to have been defective or insufficient.

2.

- **Support governments to define national policies and strategies to empower women, girls and vulnerable groups and**
- **Support Implementing sexuality education in EECA Region as a norm.**

- Encourage policy makers and advisors in each country to engage with the patient and service users groups for the development of local and national SRH strategies and programmes.
- EBCOG advocates that innovative and cost effective strategies on sexual education be nationally introduced to impart the skills and knowledge to protect them from unwanted pregnancy, prevention of STIs and safeguard against violence [28]. Ketting and Ivanova [33] have reported that the state of implementation of sexual education differs widely between, and even within, countries.
- Currently sexuality education is mandatory in only 11 of the 21 countries in the EECA region. In addition, sexuality education is partially mandatory in 6 countries, meaning that it is not an obligatory subject in all schools in the country and in 4 further countries, it is optional, meaning it can be chosen by pupils. So more work and efforts are required to bridge this gap.
- Support the rights of girls and women to access safe, high quality family planning, contraception, abortion and post abortion care and control of sex related infections, care for victims of sexual violence, to be delivered at local level and to be enshrined within the countries' legal framework [27,28].

Sexuality Education

We will work with UNFPA to urge Governments within the remaining countries to also take legal steps to recognise the need for this unmet need of sexuality education in the schools. By working with all the stakeholders, we will ensure that the contents of these educational materials remain relevant, culturally sensitive and up-to-date.

3. Work together to define strategies for “knowledge transfer from West to East” and “bridging science with policies” and the full implementation of the UNFPA Strategic Plan 2018–2021. This would include following initiatives:

- **Ensure SRH services are delivered by qualified SRH staff**
- Weak institutional capacities, outdated standards of care and inadequate qualifications of the SRH service providers are key causes of mortality and morbidity of women of reproductive age. Unfortunately, unsafe abortions remain a major cause of global

maternal mortality. These abortions are frequently performed by those who lack the qualifications and skills to perform the procedure, or services are poorly resourced, or medical methods of abortion are not used.

- *EBCOG and ESCRH will work with the Ministries of Health and Education in the region to define standards of training and the qualification of the health care professionals working in the field of SRH (Nurses, General Practitioners and Specialists). They should have the knowledge and skills to provide good contraceptive counselling including skills of LARC provision, abortion care, STI Screening, prevention and treatment and care for victims of sexual violence [17,18,34,35].*

4. Future models of care for SRH Services are Implemented and Audited

- EBCOG and ESCRH commit to support health care managers and programme planners at country level to adapt successful models of care based on multidisciplinary collaboration between nurses, midwives, general practitioners, specialists in centres of SRH care providing integrated family planning and family health services (contraception, STI screening and prevention, sexual health services, abortion care and basic mother and child care).

EBCOG and UNFPA EECA Regional Office have jointly published high quality Standards of Care in Sexual and Reproductive Health, which provide a framework for developing policies and delivering high quality, human rights based SRH services as an integrated model [30]. Implementing these standards of care in routine practice will ensure that young adults and women would receive the best possible care when they are planning to have a baby. These documents define a streamlined care pathway for women across whole of pregnancy: antenatal care, care during labour and post delivery care. These standards will play major role in tackling with major avoidable causes of maternal deaths during pregnancy and labour.

EBCOG and ESCRH commit to work with UNFPA and policy makers at national level to facilitate the implementation of standards of care in each country. This initiative will ensure that women will have access to high quality services, based on human rights principles wherever they are accessed.

Let us break the barriers and commit to work together to ensure the provision of high quality standards of care in sexual and reproductive health for women and men globally.

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