

RECOMMENDATIONS TO SUPPORT THE ROLLOUT OF A NATIONAL ACTION PLAN FOR SEXUAL AND REPRODUCTIVE HEALTH

ACADEMIC NETWORK FOR SEXUAL AND
REPRODUCTIVE HEALTH AND RIGHTS POLICY
(ANSER)

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INTRODUCTION

The main aim of this document is to provide a set of recommendations that can support national governments with the implementation of the WHO EURO 'Action Plan for Sexual and Reproductive Health: Towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind'¹. To do so, ICRH has been collecting evidence using an evaluation of the national program of Moldova from 2018, an assessment on the knowledge of Belgian SRHR stakeholders about the Action Plan done in 2019 and an assessment done on the Georgian implementation of the WHO EURO SRHR Action Plan into a national SRHR action plan done in 2021. Recommendations that came out of these three case studies can help other countries in the region to optimise the development process and the content of their national action plans.

BACKGROUND

WHO EUROPE ACTION PLAN FOR SEXUAL AND REPRODUCTIVE HEALTH (2016)

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

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

¹ Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind. WHO Europe. 2016.

STATUS OF SEXUAL AND REPRODUCTIVE HEALTH NATIONAL ACTION PLANS IN THE EECA REGION²

In July 2021 UNFPA EECARO did an a mapping exercise on the existence and quality of national SRH Action Plans among the 17 countries in the region. Three countries (Belarus, Turkey and Ukraine) reported no national SRH plan available or planned. Two countries, North Macedonia and Kyrgyzstan, had a national action plan planned but it had been delayed due to the COVID-19 pandemic and, in the case of Kyrgyzstan, a restructuring of the relevant government departments. Six countries, Serbia, Turkmenistan, Georgia, Albania, Armenia and Azerbaijan, described their national action plans as under development or in the process of being updated. The final five countries, Bosnia and Herzegovina, Kazakhstan, Moldova, Tajikistan and Uzbekistan, had national SRH action plans which had been finalized and were ongoing.

Looking more into the content of the existing national action plans showed that none of the 11 members with nation action plans either under development, being updated or finalized covered all of the potential SRH topics covered in the goals and objectives of the European action plan. The topics most prioritized were 'high quality SRHR information and services' and 'unmet need for modern contraception' which were included in all 11 national action plans.

Of the nine respondents with national action plans under-development, being upgraded or finalised, only two, Moldova and Tajikistan, had fully costed their action plans. Both Kazakhstan and Kyrgyzstan had partially costed their national action plans. The remaining four countries which answered this section, Armenia, Bosnia and Herzegovina, Georgia and Serbia, were awaiting final approval before beginning the costing process.

Despite the progress made towards development of the SRH national action plans in the EECA region, significant challenges remain. Analysis of the answers revealed several common themes such as political will to engage with the SRH agenda, funding constraints for SRH services, cultural taboos stymieing SRH progress, unstable political environment.

² UNFPA EECARO. Mapping National Sexual and Reproductive Health Action Plans in Eastern Europe and Central Asia 2021

Action Plan Indicators

In order to support the member states in monitoring the implementation of the Action Plan, UNFPA and the International Centre for Reproductive Health (ICRH) have developed a concise list of indicators. This list draws on indicators from existing monitoring frameworks and brings together those indicators that correspond to the objectives of the plan.

The process to shape this recommended framework of indicators resulted in a final set of 51 SRHR- related indicators³ meant to support Member States with the monitoring of each objective in the Action Plan. Each indicator is accompanied by a detailed explanation as well as a guidance on which kind of source should be used to obtain it.

Case studies used to define a set of recommendations

Between 2017 and 2021, three case studies were carried out to evaluate the implementation of SRHR action plans. The first one was done in Moldova in 2017 where the 'National Programme on Sexual and Reproductive Health and Rights' was reviewed to look at its impact and effectiveness. The second evaluation was done in Belgium, where no national plan has been developed yet, and it checked the knowledge of different stakeholders on the WHO EURO SRHR action plan and how relevant they felt it was in their national context. Lastly in 2021 an assessment was done on how well the commitments in the WHO EURO SRHR Action Plan were integrated into Georgian national policies and assess barriers that might have prevented full national translation.

These three very different contexts led to a complete set of recommendations that can potentially support other countries interested in developing or reviewing an action plan.

³ Suggested Indicators for the WHO EURO regional Action Plan for Sexual and Reproductive Health. ANSER Network. 2018

REVIEW OF THE NATIONAL PROGRAM ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) OF THE REPUBLIC OF MOLDOVA

In 2018, Moldova became one of the first countries in Europe to adopt their National Plan on Sexual and Reproductive Health, based on the WHO Europe Action Plan. The adopted programme aims to ensure universal access to sexual and reproductive health, including in humanitarian situations, to improve the quality of care and human rights-based and patient-centred approaches to sexual and reproductive health.⁴

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

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

The evaluation concluded that the plan still had gaps when it came to HIV, sexual violence and harmful practices against women and girls and that some of the key components of the Action plan (such as financial barriers when it comes to accessing SRH services) were clearly not addressed. Additionally, the language used in the national plan was not totally inclusive, vague and at risk of biases.⁵

4 Republic of Moldova becomes one of the Region's first countries to adopt a national programme on sexual and reproductive health and rights [Internet] WHO Europe [Quoted July 4th 2018] Available at:

<http://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/news/news/2018/06/republic-of-moldova-becomes-one-of-the-regions-first-countries-to-adopt-a-national-programme-on-sexual-and-reproductive-health-and-rights>

5 Review of the National Programme on Sexual and Reproductive Health and Rights (SRHR) of the Republic of Moldova. ANSER Network. 2017.

THE IMPLEMENTATION OF THE WHO EUROPEAN ACTION PLAN FOR SEXUAL AND REPRODUCTIVE HEALTH IN BELGIUM: A CASE-STUDY⁶

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

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

⁶ The implementation of the WHO European Action Plan for Sexual and Reproductive Health in Belgium: A Case-Study. Rogge L, Cocquyt S. 2019.

ASSESSING THE TRANSLATION OF THE WHO EUROPEAN ACTION PLAN FOR SEXUAL AND REPRODUCTIVE HEALTH IN GEORGIA⁷

This thesis assessed how well the Georgian commitments to translate the WHO EURO SRHR Action Plan into Georgian national policies and looked into barriers which may have prevented full translation. The thesis used the health policy framework to capture the complexity of the policy making process, a discourse analysis of the identified Georgian policy documents and semi-structured interviews were performed with key informants to identify the key contextual and procedural barriers to translation.

The thesis concluded that the Georgian sexual and reproductive health and rights policy landscape is fragmented with several specific aspects of the WHO EURO SRHR Action plan compressively covered and other, often controversial areas, completely omitted. Several barriers were identified to policy translation: lack of political will; power of the private sector; religion and conservatism; poor data collection, the policy-implementation gap and weakness and poor coordination in the civil society.

Recommendations

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

The recommendations are clustered into four groups:

1. Baseline assessment
2. Implementation
3. Monitoring and evaluation
4. Stakeholder involvement and communication

⁷ Assessing the Translation of the WHO European ActionPlan for Sexualand Reproductive Health in Georgia. Sheridan, B. 2021.

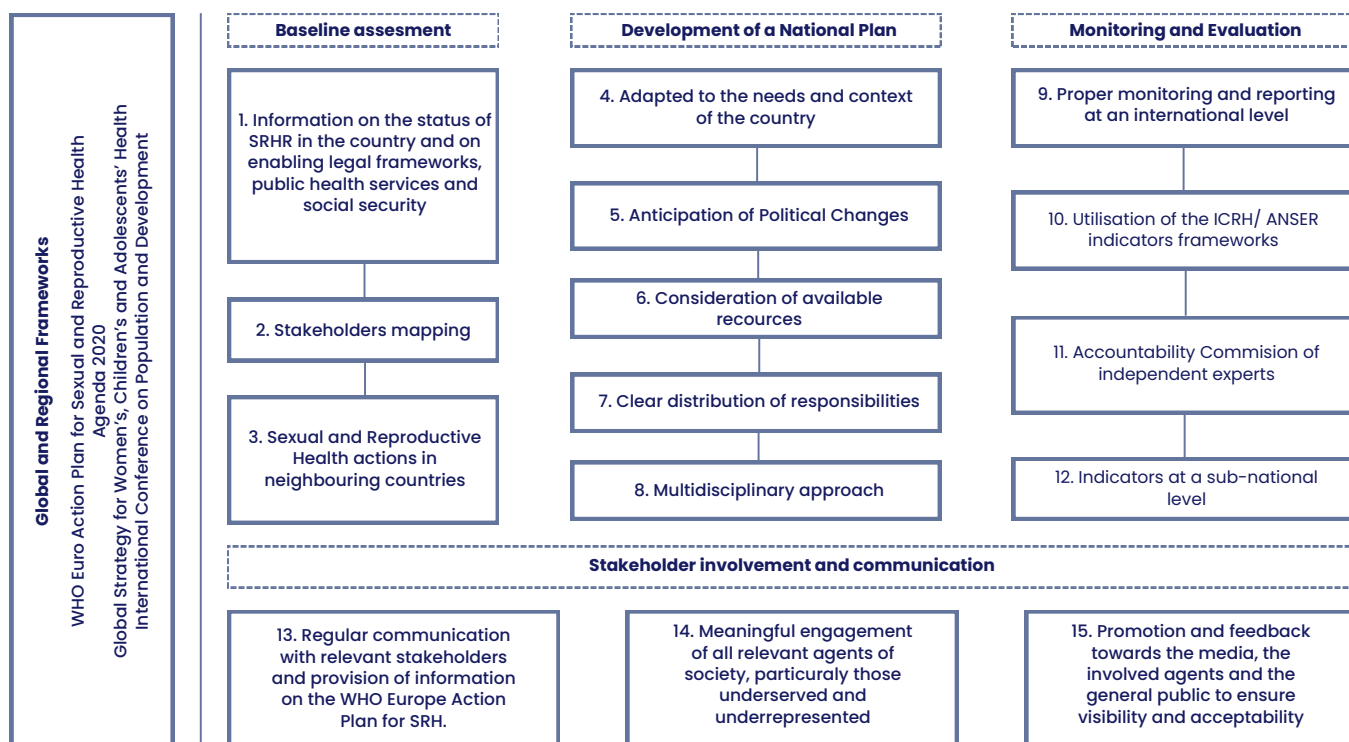


Figure 1: Recommendations to support the rollout of the WHO EURO SRHR Action Plan at a national level.

1 BASELINE ASSESSMENT

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

2 DEVELOPMENT OF A NATIONAL PLAN

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

3 MONITORING AND EVALUATION

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

4 STAKEHOLDER INVOLVEMENT AND COMMUNICATION

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

CONCLUSIONS

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

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

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

ACADEMIC NETWORK FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS POLICY (ANSER)

The Academic Network for Sexual and Reproductive Health and Rights Policy (ANSER) is an international thematic network initiated by Ghent university in 2016. Today, it brings together 42 academic and non-profit institutions from all over the world to build evidence for SRHR policies through:

1. Education: Improve master students' knowledge on translating SRHR evidence into policy
2. Research: Improve researchers' knowledge on translating evidence into policy and increase SRHR research outputs that are directly relevant to society
3. Service to society: Improve policy makers' and professionals' knowledge of SRHR related evidence and increase the use of it by policy makers when developing policies

ANSER is characterized by its interdisciplinary and global nature and approach. The network includes academic staff from several disciplines (healthsciences, psychology, social sciences...) and its member institutions cover six continents. Currently, ANSER is composed of the following academic institutions: Institute of Public Health (Albania) - University of Medicine of Albania (Albania) - Armenian Association of Obstetricians and Gynecologists (Armenia) - Burnet Institute (Australia) - Azerbaijan Association 'Support to Development of Gynaecology and Perinatology' (Azerbaijan) - Institute of Tropical Medicine Antwerp (Belgium) - Ghent University (Belgium) - Universite libre de Bruxelles (Belgium) - University of Antwerp (Belgium) - Hasselt University (Belgium) - VUB Brussels (Belgium) - Tsinghua University (China) - National Research Institute for Family Planning (China) - Institute of Population Research (China) - University of Cuenca (Ecuador) - Jimma University (Ethiopia) - Tbilisi State Medical University (Georgia) - Ludwig Maximilian University of Munich (Germany) - Federal Centre for Health Education - BZgA (Germany) - Berlin Social Science Center - WZB (Germany) - Philipps-Universität Marburg (Germany) - Aga Khan University (Kenya) - AMREF International University (Kenya) - International Centre for Reproductive Health Kenya (Kenya) - Technical University of Kenya - University of Nairobi (Kenya) - Riga Stradins University (Latvia) - Nicolae Testemitanu State University of Medicine and Pharmacy (Moldova) - International Centre for Reproductive Health Mozambique (Mozambique) - University Eduardo Mondlane (Mozambique) - Norwegian Centre for Violence and Traumatic Stress Studies (Norway) - University NOVA de Lisboa (Portugal) - Foundation for Professional Development (South Africa) - University of the Western Cape (South Africa) - University of Cape Town (South Africa) - Ahfad University for Women (Sudan) - Karolinska Institutet (Sweden) - Mbarara University (Uganda) - Uppsala University (Sweden) - Bern University of Applied Sciences (Switzerland) - Coventry University (United Kingdom) - Johns Hopkins University (United States of America).

The network is coordinated by Ghent University.

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