

Commentary

**After the Nairobi Summit, how can further progress in sexual and reproductive health and rights be achieved in the Eastern Europe and Central Asia region?**

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The European Board and College of Obstetrics and Gynaecology and the European Society of Contraception and Reproductive Health have together issued a Position Statement on the Sexual and Reproductive Health of Women living in Eastern Europe and Central Asia. The release of this statement was timed to mark the 25<sup>th</sup> anniversary of the Cairo International Conference on Population and Development (ICPD). The two organisations are committed to working with the United Nations Population Fund (UNFPA) to promote sexual and reproductive health and rights in the countries that surround the Black and Caspian Seas. The Position Statement nicely summarises the current situation in this region and outlines how the two organisations plan to work with UNFPA on a range of topics.

The November 2019 Nairobi Summit on ICPD25 was convened by the governments of Denmark and Kenya; more than 9,500 delegates attended. The Summit was a unique opportunity to attempt to complete the unfinished business of the ICPD Programme of Action. The Nairobi Statement was agreed by the more than 170 countries who attended [1]. However, eleven countries, including Belarus, dissented; they do not believe the term 'sexual and reproductive health/rights' should be used [2]. One of the sessions in Nairobi was on 'Meaningful youth participation in Europe and Central Asia'. Some of the main targets to be met by 2030 are the so-called triple zero goals:

- Zero unmet need for contraceptive information and supplies
- Zero preventable maternal deaths
- Zero gender-based violence

The topics covered in the Summit are integral parts of Sustainable Development Goals (SDGs) 3 and 5 [3]. These goals are timed for 2030; there will be no ICPD50. Clearly, these targets are aspirational as zero targets in real life are unachievable. The SDGs are intimately bound up with the global commitment to achieving Universal Health Coverage [4].

More than 1,250 concrete commitments were made by 170 countries either before or at the Summit [5]. \$10 billion was pledged; this falls far short of the \$264 billion that UNFPA estimates is needed to achieve the targets set [6]. Non-financial pledges were also made. For instance, Kenya pushed forward its deadline to end female genital mutilation to 2022, eight years earlier than its previous target [7].

Countries differ enormously, and so do local areas within countries, culturally, politically, geographically and so on. We cannot offer universal solutions looking in from outside. The Position Statement is clear on this and offers to work in partnership with other stakeholders and supports multisectoral cooperation. It could be added that solutions to problems usually come from within communities if leaders, advocates, activists, politicians and others are supported.

What are the sexual and reproductive health challenges specific to Eastern Europe and Central Asia? National SRHR action plans are needed; these have so far been developed in a minority of countries in the region: Albania, Georgia, Moldova, North Macedonia, Serbia and Tajikistan [4]. Wider shifts in society are needed to meet SDG 5 on Gender Equality. Taking the example of Turkey, considerable progress in SRHR has been made over the last

35 years [8]. Professor Ayse Akin received a UNFPA award in Nairobi for her work since ICPD in Cairo [9]. Nevertheless, in Turkey, there is room for more progress. Thirty four percent of women aged 15 – 24 are not in employment, education or training compared to only 14% of men in the same age group; reports of intimate partner violence are relatively high; early marriage is quite high and few women who are in employment hold managerial positions [10].

Apart from in Central Asia, where the total fertility rate is 2.8 children, fertility is below replacement level in the region [10]. Unmet need for contraception is generally low, below 15% of women aged 15 – 49 in a union in some countries in the region but more than 15% in others [11]. However, the countries of South Eastern Europe stand out from others in the region as they have a lower proportion of women whose demand for contraception has been satisfied and a higher prevalence of use of the relatively ineffective method of coitus interruptus [10]. Women and men need access to the full range of contraceptives; it is not ethical for the State to preferentially promote long-acting reversible contraception over other methods. Maternal deaths per 100,000 live births remain somewhat higher in Central Asia, at a figure of 24, than in Europe which has a rate of 10, even though both indicators have been reduced by more than 50% since 2000 [12]. There is room for raising clinical standards but also making women feel welcome so that they will avail themselves of obstetric care. Contraception and abortion both contribute to saving lives [13]. There were two sessions devoted to abortion in Nairobi; one of the points made was that in Eastern Europe and Central Asia, in spite of good access to abortion services, dilatation and curettage is still the most commonly used surgical technique - despite the fact that it has not been recommended by the World Health Organization for more than two decades.

Comprehensive sexuality and reproductive health education for young people has not yet been widely implemented across the region [10]. Non-governmental organisations can play a key role in this. In other fields of endeavour, there are some inspiring examples of good work. AFEW International is an impressive network which works on improving SRH in the region by increasing access to prevention, treatment and care of people living with HIV [14]. Business Against Domestic Violence is a welcome private sector initiative in Turkey aimed at improving women's working environment and raising awareness of domestic violence [10, 15]. Turkey hosts the world's largest refugee population; many women benefit from the 39 Women and Girls Safe Spaces across the country [10, 16].

Role models can be extremely influential. For example, partnerships with football clubs have promoted gender equality, responsible fatherhood and non-violent communication within the family [10]. Stars such as TV personalities and supermodels can act as ambassadors and facilitate the countering of taboos, stigma and inequality. Also, hard-working activists on the ground can deliver huge beneficial effects. Nesime Salioska is a Roma advocate in North Macedonia who has persuaded her government to end child marriage by 2030 [17]. Maria Efrosinina is a UNFPA Ambassador representing the interests of young people in Ukraine [18]. Berina Bukva is an advocate for youth and gender issues in Bosnia and Herzegovina [19]. These three individuals and many others spoke with passion about their work at the Nairobi Summit.

Later in November 2019, the week-long annual meeting of the Academic Network for Sexual and Reproductive Health and Rights (ANSER) in Ghent devoted a whole day to Eastern Europe and Central Asia, in particular with respect to ICPD implementation [20]. ANSER insists that SRHR programmes are evidence-based and emphasises the importance of monitoring the adequacy and effectiveness of policies. The international youth peer education network Y-PEER was represented by Kristian Angeleski from North Macedonia [21]. Presentations at that meeting reinforced the importance of devising packages of essential SRHR interventions and the three cross-cutting principles of equity in access, quality of care and accountability [4].

In summary, it is certainly useful to set quantitative targets to be achieved in SRH. But, society is much more complex than being reduced to numbers. Laws and policies may need adjustment. Transformation and progress will not be possible unless the fundamentals are addressed: the patriarchy, gender inequality and poverty. Marginalised groups need to be identified, consulted and worked with to ensure socio-cultural acceptability of SRHR programmes. Young people are an especially important group to be engaged with. More can be achieved if several countries in the region take a multilateral approach, working collaboratively. As the Position Statement says, a multi-pronged approach is best.

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