

Summary report on the

Consultative meeting and workshop on adopting an integrated sexual and reproductive health and rights package in national health policies, programmes and practices in the Eastern Mediterranean Region

WHO-EM/WRH/108/E

Tunis, Tunisia
8–13 July 2019



REGIONAL OFFICE FOR THE

**World Health
Organization**

Eastern Mediterranean

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1. Introduction

A consultative meeting and workshop on adopting an integrated sexual and reproductive health and rights (SRHR) package in national health policies, programmes and practices in the Eastern Mediterranean Region were held in Tunis, Tunisia, from 8 to 13 July 2019. The meeting and workshop were organized by the WHO Regional Office for the Eastern Mediterranean.

The objectives of the meeting and workshop were to:

- examine the situation of SRHR national policies, programmes and practices in participating countries;
- define the scope of an integrated SRHR package to be adopted by countries;
- discuss programmatic approaches for integrating an SRHR package in existing national services;
- build the capacity of national staff in mechanisms and approaches for integrating the SRHR package into health policies and practices;
- develop country plans for the adaptation and implementation of the integrated SRHR package.

The event was attended by 54 participants from six countries (Afghanistan, Egypt, Islamic Republic of Iran, Morocco, Pakistan, Tunisia), in addition to representatives from United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), International Planned Parenthood Foundation (IPPF) and WHO.

The meeting was inaugurated by Dr Chokri Hamouda, Director, Primary Health Care, Ministry of Health, Tunisia. Dr Hamouda emphasized the need for multisectoral collaboration between all concerned stakeholders in the public, private and civil society sectors.

Dr Rafla Tej Dellagi, President and Director General of the National Board of Family and Population, Tunisia, highlighted the need for improving accessibility to SRHR services and the importance of structured action to reduce maternal and neonatal mortality due to preventable causes. Dr Dellagi emphasized that the sharing of experiences and learning from success stories would expedite the journey towards achieving the Sustainable Development Goals (SDGs).

The message of Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, was delivered by Dr Yves Souteyrand, WHO Representative in Tunisia. In his message, Dr Al-Mandhari noted that improving SRHR was a key strategy to eliminating preventable maternal mortality and morbidity through the implementation of up-to-date, evidence-based and high-impact interventions that ensure the provision of quality sexual and reproductive health care, including family planning services and post-abortion care. He noted that universal access to sexual and reproductive health was essential not only to achieving the SDGs, but also for ensuring people's full enjoyment of health and human rights.

Dr Al-Mandhari then outlined the main challenges in improving SRHR in countries of the Eastern Mediterranean Region, including social and cultural barriers, a lack of national policies and regulations to ensure women's and girls' positive sexual and reproductive health outcomes, fragmented service delivery mechanisms, poor quality of care and poor accessibility of care services among the population groups who need them most. The Regional Director said that to address these challenges, WHO's Director-General had initiated a project in 2018 to reduce maternal mortality worldwide, and Pakistan had been selected from the Region, along with six other Member States from other regions. Under this initiative, he said, WHO was implementing a project to strengthen sexual and reproductive health

policies and practices in the Region, starting with Egypt, Islamic Republic of Iran, Morocco, Pakistan and Tunisia.

2. Summary of discussions

Global, regional and country overview

The situation of SRHR at global, regional and country level was presented, highlighting the need for implementation of focused and coordinated interventions to achieve the SDG targets by 2030. A rapid country SRHR review conducted in the participating countries found that countries rely on vertical SRHR programmes and do not optimally utilize the existing human resources and health service delivery channels to improve the availability and accessibility of services. The importance of integrating SRHR at all levels, from laws and policies to ground-level service delivery to self-care, was emphasized.

SRHR packages

The essential components of a comprehensive SRHR package were identified. These include:

1. comprehensive reproductive health and sexuality education;
2. preconception care;
3. counselling and services for a range of modern contraceptives;
4. antenatal, child birth and postnatal care, including emergency obstetric and newborn care;
5. safe abortion services and post-abortion care;
6. prevention and management of HIV and other sexually transmitted infections (STIs);
7. prevention, detection, immediate services, referrals and management for cases of sexual and gender-based violence;

8. prevention, detection and management of reproductive system cancers, especially cervical cancer;
9. information, counselling and services for subfertility and infertility;
10. information, counselling and services for sexual health and well-being.

Of these 10 components of an SRHR package, family planning, preconception and maternal care, HIV/STIs and gender-based violence receive special attention and are addressed by structured programmes in most participating countries. However, there is less focus on comprehensive sexual and reproductive education, safe abortion and post-abortion care, infertility/subfertility, reproductive tract cancers, and sexual health and well-being. The importance of integrating the less focused on SRHR components into existing health programmes, and strengthening coordination and collaboration between SRHR-related programmes, were highlighted as a sustainable and cost-effective strategy for providing a comprehensive SRHR intervention package.

WHO has identified a number of evidence-based interventions for various components of an SRHR package. Participants reviewed these to agree on core and extended interventions to be implemented in the Region. Each intervention was evaluated based on the following criteria: impact women's mortality and morbidity, acceptability by clients and health workers, accessibility, cost-effectiveness, affordability, feasibility, sustainability and scalability. The level of implementation within the health system and required human resources to deliver each intervention were also identified.

It was agreed to make the compiled list of core and extended interventions available for use by concerned parties in a SharePoint digital interactive platform for integrating SRHR interventions into policies, programmes and practices.

SHRH integration into policies

Laws, regulations and policies related to SRHR in the Region were identified. Most countries have a legal and policy imperative to provide SRHR services, though these are often not comprehensive or implemented and monitored in the way prescribed. The importance of reviewing laws and policies related to SRHR in countries was highlighted, as was the need to establish monitoring frameworks to identify gaps and challenges that may hinder the implementation of a comprehensive SRHR package.

Participants identified the following approaches to be used for introducing or adopting SRHR-related laws/regulations and policies:

1. sensitization, advocacy and lobbying of parliamentarians, the public, the media, government, professional bodies, health care providers and civil society using local data and evidence;
2. production, dissemination and use of local data for advocacy and sensitization;
3. identification of a key political or public figure (sports person, film star, singer) for use in sensitization campaigns;
4. involvement of human rights advocates, civil society and community groups to create demand;
5. involvement of influential people and organizations such as ambassadors, religious leaders and UN agencies to secure political commitment;
6. holding multi-stakeholder meetings to identify the necessary policy changes;
7. involvement of mass and social media to generate public demand;
8. establishment of leadership mechanisms, such as task forces, technical committees and champions in the field.

Policy briefs and statements, public lectures, press releases, publications, multi-stakeholder meetings and conferences, public debates, community hearings and awareness campaigns using mass and social media were all identified for use in policy advocacy and communication.

SRHR and universal health coverage, integrating digital health in SRHR and WHO consolidated guidelines on self-care for sexual and reproductive health were all discussed. Participants stressed the importance of using digital technology in collecting data for monitoring, maintaining personal health records and providing health education and information to the general public, and shared country experiences in using digital technology in the area of SRHR. It was felt that policy decisions on SRHR self-care interventions should be the responsibility of national health authorities.

SRHR integration into national programmes

Countries deliver sexual and reproductive health services through a number of vertical programmes. These are not being optimally used to deliver SRHR services and participants proposed the integration of SRHR components in various existing SRHR programmes (see Table 1).

Successful implementation of a comprehensive integrated SRHR package depends on health system support. Gaps in health systems that present a challenge and need to be considered were identified by participants. They include a lack of political commitment, with SRHR not recognized as a good investment programme in countries, and difficulties in securing sustainable funding.

Table 1. Proposed integration of SRHR components into existing SRHR programmes

Existing programmes related to SRHR	Proposed SRHR components to be integrated
Maternal care	<ul style="list-style-type: none"> • Antenatal, childbirth and postnatal care, including emergency obstetric and newborn care • Family planning counselling and services for a range of modern contraceptives • Safe abortion services and post-abortion care • Comprehensive reproductive health and sexuality education • Prevention and management of HIV and other STIs • Prevention, detection, immediate services, referrals and management for cases of sexual/gender-based violence • Information, counselling and services for sexual health and well-being
Family planning	<ul style="list-style-type: none"> • Counselling and services for a range of modern contraceptives • Safe abortion services and post-abortion care • Comprehensive reproductive health and sexuality education • Prevention and management of HIV and other STIs • Prevention, detection, immediate services, referrals and management for cases of sexual/gender-based violence • Information, counselling and services for sexual health and well-being • Information, counselling and services for subfertility and infertility
Adolescent and youth health	<ul style="list-style-type: none"> • Comprehensive reproductive health and sexuality education • Family planning counselling and services for a range of modern contraceptives • Safe abortion services and post-abortion care • Prevention and management of HIV and other STIs • Prevention, detection, immediate service referrals and management for cases of sexual/gender-based violence • Information, counselling and services for sexual health and well-being • Prevention, detection and management of reproductive system cancers, especially cervical cancer (HPV vaccination)

Existing programmes related to SRHR	Proposed SRHR components to be integrated
Preconception care	<ul style="list-style-type: none"> • Preconception care for couples • Comprehensive reproductive health and sexuality education • Family planning counselling and services for a range of modern contraceptives • Safe abortion services and post-abortion care • Prevention and management of HIV and other STIs • Prevention, detection, immediate services, referrals and management for cases of sexual/gender-based violence • Information, counselling and services for sexual health and well-being
STI and AIDS control	<ul style="list-style-type: none"> • Prevention and management of HIV and other STIs • Comprehensive reproductive health and sexuality education • Family planning counselling and services for a range of modern contraceptives • Prevention, detection, immediate services, referrals and management for cases of sexual/gender-based violence • Information, counselling and services for sexual health and well-being
Gender-based violence prevention and management	<ul style="list-style-type: none"> • Prevention, detection, immediate services, referrals and management for cases of sexual/gender-based violence • Family planning counselling and services for a range of modern contraceptives • Prevention and management of HIV and other STIs
Emergency response	<ul style="list-style-type: none"> • Family planning counselling and services for a range of modern contraceptives • Safe abortion services and post-abortion care • Antenatal, childbirth and post-natal care, including emergency obstetric and newborn care • Prevention, detection, immediate services, referrals and management for cases of sexual/gender-based violence
Cancer screening	<ul style="list-style-type: none"> • Prevention, detection and management of reproductive system cancers, especially cervical cancer • Family planning counselling and services for a range of modern contraceptives • Comprehensive reproductive health and sexuality education • Prevention and management of HIV and other STIs
School health	<ul style="list-style-type: none"> • Comprehensive reproductive health and sexuality education

Other identified gaps include deficiencies in governance and accountability systems, weak coordination and collaboration between sectors, and lack of service delivery platform integration among vertical programmes, public, private and nongovernmental sectors, and community and institutional care. Moreover, there is a lack of skilled workforce and deficiencies in training curricula (preservice and in-service) and the capacities of trainers, as well as shortages of essential medicines and equipment, and poor logistic management systems. The fragmentation and lack of coordination of SRHR information systems, poor quality of existing data and lack of the use of data in decision-making, are further challenges.

Measuring SRHR

Global frameworks that include SRHR indicators were discussed, including the SDG monitoring framework and monitoring of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030).

Endorsement of the regional package for integrating SRHR into national health policies and practices

Technical guidance for integrating SRHR into national health policies and practices in the Eastern Mediterranean Region was discussed, examined and endorsed.

The orientation manual for adopting the integrated SRHR package in national health policies and practices was discussed and it was recommended to include guidance on: conducting a SRHR situation analysis, including a SWOT analysis; stakeholder mapping; training needs assessment and SRHR workforce analysis; organizing and conducting policy dialogue with high level policy-makers; and conducting national consensus-building workshops.

3. Conclusions

Implementation of a comprehensive and integrated SRHR intervention package is one of the most promising strategies for reducing mortality and morbidity among women and improving their quality of life. While countries already focus on some components of SRHR, such as family planning, maternal care, STIs/HIV and gender-based violence, other areas such as comprehensive sexual and reproductive education, safe abortion and post-abortion care, infertility/subfertility, reproductive tract cancers, and sexual health and well-being are neglected.

Integration of SRHR interventions into existing programmes and service delivery packages will improve the accessibility and availability of SRHR services, and reduce costs and maximize the use of already limited human resources. Countries need to review and revise their laws/regulations and policies to facilitate the implementation of an integrated package of SRHR interventions. The inclusion of well-defined SRHR indicators in national monitoring frameworks will ensure the measuring of implementation and impact.

4. Recommendations

To Member States

1. Identify gaps and priorities in national SRHR policies, programmes and practices, and the action needed to address them in the context of national commitments on universal health coverage, and undertake advocacy to ensure national support.
2. Ensure a strong coordination mechanism with key stakeholders to achieve optimal impact and avoid duplication of efforts.
3. Identify gaps in national laws, regulations and policies, and try to address them to ensure provision of integrated SRHR services for all.

4. Build on existing opportunities to reach all through universal health coverage for SRHR, such as digital health and SRHR self-care.
5. Ensure the inclusion of SRHR indicators, with clear definitions and means of verification, in national monitoring frameworks.
6. Create awareness among the general public of SRHR using low-cost techniques such as social media campaigns.

5. Next steps

For Member States

1. Hold discussions with national health authority officials on the outcomes of the consultation meeting and workshop, and finalize the national plan of action and submit it to the WHO Regional Office by 15 August 2019.
2. Provide technical feedback on the revised version of the technical guidance document and training manual for integrating SRHR packages into policies, programmes and practices no later than 7 August 2019.
3. Hold a national capacity-building workshop no later than 30 November 2019.

For WHO

4. Finalize the technical guidance document for integrating SRHR packages into policies, programmes and practices in the Region no later than 30 September 2019, and translate the finalized document into French.
5. Translate the compilation of WHO recommendations on sexual and reproductive health into Arabic and French.

6. Provide the required technical support and guidance during the national process of integrating SRHR interventions into policies, programmes and practices.
7. Design a digital interactive platform for integrating SRHR interventions into policies, programmes and practices.



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