



**CENTRAL AND EASTERN EUROPEAN WOMEN'S NETWORK FOR  
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS**

**Warsaw, 4 December 2009**

**ASTRA comments to the consultation  
"The EU role in global health"**

*ASTRA is a regional network of NGOs and individuals advocating in a collective voice for sexual, reproductive health (RH) rights in Central and Eastern Europe (CEE). ASTRA works for the advancement of women's rights as fundamental human rights and advocates for their observance, prioritization and implementation on the international, regional and national agendas.*

Question 1: In your opinion, does the proposed concept 'global health' cover the most relevant dimensions? If not, which other essential factors would you suggest?

It does cover most relevant dimensions, however, it does not ensure equal treatment and access to health services of men and women. It does not provide for ensuring sexual, reproductive health and rights.

Question 2: Are the effects of globalisation on health, on the spread of diseases (whether communicable or life-style non-communicable) and on equitable access to health care sufficiently described?

Not entirely, the document does not address the issue of poverty in developing and least develop countries resulting from globalisation and the growing disparity between north and south in access to health care services and affordable treatment as its outcome.

Question 3: Do you consider the health-related MDGs a sufficient framework for a global health approach? If not, what else should also be considered?

Although the health-related MDGs set a proper framework for global health approach, they do not address the responsibility or involve the private business sector operating in developing countries to contribute to health and development issues.

Question 4: In your opinion, which are the main strengths and weaknesses of the current EU policy on health and development

cooperation, and which dimensions should be given greater attention in order to face the challenges ahead?

The main strength of the EU policy on health and development is that it does advances the role of the civil society, however, its weaknesses are that it does not ensure and call for a global equal treatment and access to health services of men and women and that it does not provide for ensuring sexual, reproductive health and rights.

Question 5: Could you identify health problems that have been neglected by the EU and international health research agenda and propose the best means to support innovation to address them, especially in low- and middle-income countries?

The inequality in women's sexual and reproductive health and rights among Member States reflects the disparity in access to health between women and men and in general terms between the poorer citizens of the new Member States and the old 15. There is an increasing inequality between "old" and "new" EU Member States regarding healthcare, with particular focus on sexual and reproductive health where problems tend to be ignored due to political and ideological barriers.

The reproductive health situations in new EU Member States and accession countries to the European Union, as well as neighbouring countries are similar. For instance, in many countries of the CEE region, due to limited contraceptives services and information, abortion is used as primary method of fertility control. Still many women are denied access to modern contraceptive methods because of financial inaccessibility, lack of appropriate and scientifically-based information. In addition, attempts to curb women's access to safe and legal abortion are leaving many women in vulnerable situations which threaten their life and health. Anecdotal data shows that women drop out of public healthcare due to lack of access to full range of services. In the same time many can't afford private health sector which leaves them outside of any health services. Additionally, new threats appear. Recently access to infertility treatment, especially to IVF treatment has been challenged by the politicians in Poland on purely ideological grounds. If this trend continues infertility treatment can be seriously curtailed.

Accurate and scientifically-based sexual health information, education and counselling services and access to reproductive health services is also limited due to the growing influence of conservative forces, including the Catholic Church. Lack of comprehensive sexual health education and limited access to effective family planning services leads to high number of teenage pregnancies in the region and to increasingly high numbers of sexually transmitted infections (STIs). Moreover, sexually transmitted infections – including HIV/AIDS – rates have dramatically risen, especially amongst adolescents and women in some countries and experts predict

that this crisis will likely spread to other CEE countries if there are no strong rights – based prevention programmes in place.

These are the most important issues of public health risk management in relation to the state of the sexual and reproductive health and rights (SRHR) in the new EU Member States.

The EU should recognize that some Member States such as Poland, Lithuania and Bulgaria continue to ignore the problem and face massive poor sexual and reproductive health outcomes for adolescents. The governments of these countries are not only grossly failing in their obligations, duties, and responsibilities to their youth populations but are also actively creating harm by providing false and misleading information.

The disparities between Member States in terms of implementation of reproductive and sexual health policies which often do not respond to the needs of the society leads to significant gaps in full realization of citizens rights. The European Union should strengthen its policy in this respect to close the gap between the more disadvantaged and more resourceful parts of the EU.

Question 6: Do you think that ODA commitments for health should increase, and how do you think that other sources of financing could contribute to addressing global health and universal access?

Increase budget allocations to at least 10 per cent of national budgets and development assistance budgets for population assistance, and ensure the target of 0.7 per cent of GNP for official development assistance is met.

Ensure adequate financing by:

Calling on donors to address the imbalances and fragmentation of development assistance in terms of coordination and efficient use of aid to allow for a better use and distribution of resources to increase overall coverage for a larger segment of the population to health services.

Promoting innovative financing methods, while at the same time adhering to ODA commitments for the remaining five years of the ICPD, and ensuring the sound use of development funds, including by ensuring a link between health, budget and education committees to ensure that information and services regarding sexual and reproductive health and rights are included in national development budgets, including family planning, maternal health and HIV/AIDS prevention programmes.

Reviewing current national budget priorities to correct imbalances that allow military budgets to out-weigh health budgets, and to place a greater priority on funding the unmet health needs of their populations.

Question 7: How do you think fragmentation of aid for health could be reduced, with a view to increasing aid effectiveness and preventing detrimental health spending?

Strengthen parliamentary capacity for oversight and budget analysis, particularly gender budgeting, to increase accountability and achieve the ICPD goals and MDG 5.

Demand from national governments improved and specific accounting for budgetary allocations in both recipient and donor countries, including progress reports and addressing shortcomings.

Ensure equitable access to health services by allocating resources to improve the lives of the marginalized, including persons with disabilities.

Ensure that a basic package for sexual and reproductive health and rights information and services, including education, maternal health, family planning, elimination of traditional harmful practices and HIV prevention is costed and included in education and health budgets.

Ensure the timely availability and use of quality and regularly updated and appropriately disaggregated data and the capacity building of national statistical systems to improve information-based development planning, implementation and monitoring of progress on the goals of the ICPD, the MDGs, and the Beijing Programme for Action.

Question 8: In the context of aid effectiveness and alignment of financing to national priorities, what can be done to make sure that adequate attention is paid to health priorities and to strengthening health systems?

Review all laws and practices that still restrict access to sexual and reproductive health services.

Demand that governments enforce national laws and implement policies, through the formulation of road maps, to accelerate women's economic, social and political rights, and to reduce gender inequality and gender-based violence.

Evaluate national development plans and request governments to include health as a programme priority in national policy dialogues, ensuring the inclusion of the private sector, civil society and communities at large.

Question 9: What are your suggestions for striking the right balance between addressing health priorities and providing support for developing health systems?

- Improve training and education of health providers.
- Make health disparities reduction a health sector priority.
- Improve access to health care services for underprivileged groups.
- Integrate inequalities reduction into health programmes and services.
- Engage with other sectors in health inequalities reduction.
- Strengthen knowledge development and exchange activities.

Question 10: What are the main opportunities for increasing the level and enhancing the effectiveness of health aid from the EU?

- Investments in most disadvantaged regions of Europe and parts of countries.
- Health education incl. sexual and reproductive health as preventive measure to many health problems such as HIV pandemic. .
- Research on health inequalities and barriers to health.
- Development of good information about services available.
- Investment in prevention and prophylactics, especially for disadvantaged.
- Development of European Think Tank on best health policies, standards and legislations.

Question 11: In your opinion, what are the links between health, governance, democracy, stability and security and how could the right to health be put into operation?

All issues are interlinked and interdependent. The right to health should be observed and respected in all Member States.

Question 12: What impact will the global crisis (climate change, food prices and economic downturn) have on global health and what could be done to help mitigate their ill effects?

Climate change, food prices and economic downturn have equally negative impacts on global health. To mitigate their effects the following issues should be addressed:

Promotion of development of national policies, strategies and plans for emergency preparedness and other programmes addressing climate change mitigation and adaptation, as well as responses to local environmental change, lack of access to clean water, and ensuring that analyses of population dynamics and health impacts, particularly on women and vulnerable populations, are incorporated in this effort.

Programmes for health and education services should address the needs of persons in slums and peri-urban areas, as well as those impacted by sanctions and humanitarian crises, conflict and post-conflict situations.

Developing evidence-based policies and programmes to address the impact of ageing on economic growth, and ensuring that social protection plans are in place to address the needs of the elderly, taking into consideration the specific needs of older women and the most vulnerable elderly.

Ensuring equal employment policies and strategies for sustainable economic development.

Question 13: What should be the role of civil society in the health sector, at national and local levels?

Civil society should be involved and consulted in policy drafting and decision-making related to health policies thought:

- The plan of action implying coordination and monitoring.
- Involvement of the civil society in evaluation and programming.

Question 14: Which action do you think the EU should take to stem the brain drain of health workers, while respecting their freedom of movement?

Introduce European programmes that reduce the disparities between health sectors at Member State level. Ensure that health issues are even more strongly addressed in the EU development aid.

Question 15: What role do you see for new technologies (including telemedicine) in enabling developing countries to provide access to care even in remote areas and to allow better sharing of knowledge and expertise between health professionals, and how can the EU support this?

The EU should definitely support developing countries in promoting telemedicine, however, in order to serve as an example and to disseminate know-how in this field, the EU should firstly focus on developing a properly functioning telemedicine system at the EU level (such as e-health).

Question 16: What are the keys to ensuring equitable access to medicine and how could the EU help to do more on this, including by supporting innovation and management of intellectual property rights?

Question 17: What could the EU do to improve the research funding for global health?

Question 18: How, in your opinion, could the EU research funding effectively address the systemic weaknesses of health systems worldwide?

Question 19: How do you think national capacity and local scientists in low-income countries could be empowered to conduct research relevant to their countries' priorities?

Question 20: Which kinds of global public goods for health should be given priority and how should they be financed and managed?

Question 21: Which do you think are the priority areas for coherence on global health policies, and how should they be addressed?

Promote gender equality and the empowerment of women and girls by:

-Promoting gender equality, equity and the empowerment of women and the girl child through the adoption and implementation of laws and policies that are in line with the Convention on the Elimination of All forms of Discrimination against Women by those countries that are States Parties, as well as its Optional Protocol, and the Beijing Platform of Action and other relevant non-discriminatory international frameworks.

-Continuously improving and strengthening accountability and oversight mechanisms to ensure the full realization of the sexual health and reproductive rights of women and girls, including through dynamic interaction with all relevant stakeholders.

-Supporting advocacy programmes targeting men and boys to promote behavioral change, positive perceptions of the empowerment of women and girls, and the achievement of equity and gender equality within their society.

-Strongly condemning persistent acts of violence against women and girls, demanding that governments ensure there is no impunity for acts of violence against women, and supporting awareness campaigns and advocacy programmes.

-Recognizing that obstetric fistula is largely preventable, and supporting campaigns that emphasize the dangers of early childbearing, the harm and danger of female genital mutilation/cutting and other discriminatory practices, encouraging proper ante-natal care for all women, and ensuring the provision of corrective and reconstructive surgery to all women and girls who suffer from fistula, in addition to psycho-social support and empowerment programmes by governments.

Question 22: How could the legitimacy and efficiency of the present global health governance be improved and which role should the EU play in this?

The EU should generate the political will to ensure that strong, high quality, accessible non-discriminatory, transparent health systems are in place.

Question 23: Do you think a definition of a universal minimum health service package would facilitate a rights approach and progress towards more equitable coverage of services?

If so, how could such a universal minimum standard be defined?

Question 24: What, in your opinion, should be the main principles guiding equitable social protection for health?

Universal coverage of health care.

Question 25: Which fair financing principles and mechanisms should apply to health system financing to ensure equitable and universal coverage of basic health care?

Question 26: What is the role of civil society in global and national health governance and how can potential conflicts of interest between advocacy and service provision be avoided?

To break the silence, foster dialogue and mobilize parliamentarians and constituents to promote gender equality and sexual and reproductive health and reproductive rights.

To hold parliamentary hearings and public debates with experts and civil society, and campaign to increase awareness of benefits and barriers to effective access to and utilization of sexual and reproductive health services.

To include young people as partners in shaping reproductive health and rights policies and laws that address young people's needs.

To promote and strengthen partnerships with other parliamentarians, donors, the UN, local authorities, NGOs and the private sector to leverage human and financial resources to achieve the ICPD Programme of Action and MDG5 and related MDGs.

To ensure full use of the target on universal access to reproductive health within the MDG framework and to mainstream reproductive health into all development and poverty reduction plans.

Question 27: What, in your view, is the main added value offered by the EU in the field of global health?

The inclusion of the civil society in relevant consultations processes. EU aims to reach equal health standards among all Member States. EU development aid.

Question 28: Do you think that an EU social model could inspire global health equity?

Some Member States have health sector models that ensure equal standards for all citizens. These countries can serve as an example for the entire EU and inspire global health equity.

On behalf of ASTRA Network

Yours sincerely,



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ASTRA members:

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