



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

Warsaw, 24-03-2009

### **ASTRA comments to Consultation: EU action to reduce health inequalities - Input to the development of a Commission Communication aiming to support the reduction of health inequalities in the EU.**

*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.*

ASTRA would like to propose that a special attention in this Consultation is paid to issues related to women's sexual and reproductive health and rights. ASTRA comments and input is listed below:

#### **1. On general data:**

**A. What do you think will be the trends regarding health inequalities? – are they increasing or decreasing for example – please supply evidence if possible.**

##### **- Between Member States (e.g. major differences in terms of health outcomes)**

There exists 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 one of 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, misleading, and mistruths to the next ones.

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.

#### **- Between socio-economic groups**

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.

Within Member States, citizens in lower socioeconomic groups have significantly lower life expectancies and lower health status. The situation is even worse in the newer Member States as they are having less developed public health infrastructures and relatively poorer societies. In addition, access to innovative medicines and health information technology varies across the Union. This is especially evident in the sexual and reproductive health area.

The EU should address inequalities in access to sexual and reproductive health. The disparities between Member States in terms of implementing sexual and reproductive health policies lead to significant gaps in full realization of citizens' rights. EU should work towards implementation and realization of official and formal commitments of all Member States to comprehensive sexual health information, education and counselling services for all EU citizens regardless of their social status.

Various levels of sexual health education among Member States leave the youth disadvantaged in Member States without access to such education. In a survey of several CEE countries, the ASTRA Youth Network found that most respondents declare that they do not participate in the sexuality education lessons at school or did not have access to sex education materials, although the majority thinks that schools should take an active role in educating adolescents about sexual and reproductive health.

#### **B. What kind of indicators do you think would be necessary to better monitor the extent of Health Inequalities in the EU?**

Within the scope of women's sexual and reproductive health and rights among Member States, ASTRA would propose monitoring:

Additionally to those collected:

- Maternal mortality at birth.
- Maternal mortality due to unsafe abortions.
- Child mortality at birth and during the first year of life.
- Number of STI infections, incl. HIV/AIDS.

We propose:

- Access to preventive care (mammograms, pap smear).
- Access to health services of disadvantaged groups incl. unemployed for long period of time, immigrants and others.
- Adolescence's access to SH information, education and services (existing counselling centres for youth and women).
- Teenage pregnancy, teenage deliveries incl. repeated ones, state support for teenage mothers (how many teenage mothers receive state support and how much compared with average salaries).
- State support to contraceptive, including emergency contraception (subsidies, prescription needed, prices, free access for disadvantaged groups etc.).

We would also like to propose the development of not only quantitative but also qualitative indicators which will assess the quality of service provision.

**C. If you think monitoring and reporting needs improvement in this area, what kind of monitoring tools should be used?**

There is a definite need for a clear Guidelines and Standardization of reporting. These should be jointly developed at the EU level with participation of all Member States and civil society groups.

The reporting should be conducted in a way that provides for an analysis of the problems and issues and not only including statistical data and pure information. Trends should also be included in order to in time prevent crises. Additional form of monitoring should address the curricula of medical academies in terms of whether health providers are properly trained in human rights issues.

Joint assessment, fact finding missions, field visits, by representatives of other Member States should also be part of the monitoring process. Independent monitoring, expert groups should provide information on an ad hoc basis.

**2. On scope of level of EU action/subsidiarity:**

**A. Do you think action at EU level could make a difference in addressing health inequalities? Why?**

The management of health systems is an exclusive competence of the member states. Nevertheless, the EU has been taking initiatives to encourage the improvement of health standards in the EU. With the eastern enlargement of the EU, more attention is being drawn to the fact that the citizens of the less wealthy CEE countries have poorer health and shorter life expectancy than those in Western Europe. In addition to the east-west gap in health, differences in health between socioeconomic groups have increased in many countries as socio-economic determinants such as education, employment and life-style affect the health. These gaps should be addressed at the EU level.

It will also be of value and reasonable for the process to review health policies of the EU in the light of strengthening health policies which could help in addressing and preventing inequalities.

**B. How should relevant stakeholders be supported and engaged at EU level in tackling health inequalities?**

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

**C. Should there be a common commitment at EU level to reduce health inequalities for example by committing to common milestones and reduction targets? If yes, what do you think these milestones or targets should be (what variables? what extent)?**

- Yes. It should.
- Regarding the targets, in general terms,
  - a comparable number and quality of services in different EU countries;
  - Access to disadvantaged groups;
  - SR health services for adolescents.

Furthermore:

- Strengthen initiatives regarding SRHR with an aim to equalize these policies within the entire European Union.
- Introduce of legislation of compulsory comprehensive sexual health education in all Member States.
- Create a system of accountability and transparency to monitor the status of sexuality education in Member States.
- Develop mechanisms to ensure that these obligations and rights are not violated in the future while paying particular attention to ensuring that these mechanisms are accessible to adolescents.

**D. What would be the right tools to ensure that common goals are achieved on national and EU level (reporting, benchmarking, OMC, etc)?**

- Development of common standards, guidelines, best practices, transfer of know-how, experience and expertise.
- Joint programmes and projects implementation.

**E. To what degree can health inequalities be addressed through health policy? How?**

and

**F. Which and to what extent should other policy areas, such as social policy, contribute to reducing health inequalities.**

- Improvement of training of health providers about new developments in medicine, human rights, communication skills, sensitivity to disadvantaged groups.
- Development of hotlines and e-information about services available, properly managed waiting periods for services (currently the waiting periods in CEE are arranged in a very non-transparent and not clear to patients method).
- EU should work towards making healthcare a more accessible, high-quality, cost-effective, sustainable and safe service for citizens, and one in which both health professionals and citizens can increasingly share – a concerted and coherent approach by all policy areas is needed to be developed.
- Social and education policies at the minimum should contribute to reducing inequalities:
  - free access for disadvantaged groups (ministries of social policies);
  - health information, education (ministries of education);
  - finances – to identify resources.

Health policy should provide a framework for observance of women's human rights, therefore there is a need to address existing inequalities in access to SRHR supplies and services/ gender-sensitive policy in order to empower underserved groups like youth/poor/ ethnic minorities/disabled.

E-Health can play important role in all new EU countries providing it is also focused on the field of sexual and reproductive health and rights (SRHR). E-Health is an opportunity to exchange information and improve knowledge about best legal and policy standards regarding full range of reproductive health services.

**3. Possible Actions and impacts:**

**A. Given the current economic situation can you think of any immediate action that EU or Member States could take to avoid an increase of health inequalities in the short term?**

- Do not reduce health and education budgets.
- As the number of unemployed (especially among women) is envisioned to increase as a result of current economic crisis, EU and Member States should ensure a proper health care for those who may not be able to afford it as well as those outside the systems.
- EU and Member States should ensure functioning of educational programs that provide factual information and do not promote myths, fears, or misconceptions. Such programs should raise awareness among young people concerning the importance of medical tests, contraception, STI's (including HIV/AIDS) prevention.

**- Do you believe that investments through structural funds could help to reduce health inequalities. If so how and why?**

Yes, providing they also support development of EU standards, sharing of best practices, model solutions, transfer of know-how and experience.

**- Where do you think should future investments through structural funds be mainly spent to be effective for reducing health inequalities and what would be the expected impact of that spending?**

- 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.

**B. What in your opinion are other areas that EU and Member States should be encouraged to focus on to achieve a reduction of health inequalities?**

- 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.

**C. To what extent would existing coordination and monitoring processes at EU level need to be improved to strengthen joint action on health inequalities?**

- The plan of action implying coordination and monitoring.
- Involvement of the civil society in evaluation and programming.
- Develop communications and educational strategies to foster public awareness and understanding of the importance of reducing health inequalities.

**D. What could be possible actions in other EU policy areas on health inequalities and what could be there impact?**

- Employment and gender equality policies should pay more attention to health inequalities.
- Improve health education prevention in work place.
- Support research that advances understanding of the causal mechanisms that result in health inequalities identifies effective interventions for reducing health inequalities and measures the cost-effectiveness of different types of initiatives over time.
- Stronger involvement of civil society in design and implementation of health strategies.

**E. What shall be done by the EU in order to facilitate the exchange of experiences between Member States, regions and cities?**

- Series of conferences and working meetings with stakeholders including civil society.
- Collaboration with the media.
- Systematically share knowledge related to addressing health disparities within the health sector and across other sectors whose policies and services play an important role, to include compiling and maintaining a compendium of best practices in UE Member States and from around the world in reducing health disparities.
- Enhance and refine information systems for improved surveillance, monitoring and reporting, to include extending the capacity to link health data to socio-demographic data to support evaluations of access and effectiveness.

**F. How should EU policies be stream-lined in order to reach targeted beneficiaries in the best way? (Disadvantaged, women, migrants, children)**

The EU health policies and programmes must be delivered in a respectful way (age, gender friendly, respecting disadvantaged groups, ethnic minorities, etc).

**G. To what extent do you think is the improvement of research capacities advantageous for fighting HI? Can you name any concrete examples?**

- Social research showing access to services and health indicators.

#### 4. Other points

ASTRA would like to encourage you to address the status and access to information of sexual and reproductive health in Central and Eastern Europe as one of priority issues in health strategy for coming years.

We are looking forward to our input being taken into consideration.

On behalf of ASTRA Network

Yours sincerely,



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ASTRA Coordinator

#### ASTRA members:

Albania - Albanian Family Planning Association, Armenia - Women's Rights Centre, Azerbaijan - Centre "Women and Modern World", Belarus - Women's Independent Democratic Movement of Belarus, Bulgaria - Bulgarian Family Planning and Sexual Health Association, Bulgarian Gender Research Foundation, Gender Education, Research and Technologies, Croatia - B.a.b.e. (Be Active, Be Emancipated), CESI - Centre for Education and Counselling of Woman, Women's Centre for Sexuality and the Prevention, Research, and Combating of Sexual Violence - Women's Room, Georgia - Women's Centre, Kazakhstan - The Legal Centre for Women's Initiatives "Sana Sezim", Lithuania - Family Planning and Sexual Health Association, Latvia - Latvia's Association for Family Planning And Sexual Health, Macedonia - Sheltar Centar, Moldova - Reproductive Health Service Centre, Poland Federation for Women and Family Planning, Romania - The East European Institute of Reproductive Health, AnA: Society for Feminist Analysis, Russia - Institute of State and Law, Russian Academy of Sciences, ANO "Women's Health", Novgorod Gender Centre, Slovakia - Pro – choice, Ukraine - Women Health and Family Planning, Charitable SALUS Foundation, ASTRA ASSOCIATE MEMBERS: Centre for Reproductive Rights, Albania, Romania, Women's Link Worldwide/Colombia.

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