

EDITORIAL

Open Access



Identifying the needs and problems of those left behind, and working with them to address inequities in sexual and reproductive health: a key focus of *Reproductive Health* for 2020

José M. Belizán^{1*}, Suellen Miller², Venkatraman Chandra-Mouli³ and Verónica Pingray¹

One of the key messages of the Sustainable Development Goals is to ensure that no one is left behind in development efforts, and to focus these efforts on those who are most likely to be left behind [1]. We are well aware that there are enormous inequalities and inequities in sexual and reproductive health [2]. The huge differences in the rates of maternal mortality between and within countries, speak to this [3]. What this means is that some individuals, families, groups, communities, and countries are much more likely than others to experience sexual and reproductive health problems, and when they do are less likely to be able to obtain the health and social services they need to overcome these problems and to get back to good health. These inequalities and inequities exist in situations of peace and security, even in high-income countries [4–7]. However, in situations of conflict and natural disasters, they are greatly exacerbated [8–14].

The editorial team of the *Reproductive Health* Journal wants to contribute to efforts to shed light on the sexual and reproductive health needs and problems of the most vulnerable, those most likely to be left behind, and on efforts being made to address inequalities and inequities. Given this, the Journal will prioritize articles that describe efforts addressing such population groups.

We are convinced that solutions must come *from* the most affected populations and *from* those who work with and for them. That is why we will welcome articles that articulate the needs and problem, hopes and expectations, fears and concerns, by members of these populations themselves, and the solutions that they propose.

We also welcome articles from individuals who work directly with these populations.

Two other areas will be prioritized in the *Reproductive Health* journal. One is Adolescent Sexual and Reproductive Health and Rights (ASRHR). Adolescents were largely neglected in the context of the Millennium Development Goals [15]. In the context of the Sustainable Development Goals, they are receiving the attention they deserve [16, 17]. Our journal wants to contribute to sharing and learning between adolescents and with researchers, programmers, policy makers, and funders together, and thereby help ensure that focus is put to the best possible use. The second area is the delivery of interventions in the pre-conception period. In an Editorial published in *Reproductive Health* introducing a Supplement on Preconception Care we stated: "The preconception window has been recognized as one of the earliest sensitive windows of human development, and interventions that focus on this period have the potential to affect not only pregnancy but long term outcomes as well" [18]. Given that the preconceptual period has been identified as a critically important stage that influences maternal and perinatal health, interventions that are being developed to improve the coverage of preconceptual care, such as family planning, contraception, nutrition, lifestyle factors (e.g. smoking, alcohol, caffeine, weight) vaccinations, reduction of harmful exposures, prevention and treatment of chronic and infectious diseases, and environmental exposures are of interest [18–20].

We will continue with the two special sections on Female Genital Mutilation/Cutting and on Respectful Care during Childbirth at Health Facilities, as we believe that these issues reflect great inequality and inequity, with powerful implications for reproductive health. Health providers must have an active role to end female genital

* Correspondence: belizanj@gmail.com

¹Department of Mother and Child Health Research, Institute for Clinical Effectiveness and Health Policy (IECS-CONICET), Buenos Aires, Argentina
Full list of author information is available at the end of the article



mutilation/cutting and achieving a respectful care, by adapting or creating behavioral change strategies including their own evaluation of their behavior and its change [21, 22]. As previously stated, these two sections will prioritize the needs, problems, and the solutions developed and implemented to improve them.

In summary, as we move towards the start of the third decade of the twenty-first century, the priority of the *Reproductive Health* journal is to publish contributions highlighting the plight of those who are worst affected by sexual and reproductive health problems, and showcasing actions taken by those affected and those who work with them to overcome this unacceptable situation of inequality and inequity.

Authors' contributions

All authors read and approved the final manuscript.

Competing interests

The authors declare that they have no competing interests.

Author details

¹Department of Mother and Child Health Research, Institute for Clinical Effectiveness and Health Policy (IECS-CONICET), Buenos Aires, Argentina.

²Safe Motherhood Program, University of California, San Francisco, USA.

³Department for Reproductive Health Research, World Health Organization, Geneva, Switzerland.

Published online: 21 January 2020

References

- United Nations Committee for Development Policy. Leaving no one behind. Report on records of the Economic and Social Council. 2018. Supplement No 13. Available from: <https://undocs.org/pdf?symbol=en/E/2018/33>
- World Health Organization. State of inequality: reproductive, maternal, newborn and child health I. World Health Organization Report. 2015. Available from: https://www.who.int/docs/default-source/gho-documents/health-equity/state-of-inequality/state-of-inequality-reproductive-maternal-new-born-and-child-health.pdf?sfvrsn=f4034289_2
- UNFPA, World Health Organization, UNICEF, World Bank Group, the United Nations Population Division. Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. World Health Organization Report. 2019. Available from: <https://www.unfpa.org/featured-publication/trends-maternal-mortality-2000-2017> ISBN: 978-92-4-151648-8.
- Shaw D, Guise JM, Shah N, et al. Drivers of maternity care in high-income countries: can health systems support woman-centred care? *Lancet*. 2016; 388:2282–95. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/27642026>. [https://doi.org/10.1016/S0140-6736\(16\)31527-6](https://doi.org/10.1016/S0140-6736(16)31527-6). Epub.
- Thomson K, Hillier-Brown F, Todd A, et al. The effects of public health policies on health inequalities in high-income countries: an umbrella review. *BMC Public Health*. 2018;18(1):869. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/30005611>. <https://doi.org/10.1186/s12889-018-5677-1>.
- WHO Regional Office for Europe. Women's health and well-being in Europe: beyond the mortality advantage. World Health Organization; 2016. Report Available from: http://www.euro.who.int/__data/assets/pdf_file/0006/318147/EWHR16_interactive2.pdf?ua=1 ISBN 978 92 890 5191 0
- Knight M, Nair M, Tuffnell D, Shakespeare J, Kenyon S, Kurinczuk JJ. Saving lives, improving mothers' care - lessons learned to inform maternity care from the UK and Ireland confidential enquiries into maternal deaths and morbidity 2013–15. Oxford: National Perinatal Epidemiology Unit, University of Oxford; 2017. Available from: <https://www.npeu.ox.ac.uk/downloads/files/mbrace-uk/reports/MBRRACE-UK%20Maternal%20Report%202017%20-%20Web.pdf>
- Askw I, Khosla R, Daniels U, et al. Sexual and reproductive health and rights in emergencies. *Bull World Health Organ*. 2016;94:311. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4850544/>. <https://doi.org/10.2471/BLT.16.173567>.
- Davis JR, Wilson S, Brock-Martin A, Glover S, Svendsen E. The impact of disasters on populations with health and health care disparities. *Disaster Med Public Health Prep*. 2010;1:30–8.
- Shalash A, Alsaman HM, Hamed A, et al. The range and nature of reproductive health research in the occupied Palestinian territory: a scoping review. *Reprod Health*. 2019;16:41.
- Sami S, Kerber K, Kenyi S, et al. State of newborn care in South Sudan's displacement camps: a descriptive study of facility-based deliveries. *Reprod Health*. 2017;14:161.
- Ivanova O, Rai M, Mlahagwa W, et al. A cross-sectional mixed-methods study of sexual and reproductive health knowledge, experiences and access to services among refugee adolescent girls in the Nakivale refugee settlement, Uganda. *Reprod Health*. 2019;16:35.
- Roxo U, Mobula ML, Walker D, Ficht A, Yeiser S. Prioritizing the sexual and reproductive health and rights of adolescent girls and young women within HIV treatment and care services in emergency settings: a girl-centered agenda. *Reprod Health*. 2019;16(Suppl 1):57.
- Bartels SA, Michael S, Roupetz S, et al. Making sense of child, early and forced marriage among Syrian refugee girls: a mixed methods study in Lebanon. *BMJ Glob Health*. 2018;3:e000509. Available from: <https://gh.bmj.com/content/3/1/e000509>. <https://doi.org/10.1136/bmjgh-2017-000509>.
- United Nations Development Programme. From the MDGs to Sustainable Development for All: Lessons from 15 years of practice. United Nations Development Programme. 2016. Report. Available from: <https://www.undp.org/content/dam/undp/library/SDGs/English/From%20the%20MDGs%20to%20SD4All.pdf>
- United Nations. Transforming our world: the 2030 Agenda for Sustainable Development. Nations Development Programme. 2015 Main Committee Report A/70/L.1. Available from: <https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>
- Chandra-Mouli V, Plesons M, Barua A, Mohan A, Melles-Brewer M, Engel D. Adolescent sexual and reproductive health and rights: a stock-taking and call-to-action on the 25th anniversary of the international conference on population and development. *Sexual Reprod Health Matter*. 2009;27:1 Available from: <https://www.ncbi.nlm.nih.gov/pubmed/31701814>.
- Mumford SL, Michels KA, Salaria N, Valanzasca P, Belizán JM. Preconception care: it's never too early. *Reprod Health*. 2014;11:73.
- Dean SV, Lassi ZS, Imama AM, Bhutta ZA. Preconception care: closing the gap in the continuum of care to accelerate improvements in maternal, newborn and child health. *Reprod Health*. 2014;11(Suppl 3):S1.
- Preconception Interventions. *Reproductive health supplement*. 2014. Available from: <https://reproductive-health-journal.biomedcentral.com/articles/supplements/volume-11-supplement-3>
- Doucet M, Pallitto C, Groleau D. Understanding the motivations of health-care providers in performing female genital mutilation: an integrative review of the literature. *Reprod Health*. 2017;14:46 Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5364567/>.
- Bohren MA, Mehtash H, Fawole B, et al. How women are treated during facility-based childbirth in four countries: a cross-sectional study with labour observations and community-based surveys. *Lancet*. 2019; (published online Oct 8). Available from: <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2819%2931992-0>.

Publisher's Note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Ready to submit your research? Choose BMC and benefit from:

- fast, convenient online submission
- thorough peer review by experienced researchers in your field
- rapid publication on acceptance
- support for research data, including large and complex data types
- gold Open Access which fosters wider collaboration and increased citations
- maximum visibility for your research: over 100M website views per year

At BMC, research is always in progress.

Learn more biomedcentral.com/submissions

