Progress Report

Reproductive health strategy
to accelerate progress towards the attainment of international development goals and targets

July 2010
Progress Report – Reproductive health strategy – to accelerate progress towards the attainment of international development goals and targets

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Acknowledgements

This report was compiled by Dr. Mike Mbizvo and Dr. Lale Say of WHO’s Department of Reproductive Health and Research. The regional and country offices of WHO collaborated with the respective ministries of health to collect information which was analysed and reported to the World Health Assembly in 2010.

The report summarizes issues related to the *WHO Global Reproductive Health Strategy* and its implementation or operationalization. It is not meant to provide a quantitative assessment of the status of sexual and reproductive health in all countries.

For further details and related materials, please visit [www.who.int/reproductivehealth](http://www.who.int/reproductivehealth)
Introduction

The 2004 World Health Assembly, through Resolution 57.12, endorsed the first World Health Organization (WHO) global strategy on reproductive health. In endorsing the *Strategy to accelerate progress towards the attainment of international development goals and targets related to reproductive health* (“the Strategy”), the fifty-seventh World Health Assembly (WHA) urged Member States, as a matter of urgency, “to make reproductive and sexual health an integral part of national planning and budgeting”. Governments were called upon “to strengthen the capacity of health systems … to achieve universal access to sexual and reproductive health care … and ensure all aspects of reproductive and sexual health are included within national monitoring and reporting of progress towards attainment of the development goals of the United Nations Millennium Declaration.” The Resolution recognizes that the “attainment the United Nations Millennium Declaration, and other international goals and targets require, as a priority, strong investment and political commitment in reproductive and sexual health.”

The core goal of the *Strategy*, which echoes that of the International Conference on Population and Development (ICPD), was reaffirmed at the 2005 World Summit when Heads of State and Government committed to “achieving universal access to reproductive health by 2015, as set out at the ICPD, and integrating this goal in strategies to attain the internationally agreed development goals, including the Millennium Development Goals (MDGs)". This is the highest level of endorsement of the critical role that sexual and reproductive health plays in achieving the MDGs. The United Nations (UN) Secretary-General recommended to the UN General Assembly in October 2006, the integration of a new target on universal access to reproductive health within the MDG framework. Subsequently, on 9 October 2007, the UN General Assembly noted the Secretary-General’s report with the new target to “achieve, by 2015, universal access to reproductive health,” integrated within the revised MDG framework. The interagency and expert group (IAEG) on MDG indicators has now issued a revised MDG monitoring framework as of 2008, which integrates the new target (MDG Target 5B) and includes four indicators for monitoring progress.

WHA Resolution 57.12 on the *Reproductive health strategy* requests the Director-General of WHO, among other things, “to devote sufficient organizational priority, commitment, and resources to supporting effective promotion and implementation of the Strategy and the “necessary actions” that it highlights.” In line with the above, WHO, at headquarters, regional and country levels, is collaborating with countries and partners to develop and implement activities for improving sexual and reproductive health.

WHO, through the Department of Reproductive Health and Research at headquarters, and in collaboration with regional offices, developed instruments to assess progress and monitor utilization of the *Strategy*, including implementation of recommendations from the *Strategy* by Member States. This briefing outlines a summary of selected activities reported by Member States in response to a survey conducted for this purpose in 2009, and those supported by WHO or partners in line with recommendations of the *Strategy* and related Resolution, as reported to the World Health Assembly in May 2010.
Progress

Summary

1. Implementation of the Strategy has been reinforced by the addition of a new target (5B) for Millennium Development Goal 5: Achieve, by 2015, universal access to reproductive health. The Secretariat has continued to provide support to Member States in improving access to, and quality of, sexual and reproductive health care and accelerating attainment of universal access to appropriate services and commodities.

2. Regional activities, implemented in collaboration with partners, have included: adapting the strategy to regional contexts in order to respond best to local reproductive health needs; supporting the development of policies whose goal is universal access to reproductive health services and commodities; assessing the feasibility of measuring the indicators that are listed in the framework for implementing the strategy; holding technical consultations on sociocultural approaches to accelerate achievement of Goals 4 and 5; and organizing workshops to strengthen national capacities for devising strategies and policies responsive to needs; and improving quality of care.

3. In 2009 WHO country offices in all regions assessed progress made in the five key action areas defined in the strategy. Responses to a questionnaire showed the following results:

   • Strengthening health systems capacity. Strategies have been designed to expand reproductive health services and ensure the provision of basic emergency obstetric care in rural areas. Initiatives have been taken to attract health-care providers to work in hard-to-reach areas. Increased attention has been paid to preventive health care, and reproductive health commodities have been included in essential medicines lists.

   • Improving information for priority setting. Questions about reproductive health matters have been incorporated into population surveys and censuses.

   • Mobilizing political will. Workshops have been held for parliamentarians. Information has been disseminated to policy-makers, and the importance of reproductive health to development and attainment of the Millennium Development Goals has been advocated.

   • Creating supportive legislative and regulatory frameworks. Legislation on the provision of reproductive health services and information has been enacted.

   • Strengthening monitoring, evaluation and accountability. Reproductive health indicators have been included in national monitoring mechanisms, and maternal deaths have been reviewed.

4. The survey also indicated that Member States have identified various obstacles to the improvement of reproductive health services. These include: adverse sociocultural factors; armed conflict; poor reporting of all reproductive health indicators; poor access by vulnerable groups; shortage of equipment and care providers; unwillingness of providers to work in remote areas; lack of awareness about the range of family planning methods; and inadequate services for adolescents.

5. The application of key interventions developed by WHO to reduce maternal mortality and improve reproductive health has been reported. Of the 57 countries that responded to the survey, 48 (85%) from all regions reported that WHO’s focused antenatal care approach is integrated in reproductive health programmes, and in more than 80% magnesium sulfate is registered for use in preeclampsia. Implementation of cervical cancer screening programmes, however, was reported to

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1 Accelerating progress towards the attainment of international reproductive health goals: a framework for implementing the WHO Global Reproductive Health Strategy. Geneva, World Health Organization, 2006. (http://www.who.int/reproductivehealth/publications/general/RHR_06.3)
be limited, and emergency contraception as part of family planning method-mix was reported by slightly more than half the countries.2

6. The latest available data indicate uneven progress in reduction of maternal mortality in the developing world. Statistics from the Millennium Development Goals’ monitoring regions of Eastern Asia, North Africa and South-East Asia2 showed declines of 30% or more in the number of maternal deaths per 100 000 live births between 1990 and 2005, and reports from southern Asia indicate a decline of more than 20% over the same period. In sub-Saharan Africa the risk of dying in pregnancy or childbirth remains high.3 Unsafe abortion is estimated to have caused around 70 000 maternal deaths worldwide in 2005, and about 46% of those deaths occur in women younger than 25 years.4

7. Use of effective contraception by women who want to delay or stop child-bearing can prevent 32% of maternal deaths. Although globally more than 60% of by women who are married or in union use contraceptives, marked differences in this percentage are seen across regions. Women in sub-Saharan Africa have the lowest levels of contraceptive use (22% in 2007).1 Unmet need for family planning changed little in least developed countries: from 26% in 1990 to 24% in 2007. In sub-Saharan Africa, every fourth woman who is married or in union has an unmet need for family planning. Unmet need for family planning was shown to be higher for poorer women than their richer counterparts (see figure overleaf). Meeting family planning needs will also help to achieve other Goals than 5. For instance, use of contraception to promote birth spacing is estimated to prevent 10% of infant deaths;7 it also contributes to women’s empowerment and gender equality by enhancing opportunities for participation in societal and their own developmental activities.

8. Access to care during pregnancy and delivery is crucial for reducing maternal deaths and improving maternal health. The use of essential maternal health services has increased since the 1990s. The proportion of women giving birth with the help of a skilled health professional increased from 61% in the mid-1990s to 66% in the mid-2000s globally (see table overleaf).3 Skilled attendance at birth varies according to women’s socioeconomic and other characteristics. In developing countries, the median proportion of births attended by a skilled health professional is 50% in rural areas compared with 83% in urban areas. Similarly, 43% of women in the poorest quintile received antenatal care at least four times, compared with 79% among the wealthiest quintile.

9. Reproductive health needs of boys and men require attention. Generally, less than 50% of young men aged 15–24 years reported using a condom even though they engaged in high-risk sexual behaviour.6 Less than one-third of men in many developing countries know that two ways of avoiding sexually transmitted infections are condom use and either abstinence or having only one uninfected partner. Sexuality education programmes were shown to have a significant effect on reducing risky sexual behaviours. WHO and its partners are conducting research and developing guidelines on men’s sexual and reproductive health and their roles related to improving women’s sexual and reproductive health. High priority topics include family planning, infertility, prevention and management of sexually transmitted infections including HIV infection, sexual health and human rights, maternal health, violence against women, female genital mutilation, reaching boys and young men with sexual and reproductive


health information and services, and engaging boys and men to promote gender equity. Studies of interventions that have engaged men in the prevention of adverse sexual and reproductive health outcomes have shown positive results in terms of, for example, greater condom use (from 55% to 78%), more decision-making between partners about condom use (from 23% to 45%), higher uptake of voluntary counselling and testing for HIV infection, and fewer teenage pregnancies.

10. The Secretariat has noted the call made by the Executive Board 7 to devote organizational resources in the area of sexual and reproductive health and is working in partnership towards securing sustainable resources. WHO and its partners, including health ministries, will continue to introduce effective interventions systematically using, among others, the WHO/UNFPA Strategic Partnership Programme to improve sexual and reproductive health.

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**Unmet need for family planning by socioeconomic status (married women, 25–29 years, urban areas)**

<table>
<thead>
<tr>
<th>Region</th>
<th>Urban poor</th>
<th>Urban non-poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern Africa</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>35</td>
<td>25</td>
</tr>
<tr>
<td>Southeastern Asia</td>
<td>20</td>
<td>30</td>
</tr>
<tr>
<td>Southern Central, Western Asia</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>Latin America</td>
<td>10</td>
<td>15</td>
</tr>
</tbody>
</table>


**Proportion of deliveries attended by a skilled health worker: regional trends**

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>African Region</td>
<td>48</td>
<td>46</td>
</tr>
<tr>
<td>Region of the Americas</td>
<td>87</td>
<td>92</td>
</tr>
<tr>
<td>South-East Asia Region</td>
<td>40</td>
<td>48</td>
</tr>
<tr>
<td>European Region</td>
<td>95</td>
<td>96</td>
</tr>
<tr>
<td>Eastern Mediterranean Region</td>
<td>42</td>
<td>59</td>
</tr>
<tr>
<td>Western Pacific Region</td>
<td>85</td>
<td>92</td>
</tr>
</tbody>
</table>

**Income group**

| Low-income                  | 39 | 41 |
| Lower middle-income         | 62 | 70 |
| Upper middle-income         | 90 | 95 |
| High-income                 | 98 | 99 |
| **World total**             | 61 | 65 |

Full progress report

Country reports
Progress in implementation of the Strategy is assessed biannually and reported to the World Health Assembly. Country-level progress is examined through a questionnaire survey of Member States in collaboration with WHO regional and country offices. A data-collection instrument developed in the earlier rounds for this purpose was updated and administered during February–June 2009 to ministry of health officials. The instrument explored the knowledge on and use of the Strategy; the extent to which various elements within have been implemented; facilitators of, barriers to and gaps in implementation; trends in key reproductive health indicators and the incorporation of selected reproductive health interventions within country programmes.

This report presents the compilation of the responses to this survey according to the main aspects of the Strategy and other information that would be useful in efforts to accelerating its implementation. It includes information gathered from 57 countries.

Knowledge on and use of the Strategy and its implementation framework

The majority of the respondent countries are aware of the Strategy through different sources such as: regional meetings, the WHO web site, through the World Health Assembly, from WHO country offices, and their own reading. In many cases Strategy assisted and guided countries in creating and updating reproductive health policies and strategies, as well as launching health programmes, often with a goal of meeting the MDGs related to reproductive health.

The implementation framework developed to facilitate the implementation of the Strategy is also widely known by the respondent countries. Every country that was aware of this framework, with few exceptions, has used it to create, implement, or enhance national programmes, policies, and/or strategies in a variety of capacities.

The ways with which the implementation framework was used include:

- guiding the creation of strategic plans on sexual and reproductive health;
- implementation of maternal and child health/reproductive health activities;
- capacity strengthening for family planning and prevention of unsafe abortion;
- curriculum reform in schools on prevention of HIV and unplanned pregnancy;
- incorporation of the Strategy into the national policy framework;
- strengthening monitoring and evaluation;
- elaboration of policies and laws on sexual and reproductive health;
- as reference material for the development of national action plans.

Progress in recommended actions within the Strategy

The Strategy recommends actions within five priority areas for accelerated progress towards improved sexual and reproductive health and achievement of related international development goals. A range of actions recommended within these priority areas were initiated and have been implemented by countries since 2004. Many countries now have national reproductive health strategies, most of which are based on or informed by the Strategy. Some of the initiated and/or performed actions as reported within the survey follow.

Strengthening health systems
Reproductive health related items were included in the national health system development plans in many countries. In addition, a variety of specific policies to strengthen health systems were developed. Some of
these policies focus explicitly on achievement of universal access to sexual and reproductive health; others address health systems at a broader level. Actions within such policies include:

- those in the human resource domain, for example assessments of human resource needs, provision of incentives to health workers working in rural areas, performance-based incentives, task shifting, and strengthening supervision;
- providing free care for reproductive health issues;
- setting up social protection schemes;
- improving quality of care;
- integrating reproductive health within primary health care;
- strengthening commodity security;
- increasing infrastructure of facilities, for example, emergency obstetric care facilities.

Referral systems exist in the majority of the respondent countries, but these are usually not functional. All respondent countries reported existence of programmes for training in reproductive health.

A key element, quality of care, is reported as a main aspect of health system strengthening in countries. All countries report having service protocols/national guidelines for major areas of sexual and reproductive health care. These protocols exist in a variety of forms with differing levels of comprehensive coverage of reproductive health issues. Regular dissemination and routine update of these guidelines, however, are reported to be limited by some of the respondents. Other interventions to improve quality such as accreditation of facilities according to quality are reported by a few countries.

Over 80% of respondent countries report having a strategy on reproductive health commodity security. Reproductive health commodities are included in the national essential medicines lists in most of the cases. The most common reproductive health commodities to be included on the lists are contraceptives and oxytocin.

**Improving information for priority-setting**

Just over half of the countries included in this report have established procedures and systems for priority setting in sexual and reproductive health care, informed by relevant data. In these cases, regular (monthly, quarterly, annually) reports from the reproductive health teams are released to support decision on priorities. Reproductive health issues are included in routine population surveys. Other countries encounter infrastructure or programmatic barriers to effectively enact these tasks. In such instances, priorities are decided on an ad hoc basis, using any available information. Some countries choose priority areas on criteria other than data information, such as on the basis of WHO priority areas or MDGs.

**Mobilizing political will**

For mobilization of political will, information about sexual and reproductive health policies and programmes is disseminated with a variety of ways. The majority of countries report regular dissemination of information on sexual and reproductive health issues to the mass media. Others report irregular or limited information exchange to the media. Of those countries with habitual dissemination programmes, the types of interventions vary greatly. They include:

- information targeted at different audiences ranging from policy level information to that targeting the public via TV and radio channels;
- regular dissemination of news on reproductive health events in newspapers and websites;
- radio spots;
- conferences;
- sensitization workshops;
- information shared in cabinet meetings, rallies, banners, celebration days, and during launching sessions;
• workshops targeting parliamentarians were reported to be carried out by a number of countries.

Creating supportive legislative and regulatory frameworks
Various legislation or regulations that support achievement of universal access were reported. Some examples include: free care for reproductive health issues; incorporation of reproductive health issues in health law; regulation to ensure adolescents’ receipt of services; human rights acts; and the proposing of achievement of universal access as an aim of the health care system.

Strengthening monitoring, evaluation and accountability
Respondents from around two thirds of the countries believe that adequate data are being collected in their respective countries to evaluate the sexual and reproductive health care. These data are collected via different methodologies including national health information systems, routine surveys such as the Demographic and Health Surveys (DHS); special surveys such as on quality of care, adolescent reproductive health, antenatal care, emergency obstetric care, or family planning. Countries have mechanisms for reporting on the MDGs such as appointment of a focal person or a task force, or within the national development planning agencies.

In many of the cases, poor quality of data and irregular data collection appear to be limiting the appropriate use of monitoring and evaluation to strengthen programmes and use for making decisions. Infrastructure issues, such as weaknesses of the systems in ensuring data flow from the periphery following decentralization of health care, limited capacity, and lack of funding are reported as some of the barriers to strong monitoring and evaluation systems emerging from the reports.

Resource flows to sexual and reproductive health are rarely monitored and only when supported by international organizations.
Introduction of key evidence-based interventions to improve reproductive health care

The status of implementation of a selected list of interventions that were developed based on evidence generated by or with support of WHO was explored. The responses showed that:

• The WHO-developed focused antenatal care package has been introduced within reproductive health programmes in the majority of countries and a number of others are in the process of introduction.

• Similarly, magnesium sulfate, a key drug for pre-eclampsia and eclampsia, recommended over others following HRP research, is now registered and available for use in health facilities providing obstetric care in the vast majority of countries. However, a number of institutional, infrastructural, or policy-based issues that hinder women from accessing this intervention in case of need were noted. Some examples include: continuing to rely on diazepam – due to relative ease of use in some rural facilities; hesitance of providers to administer magnesium sulfate because of perceived side-effects; and delays in getting the second dose when health centres transfer the patient to an upper level of care after giving the first dose. In some cases, magnesium sulfate use was limited to tertiary or specialized facilities. Nationally adopted obstetric role delineation guidelines for secondary care facilities and training health providers in administering its use could improve the actual use of this intervention appropriately.

• National cervical cancer screening by cytology or acetic acid-aided inspection programmes are not well established in the majority of respondent countries. Usually Pap smear screening services are provided at facilities but not as a comprehensive programme. One country, for example, noted the coverage rate for the target population for cervical cancer screening as only 10%. Another reported establishment of the screening in only a limited number of districts and provinces due to limited resources for providing the services, despite existence of a national programme. One country reported introducing a policy on introduction of HPV vaccine as a cervical cancer prevention mechanism.

• The use of modern intrauterine devices (IUDs) for family planning as a safe and effective long-term method is reported to be limited. Just over half of countries have specific policy or regulation on the use or delivery of IUDs. Those that have introduced these regulations have done so since the mid-1990s, most likely following the ICPD. It would appear that the rate with which this service was introduced has since dropped.
Facilitators of improving sexual and reproductive health care delivery

A variety of facilitating factors that have allowed countries to expand and support sexual and reproductive health services were reported. Some examples, as reported by countries, can be summarized in three broad domains.

- At policy and health systems level, facilitating factors include: concrete support from government authorities; active participation of all sectors such as national training institutions; discussions at parliamentary level leading to development of supportive laws; provision of free care.

- At community level the following are reported to have contributed to improvements: community sensitization including religious leaders; involving men; and opening of outreach stations.

- At the broader social and contextual level, the following are reported to have had influence on improving sexual and reproductive health: the development of the socioeconomic status of the whole country; and improvement of people’s education level.

Effective financial and technical assistance from international sources was also cited as a general factor that facilitates improving reproductive health.

Barriers to improved sexual and reproductive health care delivery

While each country has a unique experience and unique problems, there were major themes in the reported barriers to reproductive health such as:

- cultural issues;
- poor security in conflict situations;
- geographical nature and terrain of the country;
- lack of clear policy guidelines;
- lack of clear resource allocation for specific targeted activities;
- rapid turnover of staff;
- poor reporting and recording from health facilities;
- shortage of some equipment, limited resources;
- lack of training facilities;
- difficulties in reaching vulnerable groups.

Areas needing further and consistent attention

The instrument explores views of respondents on further improvement in sexual and reproductive health. Among the areas reported as requiring attention are:

- strengthening monitoring and evaluation;
- sustained commodity supplies;
- community involvement and their empowerment;
- operational national reproductive health strategy;
- additional political will;
- multisectoral collaboration and better coordination on reproductive health;
- allocation of resources within the national budget; building capacity of the health workforce;
- improving quality of care, and advocacy/resource mobilization.
Regional/global initiatives

Since the last report on progress in 2008, a number of regional and global actions were initiated and undertaken to accelerate progress. WHO regional offices report a wide range of activities to this end in collaboration with partners, in particular UNFPA. These include:

- adaptation of the Strategy to regional contexts to prioritize necessary interventions and actions that respond to reproductive health challenges in the regions;
- development of regional policy frameworks on achievement of universal access and reproductive health commodity security;
- assessment of the feasibility of measuring indicators included in the Strategy implementation framework;
- technical consultations on sociocultural and other approaches to accelerate achievement of MDGs 4 and 5;
- strengthening of national capacities to develop responsive strategies and policies and implementing and monitoring programmes for improving sexual and reproductive health and achieving health related MDGs;
- development of evidence-based planning tools;
- improving quality of and access to sexual and reproductive health through adoption of evidence-based guidelines;
- regional workshops to strengthen reproductive health programmes including family planning, prevention of cancer of the cervix, improving postnatal care, prevention and treatment of postpartum bleeding, prevention of unsafe abortion; and improving adolescent reproductive health.

At the global level, there is heightened attention to maternal health. At the 2009 G8 Summit, commitment was expressed for promoting a comprehensive and integrated approach to the achievement of the health-related MDGs, with an emphasis, among others, on accelerating progress towards maternal health, including through sexual and reproductive health care and services and voluntary family planning. In a joint statement, the Executive Heads of WHO, UNICEF, UNFPA and the World Bank (H4) committed to “work with governments and civil society to scale-up quality health services to ensure universal access to reproductive health……ensuring linkages with HIV prevention and treatment”. The Summit acknowledged the work of the H4 and other global and national initiatives towards improving maternal and child health. Within the context of H4, a joint plan by WHO, UNICEF, UNFPA, and the World Bank was developed and initiated for accelerated and harmonized support to countries to improve progress in MDG5.
**Highlights of related activities by WHO and partners**

- There was continued advocacy and technical support towards adaptation and adoption of the Strategy including the dissemination of the four policy briefs summarizing key aspects. Countries were supported to integrate key actions identified in its implementation framework. Regional workshops have been held to provide further technical assistance to Member States and to incorporate indicators developed for making progress. They brought together policy-makers, programme managers and others to identify bottlenecks, share lessons, and define actions for accelerating progress. In some regions, the workshops included parliamentarians who were supported to develop continental frameworks for progress in universal access to sexual and reproductive health and commodities.

- As a follow up to inclusion of the “universal access to reproductive health” within the MDG framework as of 2008, WHO and UNFPA developed a framework of indicators for national-level monitoring of progress towards achievement of this target, thus MDG 5 at country level. The indicators framework is structured around the five priority aspects of the Strategy (family planning, maternal health, STI/RTIs, sexual health including adolescents and prevention of unsafe abortion). The indicators framework also reflects the various dimensions of access (availability, information, quality, use) for understanding what aspect of access needs to be improved in order to improve outcomes. Therefore, it guides identification of interventions to accelerate progress. Regional workshops are organized to support countries in application of the framework by selecting from the range of indicators provided, those related to local priorities, (i) to monitor the extent of which universal access is achieved, and/or (ii) as interventions to be focused on for accelerated progress.

- WHO/RHR, incorporated in its Medium-term strategic plan (2010–2015), “universal access to reproductive health” as an overarching theme, with specific actions for accelerating progress in this target and the Strategy to ensure the continuous support to and monitoring of key interventions in countries.

- Strengthening linkages between HIV prevention and sexual and reproductive health is an important element of the Strategy. WHO has expanded its work in this area, particularly in advocacy, research, policy, and programme support. For instance, materials have been developed for Member States on how linkages between sexual and reproductive health and HIV can be incorporated in proposals to the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

- In line with recommendations of the Strategy related to monitoring and evaluation, WHO, the World Bank, UNICEF, and UNFPA collaborate on monitoring key global reproductive health and MDG indicators. Among these is the maternal mortality ratio (MMR), for which the latest estimates were published in 2007. During 2009, the four organizations initiated work on development of updated set of estimates for informing the 2010 MDG review process by the UN General Assembly. An improved methodology that will provide a unified set of 5-yearly MMR estimates from 1990 to 2010 will be applied to develop the updated figures.