Universal access to reproductive health

Accelerated actions to enhance progress on Millennium Development Goal 5 through advancing Target 5B

World Health Organization

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Acronyms

HIV	human immunodeficiency virus
ICPD	International Conference on Population and Development
MDG	Millennium Development Goal
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Executive summary

The addition of Target 5B – "Achieve, by 2015, universal access to reproductive health" – to Millennium Development Goal (MDG) 5, with indicators to track global progress, followed the recognition by world leaders that increased attention to sexual and reproductive health is a prerequisite for achieving MDG 5 on improving maternal health, and also contributes significantly to reducing poverty and hunger (MDG 1), promoting gender equality and empowerment of women (MDG 3) and combating HIV and other diseases (MDG 6). The World Health Organization (WHO) Department of Reproductive Health and Research convened a technical consultation involving stakeholders from countries, regions and partner agencies to review strategies applied within countries for advancing universal access to sexual and reproductive health with a view to identifying strategic approaches to accelerate progress in achieving universal access.

Case-studies from seven countries (Brazil, Cambodia, India, Morocco, United Republic of Tanzania, Uzbekistan and Zambia) illustrating application of a variety of strategies to improve access to sexual and reproductive health, lessons learnt during implementation and results achieved, allows identification of a range of actions for accelerated progress in universal access. In order to achieve MDG 5 a holistic approach to sexual and reproductive health is necessary, such that programmes and initiatives will need to expand beyond focusing only on maternal health and address also family planning, sexual health and prevention of unsafe abortion. Programmes should prioritize areas of engagement based upon country and regional needs while establishing practical ways to ensure equity through integration of gender and human rights.

The strategic actions in countries outlined here will help accelerate progress towards attainment of MDG Target 5B within the wider context of implementation of the WHO *Global reproductive health strategy*.

Targeted approaches to accelerate progress and minimize missed opportunities

Strengthen **policies** for improving sexual and reproductive health delivery:

- develop a country action plan immediately to accelerate progress towards achievement of MDG Target 5B within five years;
- engage government sectors and civil society to mobilize and promote political will for development of supportive policy and legislation;
- clarify the process of translating policy into law;
- review documents, policies and laws pertaining to sexual and reproductive health, with a view to accelerating progress;
- introduce and implement targeted approaches to achieve universal access.

Ensure adequate **financing** of sexual and reproductive health care:

- track funding for sexual and reproductive health activities within national budgets;
- create a minimum basic package for sexual and reproductive health care;
- determine clear mechanisms for accountability and transparency;
- explore mechanisms such as conditional cash transfer, risk pooling and insurance for MDG Target 5B interventions;
- secure funds for effective service delivery and management of human resources;
- harmonize existing costing tools to support countries in costing the package of sexual and reproductive health services.

Strengthen and maintain valuable **human resources**:

- improve and strengthen education at all career phases;
- review guidelines for integration into the curriculum;
- develop special programmes for managers to be trained in issues of supportive supervision;
- give attention to health workforce motivation;
- promote task shifting or task sharing according to available evidence.

Improve **service delivery** by managing and integrating services:

- develop and implement innovative community outreach programmes;
- expand method choice for family planning;
- innovate (communicate, adapt, implement new technologies), for example through introduction of new practices such as m-health (use of mobile phones for health) and new products for family planning including emergency contraception;
- enhance the quality of services especially by ensuring the use of evidence-based recommendations and clinical guidelines;
- adapt and explore new avenues to scale up good practices;
- monitor and evaluate.

Introduction: reproductive health in the global context

The WHO *Global reproductive health strategy* was adopted through World Health Assembly resolution WHA57.12. *(1)* This resolution urged Member States, as a matter of urgency, "to make reproductive and sexual health an integral part of national planning and budgeting; ...to strengthen the capacity of health systems ... to achieve universal access to sexual and reproductive health care; ...[and] to ensure that all aspects of reproductive and sexual health ... are included within national monitoring and reporting of progress towards the attainment of the development goals of the United Nations Millennium Declaration".

The foundation for the global reproductive health agenda was laid at the International Conference on Population and Development (ICPD), Cairo, Egypt, in 1994. The 20-year Programme of Action adopted by that conference included the goal of ensuring universal access by 2015 to reproductive health. However, the concept remained outside the scope of the MDGs until September 2005, when world leaders met at the World Summit at the United Nations headquarters, New York, United States of America. Through the World Summit Outcome, subsequently adopted by the United Nations General Assembly, world leaders committed themselves to integrating the goal of achieving universal access to reproductive health by 2015 into strategies to attain internationally agreed development goals, including those contained in the Millennium Declaration (the MDGs).

Following this endorsement at the highest political level, the General Assembly, at its sixty-first session in 2006, took note of the recommendation by the Secretary-General that an additional target of universal access to reproductive health be included within the MDG framework. Subsequently, in October 2007, the General Assembly, at its sixty-second session *(2)*, noted the report of the Secretary-General integrating Target 5B "Achieve, by 2015, universal access to reproductive health" within the revised MDG framework as a component of Goal 5, "Improve maternal health", together with indicators for measuring progress, thus achieving recognition of the target as a key element underpinning development. The indicators under the target are contraceptive prevalence, adolescent birth rate, antenatal care coverage and unmet need for family planning.

Progress

Globally, progress towards achieving MDG 5 has been slow and uneven. For almost all indicators, the slowest progress has been in countries in Africa. For example, despite increases in contraceptive prevalence[1] from 52% in 1990 to 60% in 2000 and 62% in 2007 worldwide, the unmet need for family planning remains unacceptably high in sub-Saharan Africa, where one in four women who wish to delay or stop childbearing is not using any family planning method *(3)*. Adolescent pregnancy remains high globally, with 52 births for every 1000 women aged 15–19 years in 2007, reflecting only a small decline from 55 in 2000. Sub-Saharan Africa has the highest adolescent birth rates among all world regions, followed by Latin America and the Caribbean *(3)*.

An estimated 358 000 women died because of complications arising during pregnancy or childbirth in 2008, 99% of them in developing countries. There was a 34% decline in the global maternal mortality ratio between 1990 and 2008, translating into an average annual decline of 2.3% *(4)*. This is far from the 5.5% annual decline required to achieve the MDG target of reducing maternal mortality (Target 5A) by three quarters between 1990 and 2015.

The use of reproductive health services for maternity care is also lowest in African countries. Globally, over the period 2000–2006, 65% of births were attended by a skilled health worker, with one third of women still delivering without skilled birth attendance *(3)*. Only 48% of births were attended by a skilled health worker in Africa. Similarly, pregnant women are less likely to attend antenatal care the recommended four times in Africa than in other regions of the world. In sub-Saharan Africa, only 42% of women make a minimum of four antenatal care visits.

With only five years left to the deadline set for achievement of the MDGs, slow progress in MDG 5 is increasingly becoming of concern for the international community. Various strategies and programmes are being put in place by international agencies and development partners to promote improvements. During 2009, a joint plan by WHO, the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF) and The World Bank (known together as "H4") was initiated to provide accelerated support to countries that have shown least progress in maternal health. The Secretary-General of the United Nations led the development of a global strategy to improve the health of women and children, which seeks to catalyse action for renewed and enhanced commitments and resources for improving the health of women and children, with a specific focus on maternal and newborn health *(5)*. The strategy emphasizes the need to align global commitments behind a set of agreed priority interventions, including comprehensive family planning (advice, services, supplies); skilled care for women and neonates during and after pregnancy and childbirth, including antenatal care, quality care at birth, emergency care for complications, postnatal care and essential newborn care; and safe abortion services (when abortion is legal). The elements and principles laid out in that strategy are very much in line with, and complement, those of the WHO *Global reproductive health strategy.*

1 Contraceptive prevalence: the percentage of women currently using contraception among those of reproductive age who are married or in union.

Reproductive health strategies

In 2010, two years after the official inclusion of the target of universal access to reproductive health within the MDG framework, and soon after the 15th anniversary of the International Conference on Population and Development (ICPD), the WHO Department of Reproductive Health and Research, in collaboration with partners and in recognition of the increased attention being paid to achievement of MDG 5, convened a technical consultation to examine selected strategic interventions and actions in a number of countries that have made progress in aspects of sexual and reproductive health, with a view to identifying target approaches to accelerate universal access to sexual and reproductive health at country level. Country reproductive health programme managers, WHO regional advisers on reproductive health and sexually transmitted infections, and representatives of partner organizations examined and elaborated country cases with respect to specific strategies and results.

The following sections of this document report emerging themes and highlights from the consultation. Actions are suggested at financing, policy, human resources and service delivery levels for improved access to reproductive health. These suggestions are intended to support decision-making on country-level efforts that aim to accelerate progress in achievement of reproductive health, thus, MDG 5 and specifically its Target 5B.

Introduction and global perspectives

The burden related to various aspects of sexual and reproductive health, for example maternal mortality, unsafe abortion, sexually transmitted infections including human immunodeficiency virus (HIV) and congenital syphilis, female genital mutilation, cervical cancer, unintended pregnancy and unsafe sex continues to challenge health and development agendas especially in the developing world. A main source of these persisting challenges is the inadequate access to health care to prevent the burden.

A number of barriers need to be tackled at various levels if universal access is to be achieved. These include:

- at user level: delays and high costs, limited service choices, exclusion from services for some groups (for example adolescents);
- at service delivery level: inadequate funding, absence of comprehensive one-stop quality care facilities, inaccessibility, non-evidence-based interventions, inadequately trained (and underpaid) service providers, lack of appropriate equipment including essential drugs;
- at the global level: financial constraints, politicization of sexual and reproductive health, gender inequality, infringement of human rights.

Specifically, major gaps exist including limited availability of resources (both human resources and supplies) and inadequate use of evidence-based interventions. Proven interventions (for example emergency contraception, prevention of postpartum haemorrhage and medical abortion where not restricted by law) need to be scaled up by identifying gaps in services and using innovative technologies to bridge those gaps. A key aspect of "universal access" is ensuring that services are available every day, reliably, which is possible with ensuring availability of commodities. Education and training specifically focused on health-care workers at the primary-health-care level are crucial for expanding access in sexual and reproductive health services.

Addressing the needs of vulnerable populations will be of particular importance in achieving universal access. Understanding the context of this need, including barriers to access (such as financing and costs, poverty, gender, age, HIV status, violence and conflict), is essential for development of policies and programmes for accelerated progress.

The changing global context has provided renewed impetus for advancing sexual and reproductive health. The inclusion of the "universal access to reproductive health" target within MDG 5, has provided an opportunity for increased attention to sexual and reproductive health as a key component of efforts to achieve this goal. The recently launched *Global strategy to improve the health of women and children* emphasizes elements and principles in line with those of the WHO *Global reproductive health strategy. (1;5).* Achieving common goals for universal access to sexual and reproductive health would necessitate a shared vision and working through evidence-based policy and interventions.

Discussion of country case-studies

Despite limited progress globally, progress has been made in various countries in different elements of sexual and reproductive health. The examination of lessons from a subset of these successful examples demonstrates that they have applied a range of strategies to overcome barriers to progress and in general, paid attention to:

- a holistic approach, i.e, expanding beyond a focus only on maternal health (increasing attention to family planning, sexual health, prevention of unsafe abortion);
- prioritizing areas based upon country and regional needs;
- establishing practical ways to integrate gender and human rights in policies;
- focusing attention on equity by, for example, mapping areas lagging behind, decentralization, ensuring the protection of women in humanitarian settings and addressing other vulnerabilities.

In broader thematic areas of (i) financing; (ii) policy, political will and legislation; (iii) human resources; and (iv) service delivery, needs and potential actions emerging from the country examples are summarized below.

Financing

As a rule, a proportion of the national budget is allocated to the health budget. In many circumstances, however, the majority of health funding depends on development aid, rather than national sources.

To provide high-quality, sustainable services, funds should be secured, among others, for improving infra-structure, hospitals, drug supply and drug procure-ment, and for training the workforce and continuing medical education.

Needs

- ensure that health budget allocation is in line with the commitments and agenda of the International Conference on Population and Development;
- track data regarding the proportion of funds from the national budget actually given to sexual and reproductive health activities, applying the WHO/UNFPA framework for monitoring universal access to reproductive health, which contains indicators for budget allocation;
- focus on strengthening managerial capacity to ensure sustainable financing;
- focus on cost-effective interventions in priority areas such as family planning, sexually transmitted infections, adolescent health and prevention of unsafe abortion;
- ensure greater accountability and transparency with regard to sexual and reproductive health expenditure, including creation of sub-accounts;
- harmonize existing costing tools to support countries to cost the package of sexual and reproductive health services.

Actions

- determine clear mechanisms for accountability and transparency;
- accurately identify needs in order to engage in advocacy for sufficient funding;
- explore diverse mechanisms to secure funding for reproductive health for all populations (for example health insurance schemes, public–private partnerships, community-based schemes) with a focus on how to better address equity, including through consideration of conditional cash transfers (proven successful in the area of maternal health

in India); free-of-charge contraceptives (feasible to implement in some countries, such as Morocco); and various mechanisms for risk pooling and insurance;

- engage the private sector and civil society (through franchising or contracting out);
- create and ensure the validity of a safety network to avoid catastrophic expenditures by vulnerable groups.

Policy, political will and legislation

A number of specific areas where formulation and revision of policies could help accelerate progress were identified by the consultation (Box 1). It is necessary to involve and engage the community, parliamentarians and other policy leaders in communication on Target 5B to evoke political will for formulation of enabling policies and if necessary legislation.

Box 1 Policies as accelerators of progress towards MDG Target 5B

Policies can act as accelerators towards achieving MDG Target 5B if they:

Ensure the security and commodity of contraceptives and expand choices by:

- streamlining the process of registration and prequalifications for new methods (including emergency contraception);
- facilitating training for health providers;
- introducing regulation for tubal ligation, vasectomy and other long-term methods.

Foster adolescent sexual health by:

- providing access to information on contraceptives;
- promoting use of condoms for dual protection.

Prevent unsafe abortions by:

- harmonizing with human rights commitments;
- maximizing access to care the extent possible under local laws;
- engaging the private sector.

Manage sexually transmitted infection services and structure by:

- encouraging the use of generic drugs to lower cost or providing free treatment;
- including prevention of sexually transmitted infections and management interventions within the minimal package of actions related to Target 5B (as a human right);
- promoting condoms for dual protection.

Needs

- better understanding of the processes to translate policies into action;
- legislative changes to reduce barriers to access for some population groups, such as adolescents;
- comprehensive integration of tenets of human rights and gender into policies;
- application of those policies to facilitate action to satisfy unmet needs in family planning, foster adolescent sexual health and improve services and systems to prevent and address unsafe abortion.

Actions

By countries:

- improve legislative frameworks, especially as they relate to adolescents and such issues as unsafe abortion, to reduce barriers to accessing essential services;
- review policies pertaining to sexual and reproductive health to ensure that the contents are updated and they promote universal access;
- institutionalize a reproductive health budget line through costing and financial studies;
- identify resources to enhance policy implementation;
- involve the mass media in order to engage different population groups;
- lay special emphasis on MDG Target 5B during meetings of health ministers to enhance political will.

By WHO and partners:

- identify and collaborate with sexual and reproductive health partners in countries and foster partnerships with other ministries such as social affairs, education and youth;
- advocate policies to increase education and reduce early marriages;
- communicate with government, emphasizing the linkages between sexual and reproductive health and the MDGs;
- help to develop country action plans to accelerate progress to achieve MDG Target 5B, using the WHO/UNFPA document on monitoring achievement of universal access to reproductive health as a framework to prioritize actions;
- raise awareness and advocacy, for example via regional meetings on achieving Target 5B.

Human resources

In planning human resources, it is important to consider the need to ensure the notion of a continuum of care for the individual and provision of comprehensive care to address reproductive health needs in an integrated fashion. Depending on the need, there is a range of cadres of health workers – doctors, nurses, midwives and paramedical professionals – several of whom live and work in the community, and among whom specific tasks can be shared according to the evidence on the effect of such task-sharing, to increase access and reduce the resources needed for their delivery.
A range of specific strategies recommended by WHO will support countries and enhance equitable access to health workers. *(6)*

Needs

- For a more comprehensive service package it is important to develop pre-service curricula and training courses that focus not only on doctors, nurses and midwives but also take into account community health workers and other health professionals.

- Evidence-based clinical guidelines need to be integrated into the curriculum. Moreover, regular updates of pre-service curricula and feedback from the field are also necessary.
- Training curricula should cover all components and elements of sexual and reproductive health, including gender, rights and ethics, integrated within public health approaches. The entry points to integrate training should be identified and linkages between ministries of health and education should be developed.
- The issues of licensing and recertification should be addressed at appropriate levels.
- Special programmes for managers for training and sensitization in supportive supervision should be carried out.
- Implementation research should be conducted to address the issue of low motivation of health providers. Efforts should be made to study various models for the retention, motivation and effective distribution of the health-care workforce.

Actions

By countries:

- introduce incentives for workers (including career development) and rotation between rural and urban centres and between different levels of hospitals;
- emphasize supportive supervision (mentoring rather than controlling) as a tool to empower health care providers;
- upgrade existing institutions (midwifery and nursing schools) to increase enrolment and staffing;
- promote and apply task sharing and/or task shifting according to available evidence, using both vertical and horizontal approaches, through development of relevant policies and in agreement with professional associations;
- train management teams in supportive supervision.

By WHO and partners:

- advocate development, at national level, of a standard of continuing education for each cadre of health care providers, including through involvement of professional organizations and public–private partnerships;
- develop partnerships to invest in continuing education, leadership and management;
- provide support for professional development opportunities for the health care workforce in country settings;
- facilitate involvement of regional experts, for example in strengthening schools and increasing their prestige (through visits) and delivering sexual and reproductive health lectures;
- enhance information dissemination towards strengthening midwifery and nursing schools.

Service delivery

A range of elements that should be incorporated in actions to ensure universal access to sexual and reproductive health services include:

- integration of services
- reaching out to the community
- strengthening public–private partnerships
- innovation, evaluation and scaling up of services
- adequate attention to vulnerable population groups
- provision of services that address the needs of men.

Needs

- rational integration of services with adequate attention to minimization of missed opportunities, avoiding duplication of efforts through effective linkages and collaboration among partners;
- integration of sexual and reproductive health into primary health care services and ensuring a continuum of care, where applicable;
- promotion of community-based services that are safe and acceptable and engage the community and target groups in decision-making and priority setting;
- focus on specific sexual and reproductive health services that pertain to young people and marginalized populations;
- development of comprehensive programmes on sexual education, involving young people in priority-setting and decision-making processes.

Actions by countries, WHO and partners

- ensure commodity security, increasing number of WHO prequalified contraceptives;
- take stock of existing resources to maximize utilization, add resources as needed (such as commodities, infrastructure, service delivery points);
- enhance quality of services especially by ensuring the use of evidence-based recommendations and clinical guidelines in service delivery;
- eliminate barriers to services (financial, policy, value clarification of service providers);
- promote effective health service management, especially for making integration work;
- provide community-based and outreach services;
- carry out implementation research to establish the effectiveness of different community-based approaches;
- adapt and explore new avenues to scale up good practices;
- improve communication, adaptation and implementation of new technologies and information, for example new practices such as m-health (use of mobile phones for health) and new products such as subdermal contraceptive implants, injectable contraceptives, emergency contraception, medical abortion;
- strengthen and reorient monitoring and evaluation as part of practice, including supportive supervision and effective utilization of evidence in decision-making.

Summary of actions

It will not be possible to achieve MDG 5 without acknowledging and addressing the elements of sexual and reproductive health, which contribute in turn to the achievement of MDG 3 (promote gender equality and empower women), MDG 4 (reduce child mortality) and the HIV/AIDS component of MDG 6 (combat HIV/AIDS, malaria and other diseases).

The following strategic approaches could be taken in countries for accelerated progress towards attainment of MDG Target 5B (and related MDGs), implementation of the WHO *Global reproductive health strategy*, and contributing to implementation of the United Nations Secretary-General's initiative; the recent *Global strategy for women's and children's health*.

Targeted approaches to accelerate progress and minimize missed opportunities

Strengthen **policies** for improving sexual and reproductive health delivery:

- develop a country action plan immediately to accelerate progress towards achievement of MDG Target 5B within five years;
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Improve **service delivery** by managing and integrating services:

- develop and implement innovative community outreach programmes;
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- innovate (communicate, adapt, implement new technologies), for example through introduction of new practices such as m-health (use of mobile phones for health) and new products for family planning including emergency contraception;
- enhance the quality of services especially by ensuring the use of evidence-based recommendations and clinical guidelines;
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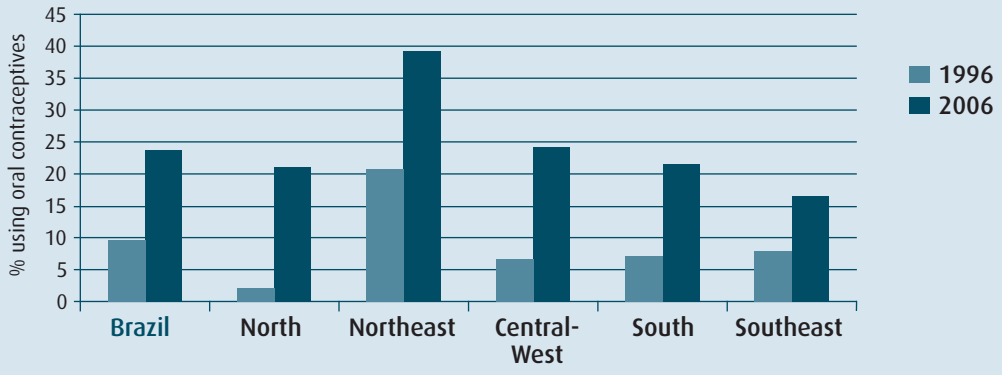
- monitor and evaluate.

Increase in access to oral contraceptives through the public health system in Brazil (by region)



Source: Caetano (2009)

Brazil: strategies to reduce inequalities and improve quality of care

Since 1996, various strategies aimed at improving women's health, particularly sexual and reproductive health, have been put in place in Brazil. Measures in the area of family planning include:

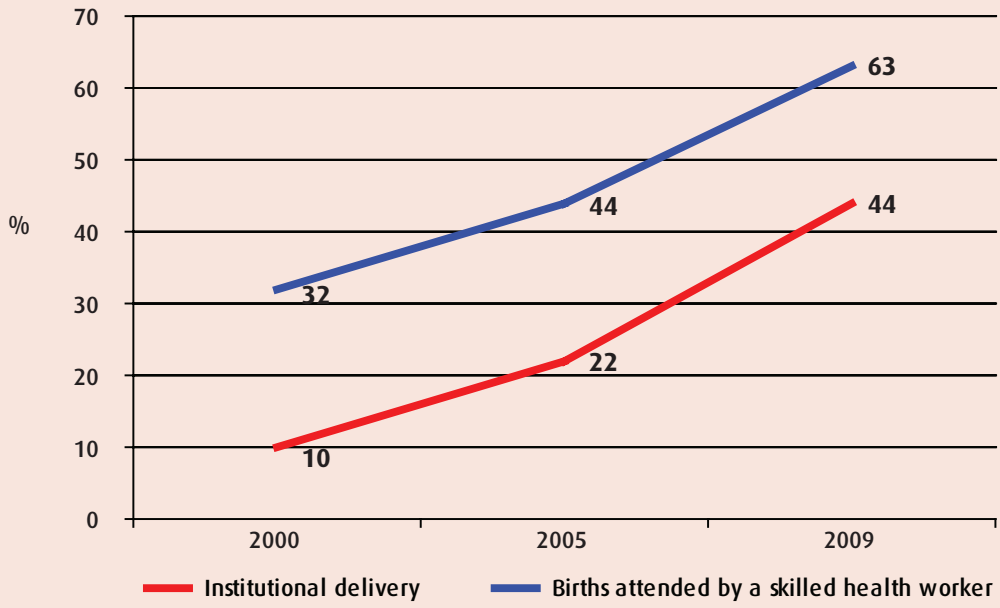
- enactment of Tubal Ligation Law (1996);
- free distribution of condoms, pills, minipills, injectables and intrauterine devices at public facilities; reduced price of contraceptives at popular pharmacies;
- family health strategy offering counselling;
- access to and payment for vasectomy;
- identification of and training in hospitals for legal abortion care; development of guidelines for legal abortion care.

The implementation of these strategies has led to improved outcomes. For example, contraceptive use for sexually active women increased from 55% in 1996 to 68% in 2006, while the proportion using tubal ligation declined. Access to oral contraceptives through the public health system increased dramatically in all regions over the same time period, including among disadvantaged populations (see figure, left).

Successful development and implementation of the strategies were assisted by factors both within and outside the health system, including:

- policy framework aligned to MDGs;
- socioeconomic and political stability;
- long-lasting health activism, civil society and communities influencing political will;
- integrated intersectoral policies;
- universal public health system;
- national and regional research agenda;
- existence of solid databases;
- integration of reproductive health issues in regular planning activities at local level.

Skilled birth attendance, including at health care facilities – Cambodia



Sources: Cambodia Demographic and Health Surveys (2000, 2005)
Cambodia Ministry of Health (2010)

Cambodia: Strategies to increase deliveries with skilled birth attendance

Cambodia employed strategies targeted to increase the proportion of deliveries with skilled birth attendance, particularly at health care facilities. Research evidence revealed a number of barriers to delivering in health care facilities, on both the supply and demand sides:

- supply-side barriers: shortage of midwives, unwillingness of health providers to work in rural areas, low salaries, limited resources to retain trained midwives, and lack of equipment;
- demand-side barriers: costs, transportation problems, traditional practices;
- interaction of supply and demand: providers' attitudes.

Policies introduced to address these barriers included:

- introduction of demand-side financing mechanisms, including health equity funds and community-based health insurance;
- improving the supply side through both short-term measures (safe delivery incentives for providers, essential delivery package) and long-term measures (improving the midwive's status through administrative reform, increasing the number of health facilities in line with the health coverage plan, increasing intake of midwifery schools).

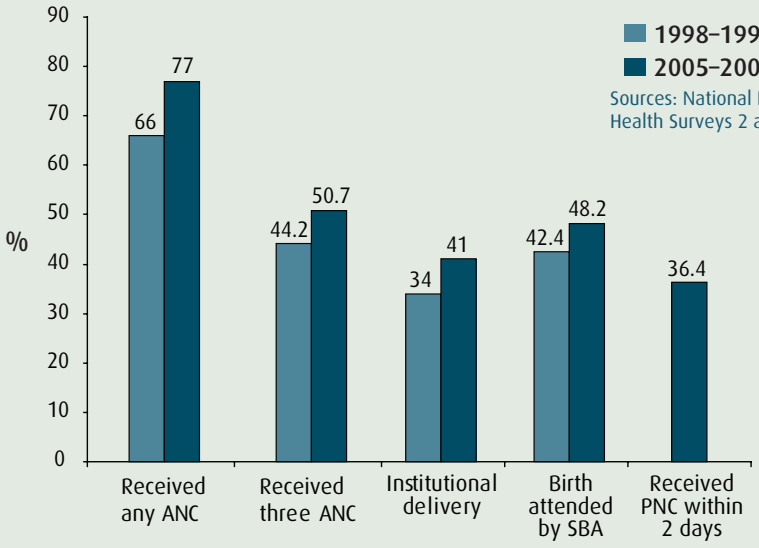
Following these measures, the proportion of deliveries occurring in health care facilities increased from 22% in 2005 to 44% in 2009 (see figure, left).

Recent estimates show a reduction in maternal mortality.

The success in implementation of the strategies was due to:

- the commitment of the government;
- advocacy;
- management and leadership;
- teamwork;
- community involvement;
- coordination between bilateral agencies, United Nations agencies and nongovernmental organizations.

Maternal health indicators – India



(**ANC**–antenatal care; **SBA**–Skilled Birth Attendant; **PNC**–Prenatal care)

India: increasing rural access

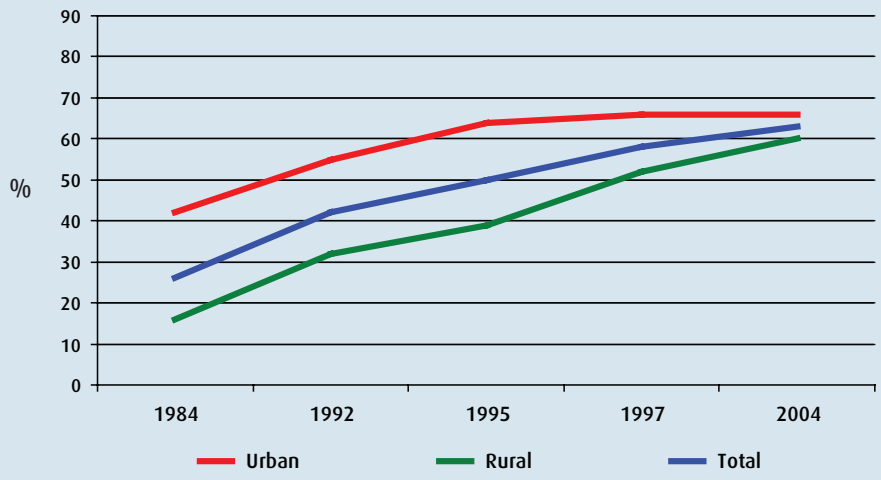
In India, the national reproductive and child health programme has been integrated with the national rural health mission. The aim of the integrated programme is to achieve universal health care by ensuring affordability, accessibility, equity and quality of health services. Some of the strategies adopted by the programme to improve sexual and reproductive health are as follows:

- use of accredited social health activists;
- Safe Motherhood Scheme (Janani Suraksha Yojana);
- safe abortion services, including manual vacuum aspiration and medical abortion at primary health care level;
- linking programmes on sexually transmitted infections and HIV;
- condensed training in anaesthesia and emergency obstetric care;
- skilled birth attendant capacity building;
- adolescent reproductive and sexual health strategy;
- operationalization of referral units and 24x7 primary health care centres;
- strengthened referral systems;
- public–private partnerships; accreditation of private facilities to provide family planning, childbirth and medical termination of pregnancies, and training;
- adoption of intersectoral convergence;
- community empowerment; increased community involvement in service delivery, governance and other broad areas, such as water and sanitation, education and nutrition;
- enforcement of infection management and environment plan.

These approaches have led to a general improvement in indicators of reproductive health, especially in maternal health (see figure, left). However, there are large differences across states in India for all indicators. For example, the proportion of adolescent births among all births ranges from 2% to 14% by state. Similarly, the unmet need for family planning ranges from 9% to 37%, and is very high in some states. Challenges to improving sexual and reproductive health vary across states and include:

- high rate of early marriages;
- unwillingness to discuss sexual health issues and abortion;
- difficulty in introducing sex education in schools;
- inaccessibility of some areas, leading to difficulty to obtain contraceptives during the rainy season;
- dominance of the husband in decision-making on reproductive health issues;
- barriers to use of reproductive health services by adolescents;
- limited availability of abortion services (only 6% of primary health care centres provide abortion services), despite abortion being legal.

Evolution of contraceptive prevalence per area – Morocco



Source: Enquêtes nationales- Ministère de la Santé

Morocco: expanding reach of health services and addressing broader determinants of sexual and reproductive health

In Morocco, the health system aims to expand access to reproductive health care by regionalization and decentralization. Within the context of extension plans for health coverage, new health facilities were designed and established, especially in rural areas. Contraceptive use has increased significantly in Morocco since the mid-1980s, with the most significant increase in rural areas (see figure, left). The use of health-care providers for delivery has also increased. The strategy to expand rural access to care has the following characteristics:

- Rural health plans include opening of rural health facilities, establishment of mobile clinics, and community-based initiatives.
- Special attention has been given to reproductive health commodity strengthening for sustained access to care.
- Strengthening the skills of the health workforce has been a priority, with promotion of training in managerial skills and other areas, and support for master's degrees in epidemiology for health providers.
- The health plans for expanded access are being implemented in parallel with the National Initiative for Human Development, which addresses broader aspects of development, including roads, education, utilities and communication.

Despite wider use of contraceptives and increased access to maternal health care, challenges remain, especially those related to maternal mortality. Other challenges to the achievement of universal access to sexual and reproductive health care include:

- inadequate attention to fertility issues;
- unsafe abortion;
- violence against women;
- inadequate integration of services;
- gaps in information systems and financing.

Planned strategies for accelerated progress include: increased focus to an integrated approach that addresses all elements of reproductive health, from safe motherhood to violence; and enhancing demand, especially through increasing the social acceptability of the right to sexual and reproductive health.

Lessons learnt – integrated service delivery:

- specific interventions delivered in specific time frame have multiple benefits;
- linked interventions in packages can reduce costs, facilitate efficiency in training, monitoring and supervision;
- integration increases uptake of services.

United Republic of Tanzania: focus on partnerships

In the United Republic of Tanzania, a number of strategies have been initiated since 1974 for improved reproductive health, especially with regard to maternal and newborn services. The most recent of these initiatives is the roadmap to reduce maternal and newborn mortality for 2008–2015 which is being implemented within an expanded partnership.

Partnership and integration are key strategies for delivery of the actions defined within the roadmap. Joint programming involving all stakeholders aims to improve collaboration and maximize the limited resources available by avoiding duplication of efforts.

Joint planning and implementation of activities and integration have produced the following improved outputs and outcomes, especially in relation to maternal health care:

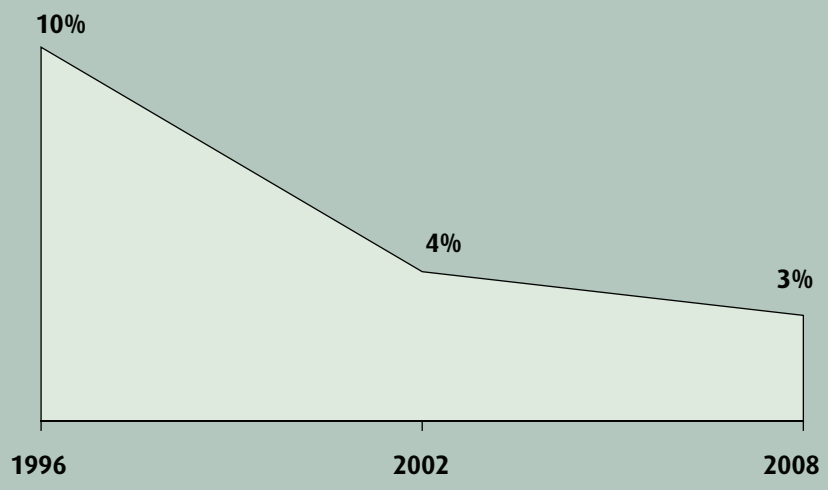
- increased availability of emergency obstetric care services and improved referral system;
- increased numbers of facility deliveries;
- introduction of maternal death reviews;
- community involvement and participation;
- male involvement.

The following factors have presented barriers to the success of joint programming and implementation of activities with partners:

- basing funding opportunities on outputs rather than outcomes;
- requirement of conditions by some development partners;
- resistance to certain interventions (for example modern contraceptives, manual vacuum aspiration, post-abortion care) of some partners;
- conflict of interest in some partners;
- lack of transparency in financial systems of some organizations;
- different reporting systems, timing and formats, according to source of funds.

The impact of partnerships can be enhanced by increasing harmonization among partners; improving record keeping and data management; and strengthening monitoring and evaluation, including regular reporting.

Teenage pregnancy and motherhood (adolescent girls aged 15–19 who are mothers or pregnant)



Sources: Uzbekistan Demographic and Health Survey (1996), Health Examination Survey (2002) Ministry of Health (2008)

Uzbekistan: legal and health system reforms

Uzbekistan introduced legal and health system reforms with the aim of increasing access to and quality of reproductive health care, especially with regard to family planning. These were related to:

- capacity building;
- information, education and communication;
- monitoring and evaluation;
- free delivery of reproductive health services;
- articulation of the concept of reproductive choice within health system reform policy;
- coordinated donor support to help maintain supply of contraceptives and other products.

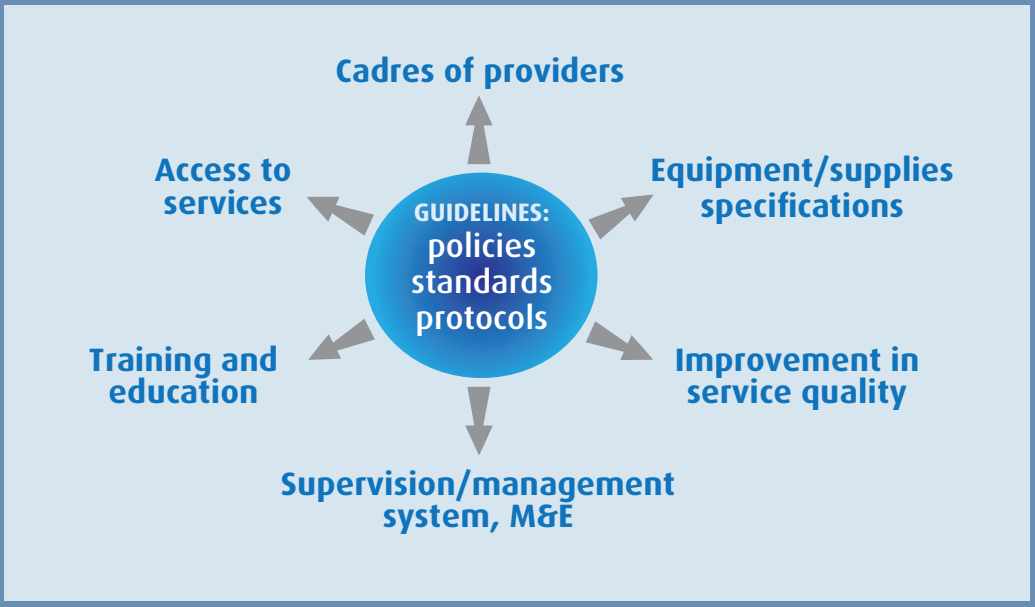
Consequently, between 1996 and 2008, family planning and fertility indicators showed improvement. One noteworthy example was adolescent childbearing; the proportion of adolescent girls aged 15–19 bearing children decreased from 10% in 1996 to 3% in 2008. Challenges remain in relation to some aspects of access:

- Only 20% of contraceptive commodities are covered by national sources.
- Choice of methods of contraception is still limited: 85% of women using a modern method of contraception rely on the intrauterine device. Research evidence shows that a choice of method was available to couples in only 14% of cases. The promotion of the use of intrauterine devices has been due to their low cost and high efficacy.

Key lessons in improving access to sexual and reproductive health in Uzbekistan can be summarized as follows:

- Human rights and gender should be integrated into reproductive health improvement strategies.
- Irregularities in contraceptive supply can threaten achievement of reproductive health goals.
- The impact of policy change and actions should be monitored.
- A free-of-charge basic package of service, provided at the primary health care level, can form the basis for improving access to reproductive health.
- Quality of care is essential for sexual and reproductive health.

Guidelines are key to access and quality of care



Zambia: improving quality of care through introduction of evidence-based guidelines

Zambia participated in the WHO/UNFPA Strategic Partnership Programme to implement evidence-based clinical guidelines for improving the quality of reproductive health care. This activity supported the national reproductive health priorities identified by the Ministry of Health:

- increasing access to quality maternal health and family planning services;
- strengthening integration of activities to prevent sexually transmitted infections, including HIV.

Within the context of the Strategic Partnership Programme, national guidelines were developed in the areas of family planning, sexually transmitted infections, and maternal and newborn health. Guidelines were used to strengthen various elements of the health system, in addition to improving service delivery (see figure, left). The guideline development and implementation process led to strengthening of services and realization of the following benefits:

- integration of family planning and HIV/AIDS services;
- introduction of long-term family planning methods in all 72 districts in more than 300 public service sites and other types of service delivery points, including defence medical services and the private sector;
- allocation of additional resources to complement Strategic Partnership Programme funds, such as from the Global Fund to Fight AIDS, Tuberculosis and Malaria;
- establishment of a technical working group for reproductive health commodity security;
- specification of a budget line for reproductive health commodities;
- updating medical curricula for sexually transmitted infections and family planning.

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