ACHIEVING
REPRODUCTIVE
HEALTH
FOR ALL

The Role of WHO

Division of Family Health (FHE)

The Global Programme on AIDS (GPA)

Special Programme of Research, Development and Research Training in Human Reproduction (HRP)

WORLD HEALTH ORGANIZATION
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The highest attainable level of health is not only a fundamental human right for all, it is also a social and economic imperative because human energy and creativity are the driving forces of development.


Reproductive health care must be provided across the life span of all individuals and it must accord with the highest ethical and technical standards.

Dr Hiroshi Nakajima, Director-General. Statement to the International Conference on Population and Development 1994, Cairo.

Introduction

Decades of experience in a range of reproductive health issues have placed the World Health Organization (WHO) in a unique position to advance the cause of truly comprehensive and meaningful reproductive health for all. We know that implementing good reproductive health programmes is neither simple nor easy – this has never been truer than in today’s climate of debate where reproductive health is increasingly addressed politically rather than in terms of individual and family health and well-being. No one can deny that in the past the immeasurable contribution that reproductive health makes to general health has been obscured – in large part because it deals with highly personal aspects of life, and because there exist social and cultural barriers that inhibit open discussion of the topic. The time has now come however for the health communities of the world to openly acknowledge the crucial importance of good reproductive health, and to seize the opportunity to improve the reproductive health – and by extension the general health – of countless millions.

There is now a growing awareness of the true burden of reproductive ill-health related to pregnancy, childbirth, reproductive tract infections (particularly sexually transmitted diseases, including HIV/AIDS) and violence against women. Such awareness has led to a reappraisal of the nature and components of reproductive health and the context in which individuals and couples make decisions about sexuality and reproduction. Moreover, the increased participation of nongovernmental organizations (NGOs) particularly women’s health groups, has
brought an important perspective that was often missing in the past.

Good reproductive health nevertheless continues to elude many of the world's people because of factors such as inadequate levels of knowledge about human sexuality and inappropriate, poor-quality or inaccessible reproductive health information and services; the prevalence of high-risk sexual behaviour; and the limited choices many women and girls have in their lives. Adolescents are made particularly vulnerable by the acute lack of information and access to relevant services. Older women and men also have distinct reproductive and sexual health concerns which are often inadequately addressed.

Good reproductive health for all will only be achieved through an approach which places people, rather than problems or interventions, at the forefront of action. This means a greater involvement of people in their own health care; and an understanding of reproductive health in the context of an individual's life span and their own cultural, social, economic and physical environment. In addition, political will is needed if we are to turn away from the problem-specific and vertically organized health care systems of today, and transform the concept of truly comprehensive reproductive health care into a reality. In practice, the implementation of a strategy to achieve this will require priority setting, especially given the ongoing, indeed worsening, resource constraints – it is not possible to do everything immediately and to do it all well. Countries must instead identify their main concerns – using a participatory and community-based approach -- and must direct their efforts towards a few priorities, and towards accomplishing them well.

WHO has a vital role to play in advocacy, in providing technical support, in supporting research, in the development of new technologies, and in mobilizing national and international alliances -- activities covered in Part II of this document. However, WHO also has another role to play if it is to transcend the day-to-day concerns and obstacles which currently stand in the way of reproductive health for all – WHO must provide a vision of reproductive health – and reproductive health care – which will allow us to move away from the current attitude of crisis management where we struggle from one contentious issue to another – from population growth, to fertility regulation, to abortion, to maternal mortality, to adolescent sexuality, to HIV/AIDS – without an underlying vision. The attainment of reproductive health will require accessible and acceptable quality services and technologies, the participation of other agencies in the judicial, economic, educational and social sectors, and equity between the sexes. We need to constantly remind ourselves that reproductive health is not simply a biomedical issue but an issue with serious implications for general health, and by extension for all our efforts in human social and economic development.
Part I: Achieving reproductive health for all

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases. (ICPD Programme of Action, A/CONF.171/13, paragraph 7.2.)

The challenge of reproductive health

1. Reproductive health is a crucial part of general health – not only is it a reflection of health during adolescence and adulthood, it also sets the stage for health beyond the reproductive years for both women and men, and has pronounced intergenerational effects. The health of the newborn is largely a function of the mother’s health status and of her previous access to health care. The reproductive health component of general health increases during adolescence and, particularly for women, during the reproductive years. In old age, although general health continues to reflect earlier reproductive life events, other health issues become more important. Even though at each stage of life, an individual’s needs differ, there is a cumulative effect across the life span – events at each phase having important implications for future well-being.

2. Many factors affect reproductive health, and its attainment is not limited to interventions by the health sector alone. Reproductive health affects, and is affected by, the broader context of people’s lives, including their economic circumstances, education, employment, living conditions and family environment, social and gender relationships, and the traditional and legal structures within which they live. Sexual and reproductive behaviours are governed by complex biological, cultural
and psychosocial factors. Nonetheless, most reproductive health problems cannot be significantly addressed in the absence of health services and medical knowledge and skills.

3. Although there is general consensus on the need to develop a comprehensive approach to reproductive health, much remains to be learned about what it means in practice, in terms of programmes and activities. As a concept reproductive health means more than the absence of diseases or other health problems. Reproductive health instead must be understood in the context of relationships: fulfilment and risk; the opportunity to have a desired child – or alternatively, to avoid unwanted or unsafe pregnancy. Reproductive health contributes enormously to physical and psychosocial comfort and closeness, and to personal and social maturation – poor reproductive health is associated with disease, abuse, exploitation, unwanted pregnancy, and death.

4. The status of girls and women in society, and how they are treated or mistreated, is a crucial determinant of their reproductive health. Educational opportunities for girls and women powerfully affect their status and the control they have over their own lives and their health and fertility. The empowerment of women is therefore an essential element for health.

5. Women bear by far the greatest burden of reproductive health problems. Women are at risk of complications from pregnancy and childbirth; they also face risks in preventing unwanted pregnancy, suffer the complications of unsafe abortion, bear most of the burden of contraception, and are more exposed to contracting, and suffering the complications of, reproductive tract infections, particularly sexually transmitted diseases (STDs). Biological factors alone do not explain women's disparate burden. Their social, economic and political disadvantages have a hugely detrimental impact on their reproductive health. Young people of both sexes, are also particularly vulnerable to reproductive health problems because of a lack of information and access to services.

6. There is growing awareness of the importance of ensuring that people have access to appropriate information and education about matters related to sexuality and sexual health. Human sexuality and relationships between the sexes directly affect the ability of young people and adults – both women and men – to maintain good reproductive health. Making information and education available to people – especially to young people – can help in this process. The provision of information, guidance and support to enable people to have a healthy, safe and fulfilled sexuality is a responsibility the health care system shares with families, other sectors, and institutions.

7. The validity, scope and effectiveness of family planning programmes conceived solely in terms of fertility reduction for demographic reasons has increasingly been brought into question. Programmes focused on contraceptive delivery have not always given adequate consideration
to the quality of the services provided, or to the primacy of their client’s needs and well-being. Many have been based upon a perception of women only as reproducers, whereas women themselves have been advocating for a holistic approach that defines reproduction as only one aspect of their lives and their health. In addition, family planning programmes have until recently been unable to address adequately the needs, roles and responsibilities of men, and the special needs of young people.

8. The rapid spread of HIV/AIDS particularly among young women, has demonstrated their vulnerability and the need for sensitive and responsive education messages, technologies and services that reach them. It also demonstrates the need to address prevailing gender inequalities.

9. There is increasing awareness of the magnitude of the problem of violence against women – rape, sexual abuse, battery during pregnancy, and forced prostitution and human trafficking – which often occurs in the context of sexuality and reproduction. The health consequences of violence, including STDs, and unwanted pregnancies, have been shown to contribute substantially to the burden of disease in women and young people. Unequal relationships underlie much of this violence which is most acute in extreme situations such as war, extreme poverty, and mass population movements.

10. Reproductive health programmes must include, as a minimum, attention to the issues of family planning, maternal mortality, unwanted pregnancy, STDs (including HIV/AIDS) harmful traditional practices, gender and sexual violence, infertility, malnutrition and anaemia, and reproductive tract infections and cancers. Appropriate services must be accessible and include information, education, counselling, the prevention, detection and management of health problems, and care and rehabilitation. All these efforts must aim to foster an enabling environment whereby people are able to exercise real choice in their reproductive lives. In such ways, reproductive health is promoted, protected and restored by social as well as medical interventions.
11. While policies and programmes have been developed for many of the components of reproductive health, an approach that links them effectively represents a new challenge. A reproductive health strategy should not begin with a list of diseases or problems (unsafe abortion, STD, reproductive tract cancers), nor with a list of programme areas (family planning, safe motherhood). Rather, it should start from the point of view of people and their concerns and should acknowledge from the beginning that the attainment of reproductive health requires an integrated approach. Taking the needs and perspectives of different sectors – policy-makers, service providers, research scientists, community groups, women, young people – as the starting point and comparing them with what is currently available in terms of interventions will permit the identification of gaps and inadequacies and the formulation of new strategies for filling or rectifying them.

Global magnitude of reproductive health needs

12. Advocacy and action on reproductive health have been hampered by the absence of reliable information, yet even the incomplete information available indicates needs and concerns of considerable scope and magnitude. To increase the information available on reproductive health, WHO has developed and maintains databases on a number of indicators – including maternal mortality, morbidity, unsafe abortion, anaemia during pregnancy, infertility, neonatal and perinatal mortality, low birth weight, and STDs (including HIV/AIDS) – the global extent of these and other indicators is shown in Table 1.

13. Global and national data on many other reproductive health problems of public health concern such as reproductive tract infections and cancers, pelvic inflammatory disease (PID) and ectopic pregnancy, are not routinely available. However, the data that exist indicate that they are important areas of concern.

Table 1. Estimates of reproductive ill-health

<table>
<thead>
<tr>
<th>Category</th>
<th>Millions (worldwide)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Couples with unmet family planning needs *</td>
<td>120</td>
</tr>
<tr>
<td>Infertile couples *</td>
<td>60–80</td>
</tr>
<tr>
<td>Maternal deaths †</td>
<td>0.5</td>
</tr>
<tr>
<td>Severe maternal morbidity †</td>
<td>20</td>
</tr>
<tr>
<td>Perinatal mortality †</td>
<td>7.2</td>
</tr>
<tr>
<td>Infants with low weight at birth †</td>
<td>23</td>
</tr>
<tr>
<td>Unsafe abortions †</td>
<td>20</td>
</tr>
<tr>
<td>HIV infections by the year 2000*</td>
<td>30–40</td>
</tr>
<tr>
<td>AIDS cases by the year 2000*</td>
<td>12-18</td>
</tr>
<tr>
<td>Curable sexually transmitted diseases †</td>
<td>315</td>
</tr>
<tr>
<td>Female genital mutilation*</td>
<td>85-110</td>
</tr>
</tbody>
</table>

* Total number. † Annual number.
14. According to an analysis by The World Bank and WHO, reproductive ill-health accounts for over 30% of the overall burden of disease and disability among women, compared with only 12% for men. Problems related to pregnancy and childbearing represent the major portion of healthy years of life lost in women of reproductive age, followed by STDs which accounted for 8.9% of the burden of disease in women compared to 1.5% in men of the same age group.

15. Yet even this considerable effort to quantify the burden of reproductive ill-health starts from a disease-based orientation. It therefore fails to take account of many aspects of reproductive health where there is insufficient quantitative data or where qualitative, notably social and cultural information, would provide a better description of the reality and important information for action.

Carrying out reproductive health programmes

The content of reproductive health programmes

16. A global reproductive health strategy must involve programmes which aim to:
   - promote reproductive health
   - prevent specific reproductive health problems
   - provide care, treatment and rehabilitation to all needing them
   - address the needs of specific target groups, such as women, adolescents, men and families, as well as neglected groups such as refugees and other displaced people.

17. To promote reproductive health entails fostering the health and development of individuals throughout their lives, ensuring adequate nutrition for both sexes, and advocating healthy lifestyles and relationships based on mutual respect and equity between the sexes.

18. To prevent specific reproductive health problems, information, education, guidance, counselling and health services need to be available and accessible to help individuals to delay sexual relations until they are physically and psychologically mature; to develop mutually responsible and satisfying relationships; to prevent unwanted pregnancy and make appropriate contraceptive choices; to reduce unsafe abortion; and promote safe pregnancy and delivery; and to prevent, treat and control STDs.

19. Appropriate care is needed, for physiological events such as pregnancy and delivery, for the appropriate use of contraceptive technologies, and for the management of diseases and conditions such as reproductive tract infections and cancers. Rehabilitation is needed for people whose reproductive health has been damaged through illness or injury. All services should recognize that clients (and their partners) using any one service may need attention in other areas of reproductive health as well.
20. The empowerment of women is a fundamental prerequisite for their reproductive health. This means promoting increased access for women to resources, education and employment and the protection and promotion of their human rights and fundamental freedoms so that they are enabled to make choices free from coercion or discrimination. Women will necessarily remain at the focus of reproductive health activities but efforts should be increased to facilitate their involvement in programme development so that they become participants in, rather than objects of, interventions.

21. At the same time, all programmes and services should pay particular attention to the roles and responsibilities of men in reproductive health. Men must be urged and supported to take responsibility for their sexual and reproductive behaviour and their social and family roles. Reproductive health will not be significantly improved in the absence of gender equity and mutually caring relationships between partners.

22. Families – the natural bridges between individuals and society – are also a basic productive and reproductive unit within societies, and must be supported in the important role they have to play in promoting reproductive health.

23. Programmes must also be developed to address the needs of populations in difficult circumstances, such as refugees and displaced people with particular attention to the needs of women subjected to rape, sexual abuse, and forced prostitution, and to the reproductive health needs of people during wars and other armed conflicts.

The sexual and reproductive health needs of young people must be central features of any reproductive health strategy. Policies and programmes must be formulated that facilitate the access of adolescents to the information they need and to appropriate services. The objective must be to help young people establish relationships based on mutual respect and trust, avoid premature sexual relations, prepare them for responsible parenthood, and have access to information and services which enable them to protect themselves when they are sexually active. Special methods developed by WHO for promoting adolescent health include multi-sectoral planning, behavioural research, counselling, interpersonal and participatory education, skills training, and client-centred service evaluation.
A stepwise approach to implementation

24. The acceptance of a broad framework for reproductive health is a necessary first step in meeting the challenge of implementing a more comprehensive and integrated approach to achieving reproductive health. Reproductive health for all cannot be achieved overnight. The development and implementation of reproductive health policies and programmes will require an incremental— as well as a participatory—approach, involving a community-based evaluation of what is currently in place and identification of gaps and inadequacies, and ways of strengthening linkages between programmes in order to better respond to reproductive health concerns. It will also involve transforming the way information and services are delivered—again through a series of incremental steps, adapting what is currently in place as appropriate and feasible, building on previous stages, and encouraging and promoting an ongoing process of self-evaluation within the health system.

25. In developing an overall strategic approach, there will be certain common concerns in all settings. These include fostering healthy and responsible behaviours; promoting equitable and mutually respectful and responsible gender relations; increasing reproductive choice especially for women; increasing male responsibility in reproductive health; meeting the information, education and service needs of women and adolescents; and improving and expanding access to high-quality services.

26. While there will need to be flexibility in priority-setting at national level, at the global level, epidemiological and other data and the expressed needs of various constituencies indicate that reproductive health programmes must address, as priority interventions: family planning; prevention of maternal and newborn deaths and disabilities; and, STD prevention and management. As programmes become more comprehensive they should incorporate primary health care approaches to such conditions as reproductive tract infections and cancers, harmful traditional practices, gender-based and sexual violence, infertility and malnutrition, including anaemia. Services must be accessible and acceptable and include information, education, counselling, care and rehabilitation.

27. Alongside an analysis of the reproductive health concerns of diverse groups, it will be necessary to evaluate existing policies, programmes and interventions designed to promote reproductive health. Communities must be closely involved in this process. Almost everywhere, some services are available for family planning, for maternal and newborn care, for HIV/AIDS prevention and— to a lesser extent—for STD control, but typically they function separately and often provide a poor quality service.

28. Addressing such concerns and dealing with the priority issues identified must involve the establishment or strengthening of linkages across programmes and areas of concern. This
Achieving Reproductive Health for All

implies recognizing the interdependency of reproductive health interventions and expanding the range of services offered in community-based and clinic-based services. This could include incorporating STD and HIV/AIDS prevention and care (including prenatal care) into services for women and family planning services. The latter should evolve into services with a broader reproductive health perspective, offering choice without coercion or discrimination and providing services for other reproductive health needs as well as family planning. Linkages are also needed across sectors so that reproductive health services can work closely with other services in the social, educational and other public domains.

29. The integration of services should be approached in a pragmatic way. Different situations in countries should be evaluated in their own context and services integrated when it makes their delivery more suited to local needs and more cost-effective. The principle should be that where a capacity exists no opportunity should be missed for meeting all reproductive health needs. Effective linkages benefit not only individual health but will also make the tasks of health care providers more meaningful. And, because reproductive health needs and interventions are mutually reinforcing and interdependent, linkages in service provision result in more efficient and cost-effective service delivery.

WHO has identified clusters of well-delineated, cost-effective interventions that are likely to be important everywhere. One example is the Mother–Baby Package, which incorporates aspects of both family planning and STD management around the core of maternity care and defines the minimum programmes and services needed to eliminate the burden of maternal and perinatal ill-health.

30. Maternal mortality is a symptom of the underlying neglect of women’s health and well-being. Deaths during pregnancy and childbirth are almost entirely avoidable with existing skills and technologies, yet services to provide appropriate maternal health care and safe obstetric interventions are not universally available. All women should have access to high-quality prenatal, delivery and postpartum care in the context of primary health care, including access to referral services for obstetric complications.

31. Family planning services should provide information, education and universal access to the full range of safe and reliable methods, and be closely linked to, or integrated with, other reproductive health services. Family planning programmes must focus on enabling people to make informed choices about the timing, number and spacing of their children, reduce the recourse to abortion, and on empowering women to manage their own fertility, while emphasizing men’s joint responsibility in healthy sexuality and reproductive health.

32. Information and services should be improved to respond to the unmet need
for family planning. Unsafe abortion is a major public health issue and a clear indication of unmet needs. Some 20 million unsafe abortions occur each year and result in a heavy burden of deaths and disabilities for women. The health consequences of unsafe abortion should be recognized and managed, and counselling and care provided for the complications. WHO maintains that abortion should not be promoted as a method of family planning. Where abortion is legal it should be safe. All women should have access to high-quality and affordable counselling and services, including post-abortion family planning.

33. STD services need to be integrated or closely linked at the primary health care level. Basic elements include information and education, prevention of infection, condom promotion and distribution, syndromic diagnosis and treatment, case-finding for treatable STDs, partner referral, intensified interventions for high-risk populations and referral services.

34. Other elements should be linked to reproductive health programmes and services as soon as feasible. These include, treatment of reproductive tract infections and information, education, screening and management of cervical cancers. In the long-term other priority areas should be added, such as management of infertility, screening and management of breast cancer and support to problems arising beyond reproductive age which may have their origins in earlier reproductive or sexual events. Reproductive health programmes should actively discourage discriminatory and harmful practices, including infanticide, prenatal sex selection, discrimination in food allocation or health care, female genital mutilation, and child marriage.

**Evaluation of reproductive health programmes**

35. A central feature of any comprehensive global strategy must be continuous monitoring and evaluation. And evaluation should not be focused solely, or even primarily, on numbers – numbers of contraceptive acceptors, numbers of prenatal care visits, numbers of STD cases, etc. As important as the numbers are, they can provide only part of the picture. We will need to develop better indicators, that are action-oriented and useful for programme management, and are applicable at the global level. We will have to work on developing innovative methodologies to evaluate the accessibility and quality of reproductive health interventions, and their impact on health status; as well as the degree of inter-linkage between different components and with other areas of health and other sectors. The information we will need will derive from a combination of qualitative and quantitative assessments carried out not only from a biomedical perspective but involving the methodologies and findings of the social and behavioural sciences.

36. There should be ongoing evaluation of reproductive health programmes at both national and international levels. Guidelines will need to be prepared to support regions and countries in selecting and using health and related socioeconomic indicators for monitoring the implementation of strategies and plans of action and evaluating their impact.
The role of advocacy in promoting reproductive health

37. A shared understanding of reproductive health will have to be developed through national and local consensus-building in order to lay the foundation for dialogue and programme development. The purpose of advocacy is to draw a community’s attention to the issue of reproductive health and to point decision-makers towards nationally relevant solutions. Advocacy involves reaching out to many people in many positions, translating the concepts and content of reproductive health into readily understood information appropriately communicated to different constituents. Such information will have to be adapted and disseminated through public, political and professional fora at local, national and international levels.

38. One key objective of advocacy efforts is to create a supportive and enabling cultural, social and political environment for reproductive health. The identification of the necessary changes, the means to realize them and the priorities for action must involve communities and all concerned constituencies, particularly women.

39. Advocacy will be needed in the area of policy and legislation. Legal and judiciary factors affect reproductive health in many direct and indirect ways – for example, through laws and regulations related to: the minimum age at marriage and age of consent; minimum age of school-leaving and employment; education about sexuality and reproductive health; availability of and access to information and services for family planning, prevention of unsafe abortion and management of abortion complications, diagnosis and treatment of STDs and maternal care – including essential obstetric care – especially to under-served groups.

40. Advocacy will provide the rationale for greater allocation of resources for action in reproductive health. It will be necessary for advocacy efforts to increase the awareness of government leaders, policy-makers, and departments of finance, planning, economics and health, about the extent to which reproductive health is both an outcome of a country’s socioeconomic development and a contributor to it. At the macro level the economic dimension determines the overall environment in which people live and the allocation by the state of resources for basic reproductive health services. At the micro level, economic conditions play a vital role in relation to the capacity of individuals and families to make choices – including the timing of marriage and sexual relations and the size of their families – and to access information, education and reproductive health services.

41. The rights and empowerment of women are fundamental prerequisites for their reproductive health. This means promoting increased access for women to resources, education and employment and the protection and promotion of their human rights – including their reproductive rights – and fundamental freedoms so that they are able to make choices free from coercion or discrimination. This applies particularly in situations of war and armed conflict.
Part II: The role of WHO

Providing a vision of reproductive health for all

42. A public health approach to reproductive health within the context of primary health care is important if the concept is to be translated into a reality for people. Such an approach responds to people’s needs and involves them in programme formulation, implementation, monitoring and evaluation so that a strong feeling of ownership is established. It seeks sustainable programmes and actions that have the greatest impact for the most people at an affordable price. The guiding principles are those of human rights, ethics, equity, quality of care, participation, partnerships, integration, optimal use of resources and sustainability. Partnerships and sharing of responsibilities among government, NGOs and the private sector are important to stimulate new ideas and approaches and ensure both service coverage and quality of care.

43. Although there is general consensus on the need to work towards the development of a comprehensive approach to reproductive health, in practice programme development will require prioritization and selectivity of activities and interventions based on locally derived analysis and consultation. Programmes directed to particular components of reproductive health exist in one form or another in most countries but tend to be fragmented. Evidence from the social, behavioural and managerial sciences suggests that an integrated approach:

- improves access and the quality and utilization of services
- is more responsive to the needs of individuals and families
- is more cost efficient; and
- can meet the needs of groups not adequately reached by existing structures or services.

44. The concept of reproductive health presents a challenge in terms of the development of strategies that move beyond traditional ways of thinking about reproductive health conditions and services. The challenge is to develop a global strategy that will establish a policy framework for national and international efforts to help people promote their own sexual and reproductive health and that of their partners, prevent reproductive health problems, and provide care for the millions of women, men, children and families already affected by reproductive ill-health. It will be necessary to mobilize concerted and sustainable action to meet the challenge of ensuring reproductive health for all.

45. A global strategy will be useful only to the extent that it is used as a basis for action. The challenge facing the international community, governments and concerned nongovernmental organizations and individuals, is to give reproductive health policies and programmes their immediate support and sustained political commitment. National
action plans subscribing to the principles of common ownership, community involvement, incorporation of diverse perspectives and partnerships will be the hallmarks of the cooperative global strategy for reproductive health.

46. The development and implementation of strategies for reproductive health will require the coordinated and consistent support of many agencies, sectors and constituencies at global and national levels. These include: both government and nongovernmental organizations in health and related sectors such as education, social welfare, labour, justice, and religious affairs; the private sector; professional and scientific associations; charitable and other voluntary organizations; and the mass media. Coordination of this broad-based multidisciplinary, multi-sectoral response is the responsibility of governments, in collaboration with the international organizations and with the assistance of donor agencies.

47. There is no single route for reaching the objective of reproductive health for all. Any global strategy will need to be translated into various approaches at local and national levels, and simultaneous activities will be needed on a wide variety of fronts. Ongoing monitoring and evaluation is an essential part of this process so that we may learn from experience and apply it to modify the strategy and improve policy and programming.

48. Nevertheless, though specific activities will need to be adapted to the setting, there are guiding principles which apply everywhere. Programme development should be guided by the overall principles of equity – particularly gender equity – and respect for human rights and by the following underlying operational principles:

- country strategies and priorities to be determined by nationals
- the involvement of multiple perspectives – health care users, providers and planners – which are essential for a comprehensive understanding of reproductive health
- participatory consultation in planning and programme development
- multi-sectoral action with key partners contributing according to their comparative advantages.

49. Inherent in creating an understanding of reproductive health is the need to establish, both globally and nationally, a consultative, participatory process involving those who have needs in reproductive health. Such a consultative process will lay the foundation of understanding for the establishment of priorities in reproductive health. Priorities must be derived from a national assessment process based on principles that facilitate ownership and commitment, the use of participatory and multi-disciplinary approaches and methods designed for this purpose. This process must encompass biomedical, psychological and social considerations. Those leading the process of national reproductive needs assessment must be committed to the principles of equity in general and gender equity in particular.
50. Any approach to promoting reproductive health which attempts to link the different components of existing health care services is dependent upon a number of intermediate steps. To succeed calls for a continual expansion of the knowledge base through research; the culling and dissemination of information; the use of sound data for advocacy to strengthen policies and programmes which promote reproductive health; a revision of training to match the new vision of reproductive health; the streamlining of services and the involvement of users in their planning and management; and monitoring and evaluation to measure the effectiveness of new approaches, and extend what works best. WHO has a responsibility to provide vision and leadership in the development of such an integrated approach to reproductive health.

51. An integrated approach does not necessarily means that every service delivery point will have to deal with every reproductive health issue. This may be neither feasible nor appropriate. What it does mean is making use of every opportunity to prevent specific problems especially for those at risk, and to provide care, treatment and rehabilitation for those who have been ill or injured. Such an approach will at the same time aim to reduce the numbers of people who need care and rehabilitation by strengthening health promotion. Actions need to be effectively linked to reduce the interrelated problems arising from unprotected sexual relations, the complications of poorly managed pregnancy and childbirth, unsafe abortion, and reproductive tract infections particularly STDs (including HIV/AIDS). Such action must be undertaken in a cost-efficient and humane way which gives optimal access to services when needed. This requires a greater degree of cooperation across sectors and disciplines – including partnerships at global and country levels, within the international and multinational system, among governments and nongovernmental organizations, with the professional and scientific community, the private sector, and voluntary bodies, and above all else, the ongoing involvement of the people directly concerned.
WHO’s mandate in reproductive health

52. WHO’s mandate in reproductive health is implemented through:
   - technical cooperation with countries
   - playing a normative role in defining policies and providing guidance

These two areas of activity are closely related and mutually reinforcing and both involve the Organization in advocacy; in collaborating with Member States; in research, training and development; and in standard-setting, monitoring and evaluation.

53. WHO’s primary responsibility is to collaborate with Member States and others in the implementation of health programmes and policies. At country level WHO is one partner, and has its own specific responsibilities in terms of advice, technical and financial support, programme implementation and coordination.

54. WHO’s comparative advantage is derived not only from its continual interaction with Member States, but also from the expertise it has in specific areas of reproductive health, its close links with other agencies of the United Nations system, its worldwide network of experts, collaborating centres and institutions, and its links with nongovernmental organizations and scientific and professional associations.

55. The World Health Assembly has recognized the public health importance and social and economic consequences of different aspects of reproductive health from as early as 1965, and WHO policy is guided by a series of Regional Committee and World Health Assembly resolutions dealing with reproductive health issues.

56. The policy basis of WHO’s work in reproductive health is reinforced by the explicit commitment given in its Ninth General Programme of Work covering the period 1996–2001. This affirms that WHO will cooperate with countries and give support as appropriate to develop and implement plans of action for improving the sexual and reproductive health of individuals and couples, and will stimulate and support research and the development of appropriate technologies in reproductive health care.

57. Within WHO the divisions and programmes which directly address reproductive health issues are the Division of Family Health, comprising programmes on Maternal Health and Safe Motherhood, Family Planning and Population, Women, Health and Development, Adolescent Health and Development, Child Health and Development, and Health of Women and Children in Emergencies; the Special Programme for Research, Development and Research Training in Human Reproduction; the Global Programme on AIDS which includes the Programme on Sexually Transmitted Diseases in addition to other programmes which deal with environment, nutrition, cancer, violence, breast-feeding and the elderly.

1. WHA18.49

2. Ninth General Programme of Work.
58. WHO's overall strategy will be implemented by country and regional offices and Headquarters programmes. WHO will evaluate its own strategies with regard to the components of reproductive health and the various programmes addressing them and will work to promote increased linkages between areas and across activities. A Coordinating Committee on Reproductive Health in Headquarters, composed of relevant Assistant Directors-General, Directors and Regional Office representatives, will secure maximum collaboration and complementarity, and help to ensure that WHO inputs in countries are properly coordinated and integrated. Ongoing collaborative work will be continued, strengthened and expanded through joint task forces and working groups linking research and development activities to the adaptation and transfer of reproductive health technologies to support programmatic action in countries. These would build upon already existing mechanisms, including the Task Force on Research on the Introduction and Transfer of Technologies for Fertility Regulation, the Task Force on Maternal Health Research, and joint working groups on gender and women's perspectives in reproductive health research and programme development, strengthening of national and regional networks; adolescent reproductive health; and reproductive health needs in refugee situations.

59. Based on its mandate, its past experience, and the expertise and knowledge to which it has access, WHO will continue to develop strategies to promote and protect reproductive health. Strategies are needed both in terms of WHO's own activities in the area of reproductive health within its general health mandate and in relation to what WHO recommends to national authorities for the attainment of reproductive health. WHO's own strategies will focus on four broad areas:

- international and national advocacy for the concept of reproductive health and for the policies and strategies promoted by WHO
- collaborating with Member States and others in formulating, implementing and evaluating comprehensive national reproductive health policies and programmes
- research — including operational research — aimed at improving existing knowledge and at developing new approaches.
- standard-setting, monitoring and evaluation, specifically in the development of policies, strategic approaches, norms, guidelines and indicators for implementing reproductive health programmes.

Advocacy for reproductive health

60. WHO will promote an understanding of the universality of reproductive health needs and their crucial importance in human development. WHO will describe the inputs needed at each stage of human development in order to set the foundation for healthy growth and development in subsequent stages and across the generations. WHO's advocacy will be broad-based, and directed at
people, international and national agencies and institutions and nongovernmental organizations within the health sector and in related sectors – including those in the educational, social welfare, judicial, legislative, economic and financial spheres. WHO will urge international and national agencies and organizations to establish multidisciplinary and multi-sectoral task forces to bring together, on a regular basis, representatives of people with an interest in reproductive health.

61. WHO will actively advocate the approaches and main elements of national and international strategies which have been validated by its various advisory bodies and by research. It will promote a technically sound and realistic approach by ensuring that all WHO programmes involved with different aspects of reproductive health work closely together in order to develop a unified WHO response to the overall reproductive health problems faced by both developing and developed countries. With external agencies (including nongovernmental organizations) WHO will promote a unified and consistent approach to reproductive health based upon WHO principles, and upon the acquired body of knowledge.

Collaborating with Member States

62. WHO will work with experts from all regions on the development of technical and strategic guidelines on various aspects of reproductive health. These will be adapted in accordance with experience in country situations and with the results of problem-solving operational research. Priorities in this area include the development of guidelines on the formulation and implementation of reproductive health programmes; the development of appropriate legislation; the quality of interventions and services; and issues of equity, affordability and availability of information and services for reproductive health. WHO will promote and facilitate the transfer of this knowledge and expertise to Member States and others working to improve reproductive health.

63. WHO will adopt a flexible and pragmatic approach in assisting countries to develop and implement reproductive health programmes. This will be based on government commitment, assessment of needs, feasibility of approaches, likelihood of success, the involvement of other agencies and the availability of funds. Most support will concentrate on long-term policy and strategy development. WHO will also provide intensified support in a limited number of countries which will serve as examples and will assist in clarifying the policy development process. The information generated from these experiences will be used to develop materials, guidelines, and training modules.
An assessment of reproductive health needs by communities themselves is an essential first step in the process of improving service and information provision. WHO is developing reproductive health needs assessment tools to assist countries in dealing with the range of reproductive health concerns. A participatory approach is followed bringing together diverse constituencies – health care providers, researchers, government officials, scientists, women’s health advocates, NGOs, youth groups. Such an approach stimulates integration – involving different programmes dealing with reproductive health – and promotes multi-sectoral action with key partners contributing according to their comparative advantages. Activities are developed in a pragmatic manner, based on an evaluation of what is currently in place and the identification of gaps and ways of strengthening linkages between programmes. Such an approach also ensures that variety of opinions is expressed and a range of voices heard thus promoting common ownership of reproductive health interventions.

Research, training and development

64. WHO will continue to support the research into, and development of, appropriate approaches to the promotion of healthy sexual behaviours and reproductive health, as well as safe, cost-effective and appropriate technologies for reproductive health care.

65. Particular emphasis and priority will be given to methods that coincide with women’s perceived needs and priorities, including methods that are under the user’s control and that can also protect against STDs, post-ovulatory methods, and safe male methods that enable men to share responsibility for fertility regulation and disease prevention. Continuing surveillance of the safety of fertility regulation methods — an essential component of fertility regulation research and development — must be supported. Appropriate technologies for reproductive health care need to be developed and widely distributed through formal, as well as informal, health and education systems.

66. WHO will also continue to support research efforts in other fields of public health, and to develop national capacity for research, and will in particular promote:

- epidemiological, behavioural and social research to assess the reproductive health status of various groups, and to identify behaviours, and social and cultural factors which influence it.
Achieving Reproductive Health for All

- operational research to modify and evaluate reproductive health services in order to improve access, quality of care, standards of management and linkages with other services and sectors
- policy research to help develop comprehensive multi-sectoral policies for reproductive health.

67. WHO will support countries in redesigning training programmes to take into account the linkages between various elements of reproductive health, and expand the technical as well the interpersonal and communication skills of health care providers. Emphasis should be placed upon ensuring respect for the user’s perspective, confidentiality and informed consent, as well as on ethical and professional standards. Health workers should be supported in dealing with harmful practices and providing care for girls and women who have experienced violence.

Standard-setting, monitoring and evaluation

68. WHO’s normative role in directing and coordinating international health work comprises developing international consensus on reproductive health issues and identifying the most effective ways of helping countries to deal with them. This involves providing long-term strategic and policy guidance, establishing norms based on an evaluation of the most relevant and up-to-date scientific information available, promoting appropriate criteria for care, and defining indicators for assessment, monitoring and programme evaluation.

WHO has a particular role to play in ensuring adherence to minimal acceptable standards of care, fostering ethical principles in the development of services, promoting critical self-evaluation and ensuring feasibility, reliability, validity and comparability of indicators.

69. WHO will work with other relevant agencies and bodies to formulate indicators for measuring the reproductive health status of populations as well as the effectiveness of programmes and interventions. Particular attention will be paid to the development of innovative methodologies for assessing reproductive health, and for deriving qualitative and quantitative indicators.

Countries need information and data to evaluate their programmes and assess the extent to which they are moving towards the attainment of their reproductive health goals. WHO focuses on strengthening national data collection, handling and analysis, and on the decentralization of services (and their monitoring) to the district level. Reproductive health data must be relevant at the local level, and must be collected with the express intention of improving service delivery. There should be regular feedback of information to the district level, and to the communities concerned. Thus data collection and analysis should both serve to improve programmes, and to ensure the active involvement of communities in reproductive health.
Mobilizing global and national alliances

70. WHO has engaged upon a consultative process, and convened a meeting on the Development and Delivery of Reproductive Health in the context of Primary Health Care in March 1995 which brought together participants from the Regions, countries, NGOs, agencies, women’s health advocates, youth organizations and foundations to discuss the global strategy for reproductive health and the role and responsibilities of WHO. The conclusions of the meeting are reflected in a World Health Assembly paper and have been incorporated into the present document.

71. At the global level, a range of mechanisms will be used to ensure that momentum is maintained throughout the course of strategy formulation and implementation – for example, through participation in the United Nations Interagency Task Force for follow-up to ICPD. Moreover, the WHO Global Policy Council and the Management Development Committees will ensure the coordination of reproductive health policies and programmes at Headquarters and regional levels, in addition to another mechanism which is set up to ensure close liaison with the United Nations cosponsored programme on AIDS.

72. WHO will continue to engage in a long-term consultative process with its Member States, international agencies, NGOs, scientists, health care providers and women’s health advocates on ways of ensuring access to information and high-quality services for reproductive health. Such a process will aim to foster involvement, and to ensure collaboration and common ownership among partners. This will serve to promote consistency of information, complementarity and avoidance of duplication of efforts and waste of resources. Involvement of all concerned constituencies will also serve the essential function of generating adequate technical and financial support to implement the strategy.


As the end of the 20th century approaches, global political shifts are continuing to provide an opportunity for a realignment of forces on the side of health. WHO has an unparalleled opportunity to introject health and quality of life issues forcefully into the international arena. As part of this process, reproductive health – a crucial determinant of general health – must now assume its rightful place high on all social, economic and development agendas.