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Maternal and child health and family planning: quality of care

Reproductive health: WHO's role in the global strategy

Report by the Director-General

The Forty-seventh World Health Assembly requested the Director-General to report to the Executive Board and to the Health Assembly in 1995 on ongoing activities to develop a comprehensive strategy for research and action in the broad field of sexual and reproductive health (resolution WHA47.9). This report follows the adoption of the Programme of Action of the United Nations International Conference on Population and Development (ICPD) held in Cairo in September 1994 and its endorsement by the United Nations General Assembly in its resolution 49/128; the discussions at the ninety-fifth session of the WHO Executive Board and its adoption of resolution EB95.R10; and the WHO meeting on the development and delivery of reproductive health in the context of primary health care held in March 1995. This document presents an outline of the global strategy for reproductive health and describes WHO's related roles and responsibilities. The Health Assembly is invited to consider a draft resolution on action to implement, support and sustain reproductive health in the context of primary health care, including family health.

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I. POLICY BASIS

1. The Health Assembly recognized the public health importance and social and economic consequences of different aspects of reproductive health from as early as 1965 (resolution WHA18.49), and WHO policy is guided by a series of resolutions of the Health Assembly, the Board and regional committees¹ which provide a context for reproductive health as a central component of general health and thus a fundamental right and an issue for public discussion, information and action. WHO has a responsibility to provide vision and leadership in the development of approaches to reproductive health. This paper sets out the framework for a global reproductive health strategy and for WHO's related role.

2. Within WHO the divisions and programmes directly concerned with reproductive health 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, and child health and development; 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. Programmes which deal with breast-feeding and nutrition, the environment, cancer, violence, and the elderly are also concerned.

3. Reproductive health is a crucial part of general health and is central to human development. It affects everybody; it involves intimate and highly valued aspects of life. Not only is it a reflection of health in childhood and adolescence, it also sets the stage for health beyond the reproductive years for both women and men and has pronounced effects from one generation to another. Furthermore, it affects other health conditions and aspects. The definition of reproductive health,² based on WHO's working definition, adopted in the Programme of Action of ICPD, and endorsed by the United Nations General Assembly in its resolution 49/128, serves as the basis for action by Member States and for support by organizations of the United Nations system.

4. The attainment of reproductive health for all will require an approach that puts people first, rather than problems or interventions. This means greater involvement of people in their own health care; the application of knowledge derived from many disciplines; a multisectoral and intersectoral approach; and an understanding of reproductive health needs in the context of an individual's life span and specific cultural, economic and physical environment. Families - natural bridges between individuals and society - as basic productive and reproductive units are essential to the reproductive health of society as a whole.

¹ Related subjects of regional resolutions include: accelerating the improvement of maternal and child health (Africa, 1990); regional plan of action for the reduction of maternal mortality (Americas, 1990); maternal and infant mortality; socioeconomic implications and urgent need for control (Eastern Mediterranean, 1988); women, health and development (Europe, 1988); integrated approach to maternal and child care in the context of primary health care (South-East Asia, 1986); and adolescent health (Western Pacific, 1988).

² "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 ..." (Programme of Action in ICPD document A/CONF.171/13, paragraph 7.2).

5. Reproductive health eludes many people because their knowledge about human sexuality is inadequate and related health information and services are inappropriate, of poor quality or inaccessible; high-risk sexual behaviour is prevalent and the choices many women and girls have in this domain are limited. Adolescents are particularly vulnerable because of their lack of information and access to relevant services. The particular aspects of reproductive health affecting older women and men are often given inadequate attention. Reproductive health needs of people during armed conflicts or mass population displacements are rarely taken into consideration.

6. Advocacy and action for reproductive health are hampered by the absence of reliable information, yet even the information available indicates needs and aspects of considerable scope and magnitude. In order to make more information available on reproductive health, WHO has collected data and maintains databases on a number of indicators for reproductive health such as maternal mortality, morbidity, coverage of maternity care, anaemia during pregnancy, unsafe abortion, low birth weight, neonatal and perinatal mortality, infertility, sexually transmitted diseases and HIV/AIDS (Table 1).

7. Reproductive health has different components and its attainment requires a variety of actions. It calls for continual research; culling and dissemination of information; use of sound data for advocacy to strengthen policies and programmes that promote reproductive health; revision of training; streamlining of services and involvement of users in their planning and management; and monitoring and evaluation to measure the effectiveness of new approaches. The increased participation of nongovernmental organizations, particularly women's health groups, has brought to the fore the women's viewpoint that was often missing in the past.

TABLE 1. REPRODUCTIVE HEALTH: ESTIMATED NUMBER OF PEOPLE AFFECTED

Category	Millions (worldwide)
Couples with unmet family planning needs ¹	120
Infertile couples ¹	60-80
Maternal deaths ²	0.5
Severe maternal morbidity ²	20
Perinatal mortality ² (about 1983)	7
Infants with low weight at birth ²	25
Infant deaths ²	9
Unsafe abortions ²	20
HIV infections by the year 2000 ¹	30-40
AIDS cases by the year 2000 ¹	12-18
Curable sexually transmitted diseases (new cases) ²	250
Female genital mutilation ¹	85-114

¹ Total number.

² Annual number.

II. THE CHALLENGE OF REPRODUCTIVE HEALTH NEEDS

8. Many factors besides the broader context of people's lives affect reproductive health, and its attainment is not conditional on interventions by the health sector alone. Such factors include economic circumstances, education, employment, living conditions and family environment, social relationships and relations between the sexes, and the traditional and legal structures within which people live. Sexual and reproductive

behaviour is governed by complex biological, cultural and psychosocial factors, and by relations between the sexes generally. Nonetheless, most aspects of reproductive health cannot be significantly improved in the absence of health services and medical knowledge and skills. The attainment of reproductive health requires equity between the sexes, accessible and acceptable-quality services and technologies, and the participation of other sectors.

9. As a concept reproductive health means more than the absence of diseases or other health problems. Rather, it must be understood in the context of relationships: fulfilment and risk; the opportunity to have a desired child or the arrival of an unwanted one - occasions that define human growth and development or, by contrast, exploitation and degradation. Reproductive health has positive dimensions - physical and psychosocial comfort and closeness, and social maturation - and negative ones - disease, abuse, exploitation, unwanted pregnancy, sexually transmitted diseases including HIV/AIDS, and death.

10. 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 greatly affect their status and the control they have over their own lives and their health and fertility; female education is also an important contributor to child survival and development. The empowerment of women is therefore an essential element for health.

11. 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, partnership, integration, optimal use of resources and sustainability. Partnerships and sharing of responsibilities between government, nongovernmental organizations and the private sector are important in stimulating new ideas and approaches and ensure both service coverage and quality of care.

12. 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 selection of activities and interventions on the basis of locally conducted 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. The rationale for an integrated approach is strengthened by evidence from the social, behavioural and managerial sciences suggesting that such an approach improves the accessibility, 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.

III. TOWARDS A GLOBAL STRATEGY FOR REPRODUCTIVE HEALTH

13. A global reproductive health strategy should foster the development and implementation of regional and national policies, strategies and plans of action and should support countries as appropriate in preparing and implementing them, focusing on three major interrelated areas, namely:

- advocacy for the concept of, and for political commitment to, reproductive health, for an enabling environment, for wide participation and for increased resources for reproductive health programmes;
- research and action to support promotion and protection of reproductive health, prevention of specific reproductive health problems, and care and rehabilitation for all when needed; and

- attention to the special reproductive health needs and concerns of women, to underserved groups such as adolescents, to the roles and responsibilities of men, and to such population groups as refugees and displaced people.

14. **Advocacy.** 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 challenges of reproductive health and to point decision-makers towards nationally relevant solutions. It 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 interest groups. Such information will have to be adapted to requirements and disseminated through public, political and professional forums at local, national and international levels.

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

16. Advocacy will be needed in the area of policy and legislation within the context of national laws and in accordance with internationally recognized conventions. Legal and judicial factors influence reproductive health in many direct and indirect ways, for example through laws and regulations relating to: the minimum age for marriage and the age of consent; the minimum age for 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 sexually transmitted diseases and maternity care, including essential obstetric care, especially for underserved groups.

17. **Research and action.** The promotion of reproductive health entails fostering the health and development of individuals throughout their lives, ensuring adequate nutrition and encouraging healthy lifestyles and relationships based on equity between the sexes. While the health sector may provide a strong technical and policy foundation for promoting reproductive health, the effectiveness of such promotion depends on many sources including educational, cultural, religious and communications sectors and institutions. For the prevention of specific reproductive health problems, information, education, guidance, counselling and services need to be available and accessible to help individuals develop mutually responsible and satisfying relationships, delay sexual relations until they are physically and psychologically mature, prevent unwanted pregnancy and make appropriate contraceptive choices; to reduce unsafe abortion; to promote safe pregnancy and delivery; and to prevent, treat and control sexually transmitted diseases.

18. Appropriate care is needed, for physiological events such as pregnancy and delivery, for guidance in the 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 compromised 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.

19. There is no universal formula for countries in planning and implementing programmes to reach the objective of reproductive health for all. Nevertheless, there are guiding principles which apply everywhere. Programme development should be guided by the overall principles of equity - particularly between the sexes - and respect for human rights and by operational principles comprising: national determination of country strategies and priorities; involvement of multiple perspectives in defining the priorities for reproductive health; participatory consultation in planning and in programme development and evaluation; and multisectoral action. While policies and programmes have been developed for many of the component parts of reproductive health, designing approaches that link them effectively represents a new challenge. Taking the needs and viewpoints of different groups - policy-makers, service providers, research scientists,

community groups, women, men, 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 development of new programmes for filling and rectifying them.

20. Planning and implementing programmes in countries requires global and local advocacy supported by research. The acceptance of the broad framework for reproductive health is a necessary first step. The planning and organization of services needs an assessment exercise and national consultations on priorities and approaches. Implementation requires action at different levels including: legislation, regulations and other policy actions; the adaptation of norms and standards; human resource development, including the reformulation of curricula and methods of basic and in-service training; development of management information systems that focus on the performance of the programme and on quality of care; and the mobilization of material, human and financial resources.

21. The development and implementation of reproductive health policies and programmes will require an incremental as well as a participatory approach, based on an evaluation of what is currently in place and identification of gaps and inadequacies, and on strengthening of links between programmes in order to respond better to concern for reproductive health. Transforming the way information and services are delivered now so as to fit the broader context of reproductive health will necessitate a series of incremental steps, adapting current structures as appropriate and feasible, building on previous stages. This process must encompass biomedical, cultural and social considerations.

22. An integrated approach does not necessarily mean that every service delivery point will have to deal with every reproductive health issue; that may be neither feasible nor appropriate. What it means is making use of every opportunity to prevent specific problems, especially for those at risk, providing care, treatment and rehabilitation for those who are or have been ill or injured and, above all, endeavouring to reduce the numbers of people who need care and rehabilitation by strengthening health promotion. Action to reduce many interrelated reproductive health problems should be effectively coordinated and carried out in a cost-efficient and humane way. Since health promotion goes well beyond the reach of the health sector, a great degree of cooperation across sectors and disciplines will be required. Cooperation will be needed at global and country levels, within the international and multinational system, between governments and nongovernmental organizations, with the professional and scientific community, the private sector, and voluntary bodies; above all else, there must be continual involvement of people.

23. A pragmatic approach will be required, starting with what exists, establishing common ground, determining gaps and inadequacies, describing actual or potential links and the steps that can be taken in the immediate and longer term to improve quality and move closer to the concept of reproductive health. This process will permit the identification of obstacles to availability, appropriateness and quality of existing information and services, and help develop strategies to overcome the obstacles through recognition of the interdependency of reproductive health interventions. Linkages are also needed across sectors so that reproductive health care can be closely associated with other services in the social sector. The principle should be that where a capacity exists no opportunity should be missed for meeting other reproductive health needs.

24. 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 give priority to: family planning; prevention of maternal and neonatal deaths and disabilities; and prevention and management of sexually transmitted diseases. As programmes become more comprehensive they should incorporate primary health care approaches to such conditions as reproductive tract infections and cancers, harmful practices, gender-based sexual violence, infertility and conditions due to malnutrition, including anaemia. Services must be accessible and acceptable and include information, education, counselling, care and rehabilitation.

25. 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 family planning and sexually transmitted disease management within the general context of maternity care and defines the minimum programmes and services needed to eliminate the burden of maternal and perinatal ill-health. Other such clusters include special methods for promoting adolescent reproductive health including multisectoral planning, behavioural research, counselling and training in interpersonal skills, and client-centred service evaluation, and assessment of reproductive health needs.

26. Sexually transmitted disease control services need to be integrated or closely linked at primary health care level. Basic elements include information and education, prevention of infection, syndromic diagnosis and treatment, case finding for treatable sexually transmitted diseases, partner referral, intensified interventions for high-risk populations, and patient referral services.

27. Family planning services should not only provide information, education and universal access to a full range of safe and reliable methods but should also be closely linked to, or integrated with, other reproductive health services. Family planning programmes should focus on enabling people to make informed choices about the timing, number and spacing of their children and empowering women to manage their fertility, while emphasizing men's joint responsibility in healthy sexuality and reproductive health.

28. Information and services should be improved to respond to the unmet need for family planning. Unsafe abortion is a major public health problem 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. WHO maintains that abortion should not be promoted as a method of family planning. The health consequences of unsafe abortion should be recognized and managed, and counselling and care provided for complications. 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.

29. Other elements should be linked to reproductive health programmes and services as soon as feasible. These include, for example, treatment of reproductive tract infections and information, education, screening and management services for cervical cancers. In the long term other priority areas should be added, such as management of infertility, screening and management of breast cancer and help with problems arising beyond reproductive age which may have their origins in earlier reproductive or sexual events. Reproductive health programmes should actively discourage practices that disadvantage girls; these include discrimination in food allocation or health care, and also female genital mutilation, child marriage and other harmful practices.

30. Efforts should be focused on meeting the needs of defined target groups, including families, men as well as women, young people, and refugees and displaced people. Families should be able to provide for their members' basic needs for health, nutrition, shelter, physical and emotional caring, and personal development. Strengthening the capacity of families, particularly in terms of intra-familial communication and sharing of responsibilities, will create an environment conducive to full and healthy development of children and adolescents and to equity between the sexes, and will provide children with a foundation for good reproductive health.

31. The empowerment of women is a fundamental prerequisite for their reproductive health. This means action to give them increased access 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 greater efforts should be made to facilitate their involvement in programme development so that they become participants rather than objects of interventions. 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 helped 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 equity between the sexes and mutually caring relationships between partners.

32. The sexual and reproductive health needs of young people must be a central feature of any reproductive health programme. Policies and programmes must be formulated that facilitate the access of adolescents to information and to appropriate services. The objective is to help young people establish relationships based on mutual respect and trust, avoid premature sexual relations, and have access to information and services which enable them to protect themselves when they are sexually active.

33. Reproductive health is compromised when the security of the individual is endangered, especially in mass population displacements due to natural or man-made disasters. Programmes must be developed to respond to the special reproductive health needs of refugees and displaced people and in general of people during wars and armed conflicts.

34. There should be continual evaluation of reproductive health programmes at both national and international levels. This will involve assessing the accessibility, degree of utilization and quality of reproductive health services; appraising the degree of linkage between different components and with other areas in or outside the health sector; and monitoring the worldwide efforts and evaluating their impact in terms of the attainment of reproductive health for all.

IV. THE ROLE AND RESPONSIBILITIES OF WHO IN THE GLOBAL STRATEGY

35. WHO's primary responsibility is to support countries in the implementation of their national health programmes. Its mandate in reproductive health includes both normative and technical cooperation functions. Through the former the Organization takes a lead role in defining policies, identifying research priorities and giving technical guidance, including setting norms and standards. WHO's technical cooperation with countries involves collaboration with governments and other bodies in putting these policies and standards into practice, building national capacity and working to ensure effective programmes. The two roles are closely related and mutually reinforcing; both involve the Organization in advocacy, policy and technical guidance, research and training, and monitoring and evaluation. An iterative process of normative work and support to its application in the field permits the continuous evolution of policies in the light of experience and changing country needs.

36. WHO's role in the global strategy will focus on four broad interrelated areas:

- (i) international and national advocacy for the concept of reproductive health and for the policies and programmes promoted by WHO;
- (ii) research aimed at assessing needs, at adapting and applying existing knowledge, and at developing new approaches and interventions, together with coordination of global efforts in these areas;
- (iii) normative functions including the development of policies, strategic approaches, norms, standards and guidelines; and,
- (iv) technical support to Member States and others in formulating, implementing and evaluating comprehensive national reproductive health policies and programmes.

37. (i) **Advocacy.** In its advocacy role the Organization will promote understanding of the universality of reproductive health needs throughout our life span and their centrality to health and human development. WHO's advocacy will be addressed to Member States, international and national agencies and institutions, and nongovernmental organizations within the health sector and in related sectors - education, social welfare,

and the judicial, legislative, economic and financial spheres. WHO will give technical support to international and national agencies and organizations in establishing multidisciplinary and multisectoral task forces to bring together representatives of people with an interest in reproductive health.

38. (ii) **Research.** WHO's advocacy for reproductive health is closely linked to its role in monitoring, coordinating and conducting research. As the main agent for health research within the United Nations system, WHO will continue to conduct, support, promote and evaluate research in reproductive health and coordinate the global research efforts in this field. Closely linked to these objectives is the Organization's commitment to collaborating in the strengthening of research capabilities to enable developing countries to tackle their national priorities in reproductive health research.

39. Key steps in WHO's research collaboration with Member States will include:

- assessment of reproductive health status in order to identify existing needs, in particular those that require research, and determine priorities among them;
- adaptation and application of existing knowledge and current technologies and interventions to the identified priority needs; and
- evaluation of the impact of changes introduced into services on the reproductive health and well-being of people.

40. In addition, from its close interaction with Member States and thorough knowledge of their reproductive health needs, WHO will continue to identify areas where a regional or global research effort is needed to strengthen knowledge on key aspects of reproductive health, to develop new technologies, interventions and methodology, and to address topics with complex implications such as ethics, sexual behaviour or abortion.

41. In the clinical research that it will conduct and support the Organization will ensure that:

- the views and standpoints of concerned groups (current and potential users of services, service providers, policy-makers, etc.) are adequately reflected at all stages of the research process;
- the research is conducted in conformity with the highest possible ethical standards;
- the research results are widely and effectively disseminated, especially to policy-makers, so that programmes evolve in response to the research findings; and
- the findings contribute, whenever applicable, to the discharge of the Organization's other responsibilities in the global reproductive health strategy, in particular the normative and advocacy functions.

42. National research priorities in reproductive health - which will be the primary factor in deciding the content and balance of WHO's research agenda - are likely to vary and cannot be determined accurately in the absence of systematic baseline evaluations of reproductive health status. However, significant research needs will be in the areas of fertility regulation, safe motherhood, and the prevention and management of sexually transmitted diseases. Thus, for example, global research efforts will be required for the continuing evaluation of the efficacy and long-term safety of existing methods of fertility regulation and the development and assessment of new and improved ones, with special attention to those for men, those that are user-controlled, and those that also exert preventive action against sexually transmitted diseases, including HIV/AIDS. Other priorities will include research on effective interventions to promote safer sexual behaviour and prevent HIV infection and other sexually transmitted diseases, and on more effective clinical management of those diseases. Operational research will explore how best to link services and exploit every opportunity

in order to achieve the widest possible coverage of reproductive health needs in an accessible, acceptable, efficient and cost-effective manner, especially for underserved groups; it will also explore mechanisms to ensure involvement and participation of users, particularly women and young people, in programme design, implementation and evaluation. Assistance with specific activities such as assessment of reproductive health needs and interventions such as those comprised within the "mother-baby package" will also be given high priority. WHO will make the maximum possible use of its well established global network of collaborating agencies and institutions and the cooperation of national and international nongovernmental organizations with an interest in reproductive health.

43. (iii) **Normative functions.** WHO's normative role accommodates a broad range of activities which are linked both with its research functions and with its technical cooperation role in reproductive health. In the fulfilment of both these roles WHO will continue to develop technical, managerial and policy guidelines on various aspects of reproductive health. Within the sequence of programme development steps WHO has a crucial part to play in developing guidelines for national assessment of reproductive health needs and the methodologies for converting such assessments into prioritized, operational plans for implementation. Guidelines and methodologies will be adapted in the light of experience in country situations and the results of operational research. Priority for further research and development will be given to the production of guidelines for the formulation of policies, the implementation of reproductive health programmes, and the development of appropriate legislation. Other priorities include research and development for the normalization of interventions and services; and questions of equitable provision, affordability and availability of information and services for reproductive health.

44. WHO will work with other competent agencies and bodies to formulate indicators for measuring the reproductive health status and behaviour 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, including both qualitative and quantitative indicators.

45. The training and reorientation needs of all levels of workers in reproductive health will be accorded high priority in WHO's normative work in order to develop their capacity for adaptation and their ability to handle matters such as human sexuality in ways that reflect sensitivity to local cultural settings. Optimizing human resources for reproductive health will require the acquisition of interpersonal communication skills as well as attitudinal changes among health workers to improve the quality of care. Education programmes for all personnel, medical or non-medical, must therefore focus on imparting a range of problem-solving skills and instilling appropriate attitudes. WHO will actively advocate and technically support initiatives to exploit the potential of those with midwifery skills for providing many of the elements of reproductive health care. Understanding of normal reproductive function and of the social and psychological factors needed to prevent conditions leading to maternal and neonatal mortality is an essential element of midwifery practice and should receive increased attention in midwifery training together with management, communication and evaluation skills.

46. WHO's promotion of and support for training will also include training for monitoring and evaluation, for research, and for programme management aimed at ensuring equity of access to health care, quality of care, patient satisfaction, cost containment, and rational allocation of resources, with due regard to environmental determinants, ethical considerations, and technology assessment.

47. (iv) **Technical cooperation.** WHO will promote and facilitate the transfer of knowledge and expertise to Member States and others working to improve reproductive health. Particular attention will be paid to strengthening national capacity for implementation and monitoring and to sustainability of programmes. While much of its support will concentrate on long-term policy and on programme development, monitoring and evaluation, WHO will also continue to collaborate in the shorter term with governments, nongovernmental organizations and other partners engaged in technical cooperation.

48. At country level, WHO is one of many partners, each of which has its own specific responsibilities in terms of providing technical and financial support, collaboration in programme implementation, training and coordination. WHO's comparative advantage stems not only from its continuous interaction with Member States, but also from the expertise in specific areas of reproductive health to be found throughout the Organization, its close links with other agencies of the United Nations system, the worldwide network of experts, collaborating centres and institutions, and its links with nongovernmental organizations and scientific, professional and health advocacy associations and groups.

49. Within WHO, country and regional offices and headquarters programmes have a mutually complementary role to play in the Organization's strategy in reproductive health. The Organization will evaluate its own activities with regard to the components of reproductive health and the various programmes addressing them and will work to increase linkages between areas and across activities. A high-level Coordinating Committee on Reproductive Health at headquarters will secure maximum collaboration and complementarity and help to ensure that WHO inputs in countries are properly coordinated and integrated. Current 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 programme action in countries. These will 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, on strengthening of national and regional networks, on adolescent reproductive health, on female genital mutilation and on reproductive health needs in refugee situations.

50. The Organization's Global Policy Council and Management Development Committees will promote a technically sound and realistic approach by ensuring that all WHO programmes involved with different aspects of reproductive health work closely together with regions and countries in order to develop a unified WHO response to the overall reproductive health problems faced by developing and industrialized countries alike. They will ensure the coordination of headquarters and regional reproductive health policies and programmes. Close liaison with the Joint United Nations Programme on AIDS will be maintained.

V. MOBILIZING GLOBAL AND NATIONAL ALLIANCES

51. WHO has engaged upon a consultative process, and convened in March 1995 a meeting on the development and delivery of reproductive health which brought together participants from countries in the various regions, nongovernmental organizations, youth organizations and foundations, and other agencies, together with women's health advocates, to discuss the global strategy for reproductive health and the role and responsibilities of WHO. The conclusions of the meeting are reflected in this report to the World Health Assembly and will be incorporated into a forthcoming document on the role of WHO in reproductive health.

52. WHO will implement its role in the global reproductive health strategy in partnership with other bodies, especially within the United Nations system and in the context of the principles and objectives of the Programme of Action of the United Nations International Conference on Population and Development (ICPD), relevant resolutions of the Organization's governing bodies, and resolution 49/128 of the United Nations General Assembly. UNFPA has an important role to play in supporting reproductive health programmes in countries; the Technical Support Services/Country Support Teams which it funds serve as important mechanisms for ensuring interagency collaboration and a multidisciplinary approach. UNICEF supports country-level activities concerned with various aspects of women's, young people's and children's health. UNESCO plays a crucial role in education, particularly for girls. The particular needs of refugees are the concern of UNHCR. UNDP's support to people-centred sustainable development, emphasizing equity between the sexes and promotion of science and technology for development, and the Programme's role in

coordination of the United Nations system at country level are essential to supporting national reproductive health programmes.

53. With partner agencies and nongovernmental organizations, WHO will promote a more strongly unified and consistent approach to reproductive health. The effectiveness with which it exercises its support to countries is greatly enhanced by its partnership with UNFPA, which has a particularly important role in promoting reproductive health in countries. At the global level, maintenance of momentum throughout the developmental work on policy formulation and programme implementation will be ensured through a range of mechanisms such as the United Nations interagency task force for follow-up to ICPD, which is being coordinated by UNFPA.

54. The development and implementation of strategies for reproductive health will require the coordinated and consistent support of many agencies, sectors and groups at global and national levels. These include both government and nongovernmental organizations in the health field and related sectors such as education, social welfare, labour, justice and religious affairs; priority productive sectors, public or private, dependent on human resources; professional and scientific associations and other voluntary organizations; and the mass media. Coordination of this broad-based multidisciplinary, multisectoral response should be led by the governments, in collaboration with the international organizations and with the assistance of donor agencies.

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

VI. MATTERS FOR THE PARTICULAR ATTENTION OF THE HEALTH ASSEMBLY

56. The Health Assembly, after reviewing the strategy for WHO's role in a global strategy for reproductive health set out in this document as requested in resolutions WHA47.9 and EB95.R10, and taking into account the Director-General's report on collaboration within the United Nations system: the International Conference on Population and Development (document A48/35), and United Nations General Assembly resolution 49/128, may wish to consider the following resolution:

The Forty-eighth World Health Assembly,

Noting the report by the Director-General on maternal and child health and family planning: quality of care - reproductive health: WHO's role in the global strategy;

Recalling resolutions WHA32.42, WHA38.22, WHA40.27, WHA41.9, WHA42.42, WHA43.10, WHA47.9 and EB95.R10 concerned with many different aspects of reproductive health;

Welcoming the Director-General's report on collaboration within the United Nations system: the International Conference on Population and Development (document A48/35), and in particular the WHO position paper on health, population and development prepared for the Conference;

Noting United Nations General Assembly resolution 49/128, on the report of the International Conference on Population and Development, particularly operative paragraph 22 which requests the specialized agencies and all related organizations of the United Nations system to review and where necessary adjust their programme and activities in line with the programme of action;

Recognizing that, as a central component of women's health, reproductive health needs to be promoted by WHO at the forthcoming Fourth World Conference on Women in Beijing and other international forums,

1. ENDORSES the role of the Organization within the global reproductive health strategy;
2. REAFFIRMS the unique role of the Organization with respect to advocacy, normative functions, research and technical cooperation in the area of reproductive health;
3. UNDERLINES the need for close collaboration with other agencies of the United Nations system to provide international support for the development and implementation of reproductive health strategies;
4. URGES Member States to further develop and strengthen their reproductive health programmes, and in particular:
 - (1) to assess their reproductive health needs and develop medium- and long-term guiding principles on the lines elaborated by WHO, with particular attention to equity and to the perspectives and participation of those to be served and with respect for internationally recognized human rights principles;
 - (2) to strengthen the capacity of health workers to address, in a culturally sensitive manner, the reproductive health needs of individuals, specific to their age, by improving the course content and methodologies for training health workers in reproductive health and human sexuality, and to provide support and guidance to parents, teachers and other influential persons in these areas;
 - (3) to monitor and evaluate, on a regular basis, the progress and effectiveness of their reproductive health programmes, reporting thereon to the Director-General as part of the regular monitoring of the progress of health-for-all strategies.
5. REQUESTS the Director-General:
 - (1) to include the progress made in reproductive health in his regular reporting of the progress of health-for-all strategies;
 - (2) to continue his efforts to increase the resources for strengthening reproductive health in the context of primary health care, including family health.

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