Accelerating progress towards the attainment of international reproductive health goals

A framework for implementing the WHO Global Reproductive Health Strategy

Areas of action and partnership

- Strengthening health systems capacity
- Improving information base for priority-setting
- Mobilizing political will
- Creating supportive legislative and regulatory frameworks
- Strengthening monitoring, evaluation and accountability
Accelerating progress towards the attainment of international reproductive health goals

A framework for implementing the WHO Global Reproductive Health Strategy
### ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CFR</td>
<td>Case-fatality rate</td>
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<tr>
<td>EOC</td>
<td>Essential obstetric care</td>
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<tr>
<td>FGM</td>
<td>Female genital mutilation</td>
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<tr>
<td>HIV/AIDS</td>
<td>Human immunodeficiency virus / Acquired immunodeficiency syndrome</td>
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<tr>
<td>ICPD</td>
<td>International Conference on Population and Development</td>
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<td>MDG</td>
<td>Millennium development goal</td>
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<tr>
<td>NGO</td>
<td>Nongovernmental organization</td>
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<tr>
<td>PAC</td>
<td>Post-abortion care</td>
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<tr>
<td>PHC</td>
<td>Primary health care</td>
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<tr>
<td>RTI</td>
<td>Reproductive tract infection</td>
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<tr>
<td>SDP</td>
<td>Service delivery point</td>
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<td>STI</td>
<td>Sexually transmitted infection</td>
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<td>TFR</td>
<td>Total fertility rate</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>VCT</td>
<td>Voluntary counselling and testing</td>
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<td>WHA</td>
<td>World Health Assembly</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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1. BACKGROUND

1.1 About the Strategy

The World Health Organization’s first global Reproductive Health Strategy to accelerate progress towards the attainment of international development goals and targets was adopted by the 57th World Health Assembly in May 2004 (WHA57.12). The Strategy was developed through extensive consultations in all WHO regions with representatives from ministries of health, professional associations, nongovernmental organizations (NGOs), United Nations partner agencies and other key stakeholders. The Strategy recognizes the crucial role of sexual and reproductive health in social and economic development in all communities. It aims to improve sexual and reproductive health and targets five core elements:

- improving antenatal, delivery, postpartum and newborn care;
- providing high-quality services for family planning, including infertility services;
- eliminating unsafe abortion;
- combating sexually transmitted infections (STIs), including HIV, reproductive tract infections (RTIs), cervical cancer and other gynaecological morbidities; and
- promoting sexual health.

The Strategy outlines actions needed to accelerate progress towards the attainment of the Millennium Development Goals (MDGs) and other international goals and targets relating to reproductive health, particularly those set by the International Conference on Population and Development (ICPD) in 1994, and its five-year follow-up (ICPD+5). It calls for action in five key areas:

- strengthening health systems capacity;
- improving information for priority-setting;
- mobilizing political will;
- creating supportive legislative and regulatory frameworks; and
- strengthening monitoring, evaluation and accountability.

The Strategy (and this framework for its implementation) are targeted at a wide range of policy-makers in governments, international agencies, professional associations, NGOs and other institutions.

1.2 About the framework

This document provides a framework for implementing the Strategy, focusing on the above-mentioned five action areas to improve sexual and reproductive health. For each of the key action areas, detailed actions are suggested for implementation at policy and programme levels. These are followed by the role WHO (with its partners) can play in supporting countries in that action area. A range of health-care and health status
indicators relating to the five core elements of reproductive health are also provided to facilitate monitoring and evaluation of progress.

### 1.3 Conceptual basis of the framework

Fig. 1 presents a conceptual model for implementing the Strategy. It acknowledges the importance of the broader health system context in the implementation of priority health programmes—in this case, sexual and reproductive health programmes—and considers strengthening health systems as a crucial area to improve sexual and reproductive health outcomes. Thus, action points, designed to strengthen health systems, are specified in this framework for policy and programme development and implementation (section 2.1).

Similarly, the framework recognizes the need for evidence-based policies and programmes. Hence, the importance of a supportive regulatory/legislative environment and political will are also acknowledged and actions to strengthen these three areas are recommended in sections 2.2, 2.3, 2.4. The selection of the actions to implement for each of these action areas will be determined by the needs and circumstances of the local context.

As an integral part of health systems and programmes, monitoring and evaluation are highlighted together as the fifth action area (section 2.5) in the Strategy. The framework supports implementation of action points in this area by providing a range of indicators, both as measures of health systems (inputs/processes/outputs) and of people’s health status (outcome/impact). These are structured according to the five core elements of sexual and reproductive health as defined in the Strategy to be used in monitoring and evaluation frameworks of programmes. Links to a range of related tools and guidelines are provided (see Annex 1) to facilitate implementation of the suggested actions.

### 1.4 Using the framework

Two issues need consideration in using this framework. Firstly, each country is different with regard to its health system infrastructure, organization, regulatory framework, and capacity of providers. Thus the local contexts need to be taken into account when deciding on which actions to take. Secondly, even though in this document the recommended actions for policy and programme levels are presented separately, this separation may be arbitrary for some, and in some settings certain action points may apply to both levels.

![Fig 1. Conceptual model for implementing the five action areas of the Strategy](image-url)
The framework recognizes the diversity of sexual and reproductive health issues, needs and problems. Thus, the recommended actions may need to be adapted locally. The framework could be used, among others, as a reference source for the range of actions needed to accelerate progress towards the attainment of sexual and reproductive health. The framework does not provide a detailed outline of the methodologies available that could be applied to effect change. It does, however, refer to more specific methodologies that could be selected according to needs and priorities of local programmes. It provides guidance and key steps on action areas, providing references to key documents, manuals, toolkits and guidelines that could be used in the development and implementation of effective interventions.

The framework calls for action in key areas, which should be underpinned by strong advocacy for improving sexual and reproductive health. It is intended for use by countries with the support of WHO and its network of global partners involved in sexual and reproductive health. It promotes the concept of collaborative partnerships between government ministries such as health, education, finance and planning and with development agencies.

2. AREAS OF ACTION AND PARTNERSHIP

2.1 Strengthening health system capacity

2.1.1 Policy level

The Strategy urges WHO Member States to make sexual and reproductive health a central element of national planning and strategy development processes, including its incorporation into poverty reduction strategy papers, sector-wide approaches and WHO country cooperation strategies. Adequate and sustainable funding should be made available to foster comprehensive, good-quality and accessible sexual and reproductive health services. The following additional actions are also suggested:

- Ensure that sexual and reproductive health is appropriately reflected in national health-sector plans, including those covering HIV/AIDS prevention and care, proposals to the Global Fund to fight AIDS, tuberculosis and malaria, and other relevant initiatives.
- Prioritize sexual and reproductive health in essential service packages under health-sector reforms and sector-wide approaches.
- Where new financing mechanisms such as cost-sharing are being introduced, design ways to facilitate access to services by adolescents, poor people and other disadvantaged groups, monitor the effects of such policies and adapt them to local conditions.
- Ensure that the principles of equity guide all policy decisions on sexual and reproductive health care financing and service delivery.
- Conduct national health account reviews. Within such reviews, conduct sub-account reviews for sexual and reproductive health services and include sexual and reproductive health indicators in national health expenditure reviews.
- Conduct strategic planning, involving health professionals and managers, to assess the quality of health-care services and to determine how best to improve quality within available resources.
- Formulate, adopt and monitor standards for clinical practice in private and public health sectors.
- Recruit partners among NGOs and the private and commercial sectors to maximize the availability and use of sexual and reproductive health services.
- Ensure coherence and consistency of guidelines, messages and practices recommended by different government structures or other organizations.
- Determine the essential requirements at all levels for numbers and distribution of health workers with the skills needed to perform prioritized sexual and reproductive health interventions.
- Review and develop curricula to fill gaps in technical skills and needs of health-care workers to deliver effective services, and establish quality-control oversight mechanisms.
- Assess and improve health-care workers’ work environments, conditions of employment and supervision mechanisms.
- Formulate a strategy to motivate and retain skilled personnel and promote policies that enable health-care workers to use their skills to the full.
- Strengthen evidence-based decision-making and management capacity of programme managers at the local level.
- Promote the sharing of lessons learnt within and between countries.
- Build and maintain effective coordination mechanisms between different government sectors that have roles in implementing the Strategy. These mechanisms should acknowledge the critical role of shared values and trust and should build upon government-wide development priorities.

2.1.2 Programme level

- Analyse the skill levels of staff involved in service delivery, build capacity as needed, and develop plans for more effective use of their skills and training.
- Develop long-term plans for recruitment, training and supervision (both administrative and clinical).
- Work with health-care providers outside the formal health sector (e.g. traditional birth attendants) to upgrade their knowledge and skills; provide them with decision-making tools for referring cases to appropriate providers, particularly in emergencies.
- Carry out and support community-based and operations research to identify barriers to the use of services and develop and test measures to overcome them.
- Design and test strategies to expand interventions of proven effectiveness in improving service delivery and develop implementation plans accordingly.
- Develop mechanisms to ensure the use of up-to-date evidence-based guidelines/protocols in service delivery.
- Ensure effective and sustained training and supervision for high-quality service delivery.
- Involve staff in decision-making processes regarding service delivery.
- Maximize synergies within the sexual and reproductive health system by effective coordination (e.g. systematic referrals).
- Collaborate with community-based groups and opinion leaders to understand and address underlying cultural values and practices that could contribute to sexual and reproductive ill-health or that influence health-seeking behaviour.
- Establish local, health management committees involving community members in order to identify local needs for informing service provision and improved access to services.
- Monitor the processes of decentralization in order to protect and enhance the range and quality of services offered and to ensure access to services for marginalized groups (e.g. adolescents, socially or economically disadvantaged groups).
- Assess and build local capacity in service delivery in order to make services sustainable.
- Ensure, through monitoring and supervision, that the focus on good-quality service provision is maintained.
- Analyse mechanisms of payment within health systems to establish who is able and who is unable to afford services.
- Pay special attention to commodity procurement, which often suffers during transitional periods that follow the introduction of changes in health systems.

2.1.3 WHO’s role

- Support countries in their research efforts to evaluate their policies and programmes and build national research-capacity.
- Provide technical support to countries to help build capacity in preparing costing and financing programmes and to identify stable sources of funding.
- Develop tools for promoting and strengthening sexual and reproductive health services as the basis for the prevention and treatment of HIV/AIDS, particularly through: family planning; antenatal, childbirth and postpartum care; control of STIs; promotion of safer sex practices; and prevention of mother-to-child transmission of HIV.
- Maintain and strengthen links at the international level with other public health areas (e.g. immunization, nutrition, and prevention and treatment of malaria and tuberculosis) to ensure that sexual and reproductive health receives due considerations in their activities.
- Provide normative support and guidance to countries in the dissemination, adoption and implementation of evidence-based practices and interventions that improve sexual and reproductive health.
- Provide normative guidance to countries to help promote high standards in sexual and reproductive health service delivery.
- Provide governments, NGOs, professional groups and international partners with planning tools for evidence-based policy-making and support their implementation.
2.2 Improving information for priority-setting

2.2.1 Policy level

- Strengthen the health system’s capability to collect and analyse data about sexual and reproductive health status, its determinants and the functioning of health-care services at local, district and national levels.
- Set priorities based on data, using a multiple stakeholder consultative process, with attention being paid to equitable access especially for the poor and other disadvantaged groups.
- Assess what sexual and reproductive health indicators are available and how they can best be used as benchmarks for monitoring progress towards country goals.
- Use all available data for priority-setting (e.g. data from demographic and health surveys, disease surveillance data, health service statistics, national health expenditure surveys and national health account reviews) and perform secondary analysis as required.
- Strengthen national health information systems, including registrations of births and of deaths by cause.
- Identify gaps in evidence and research needs for community-based disease surveillance and issues related to access to services.
- Carry out and support research to fill the identified gaps.
- Consider how to build on existing strengths to achieve rapid results at the start and address some of the tougher questions later.
- Establish effective coordination mechanisms with other ministries and health-related organizations for sharing existing data and defining roles in the generation of new data.

2.2.2 Programme level

- Determine local service delivery needs (which may be different from national needs) using evidence from epidemiological, operations and social science research.
- Develop plans for the implementation of priority actions to improve sexual and reproductive health. The plans should include the precise nature of the required inputs, short- and long-term goals and objectives, and mechanisms for monitoring progress.
- Evaluate the cost-effectiveness and financial sustainability of the proposed interventions. While cost should not be the only determinant of priorities, it is important that available funds are used efficiently to achieve the greatest effect.
- Ensure that data on sexual and reproductive health indicators are collected and reported routinely.
- Identify, and account for, all resource constraints (financial, human and material).
- Involve community representatives in setting priorities and objectives.

2.2.3 WHO’s role

- Provide technical support to countries to help improve their capacity to collect and analyse data on sexual and reproductive health indicators.
- Identify data gaps for countries and subpopulations and advise governments accordingly.
- Establish research priorities that address the sexual and reproductive health needs and risk-taking behaviours of disadvantaged groups.
- Assist countries in identifying research priorities that will improve their planning and decision-making processes.
- Support countries in evidence-based policy formulation.

2.3 Mobilizing political will

2.3.1 Policy and programme levels

- Build strong support for investment in sexual and reproductive health using evidence of benefits to public health and development.
- Mobilize crucial constituencies (e.g. professional bodies, legal experts, human rights groups, women’s associations, government ministries, political leaders and parties, religious and community leaders) to support a national sexual and reproductive health agenda and make concerted use of the mass media.
- Build a strong, evidence-based case for strategic investment in adolescent sexual and reproductive health, and place it high on the national agenda. Disseminate information on the nature, causes and consequences of adolescents’ sexual and reproductive health needs and problems, such as their vulnerability to sexually transmitted infections including HIV, unwanted pregnancies, unsafe abortion, early marriage and early childbearing, and sexual coercion and violence, both within and outside marriage.
- Enlist the support of the mass media in highlighting the central importance of sexual and reproductive health. Build partnerships with media persons and provide them with ideas about issues to raise, information, interviews with important personalities willing to speak about this topic, and relevant human stories. In this regard, take advantage of special events to advocate for sexual and reproductive health.
- Disseminate through effective channels scientific evidence regarding the importance of sexual and reproductive health for development.
- Appoint national, district and local oversight committees of well-known political, professional and community stakeholders to monitor and publicize ongoing activities in the area.
- Identify popular national figures (especially role models for young people) as goodwill ambassadors for sexual and reproductive health and related human rights.

2.3.2 WHO’s role

- Provide governments with information on the benefits of investing in sexual and reproductive health and advocate for sound policies in collaboration with other organizations active in this field.
- Increase efforts to implement the Making Pregnancy Safer initiative, as a priority component of the sexual and reproductive health agenda, particularly for countries where maternal mortality is high.
- Continue to strengthen partnerships with other organizations in the United Nations system (in particular UNFPA, UNICEF and UNAIDS), The World Bank, associations
of health professionals, donor foundations, and agencies and relevant NGOs with a view to ensuring that actions by a broad range of partners to improve sexual and reproductive health are collaborative and coordinated.

- Work with other development partners both internationally and at country level to increase shared ownership and understanding of the sexual and reproductive health agenda.

### 2.4 Creating supportive legislative and regulatory frameworks

#### 2.4.1 Policy and programme levels

- Review, and if necessary modify, laws and policies in order to ensure that they facilitate universal and equitable access to sexual and reproductive health education, information and services.

- Ensure that regulations and standards are in place so that necessary commodities (medicines, equipment and supplies), which meet international quality standards, are available on a consistent and equitable basis.

- Use scientific evidence in reviewing and modifying existing regulations for service delivery.

- Set performance standards and devise monitoring and accountability mechanisms for the provision of services and for collaboration and complementary action among the private, nongovernmental and public sectors.

- Develop regulatory procedures (accreditation, certification and licensing) and work with national health-professional associations and representatives of the private sector to establish practical enforcement mechanisms, including civil and criminal laws.

- Articulate a clear national policy framework for all dimensions of sexual and reproductive health.

- Focus on administrative regulations in ministries, medical associations, district health authorities, hospitals and clinics where possible unnecessary barriers can be quickly removed.

#### 2.4.2 WHO’s role

- Encourage governments to engage effectively in health development planning processes such as poverty reduction strategy papers by supporting capacity development and evidence-based policy-making.

- Promote wider governance issues such as transparency in policy-making and financial allocations in order to ensure protection for the interests of the most vulnerable populations.

### 2.5 Strengthening monitoring, evaluation and accountability

#### 2.5.1 Policy level

- Establish and strengthen monitoring and evaluation mechanisms based on a clear plan of what is to be achieved, how and by when, with a clear set of indicators and strong baseline data.
Establish targets and benchmarks for accelerating progress in attaining global reproductive health goals as reflected in national plans; add others that reflect specific national, district or local priorities.

Monitor health sector reforms, sector-wide approaches, and the implementation of other financing mechanisms such as poverty reduction strategy papers, cost-sharing and direct budget support in order to ensure that they benefit the poor and other socially or economically marginalized groups, and contribute to strengthening sexual and reproductive health services at all levels.

Develop mechanisms (such as local committees or community meetings) to increase accountability at facility and district levels.

Increase the capacity at local, district and national levels for relevant data collection, analysis and dissemination; ensure that data are disaggregated to reflect inequalities.

2.5.2 Programme level

Identify appropriate indicators as measures of changes in institutional practices, access to services, community attitudes and behaviours, and of sexual and reproductive health outcomes.

Incorporate realistic timelines and oversight to ensure proper scheduling and follow-up and establish intermediate benchmarks.

Establish independent accountability mechanisms, including oversight by representatives of civil society and mobilize local communities for planning and accountability.

Monitor and evaluate potential impact of programmes on service delivery.

2.5.3 WHO’s role

Assist countries in establishing realistic targets and indicators for measuring progress towards the attainment of reproductive health goals.

Assist countries in the establishment of effective accountability mechanisms for sexual and reproductive health programmes within and outside health systems.

Provide countries with guidance, advice and technical support for programme monitoring and evaluation, and strengthen country capacity to meet international standards for reporting of health system indicators.

Provide technical support to assist countries in evaluating the outcomes of programmes and services.

Assist countries in standardized measurements, terminology, and data collection for monitoring and evaluation of sexual and reproductive health.

Provide global estimates of internationally agreed sexual and reproductive health indicators, particularly those agreed to be essential for monitoring progress towards ICPD recommendations and the MDGs.

3. INDICATORS FOR EVALUATING PROGRESS

Monitoring and evaluation are central components of all programmes. They serve to assess the process of implementation and the success or failure of programmes. They also inform priority-setting exercises and modification of policies and elements of programmes where required.
Basically, two types of indicators are used in monitoring and evaluation frameworks. The first type examines outcomes or impact of programmes following the implementation of interventions. Health status indicators such as maternal mortality ratio, total fertility rate, perinatal mortality rate and HIV prevalence among pregnant women, are mainly used for this purpose. These indicators can also serve as baseline measures and be used to monitor changes over time.

The second type of indicators examine aspects of ongoing programmes and activities that can also be used to predict future outcomes. These are used at different stages of implementation of programme interventions and can be classified as input, process or output indicators. Input indicators help to assess the baseline situation at the planning phase which helps to define or implement the actions needed to improve sexual and reproductive health. Progress on implementation can be tracked through process indicators to achieve the required outputs (measured by output indicators).

The following paragraphs provide a list of indicators that are commonly used in monitoring and evaluation frameworks of programmes. These are structured according to the five core elements of sexual and reproductive health as defined in the Strategy. Within these areas, they are presented separately as those that measure inputs, processes and outputs and those that measure outcomes or impact of programmes. Detailed technical information on indicators such as data-collection methods is not provided here, but monitoring and evaluation tools cited in Annex 1 can be referred to when detailed information is needed.

The provision of a range of indicators aims to facilitate the development of monitoring and evaluation frameworks of sexual and reproductive health programmes. It should be noted however, that it is not necessary to include all listed indicators in monitoring and evaluation plans, but to choose the most relevant ones according to the contextual needs and priorities. On the other hand, some programmes may require indicators that are not listed here. In such cases other appropriate indicators could be identified from relevant literature in addition to that cited in Annex 1.

### 3.1 Financial input indicators

- Percentage of government health budget allocated to sexual and reproductive health care (recurrent and non-recurrent costs).
- Percentage of government health expenditure directed towards sexual and reproductive health care.

### 3.2 Improving antenatal, delivery, postpartum and newborn care

#### 3.2.1 Input/process/output indicators

- Number of facilities per 500,000 population providing basic essential obstetric care (EOC); percentage with communication and transport for referrals.
- Number of facilities per 500,000 population providing comprehensive EOC.
- Percentage of births for which the health-care costs were paid through health insurance.
- Percentage of population living within one hour travel time of health services offering EOC.
Percentage of women attended at least once during pregnancy by skilled health personnel for reasons relating to pregnancy; percentage attended by skilled health personnel at least four times.

Percentage of pregnant women correctly receiving all components of basic antenatal care.

Percentage of pregnant women counselled and tested for HIV.

Percentage of pregnant women tested and treated for syphilis during antenatal care.

Percentage of births attended by skilled health personnel.

Percentage of births taking place in a health facility.

Caesarean sections as percentage of all live births.

Percentage of all women with major obstetric complications treated in EOC facilities (met obstetric need).

### 3.2.2 Outcome/impact indicators

- Case-fatality rates (CFR) for obstetric complications.
- Maternal mortality ratio (number of maternal deaths per 100 000 live births).
- Number of perinatal deaths (death of a fetus or newborn between 22 weeks gestation and seven completed days of life) per 1000 births, by sex.
- Percentage of live births with low birth weight (less than 2500 grams), by sex.
- Number of HIV-positive women provided with antiretroviral therapy during pregnancy.
- HIV prevalence among pregnant women aged 15–24 years.
- Prevalence of positive syphilis serology in pregnant women attending for antenatal care.
- Number of neonatal tetanus cases.
- Rate of congenital syphilis (number of congenital syphilis cases per 100 000 live births).

### 3.3 High-quality services for family planning

#### 3.3.1 Input/process/output indicators

- Number of family planning service delivery points (SDP) per 500 000 population offering a full range of contraceptive information, counselling and supplies (at least six methods, including male and female, temporary and permanent, emergency contraception).
- Number of family planning SDPs located within a fixed distance (e.g. 30 km) or travel time (e.g. two hours) of a given location (e.g. a community).
- Percentage of primary health care (PHC) facilities providing family planning services.
- Number of other sources of contraceptive information, supplies and services (pharmacies, private physicians, etc.) per 500 000 population.
- Percentage of family planning SDPs offering counselling on dual protection (protection from STIs and unwanted pregnancies).
- Percentage of family planning SDPs offering diagnosis and treatment of STIs.
- Percentage of family planning SDPs offering voluntary HIV counselling and testing (VCT).
- Percentage of family planning SDPs with written, clinical family planning protocols.
- Percentage of PHC and family planning facilities offering treatment or referrals for infertility.
- Number of individuals accepting a modern contraceptive method for the first time (new acceptors).

3.3.2 Outcome/impact indicators (contraceptive use, unintended pregnancies and fertility outcomes)

- Percentage of women at risk of pregnancy who are using (or whose partner is using) a contraceptive method (contraceptive prevalence rate and method-specific contraceptive prevalence rate).
- Percentage of births that are unintended, both mistimed (wanted later) and unwanted.
- Percentage of women at risk of pregnancy (currently married or in union who are fecund) and who desire to either terminate or postpone childbearing, but are not currently using a contraceptive method (unmet need).
- Contraceptive failure rate, by method type and duration of use.
- Contraceptive continuation rate.
- Total fertility rate (TFR).
- Age-specific fertility rate.
- Percentage of all pregnancies occurring: in women younger than 15 (or 18) years of age, within two years of a previous pregnancy, and in women older than 35 years of age.

3.4 Eliminating unsafe abortion

3.4.1 Input/process/output indicators

- Number/percentage of SDPs providing postabortion care (PAC) services, by type and geographical distribution.
- Percentage of SDPs using vacuum aspiration or medical termination for procedures, by gestational age.
- Number/percentage of practitioners trained in PAC, by type (of specialty) and geographical distribution.
- Number/percentage of SDPs that offer family planning to patients receiving PAC.
- Percentage of obstetric and gynaecological admissions owing to abortion.

3.4.2 Outcome/impact indicators (safe and unsafe terminations)

- Abortion rate (number of induced abortions occurring per 1000 women of reproductive age).
- Percentage of maternal deaths attributed to abortion.
- Percentage of unintended pregnancies (mistimed or unwanted) terminated within 8 and 12 weeks of gestation and beyond 12 weeks.
3.5 Combating sexually transmitted infections, cervical cancer and other gynaecological morbidities

3.5.1 Input/process/output indicators

- Number of SDPs per 500 000 population with trained personnel, laboratory equipment and medicines appropriate for the diagnosis and treatment of bacterial and viral STIs and RTIs, including HIV/AIDS.
- Number of condoms available for distribution nationwide (during the preceding 12 months) per individual aged 15–49.
- Percentage of family planning SDPs offering counselling on dual protection from STIs/HIV and unwanted pregnancies.
- Percentage of PHC and family planning facilities offering VCT.
- Percentage of PHC facilities offering routine screening for cervical and prostate cancers.
- Percentage of STI patients who are treated according to national clinical STI protocols (e.g. percentage of patients with urethral discharge who were given the correct treatment).
- Percentage of women screened for breast cancer within the past five years.
- Percentage of women screened for cervical cancer within the past five years.

3.5.2 Outcome/impact indicators

- Percentage of relevant population groups who correctly identify the three major ways of preventing the sexual transmission of HIV and who reject three major misconceptions about HIV transmission or prevention, by sex.
- Percentage of relevant population groups with self-reported or diagnosed symptoms of bacterial or viral STIs and RTIs, classified by disease, by sex.
- HIV prevalence in subpopulations with high-risk behaviour, by sex.
- Percentage of men and women who report using a condom the last time they had sex with a non-marital, non-cohabiting partner, out of those who have had sex with such a partner (in the last 12 months).
- Percentage of condom users who report consistent use of the method, by sex.
- Percentage of women with cervical cancer.
- Percentage of women and men with secondary infertility.
- Prevalence of chronic reproductive tract morbidities such as uterine prolapse, urinary or faecal incontinence, or fistulae.

3.6 Promoting sexual health (includes adolescents)

3.6.1 Input/process/output indicators

- Percentage of health and family planning providers trained to detect (and ask users about) signs of sexual abuse or violence, or of anxiety, shame, anger or depression related to sexual relations.
- Percentage of SDPs equipped to provide appropriate medical, psychological and legal support for victims of rape or incest.
- Percentage of SDPs branded “youth-friendly”.
- Percentage of adolescents who have received sexual health education in schools, by sex.

3.6.2 Outcome indicators

- Percentage of men and women who have experienced coercive or forced sex (includes rape, date rape, domestic violence).
- Percentage of adolescents who have ever had sexual intercourse, by sex.
- Percentage of sexually initiated adolescents who used contraception at first/last sexual intercourse, by sex.
- Percentage of sexually active, unmarried adolescents who consistently use condoms, by sex.
- Age at marriage (for men and women).
- Age at first intercourse (for men and women).
- Percentage of women who have undergone female genital mutilation.
- Type(s) of female genital mutilation performed in the country.

4. CONCLUSION

The approaches recommended in the Strategy and in this framework are based on knowledge and experience gained through many years of effort by people working at global, regional, national, and community levels. The first step in taking the Strategy forward is for health ministries—with the active participation of relevant partners—to examine existing sexual and reproductive health services with a view to improving them such that they reflect the principles, core elements and key actions presented in the Strategy and this framework.

Application of the Strategy will require dedication, innovation and partnerships at all levels. By adopting it, the WHO Member States signalled their willingness to work with partners in a renewed commitment to international development goals and targets including the ICPD recommendations and MDGs. In all the action areas outlined in the Strategy, WHO will continue to intensify its technical assistance to countries by:

- supporting action-oriented research and research capacity strengthening;
- developing and supporting the implementation of evidence-based norms and standards; and
- advocating globally for sexual and reproductive health.
NOTES

1 National Health Accounts is a framework for measuring total national health expenditures (public and private). National Health Accounts reviews track how the funds flow through the health sector, from their sources, through financial institutions, to providers and functions. (Source: National Health Accounts/About NHA. Using National Health Accounts to Make Policy Decisions. Available at: http://www.phrplus.org/abnha.html).


3 Within the health system: national, district, local.

4 Indicators defined as numbers without a given denominator are used to track changes over time.

5 According to rural–urban residence, age, poverty status, and, where available, ethnicity.

6 Evaluators may limit the denominator to an estimate of the relevant subpopulation (e.g. number of women of reproductive age for family planning services, all adults 15–65 for STI services). Because of the difficulties in estimating the exact numbers of relevant subpopulations, total population is indicated as the denominator for this indicator.

7 Postabortion care consists of emergency treatment of complications from spontaneous or unsafely induced abortion; family planning counselling and services; and linkages to comprehensive sexual and reproductive health care.
ANNEX 1. SELECTED TOOLS AND GUIDELINES

A wide range of tools and guidelines developed by WHO and partners to inform policy and programmes aimed at improving sexual and reproductive health are available from WHO, including its regional or country offices. The materials below were selected keeping in mind their potential usefulness in developing and implementing sexual and reproductive health-care programmes. All documents of the Department of Reproductive Health and Research are available at its Internet web site <www.who.int/reproductive-health>. To request a copy of any of the documents listed below, please contact:

Documentation Centre
Department of Reproductive Health and Research
World Health Organization
1211 Geneva 27
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Antenatal, delivery, postpartum and newborn care

**WHO antenatal care randomized trial: manual for the implementation of the new model**

This manual is the product of research that compared the standard “Western” model of antenatal care with a new four-visit WHO model. It describes the basic components of the new WHO model, which is intended for the care of women who have no evidence of pregnancy-related complications. The manual includes a classifying form for easy assessment of a woman’s eligibility for the basic components and provides detailed instructions on how to conduct the four-visit schedule.

**Global action for skilled attendants for pregnant women**

This document presents an accountability framework for urgent and concerted action at both international and national levels for increasing access to skilled attendants. It aims to assist key actors at both national and international levels in identifying and fulfilling their core responsibilities and roles, to achieve skilled care for all women and their newborn babies during pregnancy, childbirth and the postpartum period. The framework proposes a 5+5 strategy, 5 key partners and 5 strategic actions to ensure that countries and partners come together around the health agenda encapsulated in the Millennium Declaration and reduce maternal and newborn mortality and morbidity.

**Working with individuals, families and communities to improve maternal and newborn health**

This document proposes a framework for developing interventions involving individuals, families and communities to improve maternal and newborn health. It seeks to contribute to the empowerment of women, families and communities to improve and increase their control over maternal and newborn health, as well as to increase the access and utilization of high-quality health services, particularly those provided by skilled attendants.

**Safe motherhood needs assessment**

This manual is designed to facilitate the process of development and implementation of safe motherhood programmes at the national level. It is intended to be used as a tool to assist managers, policy-makers, and other interested parties in carrying out a rapid assessment of the health system and community response to maternal and newborn mortality and morbidity.
**High-quality services for family planning**

**Making decisions about contraceptive introduction: a guide for conducting assessments to broaden contraceptive choice and improve quality of care**

Increasing the availability of new contraceptives does not always broaden choice or expand use unless existing constraints in the service delivery system are simultaneously addressed. This guide suggests that new technologies must be introduced within a quality of care and reproductive health framework, and strategies for introduction should incorporate the perspectives of all relevant stakeholders.

**Medical eligibility criteria for contraceptive use; third edition (available in English, French and Spanish)**

The medical eligibility criteria for contraceptive use included in this document were developed to help national family planning programmes update their policies and practices in line with the latest scientific knowledge to ensure that men and women are protected from the potential adverse effects of contraceptives. It provides recommendations based on up-to-date clinical and epidemiological data and is intended to be used by policy-makers, family planning programme managers and the scientific community in preparing national guidelines for service delivery of contraceptives.

**Selected practice recommendations for contraceptive use (available in English, French and Spanish)**

This document provides guidance on the safe and effective use of a wide range of contraceptive methods, and is the companion guideline to *Medical eligibility criteria for contraceptive use*. It is intended to be used by policy-makers, programme managers, and the scientific community, and aims to support national programmes in the preparation of service delivery guidelines. Based on systematic reviews of available scientific literature, the document answers 33 selected questions related to practical use of contraceptives.

**Eliminating unsafe abortion**

**Safe abortion: technical and policy guidance for health systems (available in English, French and Spanish)**

At the Special Session of the United Nations General Assembly in June 1999, Governments agreed that “in circumstances where abortion is not against the law, health systems should train and equip health-service providers and should take other measures to ensure that such abortion is safe and accessible. Additional measures should be taken to safeguard women’s health.” This document provides guidance on how to turn this agreement into reality.

**Post-abortion family planning: a practical guide for programme managers (available in English, French and Spanish)**

This manual, addressed to the managers of abortion care and family planning programmes, focuses on the special contraceptive needs of women who have undergone an abortion. It offers practical advice on ways to counsel the post-abortion client and provide the services needed to prevent another unwanted pregnancy. Particular attention is given to the need to adapt services to the clinical conditions of the post-abortion client and her special psychological and social needs.

**Combating sexually transmitted infections, cervical cancer and other gynaecological morbidities**

**Guidelines for the management of sexually transmitted infections**

This document provides new treatment recommendations for comprehensive management of patients with sexually transmitted infections (STIs) in the broader context of control, prevention and care programmes for STIs and HIV.
Breastfeeding and replacement feeding practices in the context of mother-to-child transmission of HIV: an assessment tool for research

This tool provides guidance for researchers who seek to establish the nature of the association and levels of risk of transmission between patterns of infant feeding and mother-to-child transmission of HIV. It is designed to assess infant feeding patterns and their relation with mother-to-child transmission of HIV. It is not intended for use in collection of information on nutritional adequacy of infant feeding.

Planning and implementing cervical cancer prevention and control programs: a manual for managers

This manual is designed to help health professionals develop a new cervical cancer prevention programme or strengthen an existing programme. It provides information on how to organize and implement a programme, recognizing that various service delivery options are needed for different geographical and cultural settings and a range of resource levels.

The male latex condom: specification and guidelines for condom procurement

This book is designed to provide policy-makers and procurement and programme managers with a set of purchase specifications and procurement guidelines. This document is intended primarily for any manager or procurement officer who has the responsibility of procuring, supplying and promoting natural latex male condoms. Bulk procurement agencies, manufacturers, testing laboratories, national regulatory authorities, social marketing programmes, nongovernmental agencies and policy-makers will also find this document useful.

Promoting sexual health

Transforming health systems: gender and rights in reproductive health (CD-ROM)

A training resource for health trainers to use with health managers, planners, policy-makers and others with responsibilities in reproductive health. It contains a unique training curriculum designed to equip participants with analytical tools and skills for integrating the promotion of gender equity and reproductive rights into their reproductive health policies, planning and programmes.

Female genital mutilation: policy guidelines for nurses and midwives

This manual is intended for use primarily by those responsible for developing policies and directing the working practices of nurses, midwives and other frontline health-care providers.

Clinical management of rape survivors

This document is aimed at health care professionals working with refugees or internally displaced persons (IDPs), or in other similar settings. It will help them to develop specific protocols for medical care of rape survivors.

Monitoring and evaluation tools

Reproductive health indicators for global monitoring. Report of an interagency technical meeting

This document describes how the 17 reproductive health indicators were selected and short-listed for global monitoring.

Reproductive health indicators - Guidelines for their generation, interpretation and analysis for global monitoring

This document is intended for national public health administrators and health programme managers. It briefly reviews theoretical and practical considerations of indicators, followed by a discussion of the definition, data sources,
collection methods, periodicity of collection, disaggregation, use, limitations and common pitfalls for 17 reproductive health indicators short-listed for global monitoring.

**The handbook on monitoring and evaluating for results (Published in New York by UNDP)**

This publication addresses the monitoring and evaluation of development results. It is intended to support UNDP country offices in tracking and measuring the performance of interventions and strategies and their contributions to outcomes. It aims to provide simple, flexible and forward-looking tools. It also will be of use to other United Nations agencies, governmental and nongovernmental organizations, members of the academic community and independent evaluators.


**Monitoring and evaluation of sexual and reproductive health interventions. A manual for the EC/UNFPA initiative for reproductive health in Asia (Published in London by the London School of Hygiene and Tropical Medicine and the Netherlands Interdisciplinary Demographic Institute)**

These guidelines give a detailed description of the methodology and concepts that underpin the monitoring and evaluation systems designed for the reproductive health interventions. They provide practical information and clear instructions on how to use the data collection tools of the system.

Available at: http://www.asia-initiative.org/pdfs/m_and_e_manual.pdf

**Compendium of indicators for evaluating reproductive health programs (Published in Chapel Hill, NC, USA by Measure Evaluation)**

This document reflects the tremendous strides made by many individuals and organizations in evaluating reproductive health programmes in developing countries. It includes detailed information on a wide range of sexual and reproductive health indicators.

Available at: http://www.cpc.unc.edu/measure/publications/html/ms-02-06.html

**Health and family planning indicators: a tool for results frameworks. Volume 1 (Published in Washington, DC, by USAID Office of Sustainable Development)**

This document presents an introduction to the hierarchy of family planning and health results suggested by results frameworks used by USAID missions in the sub-Saharan Africa region, key indicators of progress toward these results, guidance on the collection and interpretation of data, and suggestions for improved methods of performance monitoring in the future.

Available at: http://pdf.dec.org/pdf_docs/PNACM806.pdf

**Other relevant materials**

**A framework to assist countries in the development and strengthening of national and district health plans and programmes in reproductive health; suggestions for programme managers**

This report of a meeting of WHO Regional Advisers in reproductive health aims to encourage the managers of reproductive health programmes to develop strategic plans for strengthening reproductive health services and describes the various steps and procedures involved in the planning process.

**The WHO Reproductive Health Library (RHL)**

RHL is designed to help practitioners put the latest research knowledge into their practice. It takes the best research evidence available and presents it as practical advice so that the evidence can be used to improve health outcomes. RHL is available both in CD-ROM format and online, and is published in English and Spanish. The CD-ROM version is updated annually with new evidence and additional resources (including training videos), while the online version is updated as and when new evidence becomes available.
The WHO Strategic Approach to strengthening reproductive health policies and programmes

This publication presents a three-stage process to assist countries to assess their reproductive health needs and priorities, test policies and programme adaptations to address these needs and then to scale-up successful interventions.

Adolescent friendly health services: an agenda for change

This document is intended for policy-makers and programme managers in both developed and developing countries, as well as decision-makers in international organizations supporting public health initiatives in developing countries.

Programming for male involvement in reproductive health. Report of the meeting of WHO Regional Advisers in Reproductive Health

This document reviews and recommends strategies for the involvement of men in programmes aimed at improving reproductive health. Topics covered include: programming for men in prevention and care of sexually transmitted infections; programming for men in family planning; programming for men in promoting safe motherhood; targeting men for improving the reproductive health of both partners; and lessons for future programmatic directions.

Guide to producing national health accounts with special applications for low-income and middle-income countries

The World Health Organization, The World Bank, the United States Agency for International Development and other partners joined forces to produce this guide to assist countries embarking on the measurement of their national health expenditures. The guide aims to provide a resource that allows national teams of health accountants to take advantage of the common experience of those who have already embarked on national health account exercises and to begin a dialogue that can lead to international standards in health expenditure measurement.

Available at: http://whqlibdoc.who.int/publications/2003/9241546077.pdf

Making choices in health: WHO guide to cost-effectiveness analysis

This guide provides policy-makers and researchers with a clear understanding of the concepts and benefits of generalized cost-effectiveness analysis. It provides guidance on how to undertake studies and how to interpret the results. The main focus of the guide is on those methodological issues which make generalized cost-effectiveness analysis different from traditional analyses. The guide also provides some detailed discussions of issues that are little debated in the literature but are nevertheless important—for example, the technical approach to the transferability of cost estimates across settings.

Available at: http://healtheconomics.org/books/2003/01/01/making-choices-in-health-.html

A guide to rapid assessment of human resources for health

This guide is designed to help users arrive at a global overview of a country’s situation with regard to human resources for health. It is designed to help users assess current constraints and challenges to scaling-up health interventions. It points out the importance of placing health workforce issues in a broad perspective that takes into account the influence of globalization and national and subnational factors. It includes cultural as well as political, socio-demographic, economic and geographical factors in health workforce issues.

Available at: http://www.who.int/hrh/tools/en/Rapid_Assessment_guide.pdf

World report on knowledge for better health: strengthening health systems

Science has led to dramatic improvements in health worldwide. However, disparities and inequities in health remain major development challenges in the new millennium, and malfunctioning health systems are at the heart of the problem. World report on knowledge for better health: strengthening health systems, reviews the current state of global health research.

Available at: http://www.who.int/rpc/meetings/en/world_report_on_knowledge_for_better_health2.pdf.
In September 2005, world leaders committed to:

“Achieving universal access to reproductive health by 2015, as set out at the International Conference on Population and Development and integrating this goal in strategies to attain the internationally-agreed development goals, including those contained in the Millennium Declaration …”

This is the highest level of endorsement of the critical role that sexual and reproductive health plays in achieving the Millennium Development Goals (MDGs).

This implementation framework complements and is based on the World Health Organization’s first Global Reproductive Health Strategy to accelerate progress towards the attainment of international development goals and targets which was adopted by the 57th World Health Assembly in May 2004 (WHA57.12). The Strategy was developed through extensive consultations in all WHO regions with representatives from ministries of health, professional associations, nongovernmental organizations (NGOs), United Nations partner agencies and other key stakeholders. The Strategy recognizes the crucial role of sexual and reproductive health in defining the policy framework needed to reduce poverty and proposes its inclusion in national planning and economic development processes. The Strategy aims to improve sexual and reproductive health in countries with respect to five core elements:

- improving antenatal, delivery, postpartum and newborn care;
- providing high-quality services for family planning, including infertility services;
- eliminating unsafe abortion;
- combating sexually transmitted infections (STIs), including HIV, reproductive tract infections (RTIs), cervical cancer and other gynaecological morbidities; and
- promoting sexual health.

This framework was developed to assist implementation of the Strategy by elaborating key actions and a number of indicators to monitor progress. The indicators can also serve to initiate necessary actions which contribute to the acceleration of progress. The framework can be used by programme managers and policy-makers in governments, international agencies, professional associations, NGOs and other institutions.