WHO's reproductive health programme

FRH  Family and Reproductive Health

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WHO's reproductive health programme

CONTENTS

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>The concept of reproductive health</td>
<td>1</td>
</tr>
<tr>
<td>The magnitude and causes of reproductive ill-health</td>
<td>2</td>
</tr>
<tr>
<td>The implications for health systems: what WHO can do</td>
<td>3</td>
</tr>
<tr>
<td>The components of WHO's reproductive health programme</td>
<td>4</td>
</tr>
<tr>
<td>WHO's role in helping people attain reproductive health</td>
<td>4</td>
</tr>
<tr>
<td>The objectives of the reproductive health programme</td>
<td>5</td>
</tr>
<tr>
<td>Method of work</td>
<td>6</td>
</tr>
<tr>
<td>Setting priorities</td>
<td>8</td>
</tr>
<tr>
<td>Recent achievements of WHO's reproductive health programme</td>
<td>8</td>
</tr>
<tr>
<td>Collaboration with others</td>
<td>15</td>
</tr>
<tr>
<td>Regional activities</td>
<td>15</td>
</tr>
<tr>
<td>Challenges and opportunities - the way forward</td>
<td>17</td>
</tr>
<tr>
<td>Conclusion</td>
<td>18</td>
</tr>
</tbody>
</table>
WHO’S reproductive health programme

The concept of reproductive health

The challenge of addressing people’s needs across the lifecourse and a recognition of the inadequacy of existing health programmes has led to an expansion of maternal and child health and family planning, one of the elements of Primary Health Care, to the broader concept of reproductive health. The adoption of a comprehensive approach to reproductive health is now seen as a necessary response to expanding needs in reproductive health arising, for example, from increased demand for family planning, greater awareness of maternal and neonatal mortality and morbidity, and a growing burden of reproductive ill-health resulting from reproductive tract infections, cancers, sexually transmitted diseases (STDs), including HIV/AIDS, infertility and the results of gender-based violence. The urgent need to respond to the threat posed by the AIDS pandemic further encouraged the recognition of sexuality and sexual health as a component of reproductive health.

The United Nations International Conference on Population and Development (ICPD), held in Cairo in 1994, strengthened this comprehensive approach and added the importance of the gender perspective in achieving reproductive health. The ICPD placed people at the centre of development and, in doing so, shifted the emphasis away from demographic target-oriented family planning programmes towards achieving reproductive health goals across the lifespan, thus enhancing the importance of responding to the needs and perspectives of individuals for family planning and related health issues. Reproductive rights were also acknowledged as being central to reproductive health. The endorsement of reproductive health was echoed at the Fourth World Conference on Women, in Beijing in 1995. The definition of reproductive health adopted by the ICPD (see box) was based on WHO’s working definition.

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 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.

Reproductive health includes: promotion of safe and responsible sexual behaviour; family planning; prevention of maternal and newborn deaths and disabilities; prevention and management of unsafe abortion and reproductive tract infections, including those which are sexually transmitted, of harmful practices such as female genital mutilation (FGM), and of violence related to sexuality and reproduction.

Reproductive health concerns everyone. Sexuality and reproduction are not diseases but normal features of human growth, development and maturation. They are also valued aspects of life and well-being that encompass not only physical manifestations, but also significant psychological and social components - the relationships between men and women, sexual partners, girls and boys, parents and children - that require a proactive approach to health protection and health promotion.
Reproductive health has intergenerational effects. Many, perhaps the majority of, infant deaths occur during the first hours and days after birth owing to the poor health of the mother and inadequate care during pregnancy and delivery. The reproductive health approach offers opportunities to improve not only the health of childbearing women but also of the next generation.

**The magnitude and causes of reproductive ill-health**

WHO views reproductive health as a crucial part of general health, yet good reproductive health eludes many of the world's people (see Table 1) because of their poor knowledge of human sexuality; inappropriate, poor-quality, or inaccessible reproductive health information and services; and the prevalence of high-risk sexual behaviour. The status of girls and women in society is a critical determinant of their reproductive health. Many are socially, politically and economically disadvantaged, have fewer educational opportunities and consequently have limited choices and little control over their lives, their health and their fertility.

<table>
<thead>
<tr>
<th>Table 1: Selected aspects of reproductive ill-health (around 1990-1995)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
</tr>
<tr>
<td>Couples with unmet family planning needs</td>
</tr>
<tr>
<td>Infertile couples</td>
</tr>
<tr>
<td>Maternal deaths annually</td>
</tr>
<tr>
<td>Cases of severe maternal morbidity annually</td>
</tr>
<tr>
<td>Perinatal deaths annually</td>
</tr>
<tr>
<td>Unsafe abortions annually</td>
</tr>
<tr>
<td>Adults living with HIV/AIDS</td>
</tr>
<tr>
<td>Annual adult incidence of HIV infection</td>
</tr>
<tr>
<td>Cases of curable sexually transmitted diseases annually</td>
</tr>
<tr>
<td>Women living with invasive cervical cancers</td>
</tr>
<tr>
<td>New cases of cervical cancer annually</td>
</tr>
<tr>
<td>Women with genital mutilation</td>
</tr>
</tbody>
</table>

Reproductive health concerns start in childhood and include problems such as sexual abuse of children and harmful practices such as FGM.

Many reproductive health problems arise first during adolescence, a time when key behaviours are set which have major consequences for reproductive health. Unprotected sexual relations in adolescence increase the risks of mortality and morbidity associated with pregnancy, childbirth, induced abortion and STDs, including HIV infection resulting in AIDS. However, young people are often denied access to sound and relevant information and access to the reproductive health services which would prevent these problems from arising or provide rapid and effective care when it is most needed. Adolescent reproductive health needs are best addressed through a
broad approach that encourages gender equality, involves young people themselves and deals with their concerns in an integrated way.

Women clearly bear most of the burden of reproductive ill-health. They run the risks of pregnancy and childbirth, take most of the responsibility for contraception, suffer chronic reproductive tract infections, are socially and biologically vulnerable to STDs including HIV/AIDS, are subjected to genital mutilation and suffer most from domestic violence and gender-based sexual abuse and violence.

Women cannot achieve reproductive health without the support and cooperation of their partners. Men, too, have reproductive health needs and bear some of the burden of reproductive ill-health, in particular STDs and infertility. So, while acknowledging that the major burden of reproductive ill-health falls on women, strategies to improve reproductive health must take men's needs and concerns, their roles and responsibilities into account.

Older women and men continue to have reproductive health needs and concerns, including protection from sexually transmitted diseases and are entitled to the information and services needed to promote and protect good reproductive health through to old age.

The implications for health care systems: what WHO can do

Reproductive health is therefore a unifying concept that offers opportunities to broaden the scope of existing programmes and bring together elements that previously acted separately. It challenges services to recognize that people with a need in one area are likely also to have needs in others. Reproductive health cannot be separated from other aspects of health. It cuts across the standard medical classification systems of "communicable" and "non-communicable" diseases and cannot be addressed within the narrow boundaries such classification schemes impose. For example, it is inappropriate to group STDs and HIV/AIDS separately as though they had no connection with other aspects of reproductive health such as cervical cancer, maternal mortality or fertility regulation.

The concept of reproductive health, moreover, recognizes the linkages between aspects of both health promotion and health care related to all those aspects of sexuality and reproduction described above. These linkages have important implications for global policies and for national, district, and community-level programmes. They are the key to maximizing opportunities to respond to reproductive health needs in a more cost-effective way.

WHO recognizes that, while there is no universal formula for programmes that aim to achieve reproductive health, there are some basic principles that can be applied everywhere. One such principle is to build on what already exists. Health programmes which address at least some aspects of reproductive health can be found everywhere, though their scope, adequacy, and available resources vary enormously. Reproductive health should involve the revitalization and reorganization of these existing systems and structures rather than the establishment of new ones in order to improve access, utilization and quality, thereby providing a more effective response to people’s unmet needs. Another basic principle is not to create a parallel, vertical reproductive health programme, but rather to promote the linkage and functional integration of existing and new reproductive health information and services into primary health care. Yet another principle is that meeting the needs for fertility regulation, for reducing maternal mortality and morbidity and for the prevention and management of SIDs, must be the core components of all reproductive health programmes. Finally, WHO believes that men’s involvement is crucial to achieving reproductive health.

WHO has the opportunity to use its comparative advantages to the full in providing technical guidance to countries and to its partners to translate the concept of reproductive health into effective programmes in countries. These comparative advantages acknowledge WHO’s role as a technical agency specialized in public health with a broad range of expertise and accumulated experience in health systems, health sector reform, health education, health care financing, and the associated resources, logistics, and information systems. In addition, by linking
research with its normative work and technical support, WHO offers evidence-based advice in reproductive health and leadership in the development of tools and technologies for reproductive health promotion, protection, care and rehabilitation.

A public health approach to reproductive health within the context of primary health care is essential if the concept is to be translated into reality. In fact, the necessary revitalization, reorganization, linkage and integration can only be achieved through the active inclusion of reproductive health in the overall reform of health systems, an area where WHO has particular experience and expertise. Indeed, this approach enables WHO to expand upon its years of support to maternal and child health and family planning and the promotion of adolescent reproductive health, while initiating activities that address the needs of underserved groups and neglected or emerging issues such as cervical cancer, sexual violence and FGM. WHO's approach acknowledges the central importance of gender equality, women's and men's participation and responsibility. It expands upon the recommendations of the ICPD in 1994 and the Fourth World Conference on Women in 1995 and it responds to newly-defined challenges in reproductive health described in the WHO document "Achieving Reproductive Health for All".

The components of WHO's reproductive health programme

Within WHO, the new partnership of programmes in reproductive health brings together the Reproductive Health (Technical Support) Division (RHT), the Special Programme of Research, Development and Research Training in Human Reproduction (HRP), and relevant activities in Women's Health and Development (WHD) and Adolescent Health and Development (ADH) under the Family and Reproductive Health umbrella which provides a unifying framework for addressing the needs of individuals, families and communities in a more comprehensive and coordinated way.

The reproductive health programme is WHO's response to a number of calls for concerted action to protect and promote reproductive health for all, addressing the causes and consequences of reproductive ill-health. The 1995 World Health Assembly Resolution WHA48.10, having endorsed the role of WHO within the global reproductive health strategy, called for "a more coherent approach to reproductive health in priority setting, programme development and management" within WHO, and requested the Director-General "to develop a coherent programmatic approach for research and action in reproductive health and reproductive health care within WHO to overcome present structural barriers to efficient planning and implementation..."

WHO's adolescent reproductive health objectives have been guided especially by two World Health Assembly Resolutions, WHA 38.22 Maturity before Childbearing and Promotion of Responsible Parenthood and WHA 42.41 The Health of Youth, as well as by the 1989 "WHO/UNFPA/UNICEF Joint Statement on the Reproductive Health of Adolescents: a strategy for action".

The World Health Assembly technical discussions of 1992, the ICPD and the Women's Conference in Beijing have together stimulated interest and provided guidance in addressing women's health issues, including reproductive health and neglected areas such as violence against women.

WHO's role in helping people attain reproductive health

The programme of work of WHO's reproductive health programme is defined within a framework that focuses on what people need to promote and protect their own reproductive health and that of others. Reproductive health care is necessary but not sufficient for reproductive health. People need knowledge and the personal skills required to make best use of it; an enabling environment that provides the legal, regulatory and public health framework that permits people to act on their decisions, within which they can access information and care and within which health care providers can function effectively; and access to quality reproductive health services. Multi-sectoral involvement is needed to ensure that all these requirements are met.
Knowledge and skills. In the area of reproductive health, people need information about normal development and maturation, sexuality, reproduction, sexually transmitted infections, infertility, methods of fertility regulation, pregnancy, labour and delivery, and the postpartum period including care of the newborn. They need to know about factors that influence reproductive health, including sexual behaviour. In addition, people need life skills to be able to act on their decisions and to exercise more control over their own health. The development of these skills is especially important during adolescence, at the time when patterns of behaviour are established for the later adult years.

WHO's role in contributing to peoples' knowledge and skills is to focus attention on information as a prerequisite to achieving reproductive health, and to offer guidance as to the basic information and skills that people need. WHO works with other partners - including those active in sectors other than health - to review and analyze available evidence of how best to provide information and pass on the necessary skills.

Enabling environment. An enabling environment for reproductive health is one which contributes to health and development in general and includes access to basic social services such as education, food security, and clean water and sanitation. An enabling environment fosters equality and comprises policies, laws and practices supportive of healthy behaviours.

WHO can best contribute to an enabling environment through its role as an advocate for health in general and for reproductive health in particular, and for the conditions needed to attain it. WHO's reproductive health programme has a role to play in reviewing the available evidence as to the conditions needed to support reproductive health, identifying the barriers to creating such conditions, and describing effective strategies for overcoming the barriers. As the lead technical agency in health, WHO can encourage and facilitate governmental and nongovernmental action in health promotion and protection to create an enabling environment and remove the obstacles to healthy reproductive and sexual behaviours. Moreover, WHO has a particular responsibility to promote public dialogue and advance public awareness about sexual and reproductive health and to work with national authorities in the development of ethical and legal frameworks appropriate to different settings in order to ensure access to information and services and improve policies and service provision.

Access to quality services. To achieve reproductive health, people need access to a range of health services. Reproductive health requires an unusually large component of preventive services particularly with regard to family planning, care during normal pregnancy and normal birth, and prevention of sexually transmitted diseases. Certain population groups, such as adolescents, are in particular need of health promotion including prevention. No matter how effective the preventive services, however, not all reproductive ill health is preventable; therapeutic care, including rehabilitation, is essential for all aspects of reproductive health, particularly for the management of pregnancy-related complications and the treatment of STDs. A functioning health system with appropriate referral mechanisms must be in place with services for prevention, care and rehabilitation at all levels. Both access to and quality of services must be ensured if people's needs are to be met, the interactions between these greatly affecting patterns of health care-seeking behaviour.

It is in the area of ensuring access to quality health care services that WHO can utilize its comparative advantages most effectively and can make its most significant contribution to reproductive health. WHO's technical expertise in health, its credibility on public health issues, its direct relationship to ministries of health, and its links with health-related international agencies, bilateral donors and non-governmental organizations (NGOs), all serve to give WHO a particular responsibility in promoting access to quality health services in reproductive health.

The objectives of the reproductive health programme

The overall aim of WHO's reproductive health programme is to promote and support an expanded global effort to enable people to protect their own health and that of their partners as it relates to sexuality and reproduction and to have access to and receive health services when needed.
Within the context of this overall aim and of a sound public health approach to reproductive health, the reproductive health programme sets clear objectives and identifies targets and anticipated outcomes in addressing each of four over-arching goals, namely to ensure that people can:

(a) have the capacity for healthy, equitable and responsible relationships and sexual fulfilment, and experience healthy sexual development and maturation;

(b) achieve their reproductive intentions - the desired number and timing of children - safely and healthily;

(c) avoid illness, disease and disability related to reproduction and receive appropriate counselling, care and rehabilitation when needed;

(d) avoid injury related to sexuality and reproduction, and receive appropriate counselling, care and rehabilitation when needed.

Method of work

The basis for WHO's work in reproductive health is the need to strengthen action in countries through research, norms and standard setting, and technical cooperation activities. The reproductive health programme works with countries to develop a common vision of reproductive health and to plan approaches to identifying needs and priority actions. The method of work is an evidence-based, iterative process that directly links the technical support and normative work with research. This is illustrated in Figure 1. The underlying principle is that a rigorous scientific review and analysis of available evidence must be the basis for WHO's recommendations on international best practice and for the development, introduction and evaluation at country level of the relevant norms, standards and guidelines. This iterative evidence-based process also identifies the knowledge gaps and informs decisions on WHO's research agenda and support to research itself at the global and country levels. Experience gained through providing technical support to countries and the information from research feed into the pool of "evidence", thus completing the cycle.

WHO's reproductive health programme draws upon a global network of sources of information on quantitative and qualitative aspects of reproductive health and reproductive health care, validating such information and sharing it with a wide audience. The reproductive health programme advocates with Member States and with its partners in the public and private sector for a sound, evidence-based public health approach to the expressed needs of individuals and populations that respects internationally-accepted standards of human rights.

Technical cooperation supports the planning, implementation, monitoring and evaluation of reproductive health policies and programmes, for example through WHO's work at global, regional and country level with governments and NGOs and by helping to meet the technical needs of its partners in the UN system and among international NGOs. An example of this is WHO's participation in the UNFPA Technical Support Services network. It includes the application of norms and standards to specific settings and involves the development of generic guidelines, manuals and training modules and their adaptation for use at country level in collaboration with governments and other partners. Research investigates the extent and nature of reproductive health problems, the influence of behaviours, and best practices in the delivery and quality of services. It gathers information on people's needs and perspectives and develops and improves reproductive health technologies. WHO disseminates scientific and technical information and promotes its use in policy-making and planning for reproductive health.
Figure 1: WHO's reproductive health programme: process and products

- Programmatic activities
- Outputs/products

Technical cooperation and evaluation

Research

Available evidence

Noms, standards, guidelines, advocacy and training materials

Develop/modify norms, standards, guidelines

Recommended best practice

Systematic review and analysis

WHO's research agenda

Set WHO's research priorities

Research needs:
- problem & determinants
- tools
- best use of tools
Setting priorities

The global reproductive health strategy offers the policy framework in which to establish priorities for WHO action. Priority setting takes account of the public health magnitude and impact of the problem; the availability of cost-effective, sustainable interventions that meet people's needs that can be implemented at scale, or the feasibility of their development; the anticipated impact of these interventions; WHO's core competencies; the role of WHO's partners at the global and country levels; and the need to use WHO's resources to maximum effect. The priorities of WHO's reproductive health programme include meeting the needs of individuals and couples for fertility regulating methods of their choice, the reduction of maternal and newborn morbidity and mortality, and the prevention and management of reproductive tract infections, including those that are sexually transmitted.

Recent achievements of WHO's reproductive health programme

The programmes and units comprising WHO's reproductive health programme have accomplished much in recent years to move forward WHO's work in advocacy and information, norms and standard setting, research and technical support for reproductive health. A summary of recent achievements follows. Boxes in the text provide more detail of selected achievements.

Information and advocacy

- Global databases on selected reproductive health indicators, including maternal mortality and morbidity, unsafe abortion, anaemia during pregnancy, infertility, neonatal and perinatal mortality and low birthweight, are kept up-to-date and provide a comprehensive source of information for monitoring progress in various areas of reproductive health.
- Through the Administrative Committee on Coordination, Task Force on Basic Social Services for All, chaired by UNFPA, WHO is the lead agency in the Working Group on Reproductive Health. In this capacity WHO is working closely with all agencies to develop a core set of reproductive health indicators and methodologies for generating and analyzing reproductive health information.
- Close collaboration with UNICEF, UNFPA and others has also resulted in
  - a Joint Policy Statement on Female Genital Mutilation (WHO, UNICEF and UNFPA);
  - revised 1990 estimates of maternal mortality (published jointly by WHO and UNICEF). Work continues to develop guidelines to countries on methodological issues relating to the measurement of maternal mortality and morbidity in different settings. New estimates of perinatal mortality were also recently published, showing that neonatal deaths account for an increasing proportion of infant deaths;
  - guidelines on indicators for measuring progress in reducing maternal mortality (WHO and UNICEF);
  - publication of a review of the status of adolescent health in developing countries (WHO and UNICEF);
  - factsheets on the female condom and on HIV and infant feeding (WHO and UNAIDS).
- Numerous scientific publications, reports, books and other technical documents, including regular issues of the Safe Motherhood Newsletter and Progress in Human Reproduction Research, have provided authoritative analyses and statements on reproductive health issues and up-to-date information on WHO's work in these areas.
- Publication of "Achieving reproductive health for all: The role of WHO".

Norms, standards and guidelines

- The Mother-Baby Package, a technical guide on the minimal elements of care needed to avert maternal and newborn deaths and disabilities (see Box 1) has been translated into several languages and has served as
the basis for technical assistance in maternal and newborn health, including Safe Motherhood, in a large number of countries.

**Box 1: The Mother-Baby Package**

The Mother-Baby Package is based on the following principles considered to be the four pillars of safe motherhood:

1. To ensure that individuals and couples have the necessary family planning information and services to plan and space pregnancies.
2. To provide proper antenatal care so that complications of pregnancy are detected as early as possible and correctly treated.
3. To give all birth attendants the necessary knowledge, skills and equipment to perform a clean and safe delivery and provide postpartum care to the mother and baby.
4. To make essential obstetric care available for all high-risk cases and emergencies.

The Package recommends a basic set of simple interventions focused on the main causes of maternal mortality:

- **before and during pregnancy**: information and services for family planning; STD/HIV prevention and management; antenatal registration and checkups; treatment of existing conditions (e.g. malaria, hookworm); advice regarding nutrition and diet; recognition, early detection and management of complications such as eclampsia, bleeding, abortion and anaemia; tetanus toxoid immunization; iron/folate supplementation;
- **during delivery**: clean and safe delivery; access to essential care at a health centre or hospital for bleeding, eclampsia, prolonged/obstructed labour and other complications;
- **after delivery (mother)**: prevention and early detection of postpartum haemorrhage, sepsis and eclampsia; postpartum care including support for breast-feeding, family planning and STD/HIV prevention services, tetanus toxoid immunization;
- **after delivery (newborn)**: resuscitation when necessary; keeping the baby warm; early and exclusive breastfeeding; prevention, early detection and treatment of infections including ophthalmia neonatorum and cord infections.

- A costing spreadsheet for implementing the Mother-Baby Package is being field-tested and is part of a broader collaboration with the World Bank and other partners on the economics and financing of reproductive health programmes.
- Recommendations have been issued from three technical working groups on best practices in the care of women during pregnancy and during birth and in care of the newborn.
- Training materials for upgrading midwifery skills have been published and are being used in a number of developing countries.
- Methodologies for adolescent reproductive health, including the Grid Approach for Multisectoral Planning, the Narrative Research Method for behavioural research and a Counseling Skills Training Guide for adolescent reproductive health and sexuality, have been widely utilized. Development of a guide for situation analyses in adolescent reproductive health continues.
- The joint WHO/UNFPA/UNICEF Study Group on Programming for Adolescent Health has made recommendations on effective action for adolescent health.
- Tools for a participatory process for identifying needs for programming and research in reproductive health are being revised following field-testing.
- A safe motherhood needs assessment tool has been widely field-tested and is now being published. Bilateral donors and NGOs have indicated their intention to promote its use in countries.
A three-stage strategy for expanding contraceptive options in developing countries has been developed and has been used in several developing countries (see Box 2).

**Box 2: Expanding Contraceptive Options**

WHO has developed a strategy for expanding contraceptive choice in developing countries which focuses on users' needs for specific methods and the capability of the services to provide the quality of care appropriate for their delivery. The strategy comprises three stages: an assessment of existing family planning provision, users' needs and service capabilities; method provision, including user perspective and service delivery research; the use of research findings for decision-making, policy-setting and strategic planning.

Quantitative and qualitative methodologies are used to ask the following strategic questions:

- is there a need for a new method of fertility regulation?
- are there methods of fertility regulation which are inappropriate or which are inadequately provided and which would benefit from re-introduction with a view to improving access, availability and quality of care?
- is there a method which should be removed from the method mix?

Three underlying principles, those of country-ownership, a broad participatory and multi-constituency approach and an open, transparent process, have been shown to be critical to the conduct of the assessment and the acceptance of the findings. The process brings policy-makers, programme managers and researchers together with community and district-based providers, women's health groups, young people and others with an interest in reproductive health. It allows governments to assess the appropriateness of the method mix within their national programmes, regardless of service delivery approaches, of the region of the country, or whether services are provided by the public or private sector.

Assessments have been completed in Bolivia, Brazil, Burkina Faso, Chile, Myanmar, South Africa, Viet Nam and Zambia. Despite their differences, all these countries have:

- determined the need for broadening contraceptive choice;
- found improved utilization of existing methods to be higher priority than the introduction of new ones;
- concluded that, in general, service delivery management capability is not strong enough to introduce new methods widely with adequate quality of care without significant change and adaptation;
- identified issues in the provision of family planning and other reproductive health services requiring policy or programme action;
- identified other research needed to improve reproductive health;
- catalysed closer donor coordination.

In Zambia, the assessment also resulted in the following outcomes:

- adoption of a research approach to the introduction of DMPA, emergency contraception and barrier methods and the improvement of quality of care for all methods;
- rationalization of oral contraceptive provision;
- an operations research agenda in reproductive health;
- information which, together with WHO's Medical Eligibility Criteria for Contraceptive Use, allowed the development of a national document entitled "Family Planning in Reproductive Health: Policy Framework and Guidelines". This is the first component of a national reproductive health policy and plan of action being developed to operationalize reproductive health within the health reform and district health planning processes.
• "Improving access to quality of care in family planning: medical eligibility criteria for contraceptive use" has been published and widely distributed (see Box 3)
• A training video on non-scalpel vasectomy has been published and distributed.
• Manuals for the standardized investigation and diagnosis of the infertile couple and for the laboratory examination of human semen have been prepared and widely distributed in several languages. Both have become standard texts in infertility clinics.

**Box 3: Medical eligibility criteria for contraceptive use**

WHO's strategies in improving access to high quality care in family planning include: ensuring that clients' perspectives are taken into account in the planning, management and evaluation of services; promoting the widest availability of different contraceptive methods so that people may select what is most appropriate to their needs and circumstances; and ensuring that contraceptive counseling and service delivery are based on updated eligibility criteria that are supported by a scientific rationale.

Over the past 30 years, there have been significant advances in the development of new contraceptive technologies, including transitions from high-dose to low-dose estrogen combined oral contraceptives, and from inert to copper IUDs. However, current policies and health care practices in some countries are based on scientific studies of contraceptive products that are no longer in wide use, on long-standing theoretical concerns that have never been substantiated, or on the personal preference or bias of service providers. These outdated policies or practices many times result in limitations to both the quality of, and the access to, family planning services.

To bring the information up-to-date, WHO brought together 54 participants from 21 countries, including women's health advocates and scientific experts in family planning, as well as representatives of the principal organizations active in family planning research and programme development. The meetings reviewed the data from clinical and epidemiological research on contraceptive methods over the last ten years concerning medical criteria used in advising and prescribing various contraceptive methods. Based on this information, they recommended medical eligibility criteria for different contraceptive methods that would ensure that men and women are protected from the potential adverse effects of contraceptives by an adequate margin of safety, without being denied a choice of suitable methods.

The recommendations have been summarized in WHO's document "Improving access to quality care in family planning: Medical eligibility criteria for contraceptive use". The document, an immediate "best seller", provides recommendations for appropriate medical eligibility criteria based on the latest clinical and epidemiological data and is intended to be used by policy-makers, family planning programme managers and the scientific community. It aims to provide guidance to national family planning/reproductive health programmes in the preparation of guidelines for service delivery of contraceptives.

The document covers the following family planning methods: low-dose combined oral contraceptives, combined injectable contraceptives, progestogen-only pills, emergency contraceptive pills, depot-medroxyprogesterone acetate, norethisterone enanthate, Norplant implants I and II, copper intrauterine devices, levonorgestrel IUDs, emergency use of IUDs, female and male sterilization, natural family planning methods, coitus interruptus, barrier methods and lactational amenorrhea.

• Guidelines on production and quality assurance of hormonal contraceptives have been published.
• A WHO Scientific Working Group report on the menopause has been published. It includes the possibilities for prevention and treatment of immediate and long-term effects on health and recommendations for research.
A WHO Technical Working Group report on Female Genital Mutilation has been published and a definition and classification of FGM has been submitted to the International Classification of Diseases. A review of different interventions and approaches to the elimination of FGM has been commissioned and tools are being developed to assess the magnitude of the problem, including risk factors and determinants (see Box 4). A database on FGM has been established.

Box 4: Female genital mutilation

Female genital mutilation (FGM) encompasses all procedures that involve partial or total removal of the female external genitalia and/or injury to the female genital organs for cultural or any other non-therapeutic reasons. It is estimated that there are at present up to 110 million girls and women who have undergone some form of FGM and that at least 2 million girls per year are at risk of FGM. Most live in 28 African countries, some in the Middle East and increasingly among immigrant groups in developed countries. The physical and psychological effects of the practice are often very extensive, affecting, in particular, sexual, reproductive and mental health and well-being. FGM is also a violation of internationally accepted human rights.

Although the physical complications of FGM are well known, the prevalence of complications and their long-term sequelae in relation to reproductive morbidity, pregnancy outcome and maternal and childhood mortality are still not clear. The psychological and sexual damage caused by FGM is still largely unknown. This information is important for developing health care services, clinical support and other responses for girls and women who are suffering from the health complications.

The World Health Assembly has urged Member States to establish clear national policies to end traditional practices harmful to the health of women and children and has requested WHO to strengthen its technical and other support to the countries. WHO's main strategies for the elimination of FGM include:

- advocating for the importance of action against FGM and other harmful practices at international, regional and national levels;
- ensuring that FGM is incorporated into broader concerns of women's health, reproductive health, safe motherhood and child health as well as human rights and health issues;
- supporting national networks or organizations in developing technically sound and relevant policies and approaches to the elimination of FGM;
- strengthening the capacity of government agencies and NGOs to design better prevention activities and integrate them into their programmes;
- supporting the training of health professionals in the prevention of FGM and the management of its health consequences;
- initiating and coordinating research and development activities that increase the knowledge and understanding of the practice;
- developing instruments for use at country level for research on FGM and interventions that can contribute to abolishing the practice.

A database on the prevalence and health consequences of violence against women has been established and existing data are being entered. A multicountry study to gather more data is at the planning stage.

Research

Through its worldwide network of collaborating scientists and institutions in more than 75 countries the reproductive health programme has addressed, through research, reproductive health problems of both global and
national relevance. Results of this research have had significant impact on reproductive health care and family planning policies and services in many countries. Examples of outcomes follow.

Research on safe motherhood

- Magnesium sulphate has been shown to be the drug of choice for the treatment of eclampsic convulsions.
- Maternal anthropometry has been shown to be of limited value in predicting pregnancy outcomes.
- A simple, inexpensive filter-paper technology for estimating maternal haemoglobin in peripheral health centres has been developed and is being field-tested.
- An oxytocin-filled Uniject® syringe has been developed to enable oxytocin to be given at more peripheral levels of the health care system than is currently possible with normal needles and syringes.
- A promising new oral oxytocic agent, misoprostol, is being studied for prevention and/or treatment of post-partum haemorrhage, a major cause of maternal mortality.
- WHO is also undertaking a large multinational study aimed at answering many of the still-outstanding questions on antenatal care.

Safety assessment of existing fertility-regulating methods

- The clinical performance of Copper T IUD has been shown to be better than the Chinese stainless ring IUD leading to a decision by the Chinese Government to cease manufacture and distribution of the ring in favour of the Copper T device.
- The TCu380A IUD has been demonstrated to be effective for at least 10 years and has been shown to be better for family planning programmes than the Multiload 375.
- There is no increase in risk of pelvic inflammatory disease with IUDs left in place for their maximum lifespan.
- The safety of oral pills and DMPA in regard to neoplastic disease has been thoroughly evaluated.
- Two new once-a-month injectables have been judged ready for use by family planning programmes
- Vasectomy has been shown not to increase risk of testicular cancer.
- The use of progestogen-only contraceptives by breastfeeding mothers is not associated with adverse effects on infant growth and development.
- A large WHO multicentre study of hormone contraception among women in developing countries has demonstrated that the modern low-dose oral contraceptives carry very small risks for cardiovascular disease when used by healthy women who do not smoke, and has reinforced the benefit of screening for cardiovascular risk factors among potential users, particularly women in the late premenopausal years, in order to minimize cardiovascular side effects.

Expanding family planning options

- WHO’s clinical data on emergency contraception has laid the foundation for the introduction of emergency contraception into developing country family planning programmes. WHO plays a key technical role in a Consortium which brings together the technical resources of several agencies to achieve this. An introduction package has been developed including a framework for introduction, service delivery guidelines, training modules, briefings for policy-makers, draft IEC materials, etc.
- Together with UNAIDS, the reproductive health programme is investigating how to make the female condom more widely available. This method is the only woman-controlled method of preventing both pregnancy and STD/HIV infection.
- Research on DMPA introduction has been undertaken in two countries and introductory studies of two once-a-month injectables have been completed in nine countries.
Social and behavioural research

- Findings from WHO studies on adolescent reproductive health in 13 developing countries have been analyzed to determine common denominators with policy and programmatic implications (see Box 5). A research initiative on sexual behaviour and reproductive health is under way in seventeen countries.

Box 5: Adolescent sexual behaviour and reproductive health

Research on reproductive health problems and needs of adolescents is an important component of the reproductive health programme’s activities. A number of studies, especially those carried out as part of the research initiatives on the “Determinants and consequences of induced abortion” and on “Sexual behaviour and reproductive health”, have focused on adolescents. Findings from 14 completed projects were compiled in 1995. Twenty-seven additional studies on adolescents will be completed in the coming years, thus adding substantially to the existing body of knowledge. These projects have been undertaken in 20 developing countries. The studies completed to date have shown that, in general:

- reproductive knowledge is very poor among adolescents even those who are sexually active;
- most sexually active adolescents do not use contraceptives despite having heard about some of them;
- access and availability of contraceptives is restrictive;
- prevailing sociocultural norms may hinder access; adolescents preferred anonymous or less hierarchical outlets such as drug stores or pharmacies.

The majority of young people seemed to know about STDs and HIV, but most of what they knew was incorrect. Although they were aware that condoms protect against HIV infection, young people did not always perceive themselves as vulnerable. Recent estimates indicate that adolescents will contribute more than 50% of new cases of gonorrhea and syphilis. If HIV infection is added, the emerging picture is one of large proportions of productive population groups in developing countries being rendered sick, infertile or exposed to early death. The economic and social consequences for health services and society in general will be very severe.

Almost all projects recommended: an increased emphasis on education about family planning and responsible sexual behaviour; that clinics providing abortions or post-abortion care should give more information on family planning; that reproductive health services, including the provision of contraceptives, must be made more accessible to adolescents. Other, more diverse, recommendations emerging from the studies relate to the necessity of providing education and income for young girls as an alternative to early motherhood and of training doctors in modem techniques for dealing with abortion complications and in post-abortion counseling including advice on family planning.

Three of the Latin American studies already have achieved policy impact. In Chile, the results from one study were used by the National AIDS Commission to design educational strategies; personnel involved in education were used in the research, thereby sensitizing them to the attitudes and opinions of the target population. Another Chilean study was the basis for the development of a new national programme on adolescent health. In Argentina, the researchers are working with high school teachers on how to provide appropriate sex education for young people.

- Research findings from WHO studies on the determinants and consequences of induced abortion led Latin American Members of Parliament to sign the Bogota Declaration. This called for the inclusion of abortion on the agenda for the Health Commission of the Latin American Parliament and drew attention to the need to reduce recourse to abortion by improving family planning services to all sectors.
- To understand better how to increase male responsibility in reproductive health the reproductive health programme is collecting information on male sexual behaviour, male adolescent sexuality and contraception,
male contraceptive practices and men's role in decisions about fertility and family size.

New fertility regulating methods for women and for men

- The effectiveness of two new methods of emergency contraception has been demonstrated.
- Information on the duration of lactational amenorrhoea with different patterns of breastfeeding has been accumulated.
- A multicountry study of the Lactational Amenorrhoea Method carried out in collaboration with the Institute for Reproductive Health, Washington D.C., has confirmed the efficacy of the method.
- The contraceptive efficacy of suppression of sperm production has been demonstrated.

Strengthening research capacities in developing countries

- A global network of collaborating centres in biomedical and social science research has been established in 47 countries. This has included the provision of institutional development support in eight Least Developed Countries.

Incorporating women’s perspectives on research

- Regional meetings have been convened to promote dialogue among women’s health advocates, policy-makers and scientists.
- Meetings have been held with women’s groups on immunocontraception research and ethics of research, development and introduction of new methods.

Collaboration with others

The reproductive health programme works closely with programmes in WHO responsible for strengthening health systems and for promoting health care reform. For example, in implementing the Mother-Baby Package, the introduction of cost-effective interventions is linked to the strengthening of the entire primary health care system, including the linkages between the primary and referral levels. Partnerships continue with UNFPA, UNICEF, UNDP, and the World Bank, as well as with UNAIDS, NGOs and the private sector, as indicated in the examples of achievements listed above. WHO has a commitment to ensuring the participation of women's NGOs in its advisory committees and to their full involvement in the design, implementation and evaluation of health policies and programmes in reproductive health. Such partnerships are essential to the successful integration of reproductive health into the health system reform process during a period of severe financial constraint. WHO, UNDP, UNFPA and the World Bank are cosponsors of HRP, which is the focal point in the UN system for research in reproductive health.

Regional activities

WHO's regional offices are actively promoting the conceptual and programmatic framework for reproductive health. They are supporting Member States to develop strategies and country level programmes that promote comprehensive reproductive health care through priority interventions that are feasible within the context of primary health care and which build on existing systems and services.

In the African region, WHO has successfully advocated for reproductive health as an important component of health sector reform and is launching, within the UN Special Initiative for Africa, a regional action plan for reproductive health to promote a comprehensive set of priority interventions. Governments and institutions are being sensitized to the concept of reproductive health and training curricula are being updated. The Mother-Baby Package has been introduced to most countries of the region, several having conducted Safe Motherhood needs
assessments and developed national and district operational plans based on the findings. In Ethiopia, Lesotho, Tanzania, Uganda and Zambia, for example, the assessments have led to legislative and policy changes aimed at facilitating improvements in access to, and quality of, maternal health care services. The Mother-Baby Package is now available in French. With combined WHO and UNFPA funds, the regional office initiated country reviews of adolescent health status and instituted a series of meetings in three languages using ADH methods to plan, train and initiate country activities in collaboration with WHO Headquarters, UNFPA Headquarters and Country Support Teams. These activities contributed to a 1995 Africa Regional Committee Resolution on Adolescent Health. The regional office has worked with HRP to promote institutional capacity building for research in reproductive health through the training of scientists and the development of research programmes, especially in French-speaking Africa.

In the Americas, the regional office is actively promoting the conceptual and programmatic framework for reproductive health. It has staff with full-time responsibility for reproductive health located in 14 countries and a further three staff in UNFPA Country Support Teams. Priority has been given to supporting Member States for the promotion of adolescent reproductive health, to the reduction of maternal mortality and to the improvement of the quality of care. There are also activities to improve the teaching of reproductive health in medical schools and to improve the managerial capabilities of reproductive health personnel. The regional office is taking action to incorporate gender perspectives in health. The regional office works together with UNFPA and NGOs based in the Americas to plan and implement these activities. Research centres supported by HRP have formed networks for research in reproductive biology and for epidemiological and social science projects in reproductive health. More than 200 projects have been completed and research results have influenced health policies in fertility regulation and obstetrics.

Through a process of intercountry consultations, a framework has been developed in South-East Asia to guide countries in operationalizing an essential package of priority reproductive health care interventions. In the short term, the strategy addresses the immediate needs of people of reproductive age with the aim of defining what is needed, identifying the advocacy, research and normative activities that are required and providing the necessary technical support to countries. A list of priority actions at country level has been identified. For example, adolescent reproductive health situation analyses are currently being sponsored in five countries and intervention research aimed at improving utilization of services is being done in two of these. In the longer term, the life-cycle approach is to be used to develop a comprehensive reproductive health care package that takes care of the needs of people throughout their life. Technical support activities will help expand the existing reproductive health services where possible with a view to establishing sustainable programmes. The integration of a gender perspective in health policies and programmes in education and training will also form part of the strategy. Institutional capacity building for research in reproductive health is being provided to seven countries under projects in collaboration with Headquarters.

WHO’s technical support in Europe focuses on countries in greatest need of good reproductive health services. These include those countries with high rates of abortion and maternal morbidity and mortality in Eastern Europe and Central Asia. Eastern European projects, mostly in collaboration with UNFPA, address issues such as training of health personnel, the preparation of guidelines for the teaching of medical students and midwives and international fellowship programmes. In countries of Central Asia, projects aim at strengthening MCH and family planning services. Health care professionals are being trained using several newly-developed training manuals in areas relating to maternal and neonatal health. WHO is also reviewing existing services and programmes for young people in Europe, with plans for intensifying work in this area. With Headquarters, the regional office provides support for a collaboration between scientists in Western and Eastern Europe to plan and implement several multinational research projects gathering much-needed information about reproductive health in Eastern Europe that will provide a sound basis for policy-making and programming.

In the Eastern Mediterranean, the Mother-Baby Package has been promoted as the central element of comprehensive reproductive health care, maternal and neonatal health being a priority for most countries of the region. Eleven countries have approved collaborative programmes with WHO in reproductive health. There is increasing commitment to adolescent health, including reproductive health, with initiatives underway in the United

Arab Emirates, Bahrain and Saudi Arabia. The reproductive health of adolescent girls is receiving particular attention among health ministries in the region and WHO convened an intercountry consultation on the promotion of health of adolescent girls through MCH programmes which drew attention to the need to provide reproductive health education to adolescents. Subsequently, guidelines on adolescent reproductive health education were developed that are sensitive to cultural and social norms in the region. With support from Headquarters, the regional office has encouraged countries to identify research needs in reproductive health and to develop corresponding national priority research programmes.

In the Western Pacific region, the main emphasis has been on the development of national policies and programmes in safe motherhood and the production of guidelines and other publications in several areas of reproductive health. The WHO regional office has developed its strategy in the context of an innovative approach to health policy and planning in the region contained in its document "New horizons in health". At an intercountry workshop held at the end of 1995, four sub-regional groups of countries were encouraged to identify priority problems in reproductive health and suggest strategies, targets and activities to address them. A regional computerized databank is being established to serve professionals from WHO and elsewhere. Together with ADH, the regional office is developing a core curriculum on adolescent health with a major emphasis on reproductive health services for training institutions within the region. The regional office has been especially active in providing technical support in reproductive health to Viet Nam, the Lao People's Democratic Republic and the Philippines. The regional office provides technical support to research programmes funded by HRP in China, Laos, Mongolia and Viet Nam and a regional research and training centre in reproductive health for the South Pacific has recently been established in Fiji.

Challenges and opportunities - the way forward

The concept of a reproductive health arose from the need to respond in a humane and comprehensive way to people's needs for reproductive health information and services throughout their lives. WHO's conviction is that a reproductive health approach is the most effective and sustainable way to deal with these multiple needs. But demonstrating this in practical terms in countries will require addressing a number of challenges and overcoming a variety of constraints.

Essential infrastructure, drugs and equipment for the provision of basic services are an absolute requirement if the most urgent needs are to be met. Improving skills and commitment through training and supportive supervision will of necessity be a central element in any reproductive health strategy; those called upon to provide reproductive health care need recognition of their worth. These requirements raise important resource implications, yet foremost among the constraints is that resources are scarce. Funding for elements of reproductive health, never large, is ever more limited. Establishing a reproductive health approach, then, will necessitate the setting of priorities, attention to cost-effectiveness, avoidance of duplication and making best use of all opportunities. Much can be achieved through better use of existing resources and attention to the quality of services offered, improvements that can often be achieved through relatively small investment, by managerial and administrative changes and through a focus on the interpersonal factors in service delivery. WHO and its partners at global, regional and country level will continue to work together to share experiences on approaches to improve quality that are feasible even in resource-poor settings.

At country level greater clarification is needed of the practical implications of a reproductive health approach. There is frequently a reluctance to change established ways of doing things despite a lack of evidence that they are working effectively. In close collaboration with national authorities, development agencies and NGOs, WHO's reproductive health programme will seek to develop ways of setting locally-relevant priorities and determining locally-applicable solutions, applying lessons learned to a range of diverse situations.

Achieving reproductive health will require long-term effort. Improvements in health status, for example, are likely to be incremental and programmes need to be able to monitor their activities and identify the direction, if not the magnitude, of change. To this end there remains a major need for reproductive health indicators that can be used at country and local level to assess programme performance, to assist decision-making at local level and
to strengthen national capacity for monitoring and evaluation.

Collaboration with other sectors, particularly in the field of education, will be vital. Intersectoral cooperation, however, remains weak in practice and increased efforts will be needed to make it a reality. Reproductive health also raises issues of human rights, equality, and discrimination which must be addressed through participatory and inclusive processes that involve communities, families and individuals. WHO will continue to support efforts to engage all concerned to achieve this.

Conclusion

Member States are requesting technical assistance from WHO as they move to a more integrated reproductive health approach. In responding, the reproductive health programme is focusing on: estimating the magnitude and costs of reproductive ill health; developing mechanisms for reaching consensus on priorities; defining and costing the minimal set of interventions and quality services at different levels for adaptation to different settings; promoting the integration of interventions and services where this is likely to be cost-effective and have clear advantages; and is developing materials to improve human resources in reproductive health. WHO's reproductive health programme will make a concerted effort to support the actions needed to shift from traditionally problem-specific and separately-organized health programmes to an integrated approach in order to ensure reproductive health for all.

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