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source: WHO great expectations

Reproductive Health Update 2005

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An update established in the frame of the
SDC Backstopping Mandate 2005
of the
Social Development Division's Health Desk

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List of abbreviations

CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
BMZ	German Federal Ministry for Economic Cooperation and Development (BMZ)
BZGA	Bundes Zentrale für Gesundheitliche Aufklärung
DFID	Departmental for International Development
GTZ	German Technical Cooperation Gemeinschaft für Technische Zusammenarbeit
HRP	Special Program of Research, Development and Research Training in Human Reproduction
HIV	Human Immuno Deficiency Virus
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
MDG	Millennium Development Goals
MCH	Maternal and Child Health
MNCH	Maternal and Neonatal Child Health
MPS	Making Pregnancy Safer
NGO	Non Governmental Organization
PCC	Policy Coordination Committee
RH	Reproductive Health
RTI	Reproductive Tract Infections
SDC	Swiss agency for Development and Cooperation
SRH	Sexual and Reproductive Health
STI	Swiss Tropical Institute
STIs	Sexual Transmitted Infections
UK	United Kingdom
UN	United Nations
UNFPA	United Nations Agency for Population Affairs
UNIFEM	United Nations Development Fund for Women
WHA	World Health Assembly
WHO	World Health Organization

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This paper was commissioned by the Swiss Agency for Development and Cooperation (SDC). The views and ideas expressed herein are those of the authors and do not necessarily imply or reflect the opinion of the Agency.

Introduction

Promoting reproductive health is one of five priorities in health for SDC.

Promoting reproductive health is one of five priorities in health for the Swiss Agency for Development and Cooperation (SDC). Digesting and presenting information about new developments and issues in sexual and reproductive health (SRH) in the form of an annual update is part of SDC's regular activities. Former RH updates can be downloaded from www.sdc-health.ch in the documents/improving RH section.

The present update aims to provide information on recent international policy developments and key issues that are currently in the focus of discussion. Providing access to information in a condensed form by focusing on selected priority issues can help SDC collaborators, partners and other stake holders in making informed decisions more efficiently. For further details on the various subjects, a list of references, resources and links is given in section 3.

The current update includes:

1. New policy developments in SRH globally over the past year
2. Current discourse on sexual health
3. References, Resources and selected links

1. New policy developments regarding SRH agenda

Funding climate for sexual and reproductive health is difficult.

The currently prevailing international political climate is still difficult for promoting a liberal and rights based understanding of SRH that would enlarge people's choices and one of the largest donors of the past, the U.S. government, is maintaining it's funding cuts to organisations such as the U.N. Population Fund (UNFPA), the International Planned Parenthood Federation (IPPF) or WHO's 'Special Program of Research, Development and Research Training in Human Reproduction' (HRP). For HRP, together with loss of funding from other bilateral donor sources, this has led to a situation where the continuation of the programme is now seriously threatened.

Increasing recognition that SRH essential to meeting the MDGs.

However, the past year has also seen some **encouraging progress** in the right direction. **The Millennium Project Report "Investing in Development"**¹ makes reference to SRH in being essential to meeting the Millennium Development Goals (MDGs), three of which are currently directly related to reproductive and sexual health (4, 5, 6). In the second of the 10 Key recommendations of the report, it is mentioned that "*MDG-based poverty reduction strategies should –amongst others- focus on women's and girls' health (including RH) and education outcomes, ac-*

Negotiations for additional target on universal access to RH services through primary health services are under way.

ICPD at 10 review showed progress in RH, but gaps remain huge.

In 2004 WHO's first strategy on RH endorsed by World Health Assembly.

cess to economic and political opportunities, right to control assets and freedom from violence'. One of the 17 quick wins outlined in the report is dealing with the improvement of RH. This is a strong momentum to bring back the ICPD agenda into the mainstream of the world wide public health agenda. This momentum is strengthened by the Millennium Project's Child Health and Maternal Health Task Force recommending that an additional target be included for monitoring Goal 5: **Universal access to reproductive health services by 2015** through the **primary health care system**, ensuring the same rate of progress or faster amongst the poor and other marginalized groups. The task force also recommends that a group of sexual and reproductive health indicators be used together for monitoring various MDGs.

It is today undeniable that the MDGs are strongly interconnected to the International Conference on Population and Development (ICPD) and ICPD+5 agreements and that the full implementation of the Cairo agenda is essential to the attainment of the MDGs and thus a prerequisite to poverty reduction. Quite disappointingly, the **2005 UN world summit**² did not make a particular mention to SRH, other than reconfirming the commitment to the MDGs, including the fight against HIV/AIDS. It did, however, stress the need to eliminate pervasive gender discrimination, such as violence against women and girls, and to end the impunity for such violence.

ICPD at 10³ conducted a global and regional review which has demonstrated that countries have made significant progress in RH. But despite certain positive trends, the burden of disease related to SRH remains huge in the least developed countries and still much more concerted efforts are needed to effectively change the situation.

To accelerate progress towards meeting the Millennium Development Goals and the reproductive health goals of the ICPD, the 57th World Health Assembly adopted in 2004 the **World Health Organization's first strategy on reproductive health**⁵. The strategy identifies five priority aspects of reproductive and sexual health:

- Improving **antenatal, delivery, postpartum and newborn care**;
- Providing high-quality services for **family planning**, including infertility services;
- Eliminating **unsafe abortion**;
- Combating **STIs, including HIV**, reproductive tract infections, cervical cancer and other gynecological morbidities;
- Promoting **sexual health**.

An increasing momentum around SRH is reflected in various initiatives, reports and partnerships at the global level.

While organizations such as IPPF or UNFPA together with like minded donors have played a fundamental role at the advocacy level for pushing this agenda, the co-sponsored 'Special Program of Research, Development and Research Training in Human Reproduction' HRP, which is also receiving funding support from Switzerland through SDC, has made a significant contribution in providing the necessary evidence for policy making and implementation.

Some **highlights of RH achievements in 2004** to which HRP has been a key contributor are:

- 1) A new department of **Making Pregnancy Safer (MPS)** has been created in **WHO**⁴. The primary focus of the department is to provide accelerated support to countries with high Maternal Mortality Ratio.
- 2) A new initiative on **health sector reform and reproductive health**⁶ has been initiated focusing on research and technical support.
- 3) The **World Health Report 2005**⁷ refocuses on Maternal and child health and advocates the repositioning of MCH as MNCH (maternal, *newborn* and child health, *see details below*)
- 4) **Integration of sexual health into existing primary health care services**⁸ was recommended and a WHO commissioned review found that such efforts generally improve the quality of services.
- 5) **WHO** has also launched an initiative called **Great Expectations**⁹ on World Health Day, 7th April, 2005. This project covers six mothers-to-be living in Bolivia, Egypt, Ethiopia, India, the Lao People's Democratic Republic, and the United Kingdom of Great Britain and Northern Ireland share their experiences of pregnancy and birth. This is a very creative and impressive way to highlight inequities but also cultural differences and resources in the various continents.
- 6) In 2005, a new **Partnership for Safe Motherhood and Newborn Health**¹⁰ was launched. It has merged three partnerships into one; Child Survival Partnership, Healthy Newborn Partnership, and Partnership for Safe Motherhood and Newborn Health.

Recent recommendations focus on a continuum of care from pregnancy to childhood, with a strong emphasis on neonatal health.

World Health Report 2005: 'make every mother and child count'⁷

This report recognizes that the health of mothers, babies and children impacts greatly on socioeconomic development, and exclusion of access to care is a key constraint to progress. The WHR 2005 and many accompanying initiatives were dedicated to reinforcing mother and child health. A new focus is the stronger emphasis on the importance of the often overlooked health problems of newborns. Therefore, this report promotes **MNCH** (maternal, *newborn* and child health) instead of MCH. The international community agrees that the MNCH program will only be effective if a **continuum of care**, from pregnancy through child birth into childhood can be developed involving families, communities, and other stakeholders. This implies pursuing universal coverage with RH services in health system development. To make pregnancy safer, three programmatic components are needed: providing antenatal care, avoiding or coping with unwanted pregnancies, and thirdly, building societies that support women who are pregnant. In order to improve neonatal health, provision of skilled care at and after child birth is vital along with a more systemic and integrated approach for tackling the specific health problems of newborns.

World Health Assembly Resolution¹¹

The 58th World Health Assembly (WHA), the supreme decision making body of WHO, has stressed the importance of promoting the **health of women, newborns and children**, in meeting the development goals contained in the Millennium Declaration. The resolution urges Member States to **commit resources** and to **accelerate national action** towards universal access and coverage with maternal, newborn and child health interventions, through reproductive health care. The Assembly also adopted a resolution calling on Member States to continue to protect, promote and support **exclusive breastfeeding for the first six months** of a baby's life as a global public health recommendation.

Delhi Declaration¹²

In April 2005, high-level delegations from eleven developing countries, other governments, multilateral organisation, foundations, NGOs, professional associations, civil society and other actors met to develop the "Delhi declaration on maternal, newborn and child health". This declaration reconfirms the essential role universal access to SRH plays in meeting MDG 5 and 4. It calls for an **integrated approach to reproductive, maternal, neonatal and child health**, which are inseparable and interdependent that should be **adapted to national and sub-national settings**, since there is no single model to prevent mater-

nal, newborn and child mortality and morbidity. The integrative approach also explains why **investing in health systems** was declared to be a priority for addressing inequalities.

2. Sexual Health¹

WHO has declared sexual health to be a new focus of its work.

Sexual health has always been closely linked with RH, but recently it has been recognized that **sexual health** should be considered as a **necessary underlying condition for RH**. The emergence of the pandemic of human immunodeficiency virus (HIV) infection, the increasing rates of sexually transmitted infections (STIs), and a growing recognition of the public health importance of concerns such as gender based violence and sexual dysfunction have highlighted the need to focus more explicitly on issues related to sexuality and their implications for health and wellbeing (*Progress 2004*).

Sexual health is broader and more encompassing than reproductive health and it is relevant throughout the lifespan and not only during the reproductive years.

According to WHO, a range of issues are covered:

- Reproductive tract infections (RTIs), including HIV, and STIs;
- Unintended pregnancy and unsafe abortion;
- Infertility;
- Sexual wellbeing (including sexual satisfaction, pleasure and dysfunction);
- Violence related to gender and sexuality;
- Certain aspects of mental health;
- The impact of physical disabilities and chronic illnesses on sexual health;
- Female genital mutilation;

Following the definition of health, Sexual health, too, is a state of physical, emotional, mental and social wellbeing in relation to sexuality and not merely the absence of disease, dysfunction or infirmity. It may be important to clarify two other terms in this context.

Sexuality

Sexuality encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, be-

¹ Most information in the chapter is based on WHO Progress, No. 67
<http://www.who.int/reproductive-health/hrp/progress/67.pdf>

havior, practices, roles and relationships. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.

Sexual rights

Sexual rights include the right of all persons, free of coercion, discrimination and violence:

- to the highest attainable standard of sexual health, and to access to sexual and reproductive health care services;
- to seek, receive and impart information related to sexuality;
- to sexuality education;
- to respect for bodily integrity;
- to choose their partner;
- to decide to be sexually active or
- to consensual sexual relations;
- to consensual marriage;
- to decide whether or not, and when, to have children;
- and
- to pursue a satisfying, safe and pleasurable sexual life.

Integration of sexual health into MCH and Family Planning services can improve outcomes.

To intervene on sexual health WHO is **promoting the integration of sexual health into primary health care services**. A WHO commissioned review² has found that, where Family Planning and MCH services were combined with sexual health services (e.g. STI/HIV prevention & treatment), this resulted generally in improved providers' attitudes and counseling skills, contributed to higher levels of condom distribution and increased client satisfaction. Current policy recommendations for family planning services are to promote dual protection, i.e. protection against both pregnancy and STI. This move represents a significant shift for family planning services. (*see under further reading, pg 10, sexual health: a new focus of WHO*)

To demonstrate in more **practical** terms, how a bilateral agency can integrate sexual health issues into development cooperation some examples from **DFID and GTZ**^{13,14} are presented below.

Both the U.K. and the German agency for bilateral cooperation work with this topic since many years based on explicit policies/position papers.^{13,14} However, most approaches are integrated, where sexual health aspects are part of reproductive or primary health projects, youth, women or education programmes. Men play a vital role as

² *Integrating sexual health interventions into reproductive health programmes: experiences from developing countries. WHO 2005 (in press)*

Both GTZ and DFID have made sexual health issues and important part of their cooperation work.

“Soul City” in South Africa and the “Mittmachparcours” are good examples of how the sexual health concept can be applied to promoting health.

decision makers from family to policy level and can influence efforts to improve access to sexual health services both positively and obstructively. In addition, covering men’s own specific sexual and RH needs should also be addressed by any such programme.

Since issues related to sexuality are very sensitive in most contexts, integrating sexual health into better acceptable packages of interventions helps to promote access to sexual health services. A good example for such an approach is “Soul City” in South Africa, an edutainment programme that receives DFID funding. Issues covered include HIV/AIDS, developing a healthy sexuality and healthy relationships, gender based violence, but also depression or asthma and many others. The programme, which targets mostly young women and men is now broadcasted in a number of sub-Saharan African countries and considered a best practice in terms of health promotion. In Zimbabwe, DIFD has provided over £30 million to support sexual health services including the distribution of 60 million “Protector –Plus” condoms. Another important topic is to prevent and care for victims of violence against women. In Malawi, the agency is funding the “Victim Support Unit” that provides advice and counseling to women having suffered gender violence, including rape.¹⁵

Another good example of integrating sexual health issues into development work is the so-called “Mittmachparcours zu Aids, Liebe und Sexuality”, an interactive exhibition for young people around HIV/AIDS, love and sexuality, which was originally developed for German youth by BZGA. This mobile exhibition stimulates group and individual discussions about a broad range of issues and proved to be of great effectiveness in sexuality education. With support by GTZ, it has been successfully adopted and tested for developing country contexts, such as Ethiopia, Russia, El Salvador, Guinea, Mozambique and Mongolia.¹⁶

References and Selected Resources

References

- (1) **Investing in Development – Millennium Project Report**
http://www.unmillenniumproject.org/reports/index_overview.htm
- (2) **UN summit in 2005**
<http://www.un.org/summit2005/documents.html>
- (3) **ICPD at Ten**
http://www.unfpa.org/upload/lib_pub_file/404_filename_reaffirming_cairo.pdf
- (4) **Department Making pregnancy safer**
http://www.who.int/making_pregnancy_safer/publications/MPSnewsletterApril05.pdf
- (5) **WHO Reproductive Health strategy**
<http://www.who.int/reproductive-health/publications/strategy.pdf>
- (6) **Health sector reform and reproductive health**
<http://www.who.int/reproductivehealth/hrp/progress/69.pdf>
- (7) **The World Health Report 2005: make every mother and child count, WHO 2005**
<http://www.who.int/whr/2005/en/>
- (8) **Integration of sexual health into existing primary health care services: *Integrating sexual health interventions into reproductive health programmes: experiences from developing countries. WHO 2005 (in press)***
- (9) **Great Expectations** http://www.who.int/features/great_expectations/en/
- (10) **Partnership for Safe Motherhood and Newborn** http://www.who.int/reproductive-health/publications/safemotherhood_31.pdf
- (11) **World Health Assembly Resolution.** http://www.who.int/gb/e/e_wha58.html
- (12) **Delhi Declaration**
<http://www.commat.org/Reproductive%20Health%20and%20the%20MDGs/Delhi.htm>
- (13) **BMZ: Sexuelle und reproduktive Gesundheit, Positionspapier 2003;**
<http://www.bmz.de/en/service/infothek/fach/spezial/spezial090/>
- (14) **DFID: Sexual and reproductive health and rights, A position paper 2004;**
<http://www.dfid.gov.uk/pubs/files/sexualreprohealthrights.pdf>)
- (15) **DFID factsheet on HIV and AIDS**
<http://www.dfid.gov.uk/mdg/hivaidsfactsheet23nov04.asp>
- (16) **Mittmachparcours:.** http://www.bzga.de/botpresse_194.html
virtual tour through the German version of the exhibition under <http://www.bzga-ausstellungen.de/liebesleben/ausstellung/sinnliches.html>

For Further Reading

- **HRP report: Highlights of 2004.**
http://www.who.int/reproductive-health/publications/highlights/highlights_hrp_2004.html
- **Eldis is a health resource guide containing a wealth of information related to SRH**
<http://www.eldis.org/health/sexreprohealth.htm>
- **Assessing Costs and Benefits Of Sexual and Reproductive Health Interventions**
Michael Vlassoff, Susheela Singh, Jacqueline E. Darroch, Erin Carbone & Stan Bernstein,
Occasional Report No. 11, December 2004.
<http://www.guttmacher.org/pubs/2004/12/20/or14.pdf>
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