

Sexual and reproductive health Core competencies in primary care



ATTITUDES · KNOWLEDGE · ETHICS · HUMAN RIGHTS

LEADERSHIP · MANAGEMENT · TEAMWORK

COMMUNITY WORK · EDUCATION · COUNSELLING

CLINICAL SETTINGS · SERVICE · PROVISION

Sexual and reproductive health Core competencies in primary care



For more information, please contact:

Department of Reproductive Health and Research
World Health Organization
Avenue Appia 20, CH-1211 Geneva 27, Switzerland
Fax: +41 22 791 4171
E-mail: reproductivehealth@who.int
www.who.int/reproductivehealth

ISBN 978 92 4 150100 2



Sexual and reproductive health Core competencies in primary care



ATTITUDES · KNOWLEDGE · ETHICS · HUMAN RIGHTS
LEADERSHIP · MANAGEMENT · TEAMWORK
COMMUNITY WORK · EDUCATION · COUNSELLING
CLINICAL SETTINGS · SERVICE · PROVISION



World Health
Organization

WHO Library Cataloguing-in-Publication Data

Sexual and reproductive health core competencies in primary care: attitudes, knowledge, ethics, human rights, leadership, management, teamwork, community work, education, counselling, clinical settings, service, provision.

1.Reproductive health services. 2.Community health services. 3.Competency-based education - standards. 4.Health knowledge, attitudes, practice. 5.Professional competence - standards. 6.Health personnel - education. 7.Primary health care - methods. I.World Health Organization.

ISBN 978 92 4 150100 2

(NLM classification: W 84.6)

© **World Health Organization 2011**

All rights reserved. Publications of the World Health Organization can be obtained from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: bookorders@who.int). Requests for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – should be addressed to WHO Press, at the above address (fax: +41 22 791 4806; e-mail: permissions@who.int).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Printed in Italy

Table of Contents

Acknowledgements	iv
Abbreviations	v
Glossary of terms	vi
1. Introduction	1
2. Background	2
3. Primary health care and sexual and reproductive health	3
4. Good policy, planning and education	8
5. The competencies	11
6. Conclusion	18
Sexual and reproductive health care: core competencies in primary care	21
References	53



Acknowledgements

WHO is grateful to all those who gave technical input to the production of this document.

Levent Cagatay (ACQUIRE Project), Sharad Iyengar (Action Research and Training for Health), Guillermo Carroli (Centro Rosarino de Estudios Perinatales), Diederik Aarendonk, Esin Aysegul, Aysegul Esin, Evert Ketting, Alice Riva (European Forum for Primary Care), Fitzhugh Mullan (George Washington University), Judith Fullerton, Bridget Lynch (International Confederation of Midwives – ICM), Gamal Serour (International Federation of Gynecology and Obstetrics – FIGO), Tran Nguyen Toang (International Planned Parenthood Federation – IPPF), Xuan Hao Chan (International Pharmaceutical Federation), Peter Johnson, Ricky Lu, Angel Mendoza, Harshad Sanghvi (Jhpiego), Jonas Nordquist (Karolinska Institute), Tina Brock (Management Sciences for Health), Leonardo Chavane (Ministerio da Saude, Mozambique), Safeera Hussainy (Monash University, Australia), Sarah Onyango (Planned Parenthood Federation of America), Ian Askew (Population Council), Matteo Cecchi (Scuola superiore S Anna Pisa), Atf Gherissi (Tunis El Manar University), Ortayli Muriye, Della Sherratt (United Nations Population Fund – UNFPA), Helen Bradley (University of South Australia), Nemuel Fajutagana (University of the Philippines), Sheena Jacob (University of Washington), Margareta Larsson (Uppsala University), and Joan Skinner (Victoria University of Wellington). We also thank Telma Queiroz.

World Health Organization (WHO)

Consultant

Deborah Hennessy

Staff

Mouzzam Ali	Yitades Gebre	Meder Omurzakov
Maia Ambegaokar	Laura Guarenti	Taiwo Oyelade
Islene Araujo de Carvalho	Sunanda Gupta	Haydee Padilla
Narimah Awin	Dale Huntington	Razia Narayan Pendse
Rebecca Bailey	Emily Jackson	Alexandre Peregoudov
Valentina Baltag	Theopista John	Margaret Phiri Loma
Katherine Ba-Thike	Ronald Johnson	Annie Portela
Augusta Biai	Sarah Johnson	Dheepa Rajan
Paul Bloem	Sandra Jones	Suzanne Reirer
Dalia Brahmi	Nathalie Kapp	Lale Say
Nathalie Broutet	Ardi Kaptiningsih	Ivelise Segovia
Victoria Camacho	Eszter Kismodi	Olive Sentumbwe-Mugisa
Alicia Carbonell	Rufina Latu	Luis Seoane
Paata Chikvaidze	Gunta Lazdane	Suzanne Serruya
Catherine D'arcangues	Chuong Long	Cladimir N Shchigolev
Adrian Diaz	Newman Lori	Bente Sivertsen
Kristina Engelin	Akjemal Magtymova	Shyam Thapa
Mario Festin	Ramez Mahaini	Margaret Usher-Patel
Karoline Fonck	Khadi Mbaye	Erica Wheeler
Kathleen Fritsch	Seipati Mothebesoane-Anoh	Jean Yan
Mary Lyn Gaffield	Francoise Nissack	Jelka Zupan
Claudia Garcia Moreno	Annette Mwansa Nkowane	Severin Ritter Von Xylander

Abbreviations

AIDS	acquired immunodeficiency syndrome
ANC	antenatal care
BCG	bacillus Calmette–Guérin
FP	family planning
GBV	gender-based violence
HIV	human immunodeficiency virus
HPV	human papillomavirus
HRD	human resource development
ICM	International Confederation of Midwives
ICPD	International Conferences on Population and Development
IPT	intermittent preventive treatment (for malaria)
IUD	intrauterine device
LAM	lactational amenorrhoea method
LBW	low birth weight
MCH	maternal and child health
MDG	Millennium Development Goal
NGO	nongovernmental organization
PAP smear	Papanicolau test
PHC	primary health care
PMTCT	prevention of mother-to-child transmission
PPH	postpartum haemorrhage
RH	reproductive health
RHR	WHO Department of Reproductive Health Research
RTI	reproductive tract infection
SRH	sexual and reproductive health
STI	sexually transmitted infection
TB	tuberculosis
UN	United Nations
UNICEF	United Nations Children’s Fund
USSR	Union of Soviet Socialist Republics
UTI	urinary tract infection
VA	vacuum aspiration
VIA	visual inspection with acetic acid
WHO	World Health Organization

Glossary of terms

Whenever possible, definitions have been taken or adapted from WHO publications; some are composite definitions.

Ability

The quality of being able to perform; a natural or acquired skill or talent.

Acting in the best interest of the child and adolescent (aged 10–19)

The decisions and actions of health-care providers have only one criterion – the best interests of their child/adolescent patients. Every decision and every action is based on a thorough assessment of the patient's condition and social context, as well as a careful consideration of the views of the patient. This is particularly important if there is tension between the child/adolescent and their family/community.

Attitude

A person's views (values and beliefs) about a thing, process or person that often lead to positive or negative behaviour.

Behaviour

A person's way of relating or responding to the actions of others or to an environmental stimulus.

Competence

Sufficient knowledge, psychomotor, communication and decision-making skills and attitudes to enable the performance of actions and specific tasks to a defined level of proficiency.

Competent

The successful demonstration of essential knowledge, skills, attitudes and professional behaviour on a specific task, action or function in the work setting.

Continuity

The ability of relevant services to offer interventions that are either coherent over the short term both within and among teams (cross-sectional or horizontal continuity), or an uninterrupted series of contacts over the long term (longitudinal continuity).

Core competency

Identifies units of competency that an industry (health, education etc.) has agreed are essential to be achieved by a person to provide quality services.

Coordination of care

A service characteristic resulting in coherent treatment plans for individual patients. Each plan should have clear goals and the necessary and effective interventions. Cross-sectional coordination means the coordination of information and services within an episode of care. Longitudinal coordination means the interlinkages among staff members and agencies over a longer period of care.

Counselling

Counselling refers to a process of interaction, a two-way communication, between a skilled provider, bounded by a code of ethics and practice, and client/s. It aims to create awareness of and to facilitate or confirm informed and voluntary sexual and reproductive health decision-making by the client. It requires empathy, genuineness and the absence of any moral or personal judgement.

Disadvantaged marginalized groups

A term applied to groups of people who, due to factors usually considered outside their control, do not have the same opportunities as other groups in society. Examples might include unemployed people, refugees, street children, individuals with disabilities, physically and mentally challenged, people living with human immunodeficiency virus (HIV), adolescents, sex workers and others who are socially excluded.

Ethics

Comprises four principles:

- respect for persons: the duty to respect the self-determination and choices of autonomous persons, as well as to protect persons with diminished autonomy. Respect for persons includes fundamental respect for the other; it should be the basis of any interaction between professional and client;
- beneficence: the obligation to secure the well-being of persons by acting positively and maximizing the benefits that can be attained by the client;
- non-maleficence: the obligation to minimize harm to persons and, wherever possible, to remove the causes of harm altogether;
- proportionality/justice: the duty, when taking actions involving the risks of harm, to balance risks and benefits so that actions have the greatest chance to result in the least harm and the most benefit to persons directly involved.

Evolving capacity

Health professionals provide adolescent clients and people who are intellectually disadvantaged with age-appropriate and developmentally appropriate information, check understanding, encourage questions and respond to them fully, supporting age-appropriate and developmentally appropriate

Gender analysis

The systematic examination of gender norms, roles and relations between women and men, and consequent differentials in privileges, power and control of resources. It identifies, analyses and informs action to address health inequalities that arise from the different roles of women and men, or the unequal power relationships between them, and the consequences of these inequalities on their health.

Gender sensitive

Considers gender norms, roles and relations, and does not address inequalities generated by unequal norms, roles or relations. Indicates gender awareness, though often no remedial actions are developed.

Knowledge

A fund of information that enables an individual to have confident understanding of a subject, with the ability to use it for a specific purpose.

Leadership to make health authorities more reliable

Reforms to replace disproportionate reliance on “command and control” on the one hand, or “laissez-faire” disengagement of the state on the other, by the inclusive, participatory, negotiation-based leadership required by the

预览已结束，完整报告链接和二维码

<https://www.yunbaogao.cn/report/index/report?reportId=1>