

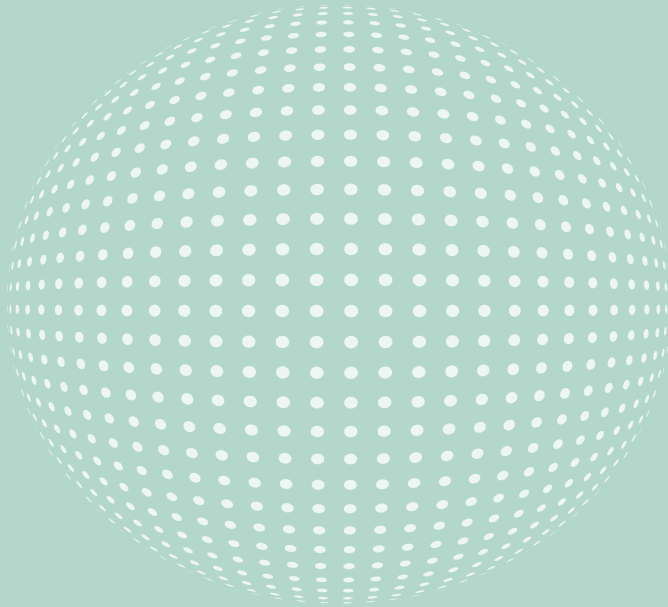


National-level monitoring of the **Achievement of universal access to reproductive health**



Conceptual and practical considerations
and related indicators





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1. Monitoring the achievement of universal access to reproductive health: background and principles



1.1 Background to the consultation and objectives

The 1994 International Conference for Population and Development (ICPD) identified “*universal access to reproductive health*” as a development goal, making it an important objective for health systems in many countries.¹ In 2004, the World Health Assembly renewed the commitment of the international community to sexual and reproductive health by adopting a global reproductive health strategy (resolution WHA57.12). The purpose of this resolution was to accelerate progress towards the attainment of international development goals, including the ICPD goal of achieving universal access to reproductive health.²

The resolution called on WHO Member States, as a matter of urgency, “*to make reproductive and sexual health an integral part of national planning and budgeting*” and “*strengthen the capacity of health systems with the participation of community and nongovernmental groups to achieve universal access to sexual and reproductive health care, with particular attention to maternal and neonatal health in all countries*”. In this vein, in 2005, the World Health Assembly adopted resolution WHA58.31, which called on Member States “*to accelerate national action towards universal access and coverage with maternal, newborn and child health interventions, through reproductive health care*”, and “*to establish monitoring mechanisms for measuring progress towards the achievement of agreed goals, particularly the target of universal access to reproductive health by 2015*”, among others.

Although the ICPD concept of reproductive health was not explicitly included in the framework of the Millennium Development Goals (MDGs), the 2005 World Summit strongly emphasized the role of sexual and reproductive health in achieving gender- and health-related MDGs and recommended that the goal of “achieving universal access to reproductive health” should be integrated into MDG monitoring mechanisms. Following this, the United Nations General Assembly of 2006 adopted the Secretary-General’s report recommending the inclusion of a target “to achieve universal access to reproductive health” under MDG 5 (which addresses the improvement of maternal health).³



A process has taken place to identify indicators for global monitoring of progress towards achievement of the new access to sexual and reproductive health target within the monitoring framework of the MDGs. The World Health Organization, through the Department of Reproductive Health and Research (RHR), and the United Nations Population Fund (UNFPA) have participated in related interagency discussions. This process involves selection of a limited number of indicators that fulfil certain criteria.^a

However, this process is not sufficient for monitoring the achievement of universal access to sexual and reproductive health for national and subnational decision-making. For country programmes to measure and monitor the achievement of universal access, a more comprehensive set of indicators, that address the multiple components of sexual and reproductive health, is needed.

The development of such a set of indicators requires the elucidation of the concept of “universal access to reproductive health” and its determinants – not only to measure the extent of the achievement of universal access, but also to plan and implement necessary interventions for its achievement. It is therefore critical to arrive at an operational definition of “universal access to reproductive health” and – based on that definition – to identify a set of indicators for monitoring progress.

A technical consultation was convened in Geneva, Switzerland, from 13 to 15 March 2007. This consultation was jointly organized by WHO/RHR and UNFPA to consider national-level monitoring of progress towards the achievement of universal access to sexual and reproductive health.

Building on earlier work and informed by increasing knowledge on both dimensions of sexual and reproductive health and the concept of “universal access”, the consultation sought to recommend, within a clearly specified framework, a set of indicators to

^a To qualify as an MDG indicator, an indicator must be relevant to the respective target; there must be an established methodology to measure it; data must be available from a wide range of countries to permit calculation of regional aggregates and time trends; and a United Nations agency should assume responsibility to compile, estimate, and release data.

monitor progress towards the goal of universal access to sexual and reproductive health at country level. This chapter highlights key issues that were considered and recommendations that were made by the technical consultation.

The following chapters of this document report on the recommendations and outputs of the consultation, including:

- a recommended framework of indicators for five priority aspects of sexual and reproductive health; and
- possible indicators of programmatic linkages between sexual and reproductive health services and HIV prevention, care, and treatment.

OBJECTIVES

The consultation sought to:

- elaborate the concepts of sexual and reproductive health and health care;
- elaborate the concepts of access, universal access, and equity of access;
- elaborate social and contextual determinants of sexual and reproductive health;
- recommend a set of indicators within a conceptual framework for measuring universal access at country level;
- discuss possible indicators for monitoring linkages between sexual and reproductive health care and HIV prevention, care, and treatment; and
- explore the feasibility of establishing a technical reference group for sexual and reproductive health indicators.

EXPECTED OUTCOMES

Among the anticipated outcomes of the consultation were:

- a framework for a set of indicators to monitor the achievement of universal access to sexual and reproductive health;
- recommendations for implementation of the framework within country programmes; and

- recommendations on possible indicators to measure access through linkages between sexual and reproductive health care and HIV prevention, care, and treatment.
- health-care services (provision of services, access to them, and their use in the context of primary health care).⁵

1.2 Measuring universal access to sexual and reproductive health

For a number of reasons, measuring universal access to sexual and reproductive health and monitoring the extent to which it has been achieved poses challenges to operation and interpretation (see Box 1). First among these challenges, reproductive health is a broad and comprehensive concept, which is defined by ICPD as: *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 its functions and processes.*¹

This definition entails a range of aspects (including family planning, maternal health, sexually transmitted/reproductive tract infections including HIV/AIDS, unsafe abortion, and sexual health) and linkages between them. ICPD places a strong emphasis on the needs and rights of individuals and disadvantaged populations, and upon the influence of the wider context on the achievement of sexual and reproductive health.

A second challenge involves the fact that “health” (in this context, sexual and reproductive health) is influenced by a range of factors – including health-related behaviour, prenatal factors, early childhood, social status, support, living conditions, education, health services, nutrition, and stress.⁴ Monitoring the extent of achievement of health requires measuring health outcomes, but it is also necessary to examine determinants in the process of informing related programmes.

Based on the ICPD definition, a previous WHO working document distinguishes three dimensions of reproductive health for operational purposes:

- the human condition (including the level of health and related areas of well-being);
- an approach (policies, legislation and attitudes); and

Such a distinction could be useful in mapping sexual and reproductive health measures of the achievement of universal access. The second dimension should, however, be broadened to include the range of social factors or determinants^{b,6} that are influential in determining health outcomes⁷ – some of which are reflected in the ICPD context of reproductive health (e.g. rights, vulnerable populations, education, inequalities). The third dimension involves health care necessary to improve sexual and reproductive health.

Because of the direct results of effective health care in improving health and as measures of programmatic efforts, health-care indicators are widely used to monitor the ICPD goal of “universal access” – which is sometimes interpreted as reflecting access to “health care” rather than “health.”⁸ Measuring sexual- and reproductive-health outcomes (for example, the extent of maternal deaths) has been problematic in developing countries. Health-care measures (e.g. access to or use of health care) are therefore usually used as proxies for health status.

A third challenge, is the complexity of the concept of “access” to health care to formulate and measure. The term “access” relates not only to physical access or to the costs (both financial and operational) incurred by the consumer of health care.⁹ Rather, “access” usually involves a comprehensive concept including availability of, information about, and cost and quality of services.¹⁰

In analyses undertaken in the United States, “access” often refers to the insurance status of individuals.¹¹ In other contexts, “access” refers in a broader sense to “the ability to secure a specified range of services, at a specified level of quality, subject to a specified maximum level of personal inconvenience and cost, while in possession of a specified level of information.”¹⁰

^b A summary of the literature on the social determinants of health used the following measures as social determinants of health: the social gradient, stress, early life, social exclusion, work, unemployment, social support, addiction, food, and transport.

Ideally, measuring “access” should involve articulation of all these multiple components. Although they can be measured separately, the complex concept that includes all components can rarely be observed directly. Accordingly, the use of health-care services is usually measured in order to indicate “access.” Service use, however, is influenced by demand-side factors (e.g. need for, and perceptions and beliefs about, formal health care), in addition to the supply-side characteristics described above. It is therefore important to distinguish supply- and demand-related factors, if “use” of health care is used as a proxy measure of “access” to that health care.

Finally, despite being an objective of many health systems, the definition of “universal access” remains somewhat elusive. In a broad sense, universal access implies the ability of those who need health care to obtain it. This definition suggests, for example, the ability of all individuals with a diagnosed sexually transmitted infection (STI) to receive an effective treatment, or of those who want to delay pregnancy to obtain effective contraception. In practical terms, therefore, “universal access” means “equitable access” – that is, equal access for people with equal need.⁹ This definition requires enhancing the provision of services in order to increase uptake and use by those who need them.

1.3 Earlier work on sexual and reproductive health indicators

Considerable work has been conducted by WHO and partners (including UNFPA) to define indicators of sexual and reproductive health. In 1998, UNFPA published indicators for population and reproductive health programmes.¹² In 1999 and 2001, two inter-agency meetings defined a shortlist of 17 indicators for global monitoring, based upon recommendations made at the fifth-year follow-up of ICPD (ICPD+5). A WHO document providing guidelines for data collection, analysis, and interpretation of these indicators was recently published.¹³

The 17 indicators address the main aspects of sexual and reproductive health and provide a list from which indicators can be selected. These indicators, however, are not specific for measuring “access”, nor do they provide a framework to address all aspects of sexual and reproductive health systematically. The current effort, therefore, builds upon and further develops this work.

Two other meetings have discussed the measurement of universal access to sexual and reproductive health at the global level. A 2003 UNFPA/WHO consultation to define global indicators recommended four indicators, three of which are already in the MDG framework.⁸ In 2005, WHO organized another technical consultation to examine the earlier suggestions.

Box 1. Measurement challenges: universal access to sexual and reproductive health

- Critical global developments, such as ICPD in 1994, shifted the focus of population and development policies from population control to meeting all aspects of the reproductive-health needs of individuals. This

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