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(1) Who's Work in Reproductive Health: The Role of the Special Program

Reproductive health is not just the absence of disease of the reproductive system. Rather, it covers a whole range of conditions and processes that include healthy sexual development, reproduction and fertility regulation. Among women of reproductive age (15-44 years) in developing countries, the burden of reproductive ill-health is far greater than the burden from tuberculosis, respiratory infections, motor vehicle injuries, homicide and violence, or from war. Among these women reproductive ill-health accounts for 36% of the total disease burden, compared with 12% for men.

Following the endorsement of the broad concept of reproductive health by the International Conference on Population and Development (ICPD) in Cairo, Egypt, in 1994, the Special Program's governing body, the Policy and Coordination Committee (PCC), agreed in 1995 to a new mandate for the Special Program which places its activities within the Context of reproductive health. PCC stated that, within the global strategy for reproductive health, the Special Program is the main instrument in the United Nations system for "promoting, conducting, evaluating and coordinating interdisciplinary research on reproductive health".

Since late 1995 the Special Program has functioned within WHO's reproductive health Program, which was created by bringing together relevant WHO Divisions and Units, including the Special Program, under the new WHO Program area of Family and Reproductive Health. The Special Program's partners in WHO's reproductive health Program are: the Division of Reproductive Health (Technical Support) and Units of Women's Health, and of Adolescent Health and Development. All work together to provide a unifying

framework for addressing the reproductive health needs of individuals, families and communities. With the coming together of these Divisions and Units, the Special Program is now ready to take on a bigger role in research in reproductive health, beyond its traditional focus on fertility regulation and infertility.

The adoption of a comprehensive approach to reproductive health is seen as a necessary response to expanding needs in this area of health care. There is, for instance, a growing demand for fertility regulation, greater awareness of the problem of maternal and neonatal mortality and morbidity, and a growing burden of reproductive ill-health that results from reproductive tract infections, cancers, sexually transmitted diseases (including HIV/AIDS), infertility, and the results of violence related to sexuality and reproduction.

This issue of Progress summarizes the current thinking within WHO on how to improve global reproductive health. It reviews the extent of the burden of reproductive ill-health around the world and shows how the objectives of WHO and of the Special Program can help people to reduce this burden. It shows also how WHO's reproductive health Program, under the leadership of the Special Program, is reviewing global research priorities in this important field of health. Finally, this issue also includes recent research findings on use of the oral contraceptive pill and the risk of myocardial infarction (heart attack).

(2) The Global burden of Reproductive Ill-Health

Reproductive health is a crucial part of general health, yet many of the world's people do not have good reproductive health. Some have little or no control over their sexual lives and childbearing, others engage in behavior that puts both them and their partners at risk, while yet others simply do not have access to the right kind of information and services. Many girls and women are socially, politically and economically disadvantaged, have fewer educational opportunities and consequently have limited choices about their lives, their health and their fertility. Their status in society is critical to their reproductive health. And their reproductive health is critical not only to them but also to the next generation.

Knowledge of the extent of reproductive ill-health worldwide is far from complete, but estimates indicate that there are high rates of preventable conditions and avoidable suffering that often have devastating effects on individuals and families. Concerns start in childhood and include problems such as the sexual abuse of children and harmful practices as such as female genital

mutilation. Other aspects of reproductive ill-health arise first during adolescence when behaviors are adopted that may have, major consequences later on. Unprotected sexual relations in adolescence increase the risks of mortality and morbidity associated with pregnancy, childbirth, induced abortion and sexually transmitted diseases, including HIV infection that results in AIDS. However, young people often do not have access to reproductive health services. The table on page 3 lists some aspects of reproductive ill-health and shows just, how many millions of people are estimated to be affected worldwide.

Among women of reproductive age (15-44 years) in developing countries the burden of reproductive ill-health is far greater than the disease burden from tuberculosis, respiratory infections, motor vehicle injuries, homicide and violence, or from war. The World Development Report 1993 (New York, Oxford University Press, 1993), which, had the theme "Investing in Health", found that in women of reproductive age in developing countries reproductive ill-health accounts for 36% of the total disease burden compared with 12% for men. Three groups of conditions make up that 36%-pregnancy-related deaths and disabilities, sexually transmitted diseases (syphilis, chlamydia, gonorrhoea and pelvic inflammatory disease), and HIV/AIDS.

Women run the risks of pregnancy, childbirth and unsafe abortion, take most of the responsibility for fertility regulation, are socially and biologically more vulnerable to reproductive tract infections and sexually transmitted diseases including HIV/AIDS than men are, and suffer most domestic violence and gender-based sexual abuse. Men, too, suffer reproductive ill-health, particularly in the form of sexually transmitted diseases and HIV/ AIDS. Thus, while recognizing that the main burden of reproductive ill-health falls on women, strategies to improve reproductive health must also take into account men's needs, concerns, roles and responsibilities.

Older women and men continue to have reproductive health needs and concerns. These include the need for protection against sexually transmitted diseases, and for the information and services that can promote and protect good reproductive health through to old age.

What is reproductive health?

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 refutation 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 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 counseling and care related to reproduction and sexually transmitted diseases.

This definition of reproductive health was adopted by the ICPD.

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Selected aspects of reproductive ill-health (1990-1995)

Category	Women	Men	Worldwide (women + men)
Maternal deaths annually	585 thousand	-	585 thousand
Cases of severe maternal morbidity annually	20 million	-	20 million
Perinatal deaths annually	unknown	unknown	7.6 million
Unsafe abortions annually	20 million	-	20 million
Adults living with HIV/AIDS	9 million	13 million	22 million
Annual adult incidence of HIV infection	1.4 million	1.3 million	2.7 million
Cases of curable STDs annually	166 million	167 million	333 million

Prevalence of STDs	175 million	75 million	250 million
Infertile couples	-	-	60-80 million
Women living with invasive cervical cancers	2 million	-	2 million
New cases of cervical cancer annually	450 thousand	-	450 thousand
Women with genital mutilation	85-110 million	-	85-110 million
Couples with unmet family planning needs	-	-	120 million

The overall aim and goals of WHO's reproductive health Program

The overall aim to WHO's reproductive health Program is to strengthen the capacity of countries to enable people to promote and protect their own health and that of their partners as it relates to sexuality and reproduction and to have access to and receive quality health services when needed.

In support of this aim, WHO's reproductive health Program has developed four broad programmatic goals. The goals focus on ensuring that people can exercise their sexual and reproductive rights in order to:

- experience healthy sexual development and maturation and have the capacity for equitable and responsible relationships and sexual fulfillment;
- achieve their desired number of children safely and healthily, when and if they decide to have them.
- avoid illness, disease and disability related to sexuality and reproduction and receive appropriate care when needed.
- be free from violence and other harmful practices related to sexually and reproduction.

(3) Who Strategies for Improving Global Reproductive Health

WHO's approach to reproductive health aims to meet people's needs more effectively by building existing Programs and linking those that previously were delivered separately. At the same time, reproductive health is not, an isolated area that can be treated separately from other aspects of health. Rather, it is an integral and essential part of overall health. Critical elements in the reproductive health approach include promoting and reinforcing positive behavior through health promotion and fostering a supportive environment. This is a Wideranging task. Reproductive health is an enormous area for study and the need for competent research is paramount.

WHO's reproductive health Program has a workplan that focuses on what people need in order to promote and protect their own reproductive health and that of others.

While there is no universal formula for Programs that aim to achieve reproductive health, there are some basic principles that can be applied everywhere. Health Programs which address at least some aspects of reproductive health can be found every where, and these existing Programs should be revitalized to improve access, utilization and quality. A parallel, vertical reproductive health Program is neither needed nor desired, but rather the integration of existing and new reproductive health information and services into primary health care. Yet another basic principle is that meeting the needs for fertility regulation must be a core component of every reproductive health Program. By linking research more directly with normative work and technical support, Special Program's contribution to reproductive health can have a more vital impact on activities to improve the health of women and men the world over.

The 1995 World Health Assembly endorsed the role of WHO within the global reproductive health strategy and called for "a more coherent approach to reproductive health in priority setting, Program 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 are implementation.. "Thus WHO's reproductive health Program, came about, with the Special Program as an integral part of it.

WHO's reproductive health Program has a workplan that focuses on what people need in order to promote and protect their own reproductive health and that of others. Reproductive health care is necessary but is not enough. People need knowledge and the personal skills required to make best use of it, they need an environment that enables them to act on their decisions; and they need access to quality reproductive health services. And activities in all of these areas need to be backed by sound research to ensure that all steps taken are both effective and appropriate.

Knowledge and Skills

In the area of reproductive health, people need information about normal development and maturation, sexuality, reproduction, sexually transmitted infections, infertility, pregnancy, labor and delivery, and methods of fertility regulation. They need to know what influences reproductive health. In addition, people need to be able to act on their decisions and to exercise more control over their own health.

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

Environment

There is little point having knowledge and skills if you are unable to use them. Thus an environment that enables you to use them is all-important for reproductive health. An enabling environment for reproductive health 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 that support healthy behaviors.

WHO's reproductive health Program can best contribute to an enabling environment by advocating for health in general and for reproductive health in particular, and for the conditions needed to attain it. WHO's reproductive health Program has a role to play in reviewing the conditions that are needed to

support reproductive health, identifying the barriers to such conditions, and describing strategies to overcome those barriers in order to remove the obstacles to healthy reproductive and sexual behaviors. It also has a responsibility to advance public awareness about sexual and reproductive health and to work with national authorities in helping improve policies and services.

Access to Quality Services

To achieve reproductive health, people need access to a range of health services, particularly preventive ones such as methods of fertility regulation, care during pregnancy and birth, and prevention of sexually transmitted diseases. Some groups such as adolescents are in particular need of health promotion about preventive services. No matter how effective the preventive services are, however therapeutic care and rehabilitation are also essential, particularly for managing pregnancy-related complications and treating sexually transmitted diseases and infertility. Appropriate referral mechanisms must be in place with services for prevention, care and rehabilitation at all levels. The combination of access to care and the quality of the care provided has a great influence on whether people choose to use the services or not.

It is in this area that WHO's reproductive, health Program can make a really significant contribution to reproductive health. Its technical expertise and credibility on public health issues, its relationship with ministries of health, its research-based approach and its links with health-related international agencies, bilateral donors and nongovernmental organizations give it a particular responsibility in promoting access to quality reproductive health services.

Reproductive Health Goals

The ICPD in 1994 called for the improvement of reproductive health as a global priority. That call was echoed by the United Nations Fourth World Conference on Women, held in Beijing following year. Although sexual and reproductive health are complex subjects, both conferences issued the challenge for people to be put at the center of development. They called on countries and organizations to redress gender imbalances and to respect the reproductive rights of women and men as necessary conditions for providing reproductive health.

Many discussions have followed on how best to put the recommendations of ICPD and the Women's Conference into action. In this regard, WHO's

reproductive health Program has developed an overall aim and four broad reproductive health goals (see box at foot of page 3). These goals guide the research and technical support activities in reproductive health and help to keep them focused on the needs that have to be met if people's reproductive health is to be improved and countries are to have the means to improve it.

The Way Ahead

In the past, attention has focused almost entirely on women of reproductive age, particularly with regard to maternal health and family planning, and on the control of sexually transmitted and other specific diseases. A reproductive health approach aims to address multiple needs at different stages of people's lives in a comprehensive, more integrated way. To achieve this in practical terms will, however, require a number of challenges to be faced and a variety of constraints to be overcome.

WHO's reproductive health Program can contribute to an enabling environment by advocating for health in general and for reproductive health in particular, and for the conditions needed to attain it.

Establishing a more comprehensive reproductive health approach will necessitate greater effort in setting priorities, more 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 investments, by managerial and administrative changes, and through a focus on the interpersonal factors in service delivery. WHO's reproductive health Program will continue to work with countries and other partners on approaches to improve quality even in places where resources are scarce.

Achieving reproductive health will require a sustained and long-term effort backed by research improvements in health status will take time. There remains a major need for reproductive health indicators to assess Program performance at country and local levels, to assist local decision making and to strengthen a national capacity for monitoring and evaluation. In addition, country capacities to generate, analyze and critically interpret health information need to be strengthened at all levels.

Achieving reproductive health will require a sustained and long-term effort backed by research.

UNDP/UNFPA/WHO/World Bank Special Program of Research, Development and, Research Training in Human Reproduction (HRP)

Launched by the World Health Organization in 1972, the UNDP/UNFPA/WHO/World Bank Special Program of Research, Development and Research Training in Human Reproduction is a global Program of technical cooperation. It promotes, coordinates, supports, conducts, and evaluates research on human reproduction, with particular reference to the needs of developing countries.

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