Sexual and Reproductive Health at 2015 and Beyond: A Global Perspective

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Abstract

The International Conference on Population and Development and Millennium Development Goals propelled reproductive health into priorities for international development through declarations, statements, and frameworks. However, key indicators demonstrate that progress in both service provision and clinical outcomes has not been optimal, especially for certain disadvantaged groups. With the Sustainable Development Goals, efforts over the next two decades will focus on access to and quality of health services. Advocacy for mobilizing resources will be complemented by accountability, especially monitoring and evaluation, for utilization of these resources during the life cycle. Stakeholders should emphasize national commitments, with broad partnerships, to ensure long-term sustainability.

Résumé

La Conférence internationale sur la population et le développement et les objectifs du Millénaire pour le développement ont porté la santé génésique au rang des priorités pour le développement international au moyen de déclarations, d'énoncés et de cadres de référence. Et pourtant, des indicateurs clés nous soulignent que le progrès (tant pour l'offre de services que pour les issues cliniques) n'a pas été optimal, particulièrement en ce qui concerne certains groupes désavantagés. Grâce aux objectifs de développement durable, les efforts déployés au cours des deux prochaines décennies seront centrés sur l'accès à des services de santé de qualité. La promotion de la mobilisation des ressources sera renforcée par l'obligation de rendre des comptes (particulièrement la surveillance et l'évaluation) quant à l'utilisation de ces ressources au cours du cycle de vie. Les intervenants devraient souligner l'importance des engagements nationaux, au moyen de partenariats élargis, pour ce qui est d'assurer la durabilité à long terme.

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INTRODUCTION

The Programme of Action of the International Conference on Population and Development held in 1994 was crucial to promote the concept of reproductive health, by moving from the centrality of population growth and its mitigation by family planning to a focus on human rights and the full range of issues related to sex and reproduction.[1] This approach received support subsequently from various forums, notably in 1995 in Beijing when the Platform for Action of the Fourth World Conference on Women stressed related topics such as gender-based violence, access to services, and other power inequalities.[2] Unfortunately, negotiations during the formulation of the Millennium Development Goals (MDGs) in 2000 failed to anchor reproductive health as a central component of health for all: instead, it was subsumed under the goal of improving maternal health by reducing the maternal mortality ratio and increasing skilled attendance at birth. It was not until 2005 that reproductive health gained its due recognition through the introduction of a new target which advanced the goal of universal access to reproductive health care into the framework of the MDGs.[3]

PRIORITIES

With their commitment to the Millennium Declaration, countries have prioritized the eight MDGs through multilateral and bilateral collaboration for international development.[4] For the specialty of obstetrics and gynaecology, the fifth MDG in its revised two-target form is the most important, with close implications from the fourth MDG regarding a reduction in child mortality and the sixth MDG for the control of HIV infection. Furthermore, the health of the population improves with poverty reduction (MDG1), universal primary education (MDG2), and gender parity (MDG3). Finally, the other

two MDGs are closely related to reproductive health: MDG7 for environmental sustainability and MDG8 for global partnerships. The splitting of health issues for mothers, children, and a cluster of diseases, including HIV, into three separate MDGs unfortunately reinforced segregated vertical program approaches, and this resulted in competition for resources.

The framework for monitoring progress of the eight MDGs consisted of 21 targets and 60 indicators. For MDG5, the indicators for the target of reduction of maternal mortality consisted of the maternal mortality ratio and skilled attendance at birth, with contraceptive prevalence, adolescent birth, antenatal care coverage, and unmet need for family planning used as indicators for the other target of universal access to reproductive health services.[5] In addition, some indicators for child mortality (MDG4) and HIV control (MDG6) are of special interest for reproductive health: these are infant mortality, HIV prevalence in the age group of 15 to 24 years, and condom use at last high-risk sexual act. Finally, the target of cooperation with pharmaceutical companies for provision of drugs in developing countries within MDG8 (regarding global partnerships for development) includes a target for access to affordable essential drugs. Because reproductive health drugs, including contraceptives, have been incorporated in the WHO list of essential drugs,[6] the associated indicator of the proportion of the population having access to essential drugs is of great interest.

It is most unfortunate that program interventions have sometimes focused on tasks with a major impact on indicators; this serious misuse of indicators, meant to serve as proxy measures for monitoring progress, distorts program priorities. Instead, it is crucial to ensure the sustainable effectiveness of services by increasing commitments to mobilize resources for long-term benefits in providing comprehensive reproductive health services.

LIFE CYCLE AND CONTINUUM OF CARE

Because developing countries have seemingly high rates of maternal and infant mortality compared to developed countries, concerns in international health have focused on maternal and child health. The subsequent addition of available family planning in the 1970s was justified by its beneficial effects on obstetric outcome and child survival.[7,8] It was soon realized that services should aim beyond women of reproductive age by addressing the needs of adolescents and postmenopausal women, and should include issues pertaining to men, sexual violence, and related conditions such as cancers linked to sex and reproduction. Hence, the approach used was based on the life cycle to address sexual and reproductive health, in keeping with the Barker hypothesis (regarding the primary role of birth weight in the etiology of numerous diseases, including cardiovascular events).[9] Additionally, the etiology of many non-communicable diseases can be traced to untoward behaviours adopted during adolescence, a period when behaviours become entrenched but are, luckily, still modifiable.[10,11]

Using the burden of disease as the basis for resource allocation led to the prioritization of pregnancy, child mortality, and adolescent fertility alongside HIV, malaria, and tuberculosis. Drawing upon age and disease considerations, the resulting policy formulation for strengthening health systems[12] led to numerous single-agenda campaigns for implementing specific interventions such as comprehensive condom programming. Efforts aimed at increasing service coverage, from pre-pregnancy to the puerperium and infancy, have been impeded by poverty and sociocultural attitudes. In low-resource settings, the removal of economic barriers for access to skilled obstetric care does not necessarily lead to the increased use of facility-based (rather than home-based) services.[13]

ACHIEVEMENT OF GOALS

The adoption of the MDGs generally spurred significant progress in various areas, albeit unevenly in different countries and population groups. The exercise brought a more consistent focus to global, regional, and national development planning efforts, with reorientation of expenditures, establishment of improved monitoring frameworks, and mobilization of a wide range of public and private stakeholders. Although the master goal of reducing poverty was not achieved, a smaller proportion of people now live in extreme poverty, led by advances in East Asia. There has also been a substantial improvement in education, especially for girls, fewer cases of malaria (associated with the availability of bed nets), and significant reductions in maternal and child mortality.[14]

As the three health-related goals of the MDGs led to silos for policy formulation, the resulting implementations failed to strengthen health systems adequately. It was only after these implementations that the value of sexual and reproductive health was appreciated as a concept to unify various issues pertaining to sex and reproduction: the adoption of a new target under the "improve maternal health" goal has been achieved by including this goal as both a health and a women's empowerment issue throughout the life cycle.

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