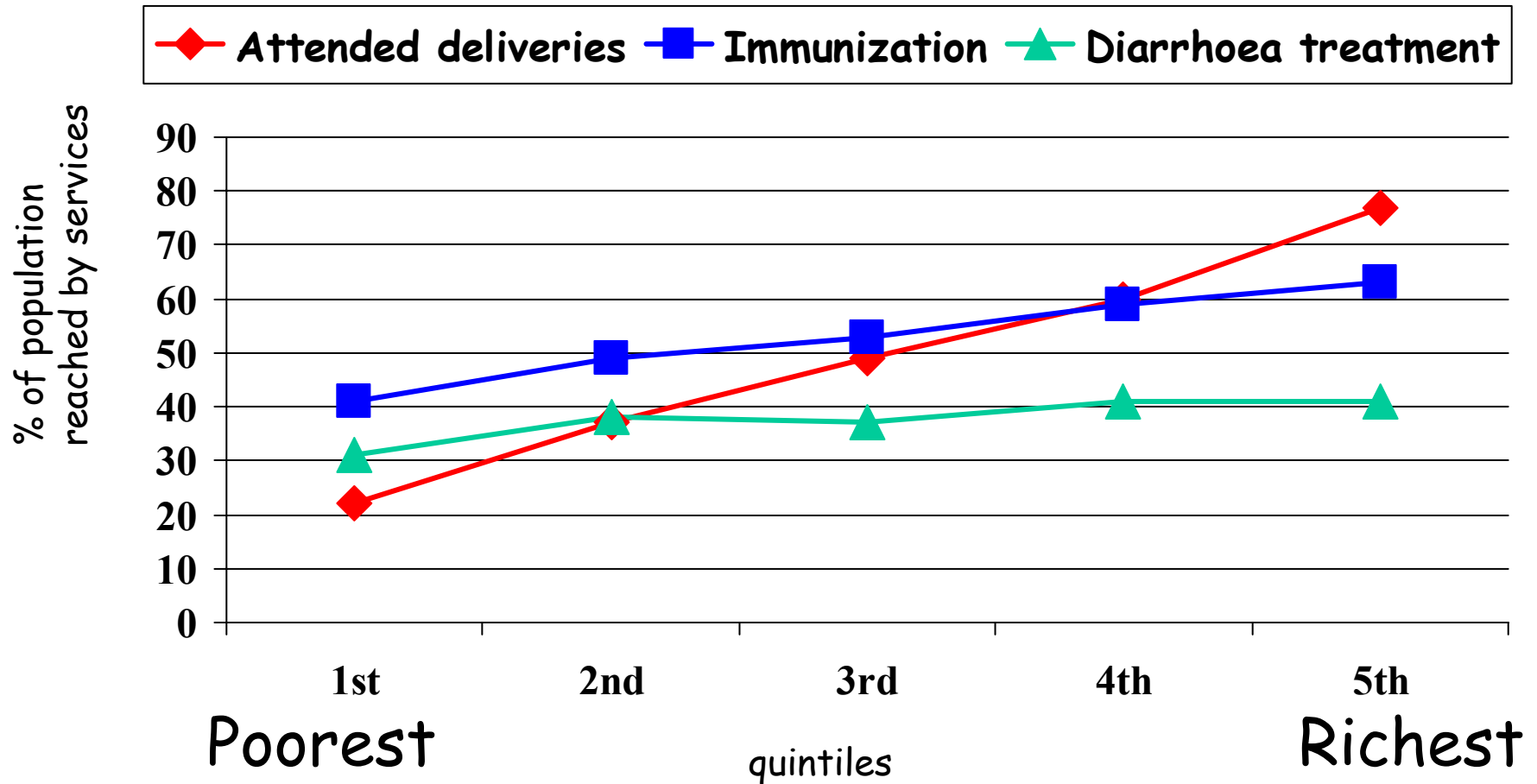


Poor-rich inequalities in access to health care *



Source: World Bank 1999

*Unweighted average of 10 developing countries

IMPLEMENTATION OF THE REPRODUCTIVE HEALTH CONCEPT: HAS THERE BEEN ANY PROGRESS ? (ICPD+5 REVIEW)

- **DEVELOPING COMMON UNDERSTANDING OF THE CONCEPT**
 - Labour-intensive consensus-building process to clarify what reproductive health means in practice and its implications with regard to the work and responsibilities of stakeholders concerned.
 - Confusion due to different interpretations. No clear cut ways of operationalising the new thinking of the reproductive health approach.. Some areas are sidelined. Need to be creative and involve new players.
- **NEW POLICIES DEFINED, INSTITUTIONS RESTRUCTURED**
 - Comprehensive response to people's needs through a multi-level and multi-sectoral approach; difficulties in adjusting the institutions to the process.
 - Shift from programme/contraceptive-specific target-setting to focus on users' demand for quality care (China, India).

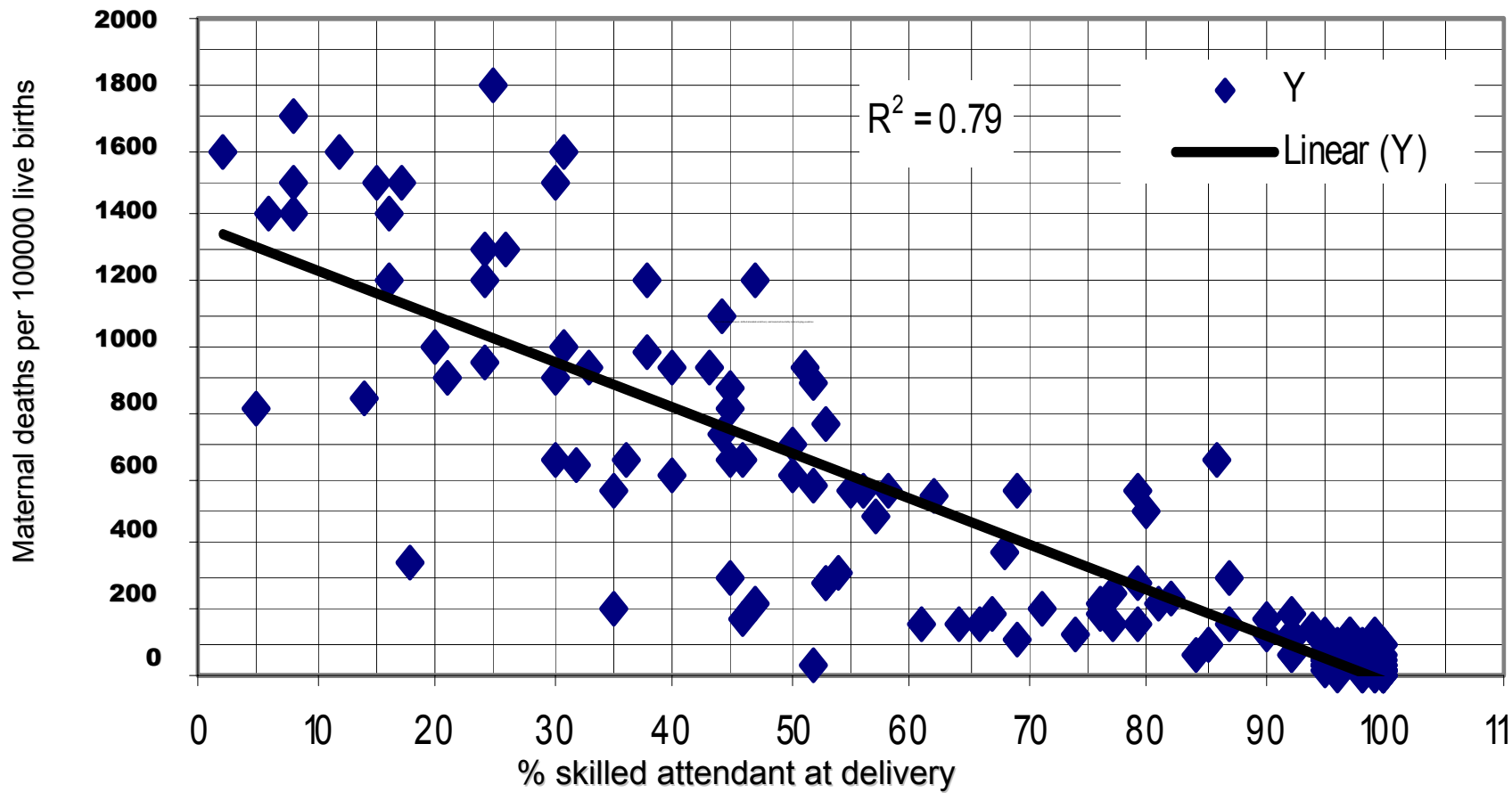
IMPLEMENTATION OF THE REPRODUCTIVE HEALTH CONCEPT: ANY PROGRESS ?.....(Cont'd)

- **BUILDING NEW ALLIANCES AND PARTNERSHIPS**
 - Need to be creative and involve a broad range of new players and new collaborative activities;
 - Significant implications on coordination, negotiation skills, mutual trust, and effectiveness and efficiency of activities.
 - Need to revisit the role of the Government and collaborating partners, including the private sector
- **ALIGNING THE SERVICES TO THE NEW THINKING AND RE-FOCUSSING ON QUALITY OF CARE**
 - Efforts to incorporate the life cycle and rights-based approaches into the design and implementation of essential packages of services.
 - Improving health care providers' skills and competence in new areas such as interpersonal communication, logistics and management, life-saving skills.
 - Strengthening technical supervision, back up support and appropriate referrals to ensure continuity of care.

IMPLEMENTATION OF THE REPRODUCTIVE HEALTH CONCEPT: PROGRAMMATIC CHALLENGES ?

- **INTEGRATION OF SERVICES: WHAT TO INTEGRATE AND HOW ?**
 - **What could be the best option: establishing pragmatic and selective linkages ? Adding new services to those already existing through super-market approach? How to incorporate users' perspectives ? How to ensure smooth coordination among players ?**
- **BUILDING TECHNICAL, INSTITUTIONAL AND MANAGERIAL CAPACITY**
 - **What are the training needs and how soon can the programmes develop a critical mass of multi-purpose cadres of health workers ?**
 - **Are the back up mechanisms readily available ? For example, what capacity is required to ensure skilled attendance for each pregnant women ?**

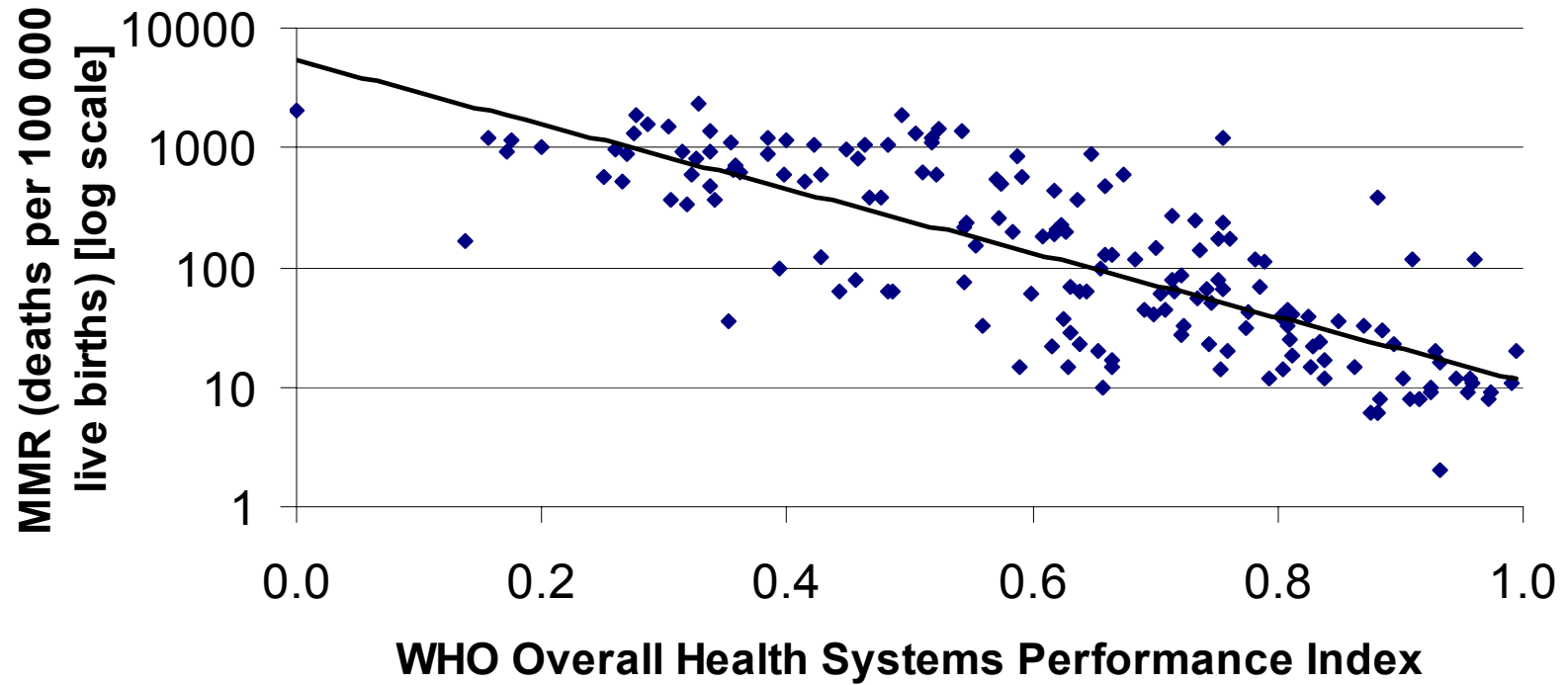
The relationship between skilled attendant at delivery and maternal mortality in developing countries



IMPLEMENTATION OF THE REPRODUCTIVE HEALTH CONCEPT: WHAT ARE THE PROGRAMMATIC CHALLENGES ?

- **PERFORMANCE OF THE HEALTH SYSTEMS AND EFFECTS OF HEALTH SECTOR REFORMS**
 - **Implementation within the context of primary health care, decentralisation and other elements of health sector reforms: financing, provision of personal and non-personal services, resource development (human, physical, technologies); inter-sectoral advocacy, consumer protection.**
- **MITIGATING THE EFFECTS OF THE HIV/AIDS EPIDEMIC**
 - **The case of severely hit countries, especially in East and Southern Africa but also in some countries in South East Asia; implications on integration of services.**
 - **The case of war-torn countries and the role of war in the spread of the epidemic**

Maternal Mortality Rate and Health System Performance



IMPLEMENTATION OF THE REPRODUCTIVE HEALTH CONCEPT: WHAT ARE THE CONSTRAINTS AND OBSTACLES ?

- **ENSURING/ SUSTAINING POLITICAL COMMITMENT**
 - Health, and reproductive health in particular, is not among the top national health priorities.
 - Influence of external factors and pressure groups outside the the health system
 - Equalities opportunities and empowerment of women.
- **SHORTFALL IN THE MOBILIZATION OF FINANCIAL RESOURCES**
 - Decline in over-seas development aid contributed by the donor community : majority of donor countries are far below the agreed target of 0.7 % of GNP.
 - Funds mobilized internally by the developing countries hardly reach 70 % of targeted 2000 goal.
 - Some reproductive health components attract less funding or are falling off owing to withdrawal of funding from donors

CONTRIBUTION TO GLOBAL REPRODUCTIVE HEALTH : THE WORK OF W.H.O.

- **SIX MAIN WAYS CORRESPONDING TO SIX CORE FUNCTIONS OF W.H.O.**
 - **Advocacy and formulation of policies**
 - **Managing health information, and carrying out research and research development**
 - **Providing norms and tools**
 - **Developing technologies, tools and guidelines**
 - **Giving technical and policy support to countries**
 - **Forming creative and innovative partnerships**

Integrated Management of Pregnancy and Childbirth

