UNITED NATIONS **E**

Economic and Social Council

Distr.
GENERAL

E/CN.9/1996/3
10 January 1996

ORIGINAL: ENGLISH

COMMISSION ON POPULATION AND DEVELOPMENT
Twenty-ninth session
26 February-1 March 1996
Item 4 of the provisional agenda*

FOLLOW-UP ACTIONS TO THE RECOMMENDATIONS OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT: REPRODUCTIVE RIGHTS AND REPRODUCTIVE HEALTH

Monitoring of population programmes

Report of the Secretary-General

SUMMARY

The present report has been prepared in accordance with the new terms of reference of the Commission on Population and Development and its topic-oriented and prioritized multi-year work programme, which were endorsed by the Economic and Social Council in its resolution 1995/55. The topic for 1996 is reproductive rights and reproductive health.

This report, which reflects the responses received from representatives/country directors of the United Nations Population Fund (UNFPA) in 78 countries, is intended to give a broad overview of the range of activities that have been initiated in the aftermath of the International Conference on Population and Development in the areas of reproductive rights, reproductive health and population information, education and communication. It assesses the different strategies and approaches that countries have adopted to implement the recommendations in the Programme of Action of the International Conference on Population and Development concerning reproductive health and population information, education and communication. It also provides an analysis of the difficulties and constraints encountered by countries in implementing reproductive health and population information, education and communication programmes.

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INTRODUCTION

1. The present report on the monitoring of population programmes has been prepared in accordance with the new terms of reference of the Commission on Population and Development and its topic-oriented and prioritized multi-year work programme, which were endorsed by the Economic and Social Council in its resolution 1995/55. The theme for 1996 is reproductive rights and reproductive health, including population information, education and communication.

2. This report reviews progress with respect to population programmes and related development activities at the country level. It focuses on programme experiences in the area of reproductive rights and reproductive health and population information, education and communication. Since developed countries usually do not have explicit population policies, but rather separate clusters of policies, programmes and legislation, contrary to most developing countries which have, over the years, adopted comprehensive population policies and programmes, this report deals with the programme experiences of developing countries as well as countries with economies in transition. Since the principal focus of the report is the monitoring of population programmes, it primarily addresses operational activities in the area of reproductive health and related information, education and communication programmes and, to a lesser extent, reproductive rights.

3. In order to obtain the data and information necessary for the preparation of this report, the United Nations Population Fund (UNFPA) sent out a questionnaire to all its representatives and country directors in the field. The questionnaire was sent to 125 field representatives, covering more than 130 developing countries and countries with economies in transition. It contained questions pertaining to the main subjects covered in chapter VII. Reproductive rights and reproductive health, and chapter XI Population, development and education (part B) of the Programme of Action of the International Conference on Population and Development. 1/ More specifically, the questions referred to the following:

(a) Integration of family planning information and services into the broader framework of reproductive health;

(b) Quality-of-care aspects of reproductive health programmes;

(c) Dissemination of the Programme of Action of the International Conference on Population and Development and whether it was being translated into the national language;

(d) Existence of a national information, education and communication strategy for reproductive health;

(e) Reproductive health needs of adolescents;

(f) Extent of women's participation in the design and implementation of reproductive health programmes;

(g) Initiatives under way to increase men's participation in reproductive health programmes;

(h) Role of non-governmental organizations in the formulation and implementation of those programmes.

4. This report is based on responses received from 78 countries. 2/ The breakdown according to the regions from which the responses were received is as follows:

Region or group	Number of reports received
Sub-Saharan Africa (including Eastern, Middle, Southern and Western Africa)	33
Northern Africa and Western Asia	8
Asia (including Eastern, South-eastern and South-central Asia) and Oceania	17
Latin America and the Caribbean	17
Countries with economies in transition (including some countries in Eastern and Northern Europe)	3
Total	78

5. This report is intended to give a broad overview of the range of activities that have been initiated, since the International Conference on Population and Development was held, in the areas of reproductive rights, reproductive health and population information, education and communication. It is more qualitative than quantitative in its approach. The report assesses the different strategies and approaches that countries have adopted to implement the recommendations in the Programme of Action of the International Conference on Population and Development concerning reproductive health and population information, education and communication. It focuses on efforts to integrate family planning information and services into reproductive health programmes; quality-of-care aspects of those programmes; population information, education and communication programmes; and initiatives undertaken to address adolescent reproductive health needs and to increase women's participation, and strategies to involve men; as well as the role of the non-governmental sector. The report also analyses the difficulties and constraints encountered by countries in implementing reproductive health and population information, education and communication programmes.

I. INTEGRATION OF FAMILY PLANNING INTO REPRODUCTIVE HEALTH PROGRAMMES: CONCEPTUALIZATION AND OPERATIONALIZATION

6. Experiences over the past two decades have shown that family planning programmes work best when they are part of, or linked to, broader health-related initiatives that address closely related health needs. As a result of these experiences, there is an emphasis on reproductive rights and reproductive health in the Programme of Action of the International Conference on Population and Development and on the need to integrate family planning information and services into reproductive health programmes. The Programme of Action of the International Conference on Population and Development (para. 7.2) states:

> "Reproductive health ... 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 regulation 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."

The Programme of Action of the International Conference on Population and Development further calls for information and services to be made accessible through the primary health-care system.

7. In 1995, following the International Conference on Population and Development, one of the first steps many countries took was to address the conceptualization and operationalization of the reproductive health approach in the particular context of their own country. Responding to the need for guidance, several United Nations bodies and organizations produced materials aimed at assisting countries in implementing reproductive health programmes. For example, the World Health Organization (WHO) issued several new publications on this topic. United Nations organizations and bodies also delineated their objectives and activities in operationalizing reproductive health. UNFPA revised its guidelines on reproductive health, the United Nations Children's Fund (UNICEF) presented its plans in this area to its Executive Board in 1995, and the World Bank issued a policy document on its role in improving reproductive health.

8. In an attempt to define the implications of the reproductive health approach for their national policies and programmes, 18 countries - Bhutan, Burkina Faso, the Comoros, Costa Rica, El Salvador, Ethiopia, India, the Islamic Republic of Iran, Jamaica, Malawi, Mali, Mongolia, Nicaragua, the Niger, Peru, Turkey, Viet Nam and Zambia - reported having organized workshops or seminars to discuss the implications of the reproductive health approach for their national population programmes. Workshops were held to familiarize planners and/or health-care workers concerning the new concept of reproductive health and its implications for programmes. In addition, medical associations in various countries organized forums or symposia to inform their members about the

reproductive health concept and approach and to discuss ways of conceptualizing and operationalizing the notion of reproductive health.

9. Countries took up the challenge of the Conference to adopt a reproductive health approach in many different ways. Of the countries responding to the survey, 50 (64 per cent of the respondents) reported having taken initial steps to broaden their existing family planning, maternal and child health (MCH), birth-spacing and/or safe motherhood programmes and to include in them other reproductive health information and services. In some countries in Africa, Governments are in the process of integrating reproductive health services into ongoing activities under the Bamako Initiative. This Initiative was set forth at a 1987 meeting of ministers of health of countries in sub-Saharan Africa to develop a strategy to revive, strengthen and extend basic health-care services.

10. In more than 30 countries, including 17 in sub-Saharan Africa, Governments reported having begun a process of reorientation and re-examination of existing policies. In Guinea, for example, the Ministry of Health initiated a review of the current modalities of its safe motherhood/family planning programme aimed at transforming it into a reproductive health/family planning (RH/FP) programme. In Indonesia, where the shift from family planning to reproductive health was initiated even before the Conference, the transition will be accelerated in its current five-year programme (1995-1999). This programme addresses such critical areas as quality of care in reproductive health services, the demand-fulfilment approach, prevention of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) within the framework of RH/FP through a family-centred approach, education of youth regarding reproductive health and family well-being, research and data collection on reproductive health and women, and promotion of women's empowerment. The Government of Paraguay decided to revise its national plan for reproductive health and family planning, elaborated just before the Conference, so as to adjust it to the new focus, principles and recommendations of the Programme of Action of the International Conference on Population and Development.

11. The Programme of Action of the International Conference on Population and Development (para. 7.9) calls upon Governments to promote community participation in reproductive health care by decentralizing the management of public health programmes. In several countries, Governments responded to this recommendation by taking steps towards decentralizing public health services to lower levels of administration. In Cameroon, for example, a programme aimed at strengthening and expanding RH/FP services within primary health-care programmes includes a component for the decentralization of RH/FP activities from the Ministry of Health to district and provincial levels.

12. The extent of integration of family planning into reproductive health programmes appears to depend largely on the state of health-care services and facilities. Countries in which most essential reproductive health services were already available to the majority of the population initiated activities directed towards previously unserved or underserved groups in society. Some of these countries focused instead, or in addition, on the introduction of more specific reproductive health services, such as the prevention and proper referral of infertility and the prevention and treatment of reproductive tract infections, as well as sexually transmitted diseases. In countries with less

well-developed health services, the full integration of family planning into reproductive health programmes was expected to take much more time. In many of these countries, Governments adopted an incremental approach to introduce reproductive health services gradually within the primary health-care system.

13. As stated in the Programme of Action of the International Conference on Population and Development (chap. VII) and reaffirmed in the Platform for Action, 3/ adopted at the Fourth World Conference on Women held in September 1995, reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and on the right to attain the highest standards of sexual and reproductive health. Reproductive rights also include the right to make decisions concerning reproduction free of discrimination, coercion and violence (para. 7.3). The two main aspects of reproductive rights involve information and services. As described above, in most of the countries responding to the inquiry, initiatives were under way to increase the scope of reproductive health services. The initial steps taken by Governments to create awareness of reproductive health are discussed below.

14. Some countries framed the assurance of reproductive rights within a larger approach to issues of reproductive health, population and sustainable development. For example, the Government of Bolivia issued a Declaration of Principles on Population and Sustainable Development, which states that "one crucial aspect of MCH is reproductive health, and a key component of this reproductive health is family planning, undertaken as the fundamental right of couples and individuals to decide freely and responsibly the number of their children and the spacing between them".

II. QUALITY-OF-CARE ASPECTS OF REPRODUCTIVE HEALTH PROGRAMMES

15. The emphasis on a comprehensive reproductive health approach in population programmes has led to increased attention to the quality of care provided to clients. The Programme of Action of the International Conference on Population and Development stresses the need to improve the quality of care of reproductive health and family planning programmes as an effective way to address existing unmet demands for reproductive health information and services (see the Programme of Action, para. 7.23 (a)-(h)). Of the countries responding to the inquiry, 52 reported having initiated activities to improve the quality of care provided: 24 from sub-Saharan Africa, 4 from Northern Africa and the Middle East, 13 from Asia and Oceania, 10 from Latin America and the Caribbean, and 1 from countries with economies in transition.

16. Most of these countries were pursuing the following similar paths to increase or improve the quality of reproductive health services: (a) developing human resources, including training of medical and/or paramedical staff in reproductive health; (b) improving infrastructure; (c) developing medical protocols for RH/FP services; and (d) increasing the availability of reproductive health services.

A. Human resource development, including training

17. The training of health-care providers - doctors, nurses and midwives - in reproductive health and family planning matters and/or the review and revision of training materials seem to be standard components of most of the reproductive health-care projects developed in the countries responding after the Conference was held. An often-cited objective of training programmes is to increase the number of service providers so as to expand service coverage, particularly in rural areas. Through such training, service providers and health-care planners and supervisors are made aware of the latest developments with regard to reproductive health issues, of the need for clients to have the opportunity to make informed choices, and of the need for honest and compassionate counselling of clients on reproductive and sexual health matters.

18. The Philippines reported, for example, having trained about 80 per cent of all governmental and non-governmental health workers in basic and comprehensive family planning and interpersonal communication skills. Viet Nam reported that its programme included the review and revision of training curricula and materials based on findings from the assessment of quality of care of family planning services in Viet Nam, the Rapid Evaluation Method (REM) survey, and job descriptions and task analyses of the MCH/FP health personnel. The Comoros reported that the manual for health-care providers was being elaborated to include information, education and communication aspects, the importance of client confidentiality and the need for mechanisms for follow-up of contraceptive users. The last-mentioned measure is in line with the recommendation in the Programme of Action of the International Conference on Population and Development (para. 7.23), which states: "In the coming years, all family-planning programmes must make significant efforts to improve quality of care. Among other measures, programmes should: ... (e) ensure appropriate follow-up care, including treatment for side-effects of contraceptive use".

B. Infrastructure

19. The increased attention to quality-of-care aspects of reproductive health programmes appears to have led to increased concern for the health-system infrastructure, particularly in terms of the maintenance of health-care facilities and the availability of sufficient supplies of medical equipment and drugs, including contraceptives. Of the countries responding, 20 - Benin, Burkina Faso, Cambodia, Cameroon, Cape Verde, Côte d'Ivoire, Ecuador, the Gambia, Guinea-Bissau, Guinea, the Lao People's Democratic Republic, Mexico, Myanmar, Namibia, Nicaragua, the Niger, Senegal, Sierra Leone, the United Republic of Tanzania and Zimbabwe - reported having undertaken initiatives aimed at improving the health-care infrastructure and facilities. In Côte d'Ivoire, for example, beginning in 1993, health-care centres had been renovated and equipped: 20 of those centres were already operational and another 20 were expected to have been renovated and equipped by the end of 1995. Similarly, in Nicaragua, the Ministry of Health was working, in cooperation with non-governmental organizations, on improving the infrastructure and equipping primary health-care units. In Cambodia, the Government was addressing the quality of care through, inter alia, the repair and rehabilitation of health-care facilities and the provision of medical equipment.

20. The Programme of Action of the International Conference on Population and Development (para. 7.23 (a)) recommends that family planning programmes "recognize that appropriate methods for couples and individuals vary according to their age, parity, family-size preference and other factors, and ensure that women and men have information and access to the widest possible range of safe and effective family planning methods in order to enable them to exercise free and informed choice". Governments, often with the assistance of the international donor community, began to respond to the need to expand the availability of different contraceptive methods by increasing the method mix in health-care facilities. Projects have been formulated to introduce previously unavailable methods, while at the same time strengthening the general supply of contraceptives.

21. Some countries reviewed their organizational infrastructure with the aim of assessing effectiveness and efficiency. The Ministry of Health in Peru, for instance, undertook an organizational restructuring to facilitate the integration of MCH, adolescent health, cancer detection and family planning programmes within the Social Programmes Directorate of the Ministry of Health; doing so allowed the Ministry to streamline its health policies and fostered a more integrated approach to reproductive health. The Government of Mexico, in December 1994, merged its Directorate-General of Family Planning and Directorate-General of Maternal and Child Health within the Ministry of Health into one Directorate-General of Reproductive Health, in an organizational change intended to strengthen both components.

22. To be able to meet the increased demands for contraceptives, 13 of the countries responding to the inquiry - Bangladesh, Burundi, Ecuador, Ethiopia, the Lao People’s Democratic Republic, Namibia, Nicaragua, Panama, Togo, Uganda, the United Republic of Tanzania, Viet Nam and Zambia - reported having programmes formulated since the Conference to pay special attention to the need to improve the national logistics management information systems (LMIS), which enable countries to respond to declining stocks. The Government of Ecuador, for instance, initiated a project to strengthen the LMIS of its national family planning programme. In the United Republic of Tanzania, a nationwide LMIS has been established to improve storage, ordering and forecasting of family planning and AIDS-prevention methods. All MCH coordinators and AIDS-prevention coordinators were being trained in LMIS. This training has led to improvements in storage, ordering and forecasting of commodities. In Viet Nam, following the Conference, the Government included the strengthening of its logistics system, covering the distribution of contraceptives, as well as the FP/MCH management information system (MIS), in the current programme cycle.

C. Medical protocols

23. In a number of countries responding to the inquiry, initiatives were under way to revise or update medical standards for RH/FP or related programmes. For example, the Ministry of Health of Ghana developed safe motherhood clinical protocols aimed at standardizing service delivery, as well as reorienting and enhancing the training of service providers. The major components of this protocol include family planning, prenatal and postnatal services, supervised delivery, the management of complications as a result of abortions, and the

prevention and treatment of sexually transmitted diseases and HIV/AIDS. In 1994, the Government of Côte d'Ivoire adopted a national family planning policy, which sets the standards for health professionals in providing family planning information and services in the context of maternal and child health.

24. In Pakistan, the Government published and disseminated to health-care providers a Manual of National Standards for the Delivery of Family Planning Services, which covers all contraceptive methods. In Egypt, the Government undertook several initiatives to improve the quality of RH/FP services. One of them was the review and updating of the National Clinical Guidelines to include the latest developments in reproductive health and family planning. In Nepal, quality-assurance teams undertake regular field visits to ensure that standards are being met.

D. Availability of reproductive health services

25. Although efforts are under way to improve the quality of reproductive health and related services, in the majority of developing countries responding to the inquiry, the full range of reproductive health services were either unavailable or inadequately available to all eligible women and men. Table 1 shows the number of countries offering selected components of reproductive health by degree of availability.

26. It is clear from table 1 that, of the various reproductive health components, the most widely available were family planning counselling, information, education and communication services, and facilities for prenatal care, safe delivery and postnatal care. In one fourth of the countries responding to the inquiry, however, family planning information and services were considered inadequately available to all women and men. Several reports mentioned that in most cases, most, if not all, components of the reproductive-health approach were available for middle- and higher-income groups in urban areas, whereas those services were not available or inadequately available to the majority of the urban and rural poor.

27. Of the 78 countries responding, 10 (13 per cent) reported having all seven components of reproductive health programmes, as described in table 1, available to all women and men through the primary health-care or other health-related system. Thus, in the majority of countries responding, the full range of reproductive health-care services was either not yet available or inadequately available.

Table 1. Availability of reproductive health components

Reproductive health component	Available		Inadequately available		Not available		Not ascertained	
	Number	Per-centage	Number	Per-centage	Number	Per-centage	Number	Per-centage
Family planning counselling, information, education and communications services	49	63	19	24	3	4	7	9
Education and services for prenatal care, safe delivery and postnatal care, especially breast-feeding and infant and women's health care	55	71	11	14	5	6	7	9
Prevention and appropriate treatment of infertility	30	38	18	23	23	30	7	9
Abortion, as specified in para. 8.25 of the Programme of Action of the International Conference on Population and Development including prevention of abortion and management of the consequences of abortion	25	32	16	21	30	38	7	9
Treatment of reproductive tract infections	30	38	17	22	24	31	7	9
Sexually transmitted diseases and other reproductive health conditions, including cancers of the reproductive system	38	49	19	24	14	18	7	9
Information, education and counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood	35	45	15	19	21	27	7	9

Source: UNFPA inquiry, 1995.

Note: The subheading "number" refers to number of countries offering a given component by degree of availability; the corresponding subheading "percentage" refers to the number as a percentage of the total number of countries (78) responding to the inquiry.

III. POPULATION INFORMATION, EDUCATION AND COMMUNICATION

28. Any new concept needs to be accompanied by an information, education and communication (IEC) strategy to make people aware of its content and implications - all the more so if this new concept involves, as does the concept of reproductive rights and reproductive health, many aspects, ranging from sociocultural factors - cultural beliefs and practices, status of women, overall health and well-being, religious convictions and ethical values - to economic conditions.

29. Of the 78 countries responding to the inquiry, 25 (32 per cent) reported having a national IEC strategy for reproductive health (see table 2). In most cases, these national strategies were closely linked with service delivery. Of the respondents, 16 countries (21 per cent) reported that efforts were under way to develop a national IEC strategy for reproductive health. Thus, a little more than 50 per cent of the countries from which information was received will soon have a national IEC strategy focusing on reproductive health and related subjects. More than 50 per cent of the countries in sub-Saharan Africa (18 out of 33 countries) for which information was available had, or were in the process of developing, a national IEC strategy. In Northern Africa and Western Asia, 4 out of 8 countries had formulated, or were in the process of formulating, and national policy. In Asia and Oceania, 10 out of 17 countries had, or were in the process of developing, a national IEC strategy. In Latin America and the Caribbean, 8 out of 17 countries had, or were in the process of formulating, a national IEC policy. In countries with economies in transition, 1 country out of 3 had done so.

30. The absence of a national IEC policy for reproductive health, does not necessarily mean, however, that no initiatives were under way in those countries. In nearly all countries from which information was received, IEC activities were being carried out aimed at increasing awareness of reproductive health and family planning. Those activities were often part of larger RH/FP or related programmes, using a variety of communication channels (such as print media, radio and television), interpersonal communication and traditional communication techniques (such as drama, songs, dances and the use of puppets, posters and leaflets).

31. In some countries, it was felt that IEC activities were not yet adequately linked with service delivery, and that this thereby limited the impact of IEC programmes on RH/FP behaviour. Other obstacles were also observed in a number of countries, such as a prevalence of high illiteracy; the notion that reproductive health matters were private and should therefore not be discussed in public; lack of IEC materials; limited IEC skills of health providers; cultural and traditional beliefs and values preventing, for instance, awareness creation among youth; and lack of an effective non-governmental sector, which hampered the implementation of IEC activities and their intended impact.

32. The international community considers generating greater public awareness, understanding and commitment to be vital for the successful implementation of reproductive health programmes. The Programme of Action of the International Conference on Population and Development therefore calls on all parties concerned to strengthen existing IEC activities. The first step after the

Table 2. Countries with a national information, education and communication (IEC) strategy, by region or group

Region or group	Number of countries responding	Number of countries having national IEC strategy	Number of countries developing IEC strategy
Sub-Saharan Africa (including Eastern, Middle, Southern and Western Africa)	33	11	7
Northern Africa and Western Asia	8	2	2
Asia (including Eastern, South-eastern and Western Asia) and Oceania	17	6	4
Latin America and the Caribbean	17	5	3
Countries with economies in transition (including some countries in Eastern and Northern Europe)	3	1	0
Total	78	25	16

Source: UNFPA inquiry, 1995.

Conference would have been to give wide dissemination to the Programme of Action of the International Conference on Population and Development. From information obtained from responses to the inquiry, it is clear that the Programme of Action of the International Conference on Population and Development has been widely disseminated (75 out of 78 countries responding). In most cases, both Governments and UNFPA field offices were responsible for the dissemination of the document. Copies were sent to ministries, project staff, the media, non-governmental organizations, universities and other interested organizations and individuals. Seminars, workshops and media briefings were held in many countries to spread news on the Conference and its implications. In almost all the 78 countries that responded to the inquiry, newspapers, radio and television programmes reported on the Conference.

33. In terms of translation of the Programme of Action of the International Conference on Population and Development into national languages, the picture is quite different. In less than 50 per cent of the countries responding (38 out of 78 countries) was the Programme of Action of the International Conference on Population and Development translated into the national language, and the figure's being even this high was owing partly to the fact that the national language happened to be one of the six official languages of the United Nations

(Arabic, Chinese, English, French, Russian and Spanish) in which the document had been published. In most countries in sub-Saharan Africa and Asia and Oceania, apart from those countries where Arabic, English or French is the official national language, the document has not yet been translated into the national language. In some countries, however, translation activities are under way. Many countries in Africa have several official national languages; thus, it has been reported that translation into all of those languages seems to be almost impossible to achieve in a short time. As of this writing, the Programme of Action of the International Conference on Population and Development has been translated into Amharic, Bahasa Indonesia, Farsi, Mongolian and Vietnamese.

IV. FOCUS ON SPECIFIC GROUPS

34. The Programme of Action of the International Conference on Population and Development recognized that certain groups, including adolescents, women and men, are in need of special attention as specific audiences for reproductive health information and services.

A. Adolescents

35. The Programme of Action of the International Conference on Population and Development encourages Governments to address adolescent sexual and reproductive health issues through, inter alia, the provision of appropriate services and counselling (see the Programme of Action of the International Conference on Population and Development, para. 7.44 (a)). From the responses received, it seems that, in many countries, the International Conference on Population and Development clearly triggered a process aimed at giving far greater attention than ever before to the needs and problems of adolescents in the field of sexual and reproductive health. Nearly two thirds of the countries responding to the questionnaire reported having undertaken initiatives to address adolescents' reproductive rights and reproductive health and to put their needs in the political agenda. In some cases, these initiatives were undertaken by Governments; in others, in cooperation with, or solely by, non-governmental organizations.

36. Many Governments are taking various steps to address the special needs of adolescents. The Government of Cambodia, for example, issued guidelines for service providers on taking special care of adolescents and unmarried clients and not discouraging them from coming to service delivery points. In Ghana, the Government established a National Steering Committee on Adolescent Reproductive Health, aimed at strengthening coordination and providing a forum for planning and executing activities of the Committee in the country. In Côte d'Ivoire, special plays directed at youth and adolescents were being written and performed. In Uganda, a participatory process was set in motion which resulted in the formation of the Programme for Enhancing Adolescent Reproductive Life. The Programme aims at enhancing the reproductive health of Ugandan adolescents through the provision of appropriate counselling and services. To ensure sustainability, the Programme calls for young people and community leaders to take a leading role in implementation efforts.

37. Often, Governments and non-governmental organizations were working hand in hand to address adolescent reproductive health issues. In Mexico, even before the International Conference on Population and Development, a national-level meeting attended by governmental and non-governmental organization representatives issued the Declaration of Monterrey, which recognizes the needs and demands of adolescents. At the time of the UNFPA inquiry, there were 78 reproductive health-care units for adolescents installed in health-care facilities throughout the country, where information and advice were given and where reproductive health services and family planning were promoted. By the end of November 1995, it was expected that the entire country would be covered by the adolescent-care programme and that each state would have a minimum of two units, one in an urban health centre and another in a general hospital. A similar form of cooperation between government and non-governmental organizations took place in Morocco, where the Ministry of Youth and Sports and the Moroccan Family Planning Association developed an innovative approach to young people's needs. Five regions of Morocco were being covered by a programme to educate youth about reproductive and sexual health through the so-called youth clubs. In those clubs, adolescents create their own materials such as songs, drama and puppet shows, the best of which are shown at national festivals. The projects cover such topics as family planning, sexually transmitted diseases and HIV/AIDS, communication and family life, and sex education.

38. In countries where adolescent reproductive health issues were not being addressed by governmental or other programmes for a variety of reasons, religious and/or cultural factors were most frequently mentioned as reasons for not addressing the reproductive health needs of this age group. The responses to the inquiry revealed that in many countries where Governments were reluctant to address adolescent sexuality and reproductive health needs of adolescents, non-governmental organizations were filling the gap and undertaking activities for adolescents. Often, non-governmental organizations and other local or community-based organizations were in a unique position to work in this area. In line with aspects of the recommendation contained in the Programme of Action of the International Conference on Population and Development (para. 7.48), many non-governmental organizations were training peer groups in counselling techniques to provide guidance to adolescents in matters related to responsible sexual and reproductive behaviour.

B. Women's participation

39. A crucial aspect for the introduction of a reproductive health approach in any country is the level of women's participation in decision-making processes. Paragraph 7.7 of the Programme of Action of the International Conference on Population and Development states, inter alia, that:

> "Reproductive health-care programmes ... must involve women in the leadership, planning, decision-making, management, implementation, organization and evaluation of services. Governments and other organizations should take positive steps to include women at all levels of the health-care system."

From that perspective, it might be useful to see whether the level of women's effective participation in the design and implementation of reproductive health programmes changed after the Conference.

40. The information received indicates that the level of participation differed considerably from country to country. A total of 41 countries reported having women in decision-making positions in the health-care system. The information received does not permit quantification of the proportion of the positions held by women, nor does it permit the delineation of trends. However, examples were given of women's decision-making roles and impact. In El Salvador, for instance, it was reported that women in decision-making positions in the health-care system and in the National Assembly were speaking out on issues related to women's health and well-being. It was reported that the Government of Togo recently changed the organizational structure of the Family Health Division in its Ministry of Health, with women occupying 8 of the 17 decision-making positions, inter alia, as heads of the Departments of Information, Education and Communication, Safe Motherhood, and Child Nutrition, the National Contraceptive Depot and Supervision of RH/FP in the Lomé district.

41. Information gathered from the responses received illustrates that the health sector is quite vulnerable to economic and social crisis. Since women make up most of the workforce in this sector, women's participation in health care in general, and reproductive health care in particular, is often hardest hit in times of economic hardship.

42. Based on the responses received, it would appear that gender concerns are increasingly being taken into account in programme design and implementation. In many reproductive health programmes, gender issues are already included. For example, the Government of Mexico set aside a special unit within the Directorate-General of Reproductive Health to advise on the inclusion of gender in the programme. In a large number of countries, gender training has become a standard component in many projects. Also, female consultants are being used for project formulation, implementation, monitoring and evaluation. In Costa Rica, for example, more than half of the reproductive health projects that were being implemented or prepared had women consultants and decision makers actively participating in project formulation and implementation.

43. One of the more visible signs of women's involvement in the planning, formulation and implementation of reproductive health programmes is through the rapidly growing number of non-governmental organizations dealing with reproductive health care. Often, these non-governmental organizations are headed by women, and the majority, if not all, of their staff are women. As a result of the Conference, Governments have become increasingly inclined to collaborate with national and/or local non-governmental organizations and other grass-roots or community-based organizations. Thus, given the growing importance of those organizations in project execution, the role of women in decision-making should steadily increase in the coming years.

C. Role of men

44. In many of the 78 countries responding to the inquiry, there seems to be awareness of the need to integrate men into all aspects of reproductive health programmes. Of the countries responding, 36 (46 per cent) reported having started programmes specifically directed at male involvement in reproductive health programmes (see table 3).

Table 3. Special programmes to increase male involvement in reproductive health, by region or group

Region or group	Number of countries responding	Number of countries with special programmes
Sub-Saharan Africa	33	20
Northern Africa and Western Asia	8	2
Asia and Oceania	17	9
Latin America and the Caribbean	17	4
Countries with economies in transition	3	1
Total	78	36

Source: UNFPA inquiry, 1995.

45. In some countries, this has resulted in innovative interventions aimed at reaching out to men so as to involve them in issues related to reproductive and sexual health, family planning and their responsibility in these areas. In Côte d'Ivoire, for example, male nurses were being trained in order to reduce the barriers against men's making use of health-care facilities. In addition, an IEC project was backing the reproductive health programme by producing flip charts addressing male heads of families. Similar programmes were being implemented in other countries. In the Philippines, male peer counsellors were being trained to convince married men to practise or support family planning. This approach had been adopted in response to the finding that many women refused to practise family planning, not because they themselves did not want to but because their husbands prevented them from doing so. A similar approach was being followed in a number of other countries as well. Another innovative approach being implemented in the Philippines was the establishment of the first male reproductive health centre, catering to the specific (reproductive) health needs of men. In Sierra Leone, a non-governmental organization was running a similar exclusively male clinic.

46. In other countries, plays were developed specifically for men as a way to stimulate discussion among them on the use of family planning and their responsibility in this area. In Ghana, for example, a series of community-based seminars and drama performances had been organized for both male and female audiences to educate and counsel them on issues concerning population and reproductive health.

47. Another initiative in reaching out to men was under way in Nepal. In order to increase male participation in reproductive health and family planning, condom boxes were being placed in almost all the health facilities of the country, thereby providing free and unhindered access to condoms by all. In Peru, vasectomy was officially approved by the Government as a method of family planning. The Government of Indonesia recognized the need to develop and expand the current counselling programme to include and improve the existing training programmes and to develop training materials that focused on male participation in family planning.

V. ROLE OF NON-GOVERNMENTAL ORGANIZATIONS

48. The Programme of Action of the International Conference on Population and Development (para. 7.9) calls for a broad and effective partnership between Governments and the non-governmental sector in delivering reproductive health information and services. Governments are encouraged to promote much greater community participation in reproductive health-care services by decentralizing the management of public-health programmes and by forming partnerships in cooperation with local non-governmental organizations and private health-care providers. The inquiry attempted to ascertain whether, one year after and as a result of the Conference in Cairo, the role of non-governmental organizations in the development, implementation, monitoring and evaluation of national reproductive health programmes had increased.

49. From the information received from 78 countries, it is clear that the involvement of non-governmental organizations differed greatly from country to country. The trend seemed to be towards more involvement of those organizations, even in those countries where they had been practically non-existent before the Conference. In several countries, international non-governmental organizations were also working in the field of reproductive health, thereby complementing or supplementing services provided by government facilities and/or through national non-governmental organizations.

50. In many of the countries responding to the inquiry, non-governmental organizations provided and continue to provide a large volume of reproductive health services, and information and education, thereby increasing both the demand for and the access to those services. The Togolese Family Welfare Association was operating a model clinic to demonstrate the integrated approach to reproductive health and family planning services, through service delivery, training and research, and it planned to establish regional model clinics in four more districts of the country. In Maldives, the first family planning clinic in the country was established by a national non-governmental organization in January 1995.

51. From the information received, it appeared that non-governmental organizations had become effective partners for Governments through their involvement in follow-up mechanisms, such as national committees or councils, set up in several countries to coordinate the national implementation of the Programme of Action of the International Conference on Population and Development. At the same time, non-governmental organizations had also been increasingly collaborating and networking in order to expand their influence in project formulation and execution. One example was in Ethiopia, where 11 non-governmental organizations had established a Consortium of Non-Governmental Organizations in Family Planning.

52. Traditionally, non-governmental organizations have played an important role by providing information and services to those segments of society not addressed by official governmental programmes, such as the poor, adolescents, commercial sex workers, unmarried couples and men, or by focusing on sensitive or controversial issues, such as traditional harmful practices against women, violence against women and abortion. The non-governmental sector has often been a front runner in innovative approaches to issues related to women's health, reproduction and family planning.

53. In times of dwindling public resources for investments in the social sector, including the health sector, the role of the non-governmental and private sectors becomes more important. However, some countries reported that the increased demands placed on non-governmental organizations to be full partners in the implementation of reproductive health programmes have led to an overburdening of those organizations. Also, some countries reported that, as a result of worsening economic conditions, the services provided by non-governmental organizations had been negatively affected. In other countries, the non-governmental organizations had been unable, owing to financial constraints, to reach large segments of society, particularly in the rural areas. In addition, financial difficulties had led some non-governmental organizations to shift their focus from low- to middle-income target groups.

54. Based on the responses received, there is reason to believe that the Conference has influenced the work of non-governmental organizations. As a result of the emphasis placed by the Conference on a holistic and comprehensive approach to reproductive health, traditional family planning-type non-governmental organizations are increasingly broadening their services to include other reproductive health services in their clinics, and their staff are being trained with respect to the implications of this new concept of reproductive health.

VI. PROGRAMMING IN REPRODUCTIVE HEALTH: CHALLENGES AND CONSTRAINTS

55. While a number of impressive initiatives are under way, responses to the inquiry show that many countries still face formidable obstacles or challenges which need to be addressed so that those countries can fully implement the recommendations in the Programme of Action of the International Conference on Population and Development in the area of reproductive health. In general, these obstacles can be classified using three categories: (a) sociocultural

factors; (b) infrastructure and accessibility; and (c) economic and financial aspects.

56. As is shown in table 4, sociocultural factors, such as lack of awareness among the public as well as among health professionals and planners, and cultural and traditional values, were the most frequently mentioned constraints with respect to implementing reproductive health programmes. Infrastructural constraints, such as poor coordination between ministries, the complexity of health-system structures, and the quality and skills of health professionals, were also often reported as constituting important obstacles to appropriate implementation of reproductive health programmes. Limited financial resources for the health sector was also cited in a large number of reports as a factor affecting those programmes.

Table 4. Principal constraints faced in implementing reproductive health programmes, by region or group

Region or group	Number of countries responding	Constraints		
		Sociocultural factors	Infrastructure and accessibility	Economic and financial aspects
Sub-Saharan Africa a/	33	29	26	21
Northern Africa and Western Asia	8	4	4	3
Asia and Oceania b/	17	13	17	8
Latin America and the Caribbean	17	12	10	6
Countries with economies in transition c/	3	2	0	1
Total	78	60	57	39
Total as percentage of total number of countries responding	100	77	73	50

Source: UNFPA inquiry, 1995.

a/ Including Eastern, Middle, Southern and Western Africa.

b/ Including Eastern, South-eastern and South-central Asia.

c/ Including some countries in Eastern and Northern Europe.

A. Sociocultural factors

57. Low levels of education often contribute to low awareness as regards reproductive health. Illiteracy and the low status of women were frequently mentioned as inhibiting factors in raising awareness with respect to the reproductive health concept. Also, based on information received, there is reason to believe that not only institutions and organizations find it difficult to react promptly and adequately to changes in health approaches but the public as well, in part because of the frequency with which new terms and health concepts are introduced.

58. Cultural factors can have a profound impact on the availability of reproductive health information and services. Pronatalist sentiments in parts of the world have impeded or limited concerted and decisive actions by Governments to increase the availability of such information and services since the Conference. Male attitudes and men's opposition to reproductive health and family planning constituted another factor in limiting service delivery in this area. Male opposition, often in combination with religious objections, was frequently given as a reason for the reluctance of Governments to plan interventions. Formal opposition or outright resistance from the religious hierarchy or establishment was a powerful factor in a number of countries. This resistance to reproductive health sometimes stems from misconceptions about the actual meaning of the concept or from misrepresentations of religious positions regarding different dimensions of population. Finally, the absence of female physicians, particularly in rural areas, has caused women to refrain from seeking reproductive health information and services in several developing countries.

B. Infrastructure and accessibility

59. In many of the countries responding to the inquiry, Governments faced structural obstacles or difficulties which hampered their ability to implement reproductive health programmes. Because the reproductive health concept requires a holistic and comprehensive approach, cooperation and collaboration among sectoral ministries are a necessity. Lack of coordination among the responsible ministries was one of the most frequently cited obstacles to the creation and implementation of a comprehensive reproductive health policy. Donor coordination was reportedly limited or weak in several countries, and in many, Government decision-making was still highly centralized. This often inhibited the involvement of government officials at lower levels, such as those at regional or district levels, as well as the involvement of the non-governmental sector.

60. Sometimes, the structure of a responsible ministry, often a ministry of health, is not conducive to effective management and coordination of national reproductive health programmes. In many ministries of health, management information systems are weak or are not functioning adequately, and this leads to poor logistics and data collection and analysis. The organization of the health system may itself become an obstacle to the implementation of reproductive health programmes. The existence of several vertical health programmes (for instance, MCH, primary health care, HIV/AIDS prevention), each

with its own institutional compartments within health ministries, can impede the integration of reproductive health services.

61. The limited coverage of health facilities, particularly in rural areas, poor referral or inadequate service delivery systems and the lack of human resources play further major roles in terms of limited access to reproductive health services and the quality of care provided in those facilities. In addition, the low level of staff motivation, frequent replacements and/or the mobility of health personnel and lack of technical skills were frequently cited as barriers to the implementation of a comprehensive reproductive health approach.

62. Some reports mentioned discrimination against women or youth as a factor limiting their ability to participate in reproductive health care. Sometimes, health-care providers were reluctant to address women's or adolescents' (reproductive) health needs. Also, the reportedly improper treatment of clients in health facilities in a number of countries demonstrates the lack of respect for women's needs and perspectives. The respectful treatment of clients in health facilities is regarded as an important element of high quality of care. Lack of such treatment reduces people's willingness to use the available services.

63. The geographical situation of some of the developing countries responding to the inquiry places an additional burden on their ability to provide reproductive health services, particularly to the more remote areas. Island States, such as the Philippines, along with countries covering vast areas of land, such as Namibia, and mountainous countries, such as Nepal, reported lacking the infrastructure to cover their entire territory.

C. Economic and financial aspects

64. Insufficient domestic financial resources to provide for adequate reproductive health services were frequently mentioned as affecting Governments' abilities to intervene in the health sector in general, and in reproductive health in particular. In several countries, economic hardship prevented Governments from allocating the necessary resources for reproductive health programmes. This, in turn, had detrimental effects on the provision of and access to services, most visibly in shortages of staff, supplies and other materials needed in health facilities and poor accessibility of services due to limited coverage of health services throughout the country concerned.

65. The lack of domestic resources is, in several countries, further affected by the allocation of large proportions of the Government's budget for the health sector to spending on salaries. As much as 80 per cent of the health budget may be spent on staff salaries, leaving 20 per cent for programme-related activities. Many developing countries remain to a large extent donor-dependent and therefore vulnerable to changes in donor policies or priorities, as well as to the political, social and economic situation in donor countries.

66. Other economic obstacles, in particular poverty and its manifestation at the household level, have inhibited access to reproductive health services.

Poverty has a profound impact on people's ability to receive reproductive health information and services. Poverty not only hampers people's (financially related) access to such information and services but also limits their access to education, thereby contributing to a low awareness of the reproductive health concept in many developing countries.

VII. CONCLUSIONS

67. This report has reviewed the implementation of population programmes in the field of reproductive rights and reproductive health one year after the International Conference on Population and Development and the adoption of the Programme of Action of the International Conference on Population and Development. The information received revealed that many Governments of developing countries and countries with economies in transition had taken significant steps in responding to the call for action in this area by the Programme of Action of the International Conference on Population and Development. In almost two thirds of the countries responding to the inquiry, initiatives are under way to broaden family planning information and services to include other reproductive health elements in their programmes.

68. The Conference has already helped crystallize issues and acted as a catalyst. Subjects previously ignored or simply overlooked have come to the fore as a direct result of the Conference and the Programme of Action of the International Conference on Population and Development. For instance, the needs and perspectives of adolescents are apparently receiving markedly increased attention. Nevertheless, those needs remain a sensitive issue in many countries. Non-governmental and youth organizations are apparently filling the gap left by Governments of countries where adolescent reproductive health is still a controversial issue.

69. Another issue that many countries now recognize as being important for an effective implementation of reproductive health programmes is the role and responsibility of men in matters related to sexuality, family planning, parenting, family life and gender equality. As mentioned earlier, numerous initiatives are under way to involve men in existing programmes or to formulate special programmes for them. It is too early to assess the successes of those programmes, but the increased attention to this issue attests to the serious commitment that many Governments have made to the implementation of the recommendations of the Conference. The fact that negative male attitudes towards reproductive health and related issues, as indicated in many country reports, still exist and are often difficult to overcome justifies even more the need to address male involvement in this matter.

70. A third subject that is increasingly being addressed is the issue of quality of care in RH/FP programmes. Countries have begun taking steps to improve or measure the quality of care provided to clients and have been paying increased attention to the physical state of health-care facilities. In a large number of countries, health-care providers are being trained in client-oriented service delivery and the importance of confidentiality. Governments are also more responsive to expanding the availability of a variety of contraceptives so as to address the different contraceptive needs of clients.

71. The non-governmental sector is playing an important role in the implementation of reproductive health programmes. Governments seem to be more convinced of the potential and competence of community-based organizations in supplementing or complementing their own efforts in reaching unserved or underserved population. In addition, the Conference itself also had a positive impact on the non-governmental sector, with non-governmental organizations redefining their own role, policies and programmes. The increased demand on the non-governmental sector may lead to overburdening of non-governmental organizations. In many countries responding to the inquiry, national non-governmental organizations were still weak in terms of resources, skills and experience of their staff, and expertise, and their ability to be involved in national execution of reproductive health programmes was hampered thereby. In some countries, Governments have already experienced the limitations of non-governmental organizations. There is a general need for a critical assessment of the potential of national non-governmental organizations to be partners in development in general and reproductive health in particular.

72. Despite encouraging signs of commitment and dedication to the implementation or strengthening of reproductive health programmes, the socio-economic and cultural environment is not always conducive to change. On a national level, widespread poverty severely hampers the abilities of Governments to fully implement reproductive health programmes and, at the individual level, limits people’s access to basic social services, including reproductive health care. Many obstacles still need to be overcome, and countries need assistance from the international community, in terms of both human and financial resources to deal with those constraints. Many constraints have their roots in the unfavourable economic environment that most developing countries face. There are also constraints from within. As the reports from a number of countries indicate, massive bureaucracies hamper the implementation of the recommendations in the Programme of Action of the International Conference on Population and Development.

73. Likewise, accountability needs to be improved. The implementation of reproductive health programmes requires sectoral coordination at the central governmental level. It is clear that the difficult, and at times unfavourable, economic situation faced by many developing countries and countries with economies in transition, the dwindling resources allocated by the international donor community for official development assistance (ODA), and unfavourable internal conditions need to be fully addressed in order to successfully implement reproductive health programmes and to reach the goal of reproductive health by the year 2015.

74. Monitoring population programmes in general, and measuring progress in the implementation of reproductive health programmes in particular, are difficult in the absence of clear indicators. There is a strong need for the development of indicators in such areas as gender equality, reproductive health, women’s participation, male involvement and resource mobilization.

75. The Programme of Action of the International Conference on Population and Development encourages Governments to commit themselves at the highest political level to achieving the goals and objectives of the Programme of Action and to take a lead role in coordinating the implementation, monitoring and evaluation

of follow-up actions (para. 16.7). Earlier studies undertaken by the United Nations have underscored the importance of political commitment in successful population and development interventions. 4/ Because of the importance of sustaining political commitment at all levels of society for the implementation of reproductive health programmes, it should be extended to include not only the central government but also government officials at various levels as well as parliamentarians, local and community leaders, unions and the media. Successful implementation of the recommendations in the Programme of Action of the International Conference on Population and Development depends on the commitment of all groups in civil society.

Notes

1/ Report of the International Conference on Population and Development, Cairo, 5-13 September 1994 (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

2/ Reports from the following 78 countries were received by 1 December 1995: Algeria, Argentina, Bangladesh, Benin, Bhutan, Bolivia, Brazil, Burkina Faso, Burundi, Cambodia, Cameroon, Cape Verde, China, the Comoros, Costa Rica, Côte d'Ivoire, Cuba, Cyprus, Ecuador, Egypt, El Salvador, Equatorial Guinea, Ethiopia, Fiji, the Gambia, Ghana, Guatemala, Guinea, Guinea-Bissau, Haiti, Honduras, India, Indonesia, the Islamic Republic of Iran, Iraq, Jamaica, Jordan, Kenya, Lao People's Democratic Republic, Lithuania, Madagascar, Malawi, Maldives, Mali, Mauritania, Mauritius, Mexico, Mongolia, Morocco, Mozambique, Myanmar, Namibia, Nepal, Nicaragua, the Niger, Pakistan, Panama, Papua New Guinea, Paraguay, Peru, the Philippines, Romania, Senegal, Seychelles, Sierra Leone, South Africa, the Sudan, the United Republic of Tanzania, Togo, Tunisia, Turkey, Turkmenistan, Uganda, Uruguay, Viet Nam, Zaire, Zambia and Zimbabwe.

3/ Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995 (A/CONF.177/20), chap. I, resolution 1, annex II.

4/ The national reports on population and development submitted to the secretariat of the International Conference on Population and Development showed that such commitment had expanded remarkably over the past 20 years. At the same time, most of the national reports stressed the need for even greater political support to population concerns, particularly in terms of raising social-sector public expenditures (see report of the Secretary-General of the International Conference on Population and Development on the synthesis of national reports on population and development (A/49/482), para. 57).
