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The WHO Strategic Approach to Strengthening Reproductive Health Policies and Programmes

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Reproductive health decision-makers and programme managers face concrete questions about how to put into practice the ideals of the Millennium Development Goals, the International Conference on Population and Development (ICPD) and other global summits of the last decade. They ask, "How can we:

- Improve access to and the quality of family planning and other reproductive health services?
- Increase skilled attendance at birth and strengthen referral systems?
- Reduce the recourse to abortion and improve the quality of existing care?
- Provide information and services that respond to young people's needs?
- Integrate the prevention and treatment of reproductive tract infections, including HIV/AIDS, with other reproductive health services?"

Twenty-five countries have used the WHO-sponsored Strategic Approach to Strengthening Reproductive Health Policies and Programmes to help answer questions such as these. Public-sector programmes, in collaboration with non-governmental organizations and international agencies, typically undertake the Strategic Approach. The approach is a three-stage process to assist countries to assess reproductive health needs and priorities, test policies and programme adaptations to address these needs and then to scale-up successful interventions.

Although initially field-tested in 1993 as a systematic approach to contraceptive introduction, it has been adapted for a range of reproductive health issues and has been demonstrated to be a successful method to strengthen policies and programmes. Eight countries have used it a second time, focusing on different problems. Table 1 gives examples of its application.

The Strategic Approach unites concepts and practices from public health, the social and management sciences with the principles of the ICPD in its essential features:

- **A staged implementation process** that links assessment, pilot-testing and scaling-up.
- **A systems framework**, to highlight the relevant factors for decision-making about appropriate services.

Table 1. Examples of Application of the Strategic Approach

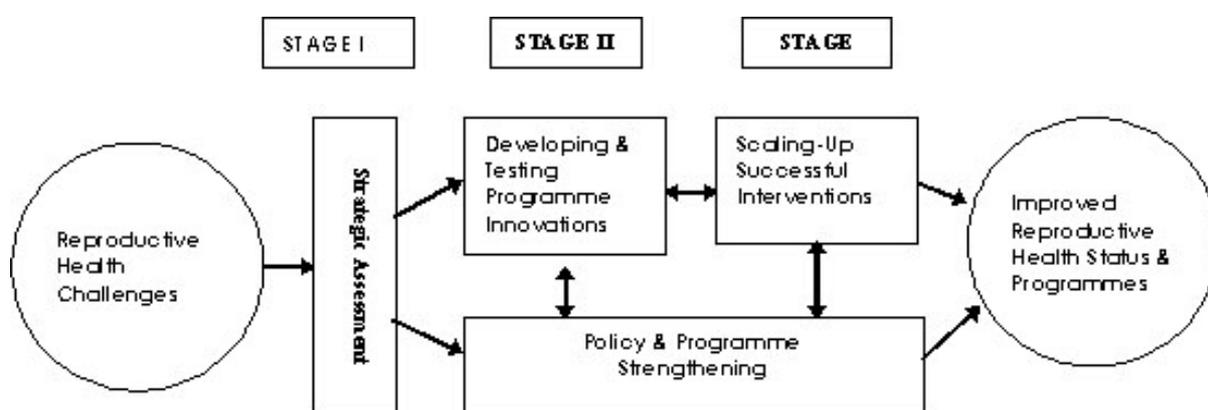
The Strategic Approach Has Been Used in:	To Address this Reproductive Health Concern:
Ethiopia Lao PDR Myanmar Rajasthan, India Yunnan, China	Comprehensive reproductive health policies and programmes
Brazil China Ghana Kosovo Latvia	Reproductive tract infections, including HIV/AIDS
Bolivia Nepal Paraguay	Maternal health and family planning
Brazil Chongqing, China Oman Viet Nam Zambia	Contraceptive introduction and quality of care in family planning
Bolivia	Cervical cancer
Kyrgyzstan	Adolescent health
Romania Mongolia Viet Nam	Abortion care

- **A reproductive health philosophy** of sexual and reproductive rights, gender equity and empowerment.
- **A focus on improving equitable access and quality of care** so that services are client-centred and responsive to community needs.
- **A participatory process**, to consider the concerns of all relevant stakeholders.
- **Country ownership** of the process and the results.

A Three-Stage Process for Strengthening Policies and Programmes

The Strategic Approach starts with the end in mind—stronger institutions for large-scale, sustainable services and effective policy that will lead to improved access and quality of care. Implementation of the approach has three stages: 1) a strategic assessment to identify needs and priorities; 2) testing of health service innovations on a limited scale; and 3) scaling-up so the benefits of proven innovations reach more people. Each stage produces a variety of results that strengthen programmes and policies and contribute to improved reproductive health, as depicted in Figure 1. The incremental process seeks to ensure that strategic decisions and subsequent investments in programmes are made based on evidence of local effectiveness and the input of stakeholders.

Figure 1. The Strategic Approach Implementation Process



The first stage is a **strategic assessment** to examine the current situation and alternative approaches to resolving an issue. After gathering and analysing existing information, a multidisciplinary participatory team, which includes senior decision-makers, conducts fieldwork. New data are gathered using a predominantly qualitative approach involving interviews and observations. Consultation with stakeholders throughout the process helps lead to consensus on recommendations for new or revised policies and improvements in service delivery, programme management and community-level interventions.

In the next stage, the recommended health service innovations—new or modified technologies, services, or practices—are developed or adapted and **pilot-tested** on a limited scale at different levels in the health system. Innovations often include processes for enhancing community participation; tools, guidelines, and protocols; training materials and educational approaches; organisational development activities; and policy implementation. Evaluation, using qualitative and quantitative research methodologies, is essential to determine if implementing the innovations is feasible, acceptable, effective and sustainable in the particular context, and if the interventions do, in fact, improve access and quality of care.

After research has identified what works in light of existing opportunities and constraints, a strategy to gradually **scale-up** proven interventions is developed. Successful scaling-up requires guidance from a resource team or organization to ensure that essential features of the innovations remain intact as they are expanded to new areas. Substantial attention is

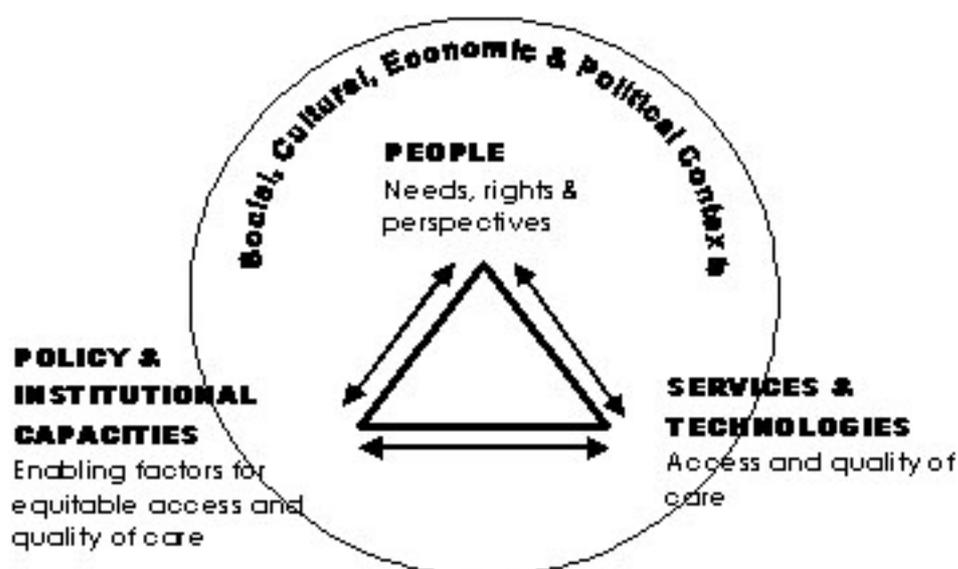
given to establishing the policy, technical, programmatic and managerial capacities essential for success. Ongoing sharing of results, advocacy and community mobilization processes reinforce programme and policy expansion. The nature and pace of the scaling-up strategy varies according to the characteristics of the health sector, and the broader political and social environment, including changes in leadership, and shifting national priorities.

Principles Guiding the Strategic Approach

A Systems Framework

The Strategic Approach uses a systems framework (Figure 2) to call attention to the many critical factors that together affect the feasibility, acceptability, effectiveness and sustainability of actions to improve reproductive health. The systems perspective serves as a reminder that the ability of a new technology or service to improve access and quality of care should be evaluated in the context of an overall health system—not only on the merits of the intervention itself. Attention to the dynamic inter-relationships among the elements of the framework guides decision-making throughout all three stages of the approach.

Figure 2. Systems Framework Guiding the Strategic Approach



A Reproductive Health Philosophy

The Strategic Approach views putting into practice respect for the universal ethical principles of human rights, individual freedom and dignity as a vital responsibility of the health system. It embraces the values of sexual and reproductive rights, gender equity and empowerment of women set out by ICPD and other international summits. These concepts recognize that not only do women bear by far the greatest burden of reproductive health problems, but also that many of these problems arise from persistent gender inequalities, including women's relative lack of power and influence in both public and private life.

Focus on Equitable Access and Quality

Improving equitable access and quality are central concerns of the Strategic Approach. It addresses both the quality of the care provided to and received by people, and the enabling factors that facilitate equitable access to good quality services. Interventions to achieve these frequently include training, supervision and management activities to upgrade provider technical competencies, improved logistics and referral systems and enactment of new policies regarding resource allocation.

A Participatory Process

The Strategic Approach relies on listening to and learning from a wide range of stakeholders. It fosters consideration of the views and needs of programme managers, service providers and community members as well as policy-makers, researchers, technical experts and leaders of women's, youth and community groups and helps build consensus among them, thereby increasing the likelihood of sustainable policies and programmes.

Country Ownership

The Strategic Approach places decision-making in the hands of national participants. A country-led team, in consultation with stakeholders, establishes the reproductive health policy and programme agenda that directs the process. Technical and donor agencies play partnership roles, providing guidance, support and facilitation.

Putting the Strategic Approach into Practice

The experiences of Brazil, Viet Nam and Zambia illustrate the variety of results produced through use of the Strategic Approach. The flexibility of the methodology allowed each country to make adaptations, while maintaining the essential features. All three countries began with an assessment of the need for contraceptive introduction within a broader reproductive health context.

The health system in **Brazil** is highly decentralized, and municipal governments are largely responsible for supporting public-sector health services. The strategic assessment led to an action research project in one municipality to test a comprehensive reproductive health service delivery model. Local authorities, providers, and community women's organizations worked together to design, implement and monitor interventions such as developing client-focused systems of appointment-making and service delivery, training providers in counselling and gender perspectives and establishing a reproductive health referral centre, which extended services to men and adolescents. The research results demonstrated that the tested model could achieve significant and sustainable improvements in availability, access and quality of care within the context of a resource-poor municipal health system. This innovation was then adapted and successfully replicated in four more municipalities. An evaluation of this scaling-up process found increased use of services and sustained improvements in quality of care, even in sites experiencing financial and administrative difficulties. Additional states and municipalities have requested support to replicate the approach and model, and innovations have now spread to more than 20 municipalities. A participatory training programme that focuses on organization development, provider competence and community empowerment is at the centre of the scaling-up strategy in Brazil. As municipalities gain capacities in training and service delivery, they establish their own reproductive health training centres, which train providers within their own and neighbouring municipalities. An electronic network uses the Worldwide Web to link trainers and municipal staff throughout the country to ensure ongoing learning opportunities.

The Strategic Approach was used a second time when the Ministry of Health requested a strategic assessment related to HIV/AIDS in towns along Brazil's extensive international border. The findings identified truck drivers as a particularly vulnerable population in need of HIV/AIDS prevention and treatment efforts. A study in collaboration with the HIV/AIDS programme of one municipality is testing the feasibility and outcomes of offering mobile prevention and care services at border checkpoints. The holistic services include hypertension and diabetes screening, educational activities, prevention and treatment of sexually transmitted infections and testing and counselling for HIV. If successful, it is anticipated that these essential services for this hard-to-reach population will be expanded to other sites. Ceará state in northeastern Brazil also used the Strategic Approach to improve prevention and treatment of reproductive tract infections within its HIV/AIDS programme.

In **Viet Nam**, application of the Strategic Approach took place within a highly centralized and demographically oriented family planning programme environment. The strategic

assessment pointed out that improving the quality of care in existing services was a higher priority than introducing new contraceptives. Nevertheless, the Government was eager to make the injectable contraceptive DMPA more widely available. Therefore, the next stage focused on the development and testing of service delivery interventions to support DMPA introduction while simultaneously strengthening the quality of care in family planning services. Tested in four districts, the innovations demonstrated that the introduction of a new method could enhance choice for women and that good quality of care increased contraceptive continuation rates. The innovations were then packaged as a management “toolkit” for the gradual scaling-up in all districts of 21 provinces. Provincial and district authorities received orientation to the toolkit through policy briefings and participatory workshops. Following the initial expansion to 21 provinces, the Government of Viet Nam has since continued to replicate and expand activities to all 64 provinces. The Government also decided to use the process again to develop strategies for reducing unwanted pregnancy and improving the safety and quality of abortion care.

Health sector reforms, numerous political changes and the effects of HIV/AIDS shaped the experience in **Zambia**. The strategic assessment identified a need for fundamental changes in the provision of reproductive health services and, especially, in the composition of the limited contraceptive method mix. Subsequent policy and programme actions included the phasing-out of high-dose oral contraceptives from the public sector and the development of user-friendly guidelines for family planning services. An operations research study in three rural health districts of one province developed and tested a package of interventions that included the introduction of three new contraceptives into the method mix; a set of self-instructional tools for provider training and supervision; and community mobilization that actively involved villagers in the delivery and management of reproductive health services. The package produced increases in contraceptive use and continuation, and demonstrable improvements in the quality of care. Provincial and central-level authorities decided this model of service delivery should be scaled-up in all eight districts of the province. Districts were allowed to decide, based on local needs and conditions, the most appropriate means to achieve a common set of quality standards and the relative investment to make in doing so. A key focus of the scaling-up process was maximizing scarce resources by strengthening inter-district linkages. Districts now hold joint trainings, collectively procure equipment, supplies and commodities, and collaborate on activities they once pursued on their own.

A Practical, Evidence-based Methodology

An evaluation of the Strategic Approach concluded that it had broken new ground by applying a systems perspective to reproductive health policies and programmes. In the countries where it has been implemented, managers, researchers and others have found its practical, evidenced-based methodology to produce beneficial results.

For more information on the Strategic Approach and country experiences with it, please visit the Web site http://www.who.int/reproductive-health/strategic_approach/index.htm.