Access to reproductive health care – global significance and conceptual challenges

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World Health Organization

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Outline

- Global significance – international commitments
- Conceptual / operational challenges
- Measures (indicators) of access to reproductive health care
  – Global
  – National

1994 – Access to reproductive health

International Conference on Population and Development (ICPD) 1994, Cairo – agreed on

UNIVERSAL ACCESS TO REPRODUCTIVE HEALTH

"all countries should strive to make **accessible through the primary health care system**, **reproductive health to all individuals** of appropriate ages as soon as possible and no later than 2015"

Reproductive health in ICPD

- "Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.

Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so"

Sexual and Reproductive Health – as defined at the International Conference on Population and Development, 1994 (ICPD)
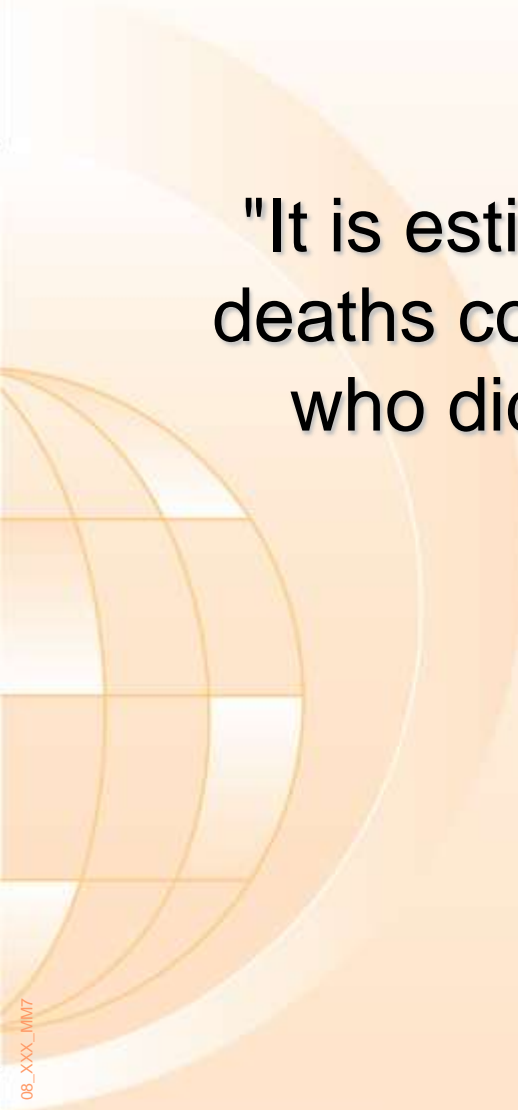
- Family planning
- Maternal health
- Newborn health and breastfeeding
- Infertility
- Prevention of unsafe abortion
- RTI/STI including HIV
- Other reproductive morbidities (cancers)
- Sexual health
- Harmful practices (e.g., female genital mutilation)

Millennium Development Goals

I. Eradicate extreme poverty and hunger

II. Achieve universal primary education

III. Promote gender equity and empowerment of women

IV. Reduce child mortality

V. Improve maternal health

VI. Combat HIV/AIDS, malaria and other diseases

VII. Ensure environmental sustainability

VIII. Develop a global partnership for development

"It is estimated that up to 100 000 maternal deaths could be avoided each year if women who did not want children used effective contraception."

(Marston and Cleland, 2003, quoted in World Health Report 2005)

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2007 – MDG 5: to improve maternal health

Target(s)

5.A. Reduce maternal mortality, by 75% from between 1990 and 2015

5.B. Achieve, by 2015, universal access to reproductive health

Indicators

5.1 Maternal mortality ratio

5.2 Births attended by skilled health personnel

5.3 Contraceptive prevalence

5.4 Antenatal care coverage

5.5 Unmet need for family planning

5.6 Adolescent birth rate

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But, what is access?

Variety of definitions

- Lack of a precise definition
- Multiple meanings
- Synonymous as accessible, available
- Entry into the health care system
- Use of health care
  – Used to characterize factors which influence entry into or use of the system – Availability, cost, information, quality
- General concept which summarizes a set of more specific areas of "fit" between the patient and the health care system

Defining access

- Factors that influence the level of health care use (dimensions of access)

  - availability, cost, quality, information

  - availability, accessibility, accommodation, affordability, acceptability

Defining <u>universal</u> access

- ## Universal access
  - Guarantee of availability, supply and resources
    - Deals with limited set of attributes that allow entry into the system or use
  - Equal use for equal need (irrespective of non-clinical factors such as place of residence, ethnicity, income, etc.)
    - Encompasses all factors that influence the level of use

Why is it important to define access?

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Aim of health care systems – to improve health

- provision of care (effective interventions)

  ↓

  - use of (effective) care
    – Increased use/receipt of care (contraceptive use, delivery in health facility, delivery with a skilled health worker, cervical cancer screening, testing for HIV)

    ↓

    - improved health
      – Reduced morbidity, mortality (maternal mortality, fertility rate, teenage pregnancy rate, cervical cancer incidence)

Aim of health care systems – to improve health

Dimensions of access
- availability
- accessibility
- accommodation
- affordability
- acceptability

provision of care (effective interventions)

use of (effective) care

– Increased use/receipt of care (e.g., contraceptive use, delivery in health facility, delivery with a skilled health worker, cervical cancer screening, testing for HIV)

Measuring/monitoring access to reproductive health – selection of indicators

- ## Global
  - Millennium Development Goals (MDG) framework – skilled health worker at birth, contraceptive use, HIV/AIDS prevention knowledge, condom use rate

- ## National
  - According to local priorities and needs –
    - e.g. uptake of HIV testing in HIV prevalent countries, caesarean rates where concerns of under-use or over-use, syphilis in pregnant women (congenital syphilis), etc.

- ## Sub-national
  - District level, facility assessments

Measuring universal access to reproductive health – principles

- Identify priority sexual and reproductive health interventions – based on the burden on population

- Identify variations in indicators – according to place of residence, ethnicity, income levels, etc.

- Focus on the populations less likely to benefit from care and explain the reasons for variations

- Understand which dimensions of access or factors of demand side are responsible for variable receipt of interventions

  - Need for examining the differences in receipt of care by different populations by adjusting for need and controlling for confounders where there is complete denominator data

- Take action to correct

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Measuring access – global and national monitoring

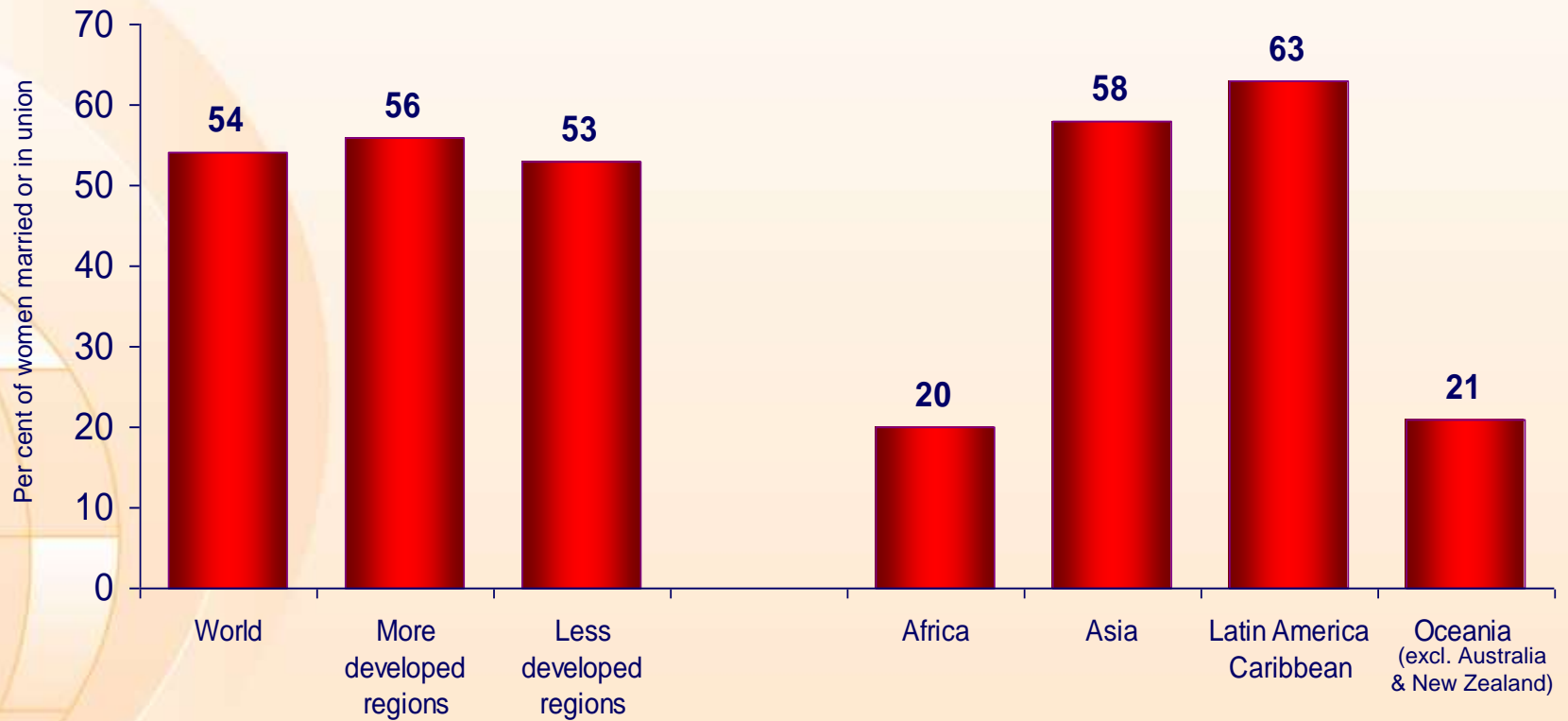# Total fertility rates are decreasing worldwide ...
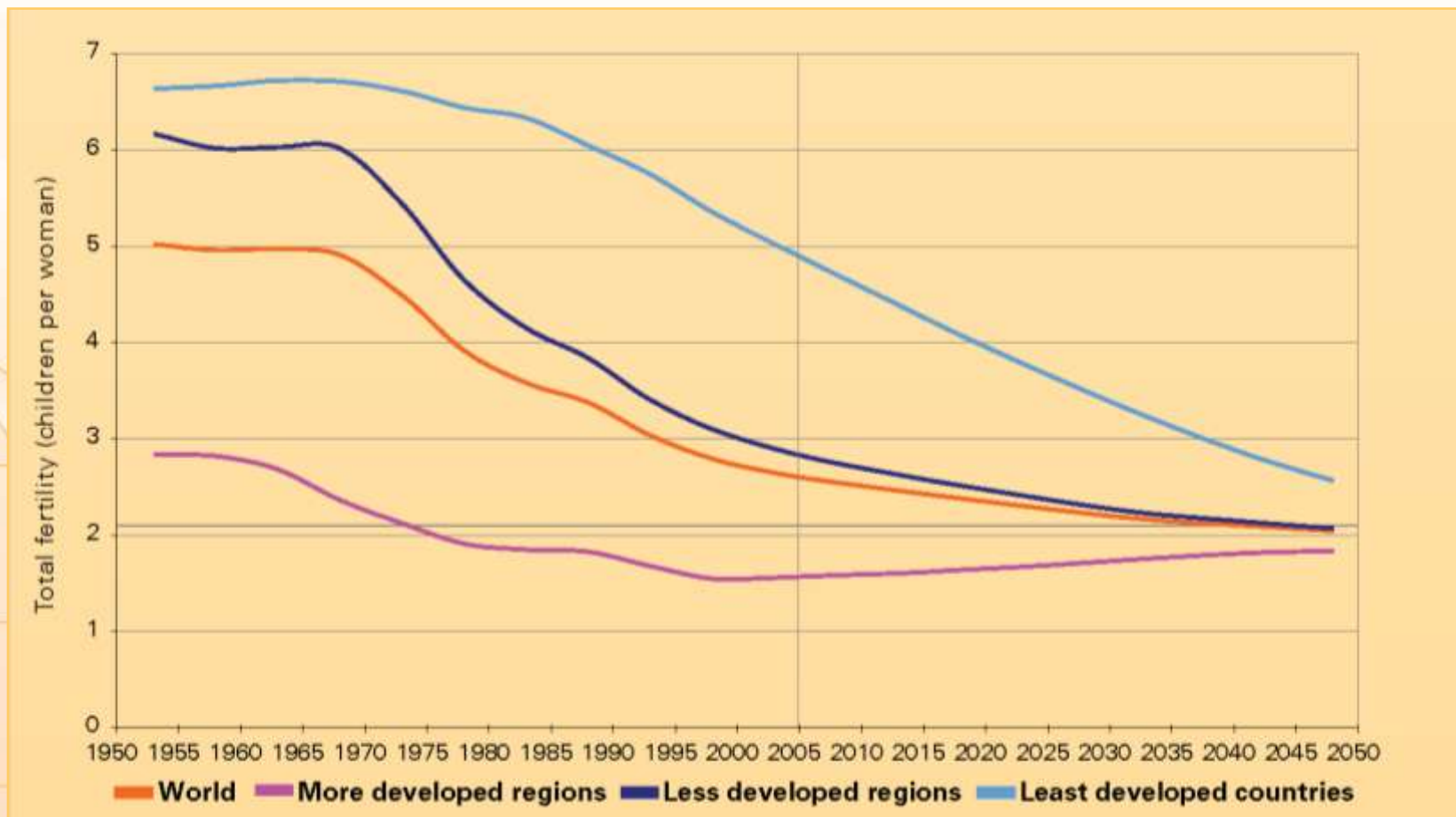
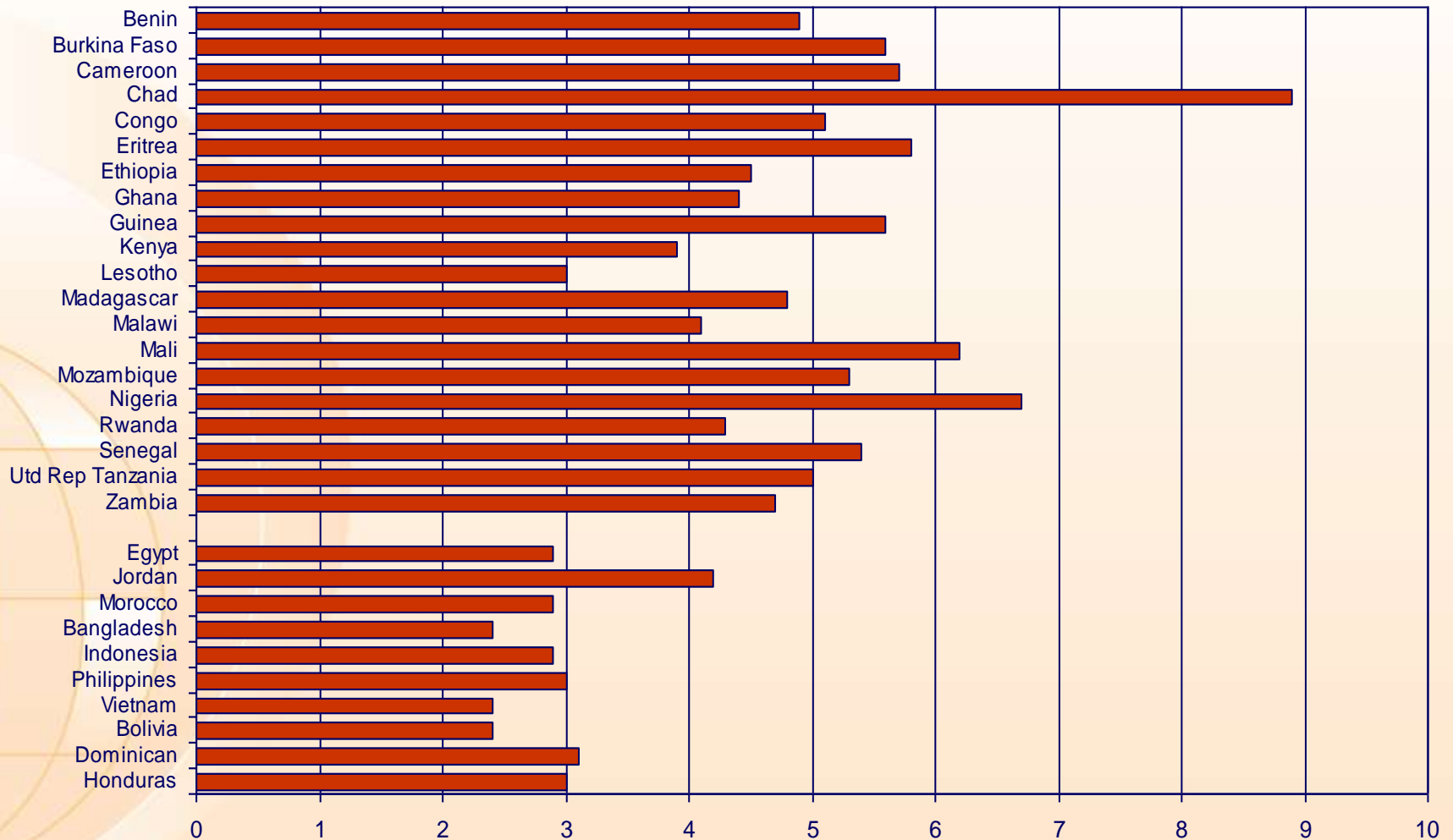
(Source: United Nations, *World Population 2004;* 2005)

Use of modern contraceptive methods, 2005

Bar chart showing per cent of women married or in union using modern contraceptive methods:

- World: 54
- More developed regions: 56
- Less developed regions: 53
- Africa: 20
- Asia: 58
- Latin America Caribbean: 63
- Oceania (excl. Australia & New Zealand): 21

(Source: United Nations, *World Contraceptive Use 2005;* 2006)

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Desired "ideal" family size is greater in sub-Saharan Africa ...

Mean ideal number of children

(Source: Measure DHS, *StatCompiler;* July 2007)

… but unmet need for contraception is high too
(per cent of sexually active women, married or in union, with unmet need)

Legend:
- Latin America & Caribbean
- Northern Africa
- Southern Asia
- South-eastern Asia
- sub-Saharan Africa
- Western Asia
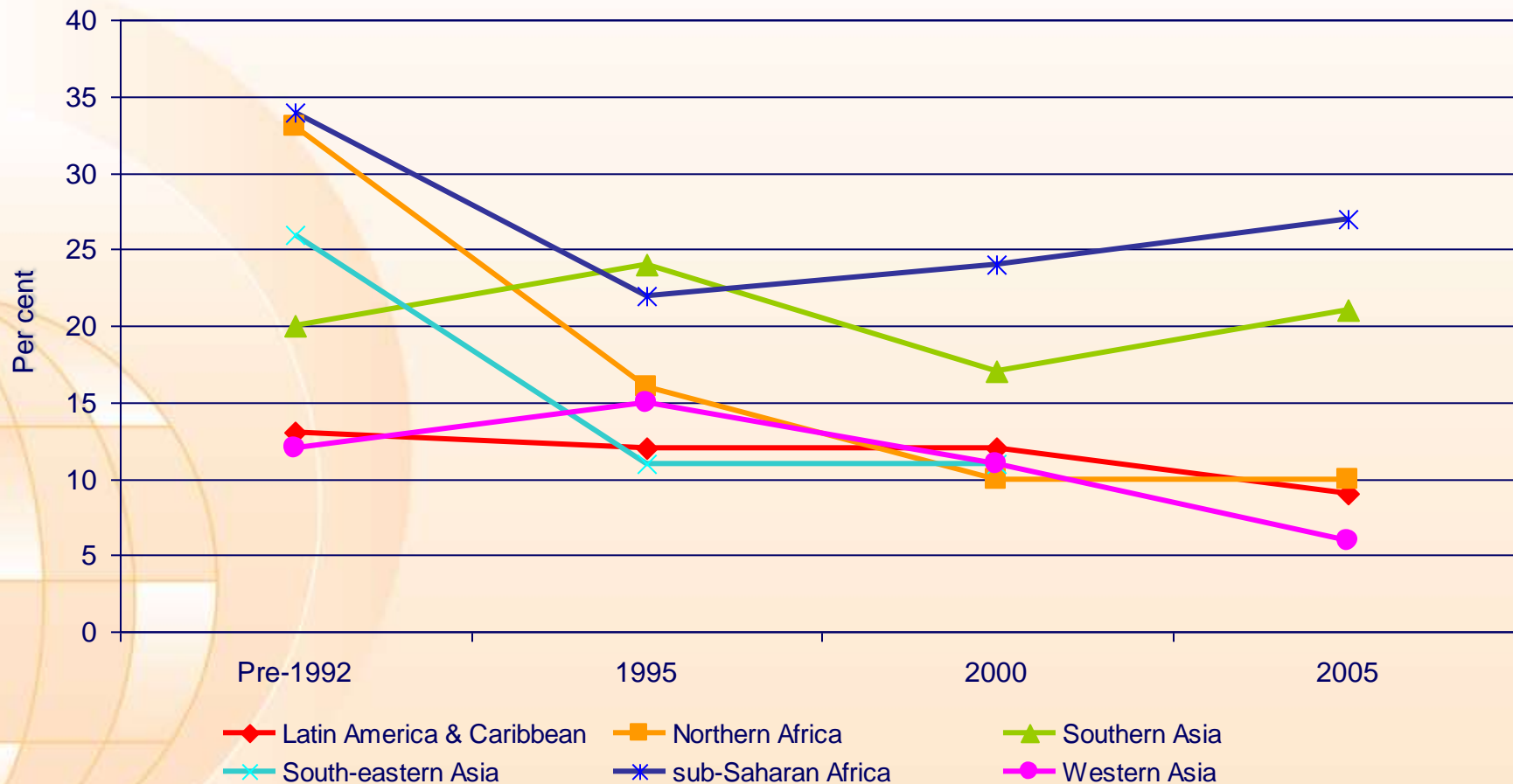
(Source: United Nations Population Division and UNFPA, *unpublished data*; 2007)

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Antenatal care in Africa – pregnant women who have received at least 4 times antenatal care
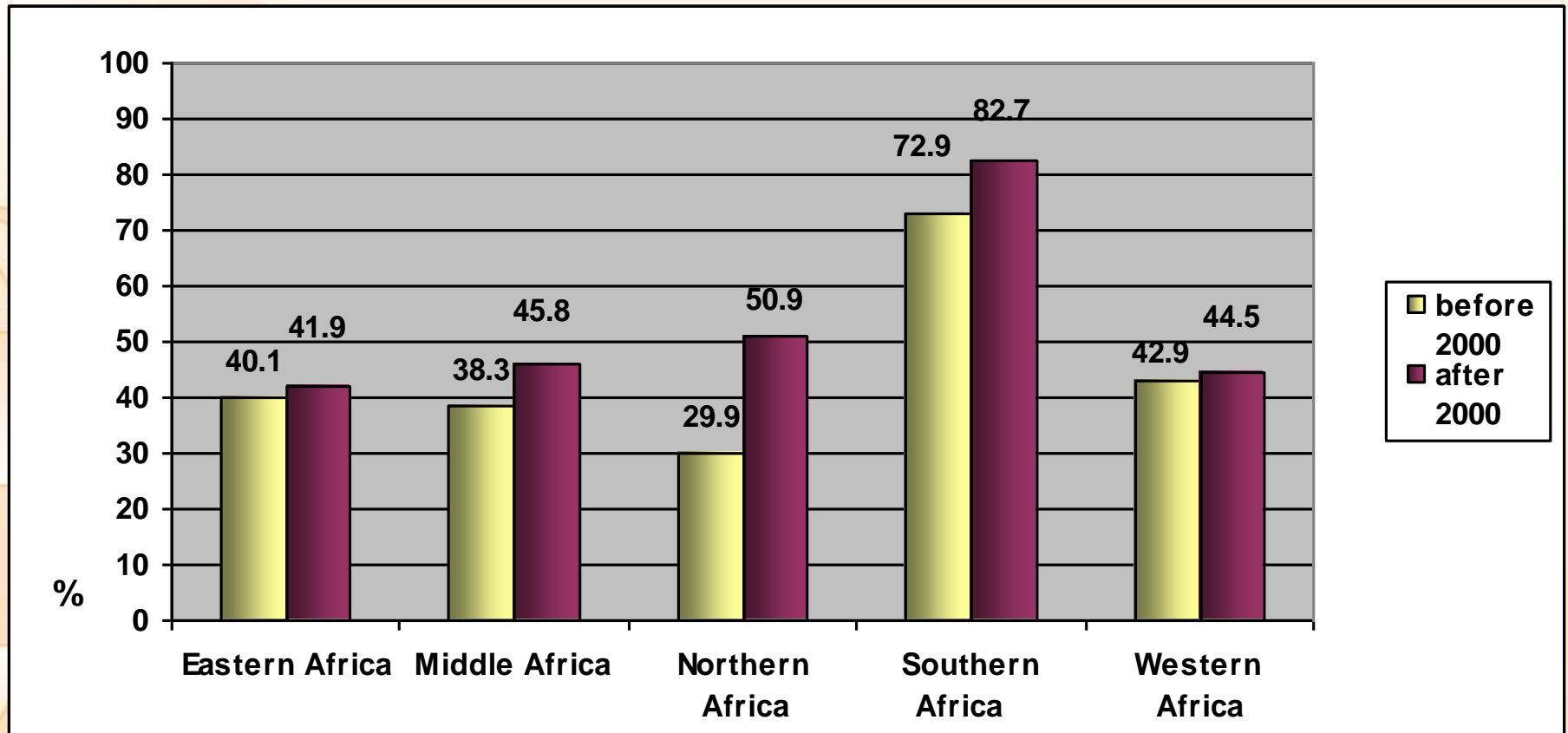
Ethnic/cultural variation in the use of sexual and reproductive health services* (2)

- Using facilities for giving birth in Guatemala
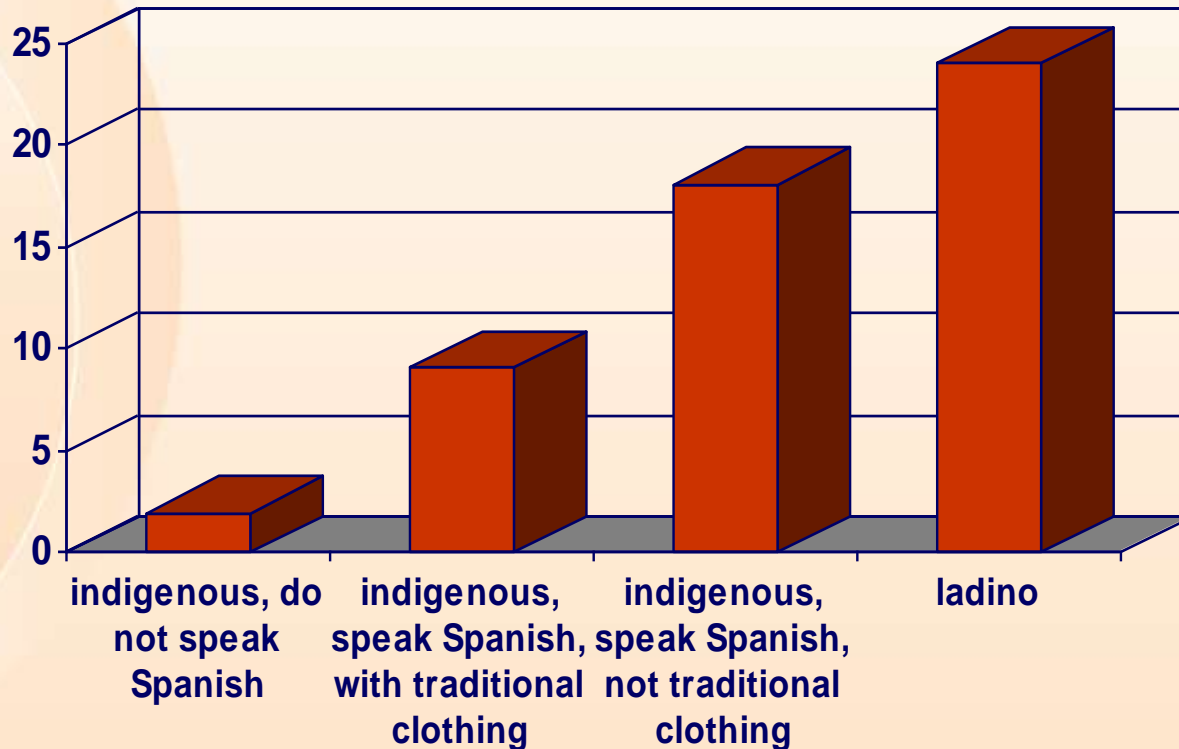
*Glei, 1999 – analysis controlled for other factors potentially influencing use of facilities for delivery
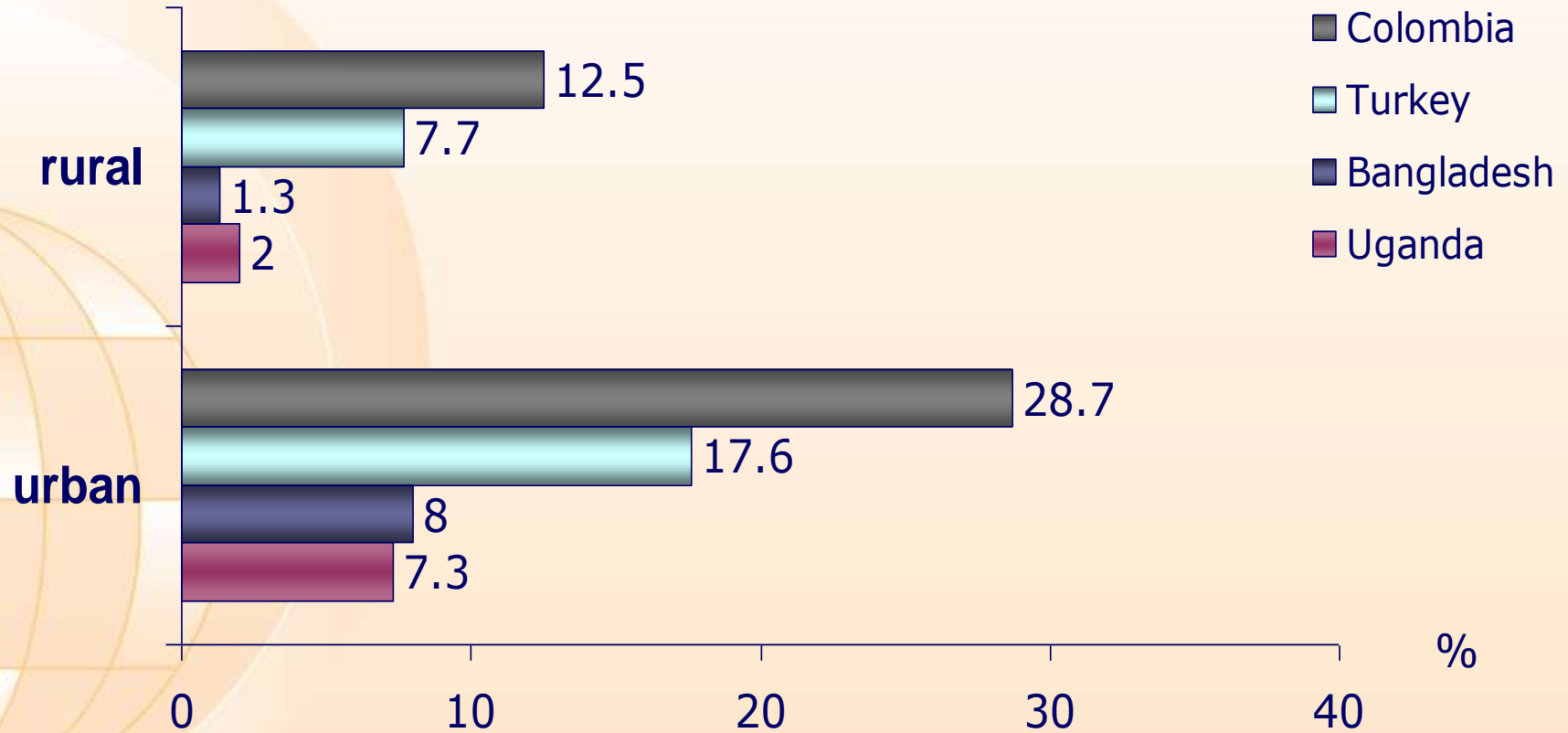
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Ethnic/cultural variation in the use of sexual and reproductive health services* (3)

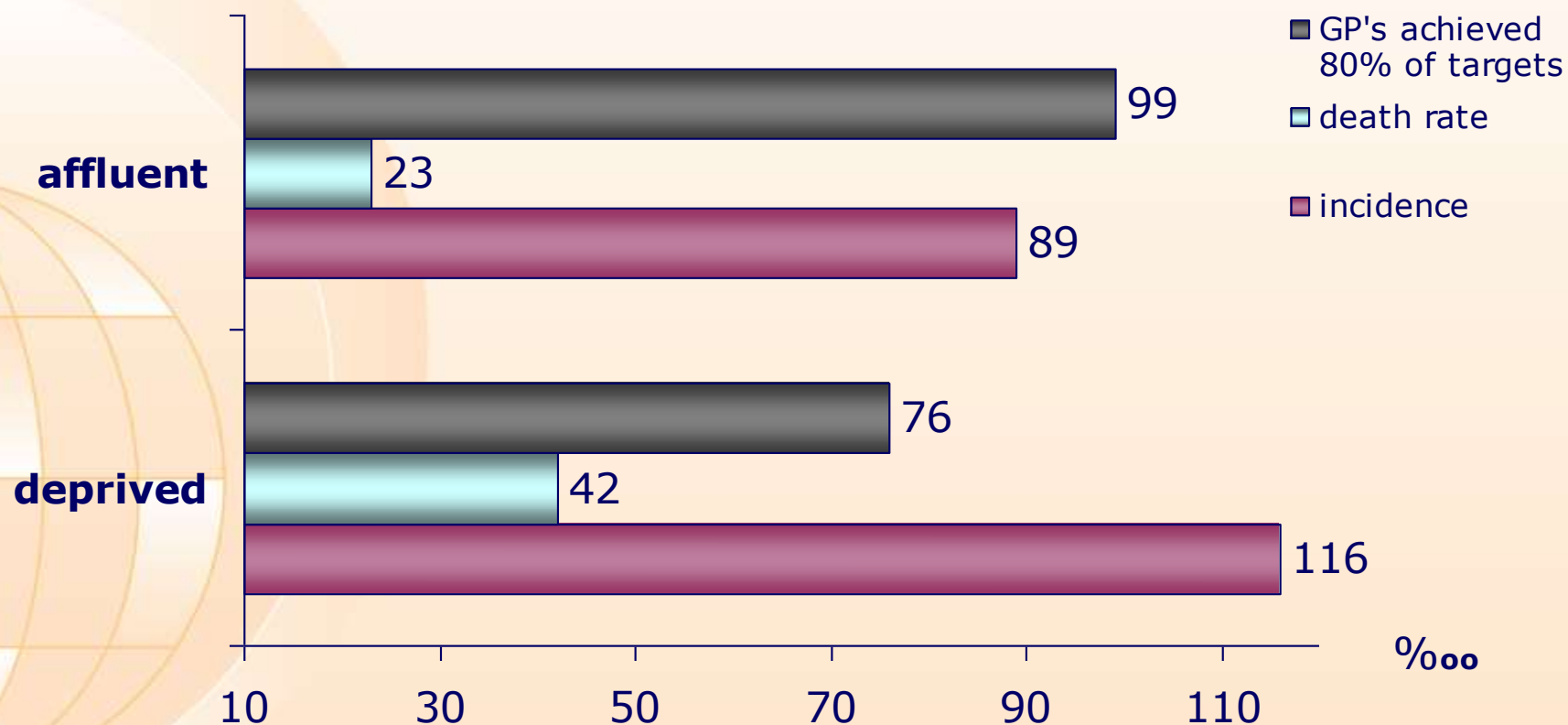- Breast cancer diagnosis delay in the US (n= 49 865)
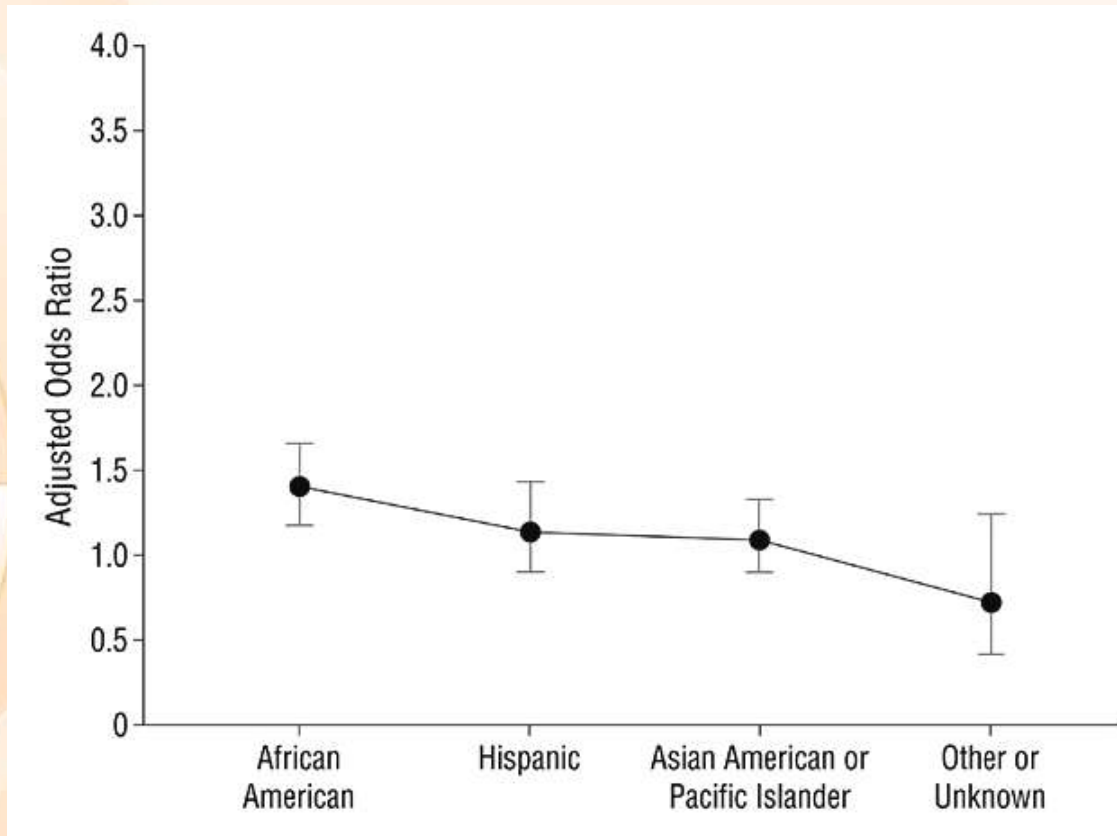
Use of services: caesarean section (%)

Source: Demographic and Health Surveys

Use of health care: cervical cancer screening
Health outcomes: cervical cancer (UK)

Source: Baker and Middleton, 2003

Conclusions

- Should monitor access to gain an understanding as to why some population groups are less likely to receive reproductive health care
  - E.g., lower uptake of HIV testing by rural populations due to availability, accessibility, or acceptability (demand side/cultural issues influence)
- To do this, an operational definition of access has to be made in terms of its dimensions
- Interventions to increase access should be informed by such evidence

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Life expectancy: 39 years

Life expectancy: 82 years

"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."

WHO Constitution

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