Sexual and reproductive health: completing the continuum

The addition of a new target (5.B) to have universal access to reproductive health by 2015 to Millennium Development Goal (MDG) 5 "Improve maternal health" has given renewed priority to addressing care related to the health outcomes of MDGs 4 and 5,[1] and to redressing the large disparities in coverage of health services between and within countries. The analyses and country profiles of the *Countdown to 2015* papers in today's *Lancet* properly address the full range of necessary interventions from before pregnancy to the start of the third year of life.

The original neglect of reproductive health and family planning in MDGs[2] contributed to decreased attention, reduced funding, and increased risks for women and children. The data presented in the *Countdown to 2015* paper show the effect of this lost focus. Poor sexual and reproductive health contributes to poor survival of mothers and children and to ill health among survivors, and impedes gender equality and poverty reduction.

The new target is grounded in the concept of sexual and reproductive health defined at the International Conference on Population and Development (ICPD) held in Cairo in 1994: "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".[3] The ICPD definition of reproductive health includes sexual health as a core constituent.[3] This definition reflects that of health in the 1948 charter of WHO.

The definition of reproductive health brings back the fundamental notions of informed and voluntary choice: access to safe and effective contraception (including emergency contraception) and other means to manage one's own fertility as recognised in national laws. Access to sexual and reproductive health information and services enables women to go voluntarily and safely through pregnancy and childbirth, and provides the best chance of having a healthy, wanted baby.

Maternal mortality could be reduced by a third through effective family planning to prevent unintended pregnancies.[4] Preventing and managing the consequences of unsafe abortion, providing safe abortion when it is not against the law, and ensuring improved access to safe and emergency delivery services would help reduce maternal mortality to international target levels.

The *Countdown to 2015* report and national profiles clearly show that sexual and reproductive health services are essential for progress on MDGs 4 and 5. Such recognition has also been ratified by the Ministers of Health and Heads of State of the African Union in their adoption of the *Maputo plan of action for the operationalisation of the continental framework for sexual and reproductive health and rights*.[5]

The indicators selected to monitor global progress on the new target include the contraceptive prevalence rate, unmet need for family planning, adolescent birth rate, and coverage of antenatal care. Additional indicators have been developed through other processes.[6]

The *Countdown to 2015* reports show recognition that respect for human rights is essential for sexual and reproductive health by presenting both prevalence of contraceptive use and the unmet need for family planning. Taken together, these indicators reflect the extent to which those who wish to limit or space their births are able to exercise their right to do so.

The data on unmet need for family planning are stark and clear. Poor countries and poor members of society are least able to fulfil their family size and spacing aspirations:[7,8] they have the lowest proportion of total demand for contraceptive services satisfied. The most recently available data for the 68 priority countries selected for inclusion in the *Countdown to 2015* report suggest that, at the national level, unmet need for family planning exceeds contraceptive use in at least 30 countries. Coverage of

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antenatal care is central to maternal and child health; and better monitoring of the content and quality of services and their impact is needed.

A holistic view of what produces healthy outcomes and a focus on populations at particular risk are needed to achieve sexual and reproductive health. Populations at risk are not only the rural and the poor, but also those at vulnerable life stages, such as adolescents.[9] The *Countdown to 2015* process promises higher attention to adolescent fertility in later reports. This indicator is a pointer to a wide range of issues including accessibility of information and services, relevant health risks, and the living situation of young people, including early marriage. The risk of maternal mortality among very young adolescents is high. Decades of research indicate that the risks to the health of children of young women are also higher than for children of women in the middle of the reproductive period. Adolescents are often less likely to benefit from necessary care, such as contraceptive services, even when available, due to social, political, and cultural barriers.

As recognised by the ICPD Programme of Action,[3] the global WHO reproductive health strategy,[10] and the recommendations for national-level monitoring,[6] a perspective is required that encompasses the broad spectrum of needs related to sexuality and reproduction: voluntarism, family planning, safe delivery, access to emergency obstetric care, antenatal and postnatal services, prevention of unsafe abortion (reducing recourse to abortion and ensuring, where not prohibited by law, access to safe abortion), care for sexually transmitted infections (including HIV/AIDS and cervical cancer), and attention to human rights, inequities, and vulnerable populations. The *Countdown to 2015* articles would benefit from greater attention to these concerns. National health priorities would be better informed with consistent monitoring of sexual and reproductive health.

Sexual and reproductive health includes elements of the continuum of care that are central to the *Countdown to 2015* partnership. Higher priority for development, funding, and implementation of effective integrated health services within the primary health-care system is needed. Documentation of experience and an intensified basic and operational research agenda on health systems and their enabling environment will improve sexual, reproductive, maternal, newborn, and child health and reduce associated mortality and morbidity while, at the same time, reducing poverty and accelerating development.

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1 UN. Report of the Secretary-General on the work of the organization: document A/62/1. New York: United Nations, 2007.
2 White AC, Merrick RW, Yazbeck AS. Reproductive health: the missing millennium development goal. Washington: The World Bank, 2006.
3 United Nations. Report of the international conference on population and development. New York: UN Department of Economic and Social Affairs, 1994.
4 Collumbien M, Gerressu M, Cleland J. Non-use and use of ineffective methods of contraception. In: Ezzati M, Lopez AD, Rodgers A, Murray CJL, eds. Comparative quantification of health risks: global and regional burden of disease attributable to selected major risk factors. Geneva: World Health Organization, 2004: 1255–320.
5 African Union. Maputo plan of action for the operationalisation of the continental policy framework for sexual and reproductive health and rights 2007–2010: Doc. Sp/MIN/CAMH/5(I). 2006. http://www.africa-union.org/root/AU/Conferences/Past/2006/September/SA/Maputo/CAMH2.htm#6 (accessed April 2, 2008).
6 WHO, UN Population Fund. National-level monitoring of the achievement of universal access to reproductive health: conceptual and practical considerations and related indicators. Geneva: World Health Organization (in press).
7 Cleland J, Bernstein S, Ezeh A, Faundes A, Glasier A, Innis J. Family planning: the unfinished agenda. *Lancet* 2006, **368:** 1810–27.
8 UN Millennium Project. Public decisions, private choices: sexual and Reproductive Health and the MDGs. New York: UN Development Programme, 2006.
9 UN Millennium Project. Who's got the power? Transforming health systems for women and children. New York: UN Development Programme, 2005.
10 WHO. Reproductive health strategy. Geneva: World Health Organization, 2004.

The village-based midwife programme in Indonesia

The Government of Indonesia launched the village-based midwife programme in 1989 in response to maternal mortality of over 400 per 100 000 livebirths and neonatal mortality of 32 per 1000 livebirths.[1,2] The goal of the programme was to place a skilled birth attendant in every village to provide antenatal and perinatal care, family planning, other reproductive health services, and nutrition counselling. The attendants were also to facilitate basic primary health-care services, including immunisation and nutrition interventions. Lessons from the programme are particularly timely for 68 priority countries in Countdown, many of which are attempting to scale up skilled birth