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POPULATION AND REPRODUCTIVE HEALTH

Reproductive health is a cornerstone for human and social development. It affects every individual, throughout the life cycle. It is intimately related to each person's values, culture, and visions for the future. Its influence is personal and specific at the individual, family, and community levels, and at the level of the population it demands attention for its potential to contribute towards sustainable development. Through the constant of human sexuality, it is present at the individual level from the preconceptional period throughout the life cycle. Reproductive health not only covers family planning, which has been erroneously understood by some, but also has a much broader scope of action in family life and human development. It includes, in addition to family planning, sex education, assuring safe motherhood, control of sexually transmitted diseases, care for complications of unsafe abortions, and incorporation of a gender perspective.

PAHO has supported efforts by the countries to seek better reproductive health for their populations for the past 30 years. Promoting and maintaining reproductive health requires quality services and equity in their availability, distribution, and access. Public authorities, whether or not they are involved in direct service provision, have a responsibility towards guaranteeing reproductive health rights for men, women, adolescents, and children and in assuring quality in services which permit the achievement of reproductive health. To accomplish this, proactive policies, management structures, and new approaches through research and the development of health and educational models are essential. Success in reproductive health rests on the full participation of each person making informed choices and the development of social responsibility.

This document examines the expanded concept of reproductive health and contextual changes of the past several years, along with epidemiological data on some long-standing issues in the area. It suggests that, to progress, changes are needed with renewal of international commitments, reinforcement of existing strategies, and prioritization of certain aspects. Only if governments take concrete actions can the theme be placed on the public agenda and effective plans of action be developed to assure the contribution of this important human aspect towards the well-being of the populations of the Region.

The Executive Committee is requested to review and comment on the present document, to consider and confirm the strategies for technical cooperation proposed, and to advise on further action.

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EXECUTIVE SUMMARY

The concept of reproductive health is one that has been developing for some time. It was originally understood as referring to those services which were provided for family planning; however, this definition has been transformed several times. It has moved from the biological to consider the affective, the cultural, and the implications of population growth for sustainable development. The present amplified concept positions reproductive health as an essential part of human development. It is based on human rights and responsibilities, both individual and societal. It encompasses the principles of equity, respect for self-determination, and consideration of human beings as embodying biopsychosocial integrity, and it incorporates a gender perspective.

On an individual level, reproductive health is a constant during the entire life cycle. It extends through family and community groups and is concerned with the relation of population to the environment. Reproductive health is about people and their relationships, their values, their ethics, and their hopes for the future. There is perhaps no other area in health that touches individuals and societies so profoundly and, because of this, it is often subject to strong debate and different interpretations. However, without underestimating such differences, it is clear that many concerns in regards to reproductive health are common to all belief and value systems. These common concerns have important implications for the field of public health. Many urgently need concerted action in order to continue progress and to consolidate the gains made during this century.

The present time is a crucial one. The changes implied by the shift in the definition of reproductive health are not superficial. With new expectations, changes are demanded in the way in which we stimulate the normal development processes, design services, promote healthy lifestyles, and respond to demands to further the reproductive health of the peoples of the Region. In spite of significant advances on the conceptual level in the past several years, in part stimulated by public debates around the international conferences, the operational expression of reproductive health as evidenced in the health sector and in other environments such as schools or workplaces is still a beginning process. Policies, services, and community activities will need to be developed to assure reproductive health for all.

PAHO's Governing Bodies have adopted resolutions on related themes in recent years. An analysis of the reproductive health situation in the Region as seen through the amplified concept offers an appreciation of progress and permits a review of strategies and actions in light of the present situation in the countries. This document examines PAHO activities, shares some examples of successful experiences, reaffirms existing strategies, and suggests priority areas for renewed actions or new strategy development. The Executive Committee is requested to: (a) review and comment on the present document, considering the framework provided by previous Governing Body resolutions, the values and cultures of the countries, and regional and global mandates specified in agreements from Cairo, Beijing, Copenhagen, Vienna, Rio de Janeiro, Nairobi, Rome, and others; and (b) consider and adopt the proposals for orientation of activities in this area.

1. Introduction

In 1994, in the International Conference on Population and Development (ICPD), reproductive health was defined as:

> . . . 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. Implicit in this last condition is 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. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases (*1*).

Over the past 25 to 30 years there have been many achievements in the area of reproductive health. There have been significant decreases in maternal and infant mortality in the Region: the integral development of the adolescent, including reproductive health; access to health and educational services has improved; schools of health sciences are incorporating related material in their curriculums; various demonstration projects and programs have identified successful strategies for integrating relevant activities into public health and educational services; and information collection has improved. The advances, however, are far from universal. There are great disparities among countries of the Region and within each individual country, resulting in unnecessary loss of life and human tragedies and impeding development at all levels from the individual through the global. The marginalization of individuals, families, and populations for ethnic, economic, and geographical reasons has often impeded access to services for a large portion of the population, with significant negative impacts.

At the same time, it is now evident that the traditional, clinical-based answers will not suffice for this very complex health area. Increasingly, direct results of poor reproductive health have been demanding both resources and attention. As more is learned about the interrelationship of social, economic, and cultural determinants of reproductive health, there has also been a need to confront problems of increasing domestic and sexual violence, elevations in teen pregnancies, alarming growth of the number of persons

affected with STDs and AIDS, unsafe abortions with their deadly consequences, and the continuation of unacceptably high maternal and infant death rates.

PAHO has been involved in reproductive health since the early 1970s. A number of related resolutions have been passed, strategies developed, and new challenges faced. The situation in the Region, however, indicates that the time is right for renewed action. Demographic tendencies and changing roles for men and women in economic and social contexts as a result of migration, urbanization, and the aging of the population demand different answers. The health sector reforms present in the majority of the countries of the Region offer an opportunity to examine strategies. There are also concerns that drive the agenda. Significant progress has slowed in many outstanding problems, and personal, ideological, and religious interests and opinions regarding reproductive health are becoming a source of public and political discussion, threatening with misinformation to reverse some of the gains realized. In addition, the recent worldwide effort to renew commitments for the initiative of health for all by the year 2000 and beyond is a clear mandate and a reminder of the importance of maintaining the values of the primary health care strategy in the forefront, among them equity, efficiency, and effectiveness with full participation (*5, 15, 16, 17, 18*). It is now up to those responsible for reproductive health to convert these challenges into opportunities and, in so doing, to demonstrate the contributions of this area to the health and well-being of individuals and families, as well as to sustainable development and the quality of life for all.

2. A Review of the Reproductive Health Situation

2.1 *What is Reproductive Health?*

A brief history of the development of the concept of reproductive health will establish the importance of adopting the new perspective. In the 1960s, the term was coined as a polite way to refer to contraceptive and family planning activities. Emphasis was at the population level. Policies and services were almost exclusively directed to women of childbearing age. Gradually, the ideas of free choice and access to services—including, in some countries, abortion services—were subsumed into this term. The 1980s brought a shift towards the services element of reproductive health and a focus on maternal and child health services concentrating mainly around pregnancy, delivery, and perinatal care, although some focus was seen in the demographic and population aspects of reproductive health and sustainable development.

A growing consciousness was seen in the Region that adolescents were an at-risk group for unhealthy sexual and reproductive health behaviors, directly impacting their potential for development. As that consciousness grew, it became evident that human sexuality and the need for education regarding responsible sexual behavior were important elements to consider in reproductive health services for all age cohorts.

The 1990s have seen a refocusing on the individual, with an emphasis on human rights and corresponding responsibilities. During this same period, the promotion of health and of healthy environments has become a public concern. Documentation has confirmed that many of the identified problems and needs requiring public health interventions are closely related to other critical aspects of human development, such as education, nutrition, work, and cultural and economic independence (*3, 4, 6, 10, 15, 21, 23*). Population growth patterns show the need to provide for the increase in the older population with the implications for health and for service.

The ability of the many countries of the world to come to an agreement on the definition of reproductive health was an historic event. The concept of reproductive health was further developed at the international conferences on women (Beijing 1995) and on sustainable development (Copenhagen 1995).

2.2 *What are the Implications of the Reproductive Health Definition?*

Based on the ICPD definition, the agreements in Beijing and Copenhagen and others previously agreed upon in Rio de Janeiro and Vienna contained implications for the public health community. It is understood that reproductive health is a lifelong process and an integral part of human development. It begins with preparation before conception for a healthy baby and proposes safe pregnancy, delivery, and postpartum care for the mother, infant, and family. It accompanies the young child, as attitudes are developed regarding gender relations, sexual behavior, and reproduction; the adolescent, as knowledge and attitudes are consolidated into practices and protection sought from sexually transmitted diseases; and the adult, in promoting healthy sexual behaviors, in the development of family, and in the potential onset of chronic problems. Reproductive health continues to develop with the older adult as changes evolve in both hormonal and family relationships.

In addition to the life cycle and human development focus, the amplified definition of reproductive health requires that individuals and population groups be involved in the decisions affecting their lives. It recognizes the need for work in the countries to be intersectoral, involving education, work, and other actors such as NGOs, private groups, and insurance-based firms in addition to those traditionally involved in the provision of health services.

The mentioned changes, conceptually and in practice, provide both challenges and opportunities. Human development and quality of life are the goals. The principles of equity and quality are fundamental to developing a shared vision, strategies, and a plan of action that will catalyze progress (*10, 23, 26*). A broad analysis of the implications has the potential for producing creative answers to the development of health services, as well as the development of new and different responses to chronic problems.

2.3 *A Review of Related Health Statistics*

Increased economic opportunities and educational levels have long been known to correlate directly, not only with health status but also with access to and utilization of services. Poverty and education have evidenced their importance in contributing to health. As an example in the reproductive health area, as educational levels rise, women increase their contributions to the economic and social bases of the family. Many choose to plan their families and offer more opportunities to fewer children. The woman herself becomes empowered and enjoys increased quality of life; increased educational levels are sought for the children, thus contributing to the overall development potential of both family and country.

The growth of population in many countries compounds economic dilemmas as new generations join populations where the economic sustainability of policies is already strained. It is estimated that for 1998 the total population of the Region will be 803 million, with 15 million births annually. A declining tendency in the regional birth rate is observed, due to increasing availability and use of contraceptive methods over the past 25 years; however, the total population is expected to continue to increase through 2002. The June 1997 evaluation of the United Nations Conference on Environment and Development cited the decrease in fertility rates and population growth as one of the successes in promoting sustainable development of the planet (*2, 4*).

Many of the countries of the Region have been categorized as undergoing a demographic transition. The combination of increasing longevity and lower maternal and infant mortality rates have brought many countries to a national overall health situation undreamed of only 50 years ago. With these achievements, there are also challenges. The transition assessment is based on averages, and large discrepancies exist within countries, wherein twentieth-century development and technology of services exist side-by-side with nineteenth-century levels of health problems for some sectors of the population. This polarized situation presents a challenge to authorities in the process of planning, implementing, and evaluating the impact of services. It also sounds a voice of alarm for the future as older populations, who tend to have more chronic and long-term problems, begin to be the majority. This provides philosophical, humanitarian, effectivity, and economic (both from an individual and a systematic viewpoint) reasons to emphasis health promotion and protection and to harness technology for progress, as a means to improve not only the lifespan but the quality of life as well.

2.4 *Total Fertility Rates*

Fertility (number of children per woman) in the Region ranges from 1.6 (Cuba) to 4.8 (Guatemala). Overall contraceptive coverage is presently estimated at 64.7% of women of reproductive age (15-49 years) and in a stable relationship with a male partner (*25*). This

data, however, presents a limited picture and masks many unknowns; for example, it is difficult to estimate real use and to know the rates of discontinuation due to planning or supply failure. It does not adequately portray male participation in contraception nor does it give a reliable picture of those who would like to use modern planning methods but whose access is limited. It is known that cultural and religious reasons often impede the decision to initiate or continue use of contraceptives. In spite of a number of specific studies examining the situation, the knowledge available has not evolved into actions that provide information and access to all populations so that they may exercise their rights to self-determination.

Assuring a positive outcome for pregnant women has always been a large component of health services. Early initiation of prenatal attention is a tool to provide healthy outcomes for pregnancy. Access and utilization of prenatal services in the countries of the Region range from 53% to 100% (*25, 26*). The data demonstrate inequities in access, but not the timing nor the number of visits, important for evaluating impact achieved or the quality of services, as is evidenced by some countries with high prenatal coverage and institutional care for delivery and continued high levels of mortality. It has been well documented that the use of prenatal services is systematically associated with social class, with rural and urban residence, and especially with the mother's educational level.

Maternal mortality continues to be a serious problem in the Region, with 11 countries showing ratios higher than 100:100,000 live births. Maternal mortality is an important indicator that is often used as a proxy for the developmental state of a nation. In the Region, maternal mortality ratios vary from 2:100,000 in Canada to 1,000:100,000 in Haiti, demonstrating with painful clarity the prevailing inconsistencies in both development and equity. The principal causes—toxemia, hemorrhage, and infection—have maintained their status as the leading killers for many years (*25*). These clinical diagnoses, however, hide problems such as malnutrition or lack of treatment for obstetric emergencies in remote areas. A close relationship exists between skilled care at delivery and the levels of maternal mortality. Institutional delivery is greater than 90% in 13 countries, while in four the coverage was below 50% (*25*).

Maternal mortality affects the individual and the family, as children who survive births in which the mother dies are more likely not to survive their first year, and others are often robbed of their individual development potential as they are forced into caring for siblings. The economic potential of the families is also affected and, with that, their possibilities to contribute to the nation’s growth. It is a problem that demands action.

An additional link between development and reproductive health is observed through an examination of cesarean section prevalence (some consider the excessive use of this technology an unsound medical practice and a violation of human rights). The incidence of cesarean sections correlates with the level of instruction of the mother and urban or rural residence, demonstrating the link with equity of opportunity. While approximately 12% to

20% of deliveries by cesarean section are considered within the range of normal, in Brazil 81.3% of women having cesarean sections had more than 13 years of education. In Colombia 20.7% of urban and only 10.1% of rural deliveries were by cesarean section (*22, 25*). Although other factors such as the different levels of sophistication of the health services are involved, it is important to note that the opportunities, while available for some unnecessary situations, are unavailable when necessary for others.

Based on the results of available studies on maternal morbidity gathered by WHO and PAHO in the Region of the Americas, approximately one episode of illness occurs annually for every three pregnancies, reflecting an unmet need for services. However, this is probably a low estimate of the problem, since it does not account for the illness or disabilities that many women suffer as sequelae of their pregnancies. Empirically, it is known that morbidity caused by pregnancy extends far beyond the pregnancy itself, causing lasting effects such as dental loss, incontinence, and osteoporosis as well as other often painful, incapacitating, socially unacceptable, and ostracizing health problems.

Abuse and sexual violence have recently been recognized as reproductive health problems that affect quality of life and cause emotional and behavioral problems and complicated deliveries, as well as other types of reproductive mortality. Although this problem has been receiving attention lately, its identification as a serious public health problem is still incipient and its recognition as a social problem even more so. Sexual violence is closely associated with other risk behaviors. Related problems include a parallel between sexual abuse and early initiation of sexual activity, the inability to distinguish between affective and sexual behavior, a lasting sensation of vulnerability, and the inability to say "no" to sexual relations or drugs or to practice protective behavior, such as the use of condoms as double protection against unwanted pregnancy and sexually transmitted diseases including HIV/AIDS. The phenomenon affects an individual’s ability to enjoy healthy sexual and reproductive relations, an effect which has been documented in different populations such as the Aymara women in Bolivia, who identified sexual coercion as a force which shaped their sexual and reproductive lives (*11, 27*). Increase of adolescent risk behavior and early pregnancy have also been correlated.

The personal, family, economic, and social costs of abortion in this Region are as yet unknown, but the available research has evidenced the need to give the topic public visibility in order to stop related clandestine and unsafe practices. It is known that in some countries it causes significant increases in maternal mortality, even becoming the principal cause. The data demonstrate that care for abortion consequences accounts for up to 25% of hospitalization in the Region, with significant cost implications (*25*). In a 1994 meeting, parliamentary representatives from five countries of the Americas supported placing the topic on the agenda of the Latin American Parliament in light of its importance to the health and development of the Region’s populations.

Some of the highest recorded rates of cervical cancer in the world are found in countries of this Region. Its incidence rivals maternal mortality in terms of mortality in women of reproductive age. It is curable if detected and treated early; however, although some countries (such as Canada and the United States of America) have been able to reduce their incidence at a rate of 5% per year, many have not been able to show improvements. The questions of access, willingness to use such access, and efficient targeting of system policies have been shown to be paramount in changing the situation *(28).*

Sexually transmitted diseases (STDs) and acquired immunodeficiency syndrome (AIDS) represent a significant threat to the reproductive health of the peoples of the Region. PAHO estimates that 40 to 50 million men and women acquire a STD every year in the Region. Even when the data demonstrate a lower incidence overall, there are rising rates in the high-risk groups. Global references conclude that the incidence is higher in areas where available attention is lacking, reiterating the access correlation for reproductive health *(29, 30).*

There are areas as yet unstudied. For example, the introduction of sex education in promoting reproductive health has not been well studied. In some countries the incorporation of sex education into the general education curriculum has been mandated; while this is generally seen as a positive development, there are concerns. Provision for adequate training of the responsible teachers to deal with sensitive topics is sometimes questionable, the involvement of parents is not consistent; there is often little relationship with the health sector so as to facilitate the student's knowledge of available resources; and some attempts are too short, are initiated too late in the students' development, and do not test materials or take an integral/developmental view of the topic. Although controversy exists as to the prudence of introducing sex education, the available data, although limited, demonstrates a modest impact of programs which have been effective in delaying the initiation of sexual activity, reducing the number of sex partners or increasing the use of contraception. The experience in northern Europe, where sex education at school and the provision of reproductive health services in the same setting, has proved successful *(31).*

Basic premises of current efforts towards health sector reform, such as extending coverage, potentializing efficiency and stimulating local participation in decisions, are consistent with the principles of the new definition of reproductive health. It has focused attention on economic implications of providing and maintaining health services. One concern in relation to reproductive health is the reliance on external or donor funding to sustain programs. International accords and PAHO Governing Bodies have reiterated the importance of the countries assuming the financial responsibility for implementing and improving these programs, to at least the two-thirds level. The provision of a range of reproductive health services could be feasibly assumed by the countries of the Region; however, progress has been slow and the information weak. Although some methodologies are available both for cost calculation and its association with impact, they are still

experimental, and more work is needed to fully understand the cost-effectiveness of action in health promotion and human development, such as providing access to the underserved and different costs according to providers.

2.5 *Conclusions on the Reproductive Health Situation*

There are several different definitions of reproductive health being used in the countries. Reproductive health continues to be seen by some as referring only to contraceptive or family planning activities. In some populations, extreme views have been found where reproductive health is thought to imply abortion or a plan to eliminate ethnic minorities. Others have expanded their vision to strategies based on population and sustainable human development aspects. Still others think in terms of a package of services. These range from those which respond to vertical programs following traditional designs for service delivery, which do not facilitate an integrated approach to the biopsychosocial person, to those which include newer elements such as attention to the older adult and sex education. A third concept in use emphasizes the personal aspect and the complex social processes of constructing meaning for the terminology. Although in a transition based on conceptual changes, it is not uncommon to find a number of differences, in this case, the presence of different concepts allows confusion, atomizes efforts, and impedes progress.

The epidemiological data demonstrates the presence of many long-standing problems in addition to new challenges such as increasing incidence of cancer of the cervix and STDs. It indicates that technology is not necessarily contributing to the resolution of many of the problems but in some ways is creating another set of problems and a wider equity gaps. It shows that significant progress in outstanding problems has slowed, demonstrating the need to examine traditional strategies with research so that knowledge can support decisions. It calls for a consideration of the interrelation of the elements of the reproductive health panorama so that an effective integral approach can be designed in each country according to its values and culture, and it demands attention to quality of care as a principal core of the needed changes.

The expanded orientation to reproductive health requires changes in the ways in which health policies and services are designed to stimulate development processes, promote healthy lifestyles, and design services to respond to the needs of reproductive health in the Region, while advancing equity, efficiency, and effectiveness. It is imperative to the possibilities that the present moment offers to disseminate and discuss a new and integrated approach to reproductive health and to consider the concept as one which recognizes differences, respects the rights of all, and builds a learning process within the family, reference group, culture, and society to promote human development and health for all.

3. The Role of PAHO

3.1 *Background and Justification*

PAHO has participated in a number of international conferences and in the development of documents and strategies to move the reproductive health agenda forward. Four key documents characterize the participation of PAHO in this area. In 1984, the bases for population policy were established. In 1990, the Regional Plan for the Reduction of Maternal Mortality and, in 1993, the Policy for Family Planning, Reproductive Health, and Population were approved by the Directing Council. In 1995, a resolution on population and reproductive health was approved by the Directing Council. These last documents have established the orientation of PAHO's technical cooperation. In 1993, the resolution oriented activities towards providing family planning, reproductive health and population activities, participation of the population, availability of information of family planning, research, human resource development, an integrated approach to services, prevention of adolescent pregnancy, and interagency cooperation. In 1995, the ICPD definition of reproductive health was emphasized, and strategies of women's empowerment, safe motherhood, and sexual and reproductive rights proposed. The resolution sought priority attention for adolescents and the management of abortion, and proposed an integral approach to the provision of services, including family planning, prenatal and delivery care, and prevention of sexually transmitted diseases.

In its support of country activities, PAHO has been encouraging the vision which holds that reproductive health is one of the fundamental elements of human development and as such forms a principal axis for health promotion and protection. It is recognized as socially constructed and with important ties to each person's identity and culture. The broad scope of reproductive health from individual to population implications and the importance which reproductive health plays in the health and progress of nations make it imperative that governments take a leading role in the protection of human rights and in setting the agenda for policy and program development in order to guarantee equity and quality.

PAHO has a key role in supporting the countries in their search for answers to inequities and in overcoming the difficulties to achieve a healthy state. Involvement in promoting reproductive health is important because:

- It is an essential part of health and human development which relates to PAHO's explicit mission, and it builds upon a long history of collaboration with the countries in contributing to the health of mothers and children in the Region.

- It can bring about real changes in the health and well-being of children, adolescents, women, and men of the Region. Some of the potential benefits could be: fewer women dying in childbirth; a new generation of socially responsible adults; less cost

to the system as a consequence of both sexually transmitted diseases and inadequate or inappropriate care; improvement in the quality of services; and the development of healthy habits as people become informed and are able to make free choices.

- PAHO's long tradition of cooperation in health with the countries positions it ideally to be a catalyst in promoting efforts to identify ways in which all countries can, within their own value systems, begin to work towards a more integral vision of reproductive health that promotes quality of life and sustainable development.

- PAHO, as part of the United Nations system, has a mandate to support and promote the decisions taken in the international forum. In this case, both WHO and PAHO have been strong in their support for the implementation of the relevant recommendations for reproductive health.

- PAHO is in a unique position to have a global view of the Region, to stimulate intercountry cooperation, and to disseminate successful experiences.

In addition to its regular programmatic activities, PAHO has sought extrabudgetary funds for activities in reproductive health which include safe motherhood, quality of care, management of reproductive health services, adolescent health care, reduction of maternal mortality, services for underprotected populations, policy and legislative development in reproductive health, male involvement in reproductive health, and improving the teaching of reproductive health in schools of health sciences, among others. In many of these activities PAHO has joined with other institutions, such as the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the United Nations Education, Science, and Culture Organization (UNESCO), the Organization of American States (OAS), the U.S. Agency for International Development (AID), the Inter-American Development Bank (IDB), the World Bank, bilateral, foundation, and other donors, to capitalize efforts. These experiences have provided many learning opportunities and have achieved successes, although sometimes limited in scale.

3.2 *Lessons Learned/Case Studies/Best Practices*

Quality of care is an important element in the ability to mobilize change. In Bolivia, through the implementation of a participatory quality of care model in one maternity hospital, infrastructure, policy, organizational, and human relations aspects were highlighted, in addition to the direct involvement of the community. Within two and one-half years, the hospital demonstrated important differences. The institution is clean, personnel morale high and the staff roster full, norms for care developed with NGO and other community participation, the hospital accredited, and an adolescent program and one to provide contraceptive counseling for post-abortion women initiated at the request of the community. Perhaps one of the most significant testimonies to the differences is the increase

in occupancy of hospital beds from 40% to 83% occurring even before the availability of free maternal coverage.

One of the significant challenges in the area of improving reproductive health is the interface of cultures and belief systems with scientific and technological knowledge to produce positive changes. This can occur only if the health system is able to separate traditional practices from those with scientific bases. For example, in one Colombian institution, astute practitioners observed that problems including neonatal death resulted from obligating indigenous women to assume the gynecological position for birth. Norms were changed and training was provided to new professionals to permit adaptation to the client-preferred position, resulting in healthier and less problematic mothers and babies. In Ecuador, one educational institution has secured resources from the Inter-American Development Bank to conduct a multidisciplinary social and clinical monitoring study of local preferences and beliefs around the birthing process. This involves in-depth interviews and filming of traditional practices and extensive technologically-supported monitoring of the mother and fetus, which can be then used to educate future generations of health professionals as well as to develop new technology and norms to facilitate this important interface between culture and scientific knowledge.

Provision of care to remote and indigenous populations is one area where the present system has failed in the majority of countries. In Guatemala, a program sponsored by the Ministry of Health with INCAP specifically set out to reduce maternal and neonatal mortality. It involved in-depth research, establishment of standards, training of trainers and of traditional birth attendants (TBAs), motivational and sensibilization activities with both health services staff and the TBAs, and the systematization of emergency transport. The goals were to improve the knowledge and performance of the TBAs, the resource available to the 500,000 population involved, and to humanize the treatment of these TBAs and their patients at the hospital and health centers in order to create a link between the formal and nonformal elements of the system. In the process, low-cost, easily constructed, and locally available material was used to convey precise messages. The results are notable. From available hospital-based data, it is known that within the four years of this project TBA referrals to the hospital for complications increased by 399%, neonatal mortality decreased from 38/1000 to 32/1000 live births, and there were no maternal deaths registered in the fourth year. Today, 10 years after its beginnings, the model is still creating effects as additional donors are adopting it, and its scope has expanded to cover more than two million of the often difficult-to-reach population.

Maternal mortality remains one of the greatest indicators of inequities. Its reduction is imperative, and changes at all levels of the system from policy access to skilled care are essential. PAHO is currently implementing a grant from USAID to reduce maternal mortality in the 11 countries with the highest incidence. In the past 18 months, all 11 countries have developed or reaffirmed their commitment to reducing this serious

problem with high human and social costs by developing or reevaluating their national plans for the reduction of maternal mortality. Through the safe motherhood initiative, high-level political support has resulted in information dissemination, and education of community and health workers, and in some cases has resulted in the formation of "negotiating committees." These are composed of representatives from the health system working with their community counterparts to increase understanding and modify practices to insure quality of services as well as increased utilization by reason of modifications to make them more user friendly.

Several countries (for example, Brazil, Colombia, Mexico, and Peru) have extended family planning access through the formation of alliances with NGOs and other nontraditional partners. This approach has demonstrated the value of partnerships as a means to increase coverage and provide services to previously unreached populations.

4. The Proposal for Change: Expected Results

To implement the new vision of reproductive health based on human development and social responsibility, and to take full advantage of the opportunities provided in the context of the turn of the century, it is clear that changes are necessary. In addition to the epidemiological data reviewed, an observed tendency in the Region is noted wherein personal, ideological and religious values and opinions of part of the population are becoming a source of public and political discussion, threatening, in some cases, with misinformation and polarization of the society. It also threatens to reverse the gains of the past several decades. This emphasizes the need for options for self-determination, and different approaches need to be studied. State-of-the-art research findings and implications are necessary elements to direct energy and resources in the search for solutions. Plans and programs must be evolved which, while taking advantage of the opportunities provided by health sector reform, allow the countries to find more equitable, humane approaches to promoting reproductive health of their populations and, in so doing, stimulate the nation's development.

The Secretariat of PAHO believes that a concerted effort to improve reproductive health in the countries could have many positive effects in the countries:

- A clear policy and legislative framework that will provide guarantees for the reproductive rights of men, women, and children.

- Health care models which offer quality, appropriate attention and, increasingly, access to the underserved, as well as meaningful, user-friendly services.

- A visible impact on the reproductive health of the population as evidenced by a reduction in the indices of prevalent health problems.

- A healthier, better informed and empowered public with choices as to how they will seek their own reproductive health while respecting the self-determination rights of others.

4.1 Suggested Strategies

To achieve the expected results, there is a need to renew commitment to the international agreements. This would lead to a confirmation of the strategies approved by PAHO's Governing Bodies in 1993 and 1995 of advocacy and information, education and communication (IEC), data improvement and utilization, research, participation, formation of human resources, monitoring and evaluation, and reorientation of the financing mechanisms. In addition, the lessons learned and best practices would suggest that the following strategies be added: leadership development in policy formulation, organization, management, and implementation of programs; inclusion of other actors and intersectorial activities; development of guidelines and tools for analysis and planning, especially in the aspects of provision of integral services reaching high-risk or underserved populations; and evaluation of program impact.

4.2 Priorities Proposed

The magnitude of the challenge and the finite character of available resources suggest that priorities are necessary. Those suggested to focus and potentialize PAHO's activities with the countries are the following:

- Quality of attention: Quality focus permits mobilization of all sectors around the resolution of many of the outstanding issues related to reproductive health, including personal and system development, monitoring, and evaluation, and it has demonstrated effectiveness.

- Attention to underserved populations: Emphasis of equity for those who for cultural, ethnic, gender, age, economic, or geographical reasons had not utilized or had access to services (for example, male populations or adolescents).

- Coordination among different actors, agencies, and sectors.

- Life cycle approach: Implementing programs which identify at each stage of the life cycle the promotion, prevention, and provision of services in reproductive health and which at the same time prepare the individual and their family for the challenges of the next stages.

- Development of integral packages of reproductive health services: These should include sex education and counseling, safe motherhood, control of sexually-

transmitted diseases including cervical cancer, care for complications of unsafe abortion, a gender perspective, and family planning (different methods and counseling).

- Advocacy and dissemination of information to the population that will permit them to make informed decisions.

- Human resource and leadership development.

5. Action Requested of the Executive Committee

The Executive Committee is requested to consider the present document and the state of reproductive health in the Region, and to guide the Secretariat of PAHO on how the document and strategies or priorities might be improved, as well as the directions for future activities.

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