

A Strategic Approach to Reproductive Health Programme Development

*The strategic approach is highly effective, flexible
and adaptable, creates a high degree of country ownership
and is an important tool for policy change*

By Jay Satia, Peter Fajans, Christopher Elias
and Maxine Whittaker*

Many countries are transforming their efforts to meet their population's reproductive health needs by refocusing maternal and child health and family planning activities into more comprehensive reproductive

* Jay Satia, International Council on Management of Population Programmes (ICOMP), Kuala Lumpur, Malaysia; Peter Fajans, UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction, Department of Reproductive Health and Research, World Health Organization (WHO), Geneva, Switzerland; Christopher Elias, Program for Appropriate Technology for Health (PATH), Seattle, United States; and Maxine Whittaker, Papua New Guinea Health Services Support Programme and University of Queensland, Australia. The views expressed in this article are those of the authors and do not necessarily reflect the views of the organizations with which they are affiliated.

health programmes. Clearly, the specific directions and magnitude of the changes involved should depend on the socio-economic context and local epidemiology of reproductive health problems, as well as on the current programmatic situation. In seeking to innovate and expand reproductive health services, programme managers and policy makers are generally advised to follow an approach that is (a) public health based – addressing key reproductive health problems, (b) pragmatic – adding interventions and services in an incremental manner and building on what already exists, and (c) participatory – recognizing what different actors can feasibly do (Fathalla, 1996). The need to identify appropriate service delivery models and subsequently scale-up successful efforts is acute.

Over the past decade, the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), Department of Reproductive Health and Research (RHR), WHO, in collaboration with a variety of other institutions, has developed a strategic approach to contraceptive introduction that focuses on improving the quality of care in a reproductive health context.

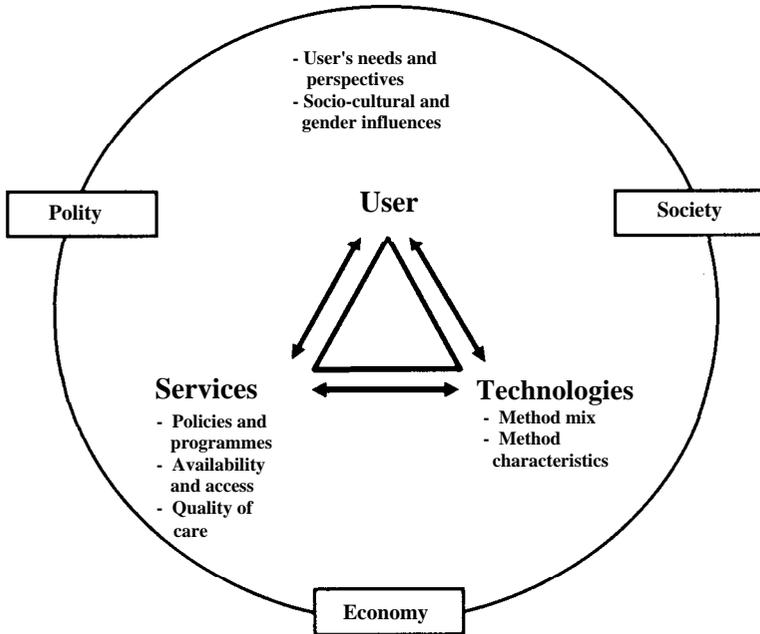
As the strategic approach was being implemented to address contraceptive introduction in several countries, its utility for addressing other specific reproductive health problems was recognized. Since then, the approach has been used for safe motherhood, abortion, reproductive tract infections/sexually transmitted infections (RTI/STIs) including human immunodeficiency virus/acquired immunodeficiency syndrome HIV/AIDS and adolescent reproductive health programmes. More recently, it has been applied as a framework for developing comprehensive reproductive health programmes.

This article describes the strategic approach to contraceptive introduction and experience with its implementation. It then reviews the application of the approach to reproductive health programme development and raises some issues concerning the methodology that needs to be addressed in considering its application to reproductive health programme development.

The strategic approach to contraceptive introduction

The introduction of new contraceptive technologies has great potential for expanding contraceptive choice, but in practice, benefits have not always materialized as new methods have been added to public sector family planning programmes. Approaches to contraceptive introduction have evolved over the past three decades. However, the experience with the

Figure 1. Systems framework guiding the strategic approach



introduction of the Norplant implant and the Cyclofem monthly injectable in the 1980s demonstrated that these efforts still fell short in assuring adequate attention to quality of care, to user perspectives and needs, and to the sociocultural and institutional context of method choice (Spicehandler and Simmons, 1994).

In response to lessons from the past, in 1991 HRP in collaboration with other institutions developed a strategic approach to contraceptive introduction. Several innovations characterize this approach, which WHO has been testing since 1993 (Simmons and others, 1997; HRP, 1996 and 1999a). The approach shifts attention from promotion of a particular technology to an emphasis on the role of technology in enhancing quality of care and reproductive choice. In doing so, it recognizes the implications of technology introduction for changes in programme management. The

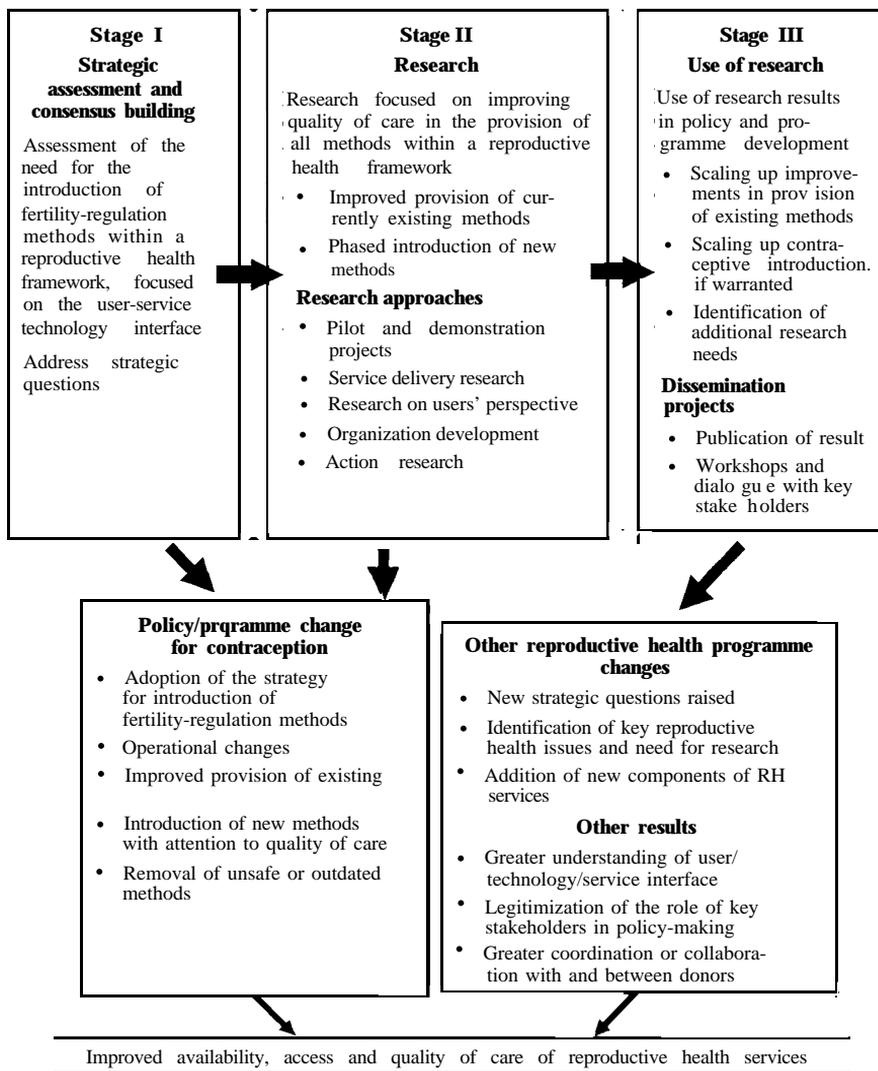
strategy is based on a conceptual framework that considers users' needs and perspectives, available technologies and the capabilities of the service delivery system as well as their interactions, all in the broader context of the health, socio-cultural, political and resource settings. This framework is illustrated in [figure 1](#). The strategic approach to contraceptive introduction also involves a change in the process of decision-making, emphasizing country ownership, broad-based participation and transparency. The strategic approach has three stages ([figure 2](#)).

When addressing contraceptive introduction, Stage I is an assessment of national family planning services. It is focused on the method mix, the extent of coverage and the capability of the servicedelivery system to provide high quality services and to respond to the needs and perspectives of actual or potential users. The central purpose of these assessments is to answer the following three strategic questions: (a) Does a need exist for the improved provision of existing methods? (b) Is there a need to remove methods from a service delivery setting on the grounds of their lack of safety or efficacy? (c) Does a need exist for the introduction of new contraceptive methods, and if so, at what level of service delivery? As the assessments focus on quality of care (Bruce, 1990) in a systems framework, they also address related reproductive health issues such as RTI/STIs, adolescent reproductive health and abortion.

A typical assessment involves preparatory activities including definition of the scope of the assessment and appropriate strategic questions, the formation of the assessment team and the preparation of a background paper that synthesizes the existing knowledge. This is followed by a planning workshop that brings together relevant stakeholders; two to three weeks of field visits with qualitative data collection from community members, service providers and managers, and observations of service delivery; and informing the decision-making process through strategic analysis and report preparation, the holding of a dissemination workshop, and action planning.

Assessments are government-led, but involve a broad range of relevant stakeholders. These may include women's health advocates, representatives of youth organizations, local researchers and representatives from national non-governmental organizations (NGOs). They are involved throughout the assessment process. Assessments may lead to a variety of policy changes, to direct changes in programming and to Stage II research initiatives related to technology introduction and to improved quality of care.

Figure 2. Outcomes of the strategic approach



Source: Adapted from Ruth Simmons, Peter Hall, Juan Diaz, Margarita Diaz, Peter Fajans and Jay Satia (1997). "The strategic approach to contraceptive introduction" *Studies in Family Planning* 28(2):79-94.

Stage II activities have typically consisted of pilot projects which test interventions recommended in the assessment through user-perspective and service delivery research. Pilot projects have often involved introducing one or more new or underutilized methods of contraception while improving quality of care for all methods. While focusing on contraception, Stage II has been adapted to address broader reproductive health concerns. Wherever possible, the research continues to apply participatory approaches.

The primary objective of Stage III is the use of research findings for policy and programme development. Based on the research results of Stage II, policy makers and programme managers must determine how to scale up and expand implementation of the tested interventions and programme adaptations to improve the quality of services elsewhere and decide which service delivery points are appropriate. Specific activities undertaken at this stage vary and arise out of country and programme needs. In addition to replication or expansion of new programme activities, the activities may entail additional research during scaling-up, further simplification of the interventions, dissemination of results, and continued evaluation. Stage III activities should continue to address questions related to costs and sustainability. The participatory and community-oriented approaches that guide the earlier phases of the strategic approach continue to be important in this phase of activities.

Experience with implementation of the approach

The strategic approach to contraceptive introduction has been implemented in 10 countries: Burkina Faso, Ethiopia, South Africa and Zambia in Africa; Lao People's Democratic Republic, Myanmar and Viet Nam in Asia; and Bolivia, Brazil and Chile in Latin America. The process has been participatory, involving multiple stakeholders, country-owned and generally led by senior programme managers. The systems framework of the approach and its flexibility have led to a broader application that addresses a range of reproductive health programme issues. These features of the approach have been demonstrated to be major advantages of the strategic approach.

Participatory process involving multiple stakeholders

The assessment team is involved in all aspects of the Stage I strategic assessment (HRP, 2000). While the assessment team continues to be involved, a sub-team has the responsibility for implementation of Stage II.

The composition of this sub-team, however, reflects the perspectives of programme managers, researchers and women's advocates. The team is also involved in reviewing the strategy for Stage III.

The participatory processes have been expanded to include other stakeholders, which typically did not have a strong role in decision-making. In all assessments, teams have included other government agencies, NGOs and researchers. However, the NGOs involved have varied depending on the socio-political context. In Viet Nam and Myanmar, the NGOs involved were closely related to the government, but reflected different perspectives.

The participatory nature of the process has engendered closer working relationships among agencies. For example, in Viet Nam, it brought together representatives of the Ministry of Health, the National Committee on Population and Family Planning (NCPFP) and the Vietnam Women's Union, all key stakeholders in quality of care for contraceptive services (Do Trong Hieu, 1995). In Myanmar, it provided an opportunity to further strengthen the relationship between the Department of Medical Research, the MCH/FP Programme and the Myanmar Maternal and Child Welfare Association, an NGO (Union of Myanmar and WHO, 1997).

Addressing women's reproductive rights issues has often depended on the strength as well as the tradition of women's health advocacy. The participation of the Vietnam Women's Union in the strategic process in Viet Nam not only enhanced the Union's sensitivity to women's concerns to encourage a client-oriented approach to services but also strengthened its ability to enter into a dialogue with government managers at various levels.

The participatory nature of the process has also made the decision-making process more transparent. The involvement of a large group of stakeholders, including the field-level managers and staff of the programme, donors and other organizations in various workshops, provides an opportunity to discuss and debate not only the design of assessments and research but also the findings and recommendations of the assessments and subsequent action research.

Country ownership

The process is country-owned, although WHO and other collaborating agencies have provided extensive technical support. The assessment teams were usually led by senior programme managers or, in some cases, by national reproductive health researchers. The participatory nature of the process, involving a large national team, has assured that national priorities

and needs are reflected in the decision-making process. In Viet Nam, the Stage I assessment concluded that the highest priority should be accorded to improving the quality of care for existing contraceptive methods in the programme. The Vietnamese Government thereafter changed its plans for widespread introduction of Norplant. However, given the serious policy concern with expanding method choices, the Stage II research linked the introduction of DMPA (depot medroxyprogesterone acetate, which is sold commercially as Depo-Provera) to improving the quality of care for all methods.

Role of senior programme managers

Senior programme managers have almost always led the implementation of the strategic approach, which has several advantages but also poses some difficulties. It guides the approach to address the programme's strategic concerns and, therefore, the possibility is high that the results would be used. In Viet Nam, the use of the approach was guided by the policy thrust to diversify the contraceptive method-mix. In Myanmar, there was a need to expand the birth-spacing programme and in the Lao People's Democratic Republic, the government was concerned as to how it could develop the reproductive health programme when the health service delivery infrastructure is very weak. However, because the process of assessment followed by research and up-scaling may take several years, there is a good possibility that managers may change. For example, in Viet Nam, the programme manager retired before Stage II was completed. Therefore, the team has an important role to play in assuring continuity.

The involvement of senior managers in the assessment fieldwork and subsequent Stage II research is also important. Rarely, the senior managers have an opportunity to meet community members directly and get feedback in informal settings where the information is not filtered by service providers or lower level managers. On the other hand, in view of the many demands on their time, senior managers are often not able to participate fully in the two weeks of field work. Programme managers have guided and participated in the Stage II operations research, which increases the chances that the research results would be used for programme development.

Flexibility and adaptability

Although the strategic approach was developed to address the introduction of contraceptives, its implementation offers considerable flexibility. In each country, the approach has been adapted to address various reproductive health concerns. In view of its strategic nature, even

when focused on contraceptive introduction, a broader set of recommendations have emerged covering policy, programming programme implementation and further research as well as linkages to other aspects of reproductive health. For example, in the contraceptive method-mix assessment in Myanmar, the programming recommendations not only encompassed recommendations on birth spacing — enhancing community capability, improving access and availability, and ensuring quality of services — but also included suggestions on abortion and management of its complications as well as for the establishment of closer linkages between MCH and birth-spacing services.

Follow-up of such a comprehensive set of recommendations has, however, proved difficult. Stage II research has typically addressed a narrower set of concerns whereas others require policy or programme changes. Programmes need to devise or strengthen existing mechanisms to follow up on such needed key actions.

Use of approach for reproductive health programme development

Because a systems perspective guides it, the approach addresses the linkages between the introduction of contraceptives and a range of reproductive health issues. During implementation, countries found it useful not only for contraceptive introduction, but wanted to employ the same process to address other specific reproductive health issues. Finally, in view of the flexibility of the process, it has been used for the development of comprehensive reproductive health programmes.

Improving quality of care

The strategic approach has always focused on improving quality of care in a reproductive health context. Most assessments identified inadequate quality of care as a major concern. Consequently, in addition to specific recommendations for the addition of new methods or removal of methods from distribution, recommendations were made to address policy, structural and managerial barriers to improving the quality of care in family planning.

Most Stage II projects have demonstrated that the introduction of one or more new contraceptive methods in the programme provides an opportunity to address a range of issues related to quality of care. In Viet Nam, DMPA was introduced while improving the quality of care for all

methods (Nguyen Thi Thorn and others, 2000). In Myanmar, the Stage II project seeks to develop a township model for improving the quality of care in reproductive health services that includes not only the complete range of contraceptive methods, but the management of reproductive tract infections in both the public and private sectors. The major programme interventions include improving IEC (information, education and communication) materials, training, community advocacy and strengthening management capabilities of township and health centre staff (HRP, 1999b).

Addressing other specific reproductive health problems

The strategic approach has been adapted to address other components of reproductive health. Subsequent to its application, the strategic approach for contraceptive introduction in Viet Nam was recognized as a useful method for addressing client-, service-delivery- and technology-related issues in reproductive health. In 1997, the Ministry of Health and the United Nations Population Fund (UNFPA) requested assistance for a second strategic assessment to be conducted in Viet Nam focusing on issues relating to abortion, which is legal and widely used in Viet Nam (Bélanger) and Khuat Thu Hong, 1998). The assessment examined ways of both decreasing the recourse to abortion, as well as improving the safety and quality of current abortion services. The recommendations covered a wide range of policy and programme adaptations as well as research issues, which included the need for strengthening of post-abortion family planning, improved counselling as well as various related aspects associated with technical quality of care (Do Trong Hieu and others, 1999).

More recently, WHO, together with the Population Council's HORIZONS project, has adapted the strategic approach to address the development of comprehensive national programmes for the management of RTIs. The RTI programme guidance tool, based on the guidelines developed for use of approaches for contraceptive introduction, has been utilized in four countries for the strategic assessment of RTI programme interventions. For example, in Cambodia, the Ministry of Health conducted a strategic assessment on the management of established reproductive tract infections in four provinces in February-March 2000 (WHO, 2000). Considering the limited availability of information on reproductive and sexual health, and on the management of RTIs in particular, the assessment sought to (a) fill existing information gaps about RTIs, (b) help to identify priority areas for research or subsequent programme interventions, and (c) identify areas where existing programme interventions need strengthening.

A series of interventions based on the assessment recommendations is currently being developed.

In order to address the sexual and reproductive health needs of young people in Kyrgyzstan, a national assessment was conducted to explore the issues around the sexual and reproductive health needs of young people and identify programmes, research and policy to improve the situation (Reproductive Health Alliance, 1999). The Stage I assessment adapted the guidelines for conducting assessments of the need for contraception. The assessment was guided by the following three strategic questions, which were developed at the planning workshop: (a) How can information and health and education services that respond to the needs of young people be best provided? (b) How can access to, and quality of, information and services be improved? and (c) How can intersectoral linkages be strengthened to support the sexual and reproductive health of young people? Currently, work is in progress at WHO to adapt the guidelines for the strategic approach to address concerns of “making pregnancies safer”.

Myanmar reproductive health strategic assessment

Following the successful experience with the contraceptive method mix assessment, the Government of Myanmar undertook a reproductive health strategic assessment, with support from UNFPA, as a basis for developing its next round of UNFPA country programme assistance for Myanmar (Union of Myanmar and UNFPA, 1999). Through a variety of previous exercises, policy makers and programme managers in Myanmar had already prioritized the country's reproductive health problems: maternal health, birth spacing, RTI/STI/HIV prevention and management, and adolescent reproductive health. A broader concern for gender issues underlined each of these problems. The strategic assessment followed the approach previously described for the contraceptive method-mix assessments. After developing an exhaustive set of recommendations that comprehensively addressed the key reproductive health issues, the assessment team conducted an informal prioritization exercise on how to move forward (Thein Thein Htay and others, 2000).

Based on the priority and feasibility of interventions derived from the exercise, as well as in view of varying epidemiology, the team concluded that a uniform programme would not be an efficient way to address reproductive health problems throughout Myanmar. Rather, they recommended that an incremental and cost-effective approach to programme development would comprise implementing a core package of high-priority interventions

everywhere, and additional interventions to address specific reproductive health problems in the geographic areas where the problem was determined by key indicators to be critical. In the assessment team's collective judgement, the high priority interventions which should form a minimum core package of interventions to be implemented in all the townships consisted of (a) efforts to promote community awareness and education, (b) training of all (public and private) service providers and (c) establishing national standards and guidelines.

The reproductive health strategic assessment in the Lao People's Democratic Republic

The reproductive health strategic assessment in the Lao People's Democratic Republic was conducted with support from WHO in response to a country request to determine how to proceed in developing an integrated reproductive health programme. The assessment (Ministry of Public Health and WHO, 2000) followed the approach of the Myanmar assessment and previous contraceptive method-mix assessments. In view of the absence of a formal prioritization of reproductive health problems that preceded the assessment, these priorities were established at a planning meeting of key stakeholders in Vientiane. Subsequently, the assessment team developed guidelines for field-level data collection and carried out the assessment over a period of four weeks.

Once the team had reached agreement about recommendations for policy and programme action on the key reproductive health issues included in the strategic assessment, each recommendation was subsequently classified in terms of (a) its type (i.e. whether the recommendation pertained to policy, programme design and/or programme implementation), (b) its level (i.e. whether the recommendation referred to action to be taken at a specific level of the health system – national, provincial, district, health centre and/or community) and (c) its *time frame* (whether the recommendation promises the possibility of impact in the short (1-3 years), medium (2-5) or long (5-10 years) term).

Based on the results from this classification, the assessment team then concluded that the recommendations could be grouped into three categories: (a) timely interventions that have a potential for immediate impact in the short term, (b) programme strategy in the medium term and (c) policy and programme development over the long term (Sananikhom and others, 2000).

Further development of the strategic approach for reproductive health programme development

Despite the utility of the strategic approach for reproductive health policy and programme development, several issues remain to be addressed. First, the approach, as developed for contraceptive introduction, is guided by strategic questions related to the introduction of new methods, improved provision of existing methods and removal of some of those methods. As the approach has been adapted to address other reproductive health concerns, there has been a need to define strategic questions differently. Although more experience is needed in this regard, to date, the following two questions have guided the application of the approach:

- What is needed to enhance access to and improve the quality of care of services to address reproductive health problems?
- How can appropriate health-care-seeking reproductive health behaviour be promoted?

A second concern relates to the considerable amount of time required to implement the strategic approach. Some of the time involved is inherent in the process if a participatory, systematic, evidence-based approach to policy and programme development is to be followed. However, various delays are also encountered during implementation. Senior government officials and other participants are limited in the amount of time they can devote to such a process. The various approvals required, both from government and donor agencies, also often take a considerable amount of time. Nevertheless, the experience shows that hastily introduced technologies or programme interventions may not assure the requisite quality of care to bring about desired improvements in reproductive health.

A third concern relates to the availability of adequate information. Some managers have felt that available quantitative information on reproductive health epidemiology and behaviour may be too scant to build further knowledge based on the largely qualitative methodologies used in the strategic approach. The approach is flexible in this regard, however. In Myanmar, a need was felt for more information on reproductive morbidity after a contraceptive method-mix assessment and a research study were carried out to address this need. Therefore, it may be necessary to seek more information through complementary research to aid in implementing the strategic approach.

Conclusion

An external evaluation of the strategic approach to contraceptive introduction conducted in 1998 concluded that the strategy has contributed to a more integrated holistic and client-centred approach to the introduction of fertility regulation technologies (HRP, 1999b). It found the approach to be highly effective, to create a high degree of country ownership, to be an important tool for policy change as well as flexible and adaptable. The evaluation noted, however, that the application of the strategy was labour intensive, and required time and substantial local and international technical assistance to be implemented successfully.

The companion articles in this issue of the *Asia-Pacific Population Journal* discuss how the Lao People's Democratic Republic, Myanmar and Viet Nam have used the strategic approach for reproductive health programme development. The strategic approach represents a shift in approach to policy and programme development, not only because of its emphasis on quality of care but also for the process of country ownership and broad participation by multiple stakeholders, some of whom have often not been previously involved. Through the course of implementation, the value of the approach as an effective decision-making tool has been realized. It is not easy to implement the approach, however, as it requires sustained commitment to participatory and evidence-based decision-making as well as a strategic orientation. While there are resource constraints, both financial and physical, and cultural sensitivities abound, the strategic approach is of relevance to countries in reproductive health policy and programme development.

Acknowledgements

Over the last decade, many individuals and agencies have been involved in the development and implementation of the strategic approach in collaboration with the HRP/RHR, WHO. Peter Hall and Ruth Simmons have played an important role in conceptualizing and furthering the use of this approach. Various members of the scientific review committees, too numerous to mention here, have guided the process. The Population Council has provided technical support for implementation of the approach globally and the International Council on Management of Population Programmes (ICOMP) assisted in Asia as did CEMICAMP in Latin America. In implementing the approach, John Skibiak in Africa, and Margarita Diaz and Juan Diaz in Latin America have been instrumental.

Nancy Newton has prepared guidelines for the implementation of the strategic approach. A large number of individuals at the country level have also participated in its implementation. Finally various agencies – UNFPA, WHO, GTZ and USAID -have provided financial support.

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