

The WHO Strategic Approach

to strengthening sexual and
reproductive health policies
and programmes



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The WHO Strategic Approach to strengthening sexual and reproductive health policies and programmes



Faced with the challenge of putting into practice the ideals of the Millennium Development Goals, the International Conference on Population and Development (ICPD), and other global summits of the last decade, decision-makers and programme managers responsible for sexual and reproductive health ask how they can:

- improve access to and the quality of family planning and other sexual and reproductive health services;
- increase skilled attendance at birth and strengthen referral systems;
- reduce the recourse to abortion and improve the quality of existing abortion services;
- provide information and services that respond to young people's needs; and
- integrate the prevention and treatment of reproductive tract infections, including HIV/AIDS, with other sexual and reproductive health services.

To help answer these and other such questions, 25 countries have used the WHO-sponsored Strategic Approach to Strengthening and Reproductive Health Policies and Programmes. Public-sector health-care programmes, in collaboration with non-governmental organizations and international agencies, typically use the Strategic Approach. It involves a three-stage process for assisting countries to assess reproductive health needs and priorities, test policies and programme adaptations to address these needs, and then scale up successful interventions. Although initially field-tested in 1993 as a systematic approach to contraceptive introduction, the Strategic Approach has been adapted for a range of sexual and reproductive health issues, and has been demonstrated to be a successful method for strengthening policies and programmes. Eight countries have used this approach a second time, focusing on different problems. Table 1 gives selected examples of its application.

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

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

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

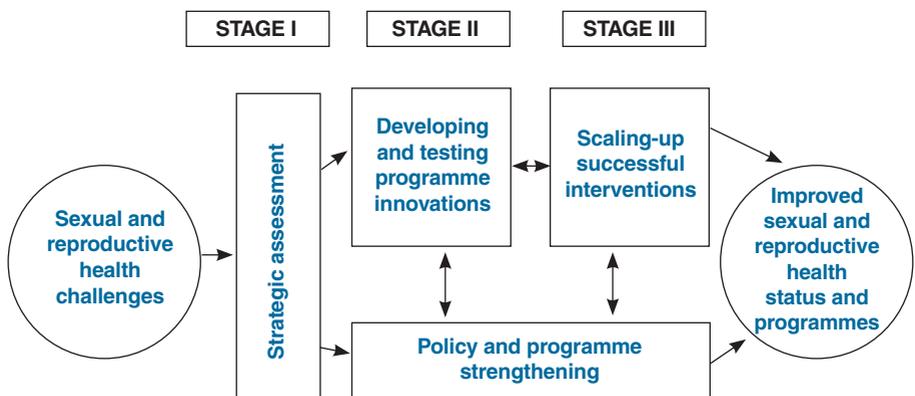
Table 1. Examples of application of the Strategic Approach	
Country/region	Issues addressed
Ethiopia Lao People's Democratic Republic Myanmar Rajasthan, India Yunnan, China	Comprehensive reproductive health policies and programmes
Brazil China Ghana Latvia	Reproductive tract infections, including HIV/AIDS
Bolivia Nepal Paraguay	Maternal health and family planning
Brazil Chongqing, China Oman Viet Nam Zambia	Contraceptive introduction and quality of care in family planning
Moldova Mongolia Romania Viet Nam	Preventing unsafe abortion
Kyrgyzstan	Adolescent health
Bolivia Uttar Pradesh, India	Cervical cancer

A three-stage process for strengthening policies and programmes

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

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

Figure 1. The Strategic Approach implementation process



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

After research has identified what works in light of existing opportunities and constraints, a strategy is developed to scale up proven interventions. Successful scaling-up requires guidance from a resource team or organization to ensure that essential features of the innovations remain intact as they are expanded to new areas. Substantial attention is given to establishing the policy, technical, programmatic, and managerial capacities essential for success. Ongoing sharing of results, advocacy, and community mobilization processes reinforce programme expansion and policy development. The nature and pace of the scaling-up strategy vary according to the characteristics of the health sector, as well as the broader political and sociocultural environment and the resources available, and are often influenced by changes in leadership and shifting national priorities.

Principles guiding the Strategic Approach

A systems framework

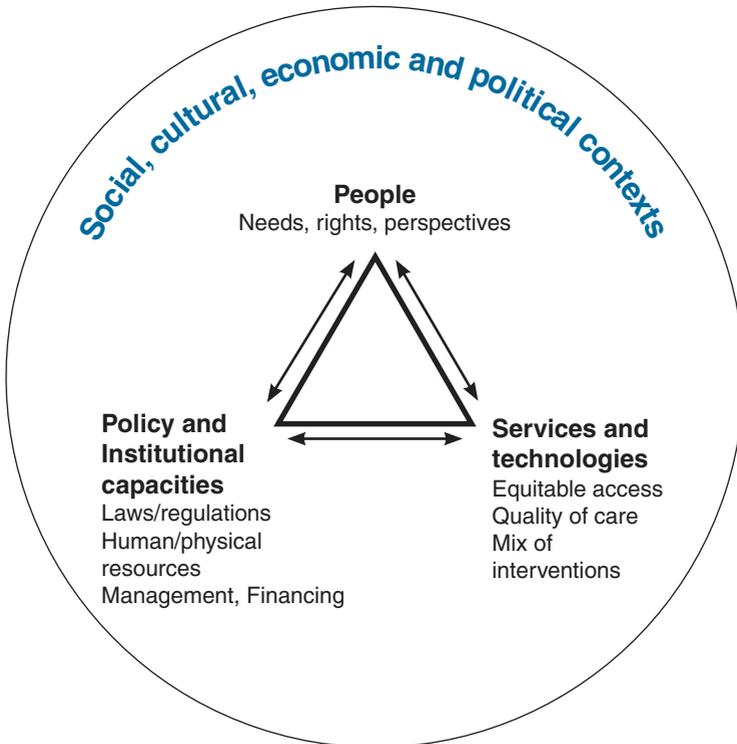
The Strategic Approach uses a systems framework (Figure 2) to call attention to the many critical factors that together affect the feasibility, acceptability, effectiveness, and sustainability of actions to improve reproductive health. The systems perspective serves as a reminder that the ability of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

A sexual and reproductive health philosophy

The Strategic Approach views putting into practice respect for the universal ethical principles of human rights, individual freedom, and dignity, as a vital responsibility of the health system. It embraces the

values of reproductive rights, gender equity, and empowerment of women set out by ICPD and other international summits. These concepts recognize that not only do women bear by far the greatest burden of sexual and reproductive health problems, but also that many of these problems arise from persistent gender inequalities—including women’s relative lack of power and influence in both public and private life.

Figure 2. Systems framework guiding the Strategic Approach



Focus on equitable access and quality

Ensuring equitable access and improving quality of care are central concerns of the Strategic Approach, as are the enabling factors that facilitate equitable access to good quality services. Interventions to achieve these goals frequently include strengthening training, supervision, logistics, information and referral systems; updating or introduction of technical guidelines; as well as advocacy for policy change.

A participatory process

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

Country ownership

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

Putting the Strategic Approach into practice

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

The health system in **Brazil** is highly decentralized, and municipal governments are largely responsible for supporting public-sector health services. The strategic assessment led to an action research project in one municipality, to test a comprehensive reproductive health service delivery model. Local authorities, providers, and community women's organizations worked together to design, implement, and monitor interventions—such as developing client-focused systems of appointment-making and service delivery, training providers in counselling and gender perspectives, and establishing a reproductive health referral centre which extended services to men and adolescents. The research results demonstrated that the tested model could achieve significant and sustainable improvements in availability of, access to, and quality of care within the context of a resource-poor municipal health system. This innovation was then adapted and successfully replicated in four more municipalities.

An evaluation of this scaling-up process found increased use of services and sustained improvements in quality of care, even in sites experiencing financial and administrative difficulties. Additional states and municipalities have requested support to replicate the approach and

model, and innovations have now spread to more than 20 municipalities. A participatory training programme that focuses on organization development, provider competence, and community empowerment is at the centre of the scaling-up strategy in Brazil. As municipalities gain capacities in training and service delivery, they establish their own reproductive health training centres to train providers within their own and neighbouring municipalities. An electronic network uses the World Wide Web to link trainers and municipal staff throughout the country to ensure ongoing learning opportunities.

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

In **Viet Nam**, application of the Strategic Approach took place within a highly centralized and demographically oriented family planning programme environment. The strategic assessment (Stage 1) pointed out that improving the quality of care in existing services was a higher priority than introducing new contraceptives. Nevertheless, the Government was eager to make the injectable contraceptive depot medroxyprogesterone acetate (DMPA) more widely available. Therefore, the next stage focused on the development and testing of service-delivery interventions to support DMPA introduction, while simultaneously strengthening the quality of care in family planning services.

Tested in four districts, the innovations demonstrated that the introduction of a new method could enhance choice for women and that good quality of care increased contraceptive continuation rates. The innovations were then packaged as a management 'tool kit' for gradual scaling-up in all districts of 21 provinces. Provincial and district authorities received orientation to the tool kit through policy briefings and participatory workshops. Following the initial expansion to 21 provinces, the Government of Viet Nam has since continued to replicate and expand

activities to all 64 provinces. The Government also decided to use the process again, to develop strategies for reducing unwanted pregnancy and improving the safety and quality of abortion care.

Health-sector reforms, numerous political changes, and the effects of HIV/AIDS shaped the context in **Zambia**. The strategic assessment identified a need for fundamental changes in the provision of sexual and reproductive health services and especially in the composition of the limited contraceptive method mix. Subsequent policy and programme actions included the phasing-out of high-dose oral contraceptives from the public sector and the development of user-friendly guidelines for family planning services. An operations research study in three rural health districts of one province developed and tested a package of interventions that included the introduction of three new contraceptives into the method mix, a set of self-instructional tools for provider training and supervision, and community mobilization that actively involved villagers in the delivery and management of reproductive health services.

The package produced increases in contraceptive use and continuation, and demonstrable improvements in the quality of care. Provincial and central-level authorities decided that this model of service delivery should be scaled up in all eight districts of the province. Districts were allowed to decide—based on local needs and conditions—on the most appropriate means to achieve a common set of quality standards and the relative investment for doing so. A key focus of the scaling-up process was maximizing scarce resources by strengthening interdistrict linkages. Districts now conduct joint training; collectively procure equipment, supplies, and commodities; and collaborate on activities that they once pursued on their own.

A practical, evidence-based methodology

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

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



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