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POPULATION AND REPRODUCTIVE HEALTH

This document discusses sexual and reproductive health in the Region from a perspective that considers the health of the population to be a basic component of human development. It reviews current proposals in the Organization, reaffirms those aspects that remain valid, and recommends adjustments as necessary in light of the International Conference on Population and Development (1994), its Program of Action, and the mandates to reduce maternal mortality and address issues of population, development, and reproductive health, approved by the XXXVII Meeting of the Directing Council in 1993.

The Executive Committee is requested to: (a) review and add to the present document, taking into consideration the Program of Action on Population and Development agreed upon at Cairo and approved by the United Nations General Assembly in Resolution 49/128 of 19 December 1994, including the exceptions and clarifications made by some countries of the Region; and (b) consider and adopt, if appropriate, the proposals for activities that the Secretariat and the Member Governments should carry out jointly in order to respond in more consistent, appropriate, up-to-date, and comprehensive ways to the expectations of the population regarding sexual and reproductive health care and to remaining unmet needs in this area.

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EXECUTIVE SUMMARY

This document, prepared for the 116th Meeting of the Executive Committee, examines the future needs of the countries in sexual and reproductive health (SRH), in light of the demographic transition they are experiencing. It reaffirms the conceptual framework underlying the SRH of the population and the impact of SRH on the well-being and quality of life of individuals, families, and societies. It discusses topics of key importance for social and economic development, some of which are still controversial, such as the gender perspective and its implications for health, the family, adolescence, education, and the ethical and legal context of interventions in sexual and reproductive health.

The document comments on the preliminary findings of the 1990-1994 evaluation of the Regional Plan of Action for the Reduction of Maternal Mortality in the Americas, recognizing that, with certain exceptions, progress in recent years has been modest. It emphasizes the need to continue efforts to integrate reproductive health services and to initiate actions directed toward groups for whom SRH care has been insufficient, including adolescents, men, migrants, and indigenous people. The document sets forth proposals on policy design, organization of services, management strategies, monitoring and evaluation, training of health personnel, and research. In regard to financing, it reaffirms that the countries should invest most of the resources required for the programs' operation, and it supports the proposal that at least two-thirds of program costs be contributed by the countries and the rest by the international community.

Finally, the document underscores the need to coordinate efforts at all levels, national and international, in order to optimize resources and generate proposals that promote equity and are dynamic and creative, in tune with the needs and expectations of the population. These proposals should be rooted in a deep respect for human rights and in the values and culture of the target population, with full respect for the sovereignty and laws of the countries.

1. Background

For more than 20 years, PAHO/WHO has worked on population concerns, in the understanding that they have repercussions for health conditions in the Region. The subject is of such importance for the overall mission of the Organization that it was incorporated in the Strategic and Programmatic Orientations for the Quadrennium 1995-1998, approved by the XXIV Pan American Sanitary Conference in 1994. In addition, the recent restructuring of the Secretariat of the Organization established the Program on Family Health and Population within the Division of Health Promotion and Protection.

The present document reviews current policies in the Organization, reaffirms the aspects that remain valid, and recommends adjustments as necessary in light of the International Conference on Population and Development (1994), its Program of Action, the mandates to reduce maternal mortality and address issues of population, development, and reproductive health, approved by the XXXVII Meeting of the Directing Council in 1993.

2. Conceptual Framework and Current Situation in the Region

This section sets forth some conceptual lines and relates them to the Program of Action on Population and Development and to the implementation strategies in reproductive health of the World Health Organization and the Pan American Health Organization. It attempts, in addition, to clear up the confusion regarding certain operational concepts that on occasion have politicized the discussion and jeopardized the agreements and progress achieved thus far.

2.1 *Population, Development, and Health*

An analysis of the demographic transition in the Region is fundamental, since it serves as the basis for making predictions about the social needs of the various population groups. In regard to sexual and reproductive health, an understanding of demographic factors is of critical importance in ensuring that the planning and distribution of services reflect the projected needs of the population. Data from the Economic Commission for Latin America and the Caribbean and the Latin American Demographic Center (ECLAC/CELADE) reveal that countries in the Region of the Americas are undergoing demographic and epidemiological transition at different rates of speed. As of 1992, Bolivia and Haiti, with 3% of the Region's population, were still in the stage of incipient transition. The demand for maternal and child and reproductive health services in these countries is high, and most of the population (30%-40%) is still not covered by these services. A second group of countries is experiencing a moderate demographic transition, with an incipient urbanization process; this group, with 7% of the Region's population, includes El Salvador, Guatemala, Honduras, Nicaragua, and Paraguay.

Three-quarters of the population of Latin America and the Caribbean lives in countries that are in full transition, with a clear urban predominance; in these countries, reproductive and sexual health needs combine with new demands linked to the aging of the population. This group includes Brazil, Colombia, Costa Rica, the Dominican Republic, Ecuador, Guyana, Mexico, Panama, Peru, Suriname, Trinidad and Tobago, and Venezuela. The remaining countries of the Region are in advanced stages of transition, and their needs relate primarily to the aging of their populations. Nearly 15% of the population of the Region lives in this group of countries.

2.2 *Reproductive Health: The Regional Situation*

Although the Region has made significant gains in SRH—reflected in the rates of maternal, infant, and perinatal mortality, in the reduction of fertility rates overall and by age groups, and in the decline of sexually transmitted diseases (except for HIV and AIDS, which are still increasing)—the SRH conditions of the population and of some neglected groups in particular leave much to be desired. Information provided by 18 countries on their progress in relation to national plans for the reduction of maternal mortality (the report is scheduled for publication in June 1995) shows that with a few exceptions, progress has been greater at the level of processes and implementation than at the level of impact, which has been only modest. The following data are provided: from 1988 to 1992, total fertility declined only in some countries by 0.1% to 0.4%. Despite this decline, fertility among adolescent women aged 15-19 is still very high in Honduras (131.9 per 1,000), Guatemala (125.3), and Costa Rica (102.1), compared with Saint Lucia (56.0); rates are moderate in the rest of the countries. Maternal mortality recorded in 1992 shows declines ranging from 3% to 50% of the 1988 rates, with notable progress reported by Chile, Colombia, the Dominican Republic, El Salvador, Jamaica, and Paraguay, all of which met the target of a 15% reduction called for in the Regional Plan of Action for the Reduction of Maternal Mortality in the Americas. In three countries—Ecuador, Nicaragua, and possibly Haiti—maternal mortality rates rose because of improved reporting. Data on maternal deaths as a percentage of total deaths in women aged 15-44, considered a more reliable indicator, show that in countries such as Colombia and Ecuador the percentage is from 14 to 30 times higher than in the United States of America and Canada. Abortion continues as the leading cause of maternal death in Argentina, Chile, Paraguay, Trinidad and Tobago, and Uruguay; hypertension is the leading cause in Brazil, Colombia, the Dominican Republic, Ecuador, Haiti, and Venezuela, and hemorrhage in El Salvador, Honduras, and Nicaragua.

The prevalence of contraceptive use in women aged 15-49 who are married or in consensual unions was around 60% in 1994 and increased by six percentage points between 1988 and 1994, with a variation of from 6.1% to 43.9%. The increases were particularly striking in Bolivia, Ecuador, Haiti, and most of all, Nicaragua, where usage rose almost 44 points in five years. Coverage for prenatal care increased moderately in

six countries and declined in one. Coverage for institutional delivery remained stable, without large variations, except for Mexico, which reported a 23% increase for the period. Early neonatal mortality as an indicator of the quality of reporting showed a moderate decline in seven countries, ranging from 0.4% to 8.0%.

These gains notwithstanding, there is still an unmet demand for contraceptive services and options and for care during the prenatal period, delivery, and puerperium, affecting roughly 20% of the population, with ranges between 12% and 35%. This demand is concentrated in scattered rural areas and in marginal areas of the big cities.

HIV and AIDS infection increases day by day in the Region and is taking place in the younger age groups; WHO estimates that at least 50% of new cases were infected during adolescence. AIDS cases rose in 1992 by 13.5% for women and 3.4% for men. In the Caribbean and in Central America, the male-female ratio of AIDS cases has declined to 2:1 and 3:1 respectively. In both sexes, prevention of genital cancer, whose incidence is also steadily increasing, should be included in operational programs insofar as resources can be made available without detracting from the coverage and quality already achieved for the basic aspects of reproductive health.

With regard to the epidemiological surveillance of maternal mortality, it is encouraging to note that national committees for the study of maternal deaths exist in seven countries and have been legislated in four. The growth of these committees at the local level has been very important in Colombia and Mexico, and it is hoped that the information they generate will bring about a substantial improvement in the extent and quality of reporting.

Migration in Latin America occurs principally among young people, who are usually more sexually active and have higher fertility. With regard to the gender profile of these migrations, there is evidence—beginning with the round of censuses of the 1960s and confirmed in the 1980s—that the number of men has declined in urban areas and increased in rural areas, especially in zones where the agricultural frontier is advancing, such as Costa Rica, Ecuador, and Paraguay. This situation makes it difficult for people to establish deep personal relationships marked by continuity and commitment, and at the same time, distorts family life by interrupting its dynamics and the stability of affective ties. There is evidence of an increase in single-parent families, in which the woman is most often the head of household and primary breadwinner. The difficulty in providing reproductive health services to migrant populations requires a search for innovative forms of service delivery.

2.3 *Sexuality and Sexual and Reproductive Health*

In presenting its position to the International Conference on Population and Development, WHO stated that the human personality is expressed in a thousand ways. One essential way is through sexuality, which influences thoughts, feelings, relationships, and actions, and which helps generate the energy that drives people to seek the love, contact, warmth, and intimacy necessary for mental and physical health. WHO's definition of sexual health reflects this perspective, which goes beyond the concept of reproductive health and applies to all stages of the human life cycle. Furthermore, reproductive rights are considered to be inalienable human rights. This approach, promoted and reaffirmed by PAHO for some years, reframes the subject of reproduction, integrating its biological-productive aspects with the ethical, social, and affective dimensions that give it its human character.

In the concept proposed by WHO—which considers health in general to be a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity—reproductive health involves the reproductive systems, functions, and processes at all stages of life. Reproductive health therefore implies that people are able to enjoy responsible, satisfying, and safe sex lives and that they have the capability of reproducing and the freedom to decide when and how often to do so. Implicit in this last condition are the right of individuals and couples to be informed and to have access to safe, effective, affordable, and acceptable methods of family planning of their choice, as well as other legal methods of their choice for the regulation of fertility. It also includes 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.

Although debate continues on how best to make this concept operational, a consensus is emerging that would include, at the minimum: family planning services; prenatal care, safe delivery, care of the newborn, and care of postpartum and post-abortion women; and the prevention, symptomatic diagnosis, and symptomatic treatment of urinary and reproductive tract infections. This package of services would make it possible for couples and individuals to exercise their options and achieve their reproductive goals with an acceptable level of reproductive health.

2.4 *Abortion*

This topic requires clarification because of its importance and because of the prevalence of disinformation, which may serve to overshadow the technical and scientific considerations discussed and agreed upon at the International Conference on Population and Development and within PAHO/WHO, and which creates uncertainty and confusion, not only among service providers but also among the population and officials with

decision-making responsibilities. Paragraph 8.25 of the Program of Action on Population and Development clearly states:

> In no case should abortion be promoted as method of family planning. All Governments and relevant intergovernmental and nongovernmental organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion as a major public health concern, and to reduce the recourse to abortion through expanded and improved family planning services. Prevention of unwanted pregnancies must always be given the highest priority and all attempts should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counselling. Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process. In circumstances in which abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion. Post-abortion counseling, education, and family planning services should be offered promptly, which will also help to avoid repeat abortions.

2.5 *Adolescence and Youth*

The reasons for giving specific consideration to this age group in a document on population and sexual and reproductive health are not merely quantitative, although this group is very large in most countries of the Region. Adolescence is a critical stage of life, in which the individual's identity is being consolidated. It is a time when individuals make lifestyle choices that will influence their present and future health, and thus it is a time that provides special opportunities for implementing health promotion strategies. Adolescents have sexual and reproductive health needs that require special attention. There can be no doubt about the importance of the trend toward beginning adolescent sexual activity at earlier and earlier ages, as well as the relatively low use of effective contraceptive methods, especially in the first sexual relationship. This situation, combined with the delay of marriage until later ages, increases the risks of sexually transmitted diseases and pregnancy at this stage of life. It persists in all the countries of the Region and entails a significant increase in risks, which not only affect the health of the mother and child (premature delivery, eclampsia, low birthweight) but also cause multiple problems in their family and social environment, owing to the curtailed human development of adolescent parents who in most cases must cut short their education. In Brazil, 5% of young women conceive their first child before the age of 16; the rate is 8% in Colombia, the Dominican Republic, Mexico, and Peru, increasing to 16% in Guatemala. Recent research in Haiti has shown that 22% of women aged 15-19 have given birth at least once, 45% of those under age 25 have given birth twice, and 26% have given birth three times. Only 8.4% have use some form of contraception. At the

same time, in this country, the demand for services by this population group is 59% for family planning, 30% for gynecology, and only 11% for prenatal care. In addition, fertility rates of 100 per 1,000 adolescent women aged 15-19 mean that half of all such women will have a child before their 20th birthday.

Sexually transmitted diseases, with their potential repercussions on a couple's future fertility, and infection with HIV and AIDS present another troubling situation that is on the increase among adolescents in the Region.

2.6 *Ethics and Sexual and Reproductive Health*

The principles set forth in the Program of Action on Population and Development place the topic of sexual and reproductive health within the larger context of human rights. Accordingly, any intervention in this area must begin with a careful and respectful consideration of the values and life choices of the target population. The regulatory principles of bioethics—benefit, justice, equity, and autonomy—should be taken into account by all relevant health personnel.

The preservation of people's intimacy and privacy, as well as the promotion of autonomy and decision-making, are therefore basic principles for all who work in the area of sexual and reproductive health. Confidentiality and informed consent, as well as deep respect for the culture and values of the persons and groups to whom sexual and reproductive health programs are directed, are the essential ethical foundations of any intervention.

3. Proposals for Action

The proposals presented here respond to the challenge of making new quantitative and especially qualitative gains for the Region in the coming decades. Toward this end, they give priority to technical cooperation activities in countries and social groups that have encountered the greatest difficulties in attaining the targets, reaffirming yet again the value of solidarity as means of solving common problems.

The countries of the Region should step up their efforts to provide their entire population with the minimum elements of a reproductive health program that includes family planning services, diagnosis and treatment of sexually transmitted diseases, HIV, and AIDS, as well as prenatal care, safe delivery, and care of the newborn and postpartum mother.

In addition, special attention should be paid over the next few years to the quality of care, especially as it relates to the most vulnerable population groups or those still not covered by reproductive health services; these include adolescents, men, the very poor,

indigenous people, and migrants. Because of their particular characteristics, these groups have specific needs and require education and services adapted to these needs. Reaching these population groups through targeted actions is a strategy that can have a major impact on reproductive health indicators, not only for these groups in particular, but also at the national level.

This past March, PAHO's Division of Health Promotion and Protection and its Program on Family Health and Population assumed responsibility for the execution and coordination of interventions in this field. However, the breadth of the subject—population, health, and sexual and reproductive health—means that the different offices and technical cooperation programs of the Organization must work together, each from its own area of responsibility. It is especially important to continue generating extrabudgetary funding proposals at the regional and country level. The programs on Women, Health, and Development, Sexually Transmitted Diseases, and AIDS, as well as the Health Policies Program and the Program on Health Situation and Trend Assessment must be involved in these proposals from their inception.

3.1 *Policy Design*

PAHO/WHO will take steps to promote the broadest possible discussion of sexual and reproductive health at the international, regional, national, and local levels, delving more deeply into the topic—still a very politicized and controversial area chiefly because of disinformation—in order to promote understanding and the design of development policies, strategies, and intersectoral programs that seek to improve the health and well-being of the population. It will continue to reaffirm and attempt to make these proposals operational in international and national forums, emphasizing that investment in the sexual and reproductive health of the population, and especially women, is one of the best investments for development, since it has a high rate of economic and social return.

With a view to revitalizing political support for the Regional Plan of Action for Reduction of Maternal Mortality, which includes the promotion, protection, and care of reproductive and sexual health, PAHO and the U.S. Agency for International Development have sought and obtained the sponsorship of the First Ladies of the United States and Paraguay. The goal is for the First Ladies of the Hemisphere to take up this cause, promoting and supporting it within their own countries, so that the topic can be discussed and analyzed at the Meeting of First Ladies of the Americas to be held in September 1995.

3.2 *Legislation*

PAHO/WHO will promote and support a critical review, with a view to the eventual updating of current legislation, regulations, and executive decrees at the regional

and national levels pertaining to the family, the status of women, adolescence and youth, and reproductive health and rights. It is essential to seek a consensus among the various social actors that, grounded in the basic elements of a social ethic, fosters the full realization of the reproductive rights of individuals. Items requiring special attention at this time include the updating of laws on the legal age of marriage and the laws on family allotments, reproductive health education and services for adolescents, the delegation of functions to paramedical personnel, and administrative procedures for the importation of contraceptives and authorization of their use.

3.3 *Sexual and Reproductive Health Programs and Services*

As part of an overall strategy aimed at the optimization of services and of sexual and reproductive health programs should encompass three basic approaches: the development of a life cycle perspective, in which each intervention undertaken from the preconception stage onward contributes to enhancing health in the future stages of life, in a dynamic and permanent continuum; the articulation of currently scattered interventions with respect to programs of comprehensive care; and the integration of increasingly complex services to make it possible to provide differentiated care, especially for obstetric emergencies, in response to the specific needs of individuals and couples.

Family planning for postpartum and postabortion women should be improved, and services should be expanded so that postpartum women can be reached at home. Steps should be taken to increase the participation of men in reproductive decision-making and the use of male methods of contraception, such as condoms and vasectomy without scalpel. The latter method has already been used successfully in the Region, especially in Mexico. In countries with a high incidence of sexually transmitted diseases and HIV infection it is important to promote "double protection" through reproductive health programs.

The Organization will continue to give special attention to the development of comprehensive health programs for adolescents that include SRH protection, prevention, and care. Efforts will be made to extend successful experiences and effective methods of developing programs for adolescents in all the countries, not only in the health sector, but also in education, work, and recreation. It should be noted that measures to achieve the active participation of adolescents have been well received; young people's contribution to the development of their own programs has been quite satisfactory and has shown a great potential that should be fully utilized.

PAHO/WHO will help to promote and facilitate a higher level of coordination and a division of labor among the different agencies and sectors that promote or provide sexual and reproductive health services; these include public agencies, private entities,

nongovernmental organizations, and community groups. Each of these sectors has a unique perspective and experience. When these are shared through mutual exchange and collaboration, the process is enriched and work is accomplished more effectively. In particular, the participation of the private and nongovernmental sectors in the Region should continue to be strengthened. Data published recently in Haiti on the results of the second survey of mortality and morbidity and utilization of services (1989-1994) underscore how agency coordination and the division of labor in keeping with the different levels of complexity lead to progress, even in periods of profound crises like the one Haiti is presently experiencing. Of special interest is the work with grassroots and women's organizations; their active linkage to the management of health services promotes broader outreach to the population and an improvement in the quality of care.

PAHO/WHO will continue to promote and apply adjustments to theoretical models for the systematic evaluation and improvement of the quality of the care provided by the sexual and reproductive health services (as in the case of Bolivia, Honduras, and Trinidad and Tobago), and will propose collective action to improve this care, with emphasis on organizational aspects, human resources, procedures, the technological makeup of the services, and, above all, the perspectives of the population that demands or requires services.

It should be understood that so long as nothing is done to promote and expand alternative and cost-effective programs in sexual and reproductive health—programs with which the Region has ample experience, such as maternity homes, birthing clinics, safe home birth attended by traditional or family midwives, and community distribution and marketing of contraceptives and other drugs—it will be very difficult to obtain total coverage of the population, and major sectors will remain without access to services.

PAHO and the countries should continue to promote the development of managerial capacity at the various levels of the system, so that decisions can be made about adjustments necessary to meet the new demands and needs of the programs and services. Training programs that involve alternating periods of theoretical studies and work, such as those being carried out in the Dominican Republic, Paraguay, and Peru supported by teaching institutions in Brazil, Colombia, and Venezuela, would appear to offer an alternative for improving the social effectiveness of reproductive health programs at the local level.

3.4 *Training of Health Personnel*

Promoting the continuing training and education of health personnel in the area of sexual and reproductive health is vital, especially for the generation of new approaches, strategies, and forms of service delivery, and as a scientific and technical response to the disinformation that circulates in some countries. All health workers

should receive specialized training in the comprehensive prevention and control of sexually transmitted diseases, HIV, and AIDS; in updated standards for use of contraceptive methods; and in providing prenatal care, safe delivery, and care of mother and newborn during the puerperium. These training processes will help strengthen the coordination between the health sector and the institutions that train health personnel. Recent experiences with schools of medicine and nursing and with gynecology and obstetrics societies are encouraging; although some constraints persist, there are fewer than before. All health personnel and all persons working in sexual and reproductive health services in any capacity should receive training in this area, since people frequently appeal to them for advice and information.

3.5 *Education of the Population*

Active efforts will be made to participate at the national and regional levels, together with the health, education, and cultural sectors, *inter alia*, in developing the content of proposals for education on topics related to health, development, and sexual and reproductive health, targeting all sectors of the population, with special attention to families and adolescents. The education and health sectors, supported by UNESCO and PAHO/WHO, should ensure that the entire population has access to this education in its various forms. In particular, steps should be taken to promote the active participation and mobilization of women and of economically disadvantaged sectors, which have the highest rates of illiteracy. The gender perspective should be incorporated into popular education efforts in order to change social attitudes and promote equity between the sexes. The mass media have a major role to play in the information dissemination process because of their importance as agents of socialization and their ability to mold public opinion; the use of entertainment television in this way has proven effective in Brazil, Mexico, and Peru. In regard to the promotion of SRH, education should seek to foster a body of critical thought that favors the emergence of a culture of health in this area.

3.6 *Monitoring and Evaluation*

PAHO is the agency responsible for maintaining updated information about the SRH situation. Steps should be taken to promote the development of management information systems on SRH at the country level that facilitate the analysis and timely reporting of the data obtained. Efforts to improve the quality of the registries of vital statistics especially in relation to epidemiological surveillance of maternal mortality and morbidity, which PAHO developed jointly with the U.S. Centers for Disease Control and Prevention in Atlanta, Georgia, will permit the establishment of minimum indicators for evaluating the impact, quality, and coverage of services. In addition, there will be continued efforts to develop the analytical capability of the health teams in regard to sexual and reproductive health, with a view to generating responses, particularly at the

level of the local health systems. It is recommended that country reports be prepared immediately for inclusion on the agenda of the Meeting of First Ladies in Asunción, Paraguay, in September 1995.

The Member Governments are advised of the need to pay special attention to implementation of the Tenth Revision of the International Classification of Diseases, since the principal changes pertain to the classification of maternal death and perinatal diseases and conditions. The Health Situation and Trends Analysis unit and the unit on Family Health and Population will work jointly to provide training in the countries, not only for coders but for the personnel directly involved in providing care, making diagnoses, and recording these diagnoses.

3.7 *Research*

PAHO will continue to support the WHO Special Programme of Research, Development, and Research Training in Human Reproduction, making greater use of the network of 15 collaborating centers on human reproduction that exist in the Region. In regard to research on maternal mortality, priority should be given to population-based studies, and resources should be targeted to the study of maternal morbidity, a poorly understood subject that is nonetheless essential for appropriate decision-making.

Other priority subjects include: studies on abortion and its impact on the health services; the unmet demand for family planning; the impact of prenatal care on maternal morbidity and mortality; the evaluation of alternative health care models (such as maternity homes, birthing clinics, safe home birth attended by traditional or family midwives, community distribution and marketing of contraceptives); the handling of obstetric emergencies at the primary care level and at the primary level of reference; evaluation of the basic package of services to mothers and infants proposed by WHO and its adaptation by PAHO; and, finally, continuation of studies at the national level on the costs of different components of the national plans.

3.8 *Financing*

PAHO reiterates previous proposals, now supported by both the Program of Action on Population and Development (1994) and the World Summit for Social Development (1995), which stipulate that the costs of implementing and improving sexual and reproductive health programs should be fundamentally the responsibility of the countries. National contributions—from government, social security, the private sector, and nongovernmental organizations—should account for two-thirds of the total, with expectations that the international community—banks, bilateral and multilateral agencies, private foundations, and nongovernmental organizations—will increase their current contributions to cover the remaining third. Recent studies by WHO and the World Bank

place the per capita cost of the minimum interventions in the following ranges: AIDS prevention, US$ 1.70-$2.00; family planning, $0.90-$2.20; treatment of sexually transmitted diseases, $0.20-$0.30; and prenatal and obstetric care, $3.80-$8.80. Taken together, these costs are in the range of $6.60-$13.00 per capita, equivalent to about 50% of the total minimum cost of the package of interventions recommended as the minimum for a health system. These costs can feasibly be assumed by all the countries of the Region. Under these assumptions, the cost of gaining one "disability-adjusted life year" (DALY) would be $3.00-$5.00 for AIDS; $20.00-$30.00 for family planning; $1.00-$3.00 for the treatment of sexually transmitted diseases; and $30.00-$50.00 for prenatal and gynecological/obstetric care. These findings can be used to estimate the cost of interventions at the national level. PAHO should continue to assist the countries in the development of project proposals, preferably at the local level, to be presented and negotiated with the international agencies. These proposals should focus on activities to fulfill unmet needs in reproductive health, with special attention to neglected communities and population groups.

It is essential that financing mechanisms be found that allow the State to guarantee the poorest population access to basic sexual and reproductive health services and to protect the sectors with fewer resources by establishing a sliding scale of subsidized fees based on the purchasing power of the different population groups and the complexity of the services provided, while maintaining and ensuring the same standards of quality. Any improvement in reproductive health services requires deciding on a mix of options for ensuring the sustainability of reproductive health programs: possibilities include increasing the resources of the public sector either with new allocations or reallocation of funds; more efficient use of existing resources; cost recovery by the public sector; increasing contributions from and participation by the private and nongovernmental sectors; and increasing the flow of resources from the international community. The challenge consists of trying to predict as accurately as possible not only the level of resources but also their origin and utilization. It is therefore necessary and the responsibility of government to coordinate with most of the actors who participate in efforts to ensure the right to reproductive health.

4. Conclusions

The foregoing proposals are consistent with the conceptual underpinnings of PAHO's efforts in comprehensive health in general and sexual and reproductive health in particular. The magnitude of the task at hand requires the building of partnerships and close working relationships in order to achieve the stated objectives. Without a doubt, it is up to the national governments to spearhead this process and generate collaborative efforts involving civil society as well as national and international agencies.

As stated in the principles agreed upon by the International Conference on Population and Development in Cairo, health is an inalienable human right and constitutes a basic strategy for the development of society as a whole. Sexual and reproductive health, in turn, plays a leading role in the comprehensive health of individuals and has major repercussions on population dynamics and development.

All activities carried out at the regional, subregional, and national levels that seek to overcome persistent conditions of economic and social inequity, improve the condition of women, change prevailing gender stereotypes, and offer individuals a wider range of options regarding their sexual and reproductive lives, will foster greater well-being, help to reaffirm full respect for human rights, and lay the foundations for a more just and equitable society for the next millennium.

The Executive Committee of the Pan American Health Organization is requested to discuss this document and the action proposals and to enrich them with its contributions. The result will not only help to orient the technical cooperation activities of the Organization in health, population, and development, and especially sexual and reproductive health, but also to guide the countries' activities to improve the sexual and reproductive health of the population in the years to come.