Reproductive Health Indicators

Guidelines for their generation, interpretation and analysis for global monitoring

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I About these guidelines

1 Introduction

At the Millennium Summit sponsored by the United Nations in September 2000, the members of the United Nations reaffirmed their commitment to working towards a world in which sustainable development and the elimination of poverty would have the highest priority. This initiative is known as the Millennium Project, with its Millennium Development Goals (MDGs) and related targets. The MDGs were guided in part by agreements and resolutions of international conferences over the past decade, including the International Conference for Population and Development (ICPD) in Cairo in 1994. The goals are commonly accepted as a framework for measuring development progress.

The MDGs focus the efforts of the world community on achieving significant and measurable improvements in people's lives (*see Annex 1)*. The first seven goals are mutually reinforcing and aim to reduce poverty in all its forms. The eighth and last goal—global partnership for development—is about the means

Table 1. Shortlist of indicators for global monitoring of reproductive health

1	Total fertility rate
2	Contraceptive prevalence
3	Maternal mortality ratio
4	Antenatal care coverage
5	Births attended by skilled health personnel
6	Availability of basic essential obstetric care
7	Availability of comprehensive essential obstetric care
8	Perinatal mortality rate
9	Prevalence of low birth weight
10	Prevalence of positive syphilis serology in pregnant women
11	Prevalence of anaemia in women
12	Percentage of obstetric and gynaecological admissions owing to abortion
13	Reported prevalence of women with genital mutilation
14	Prevalence of infertility in women
15	Reported incidence of urethritis in men
16	Prevalence of HIV infection in pregnant women
17	Knowledge of HIV-related preventive practices

to achieve the first seven. In the years following the ICPD, international agencies agreed on a shortlist of 17 indicators for monitoring the reproductive health goals (*Table 1*). Selection of these indicators included a comprehensive review process, and this document contains a brief description of and justification for each of these 17 indicators.

The MDGs include a number of targets in the area of sexual and reproductive health. MDG 5 concerns maternal health and aims to reduce by three quarters the maternal mortality ratio between 1990 and 2015. Estimates by WHO, UNICEF and UNFPA for the years 1990, 1995 and 2000 indicate that more than half a million women die every year from complications of pregnancy and childbirth, of which more than 50% occur in Africa and 40% in Asia *(1)*. Because maternal mortality is difficult to measure and, in general, trend comparisons are not reliable, efforts have been made to identify appropriate process indicators to assess reproductive health (*Box 1*). This has shifted the emphasis from indicators of health to indicators of access and use of health care systems. In addition, the recognition that some women need specialist obstetric care if they are not to die in childbirth has led to indicators for assessing the availability of basic and comprehensive essential obstetric care.

Furthermore, the reduction and elimination of poverty need to be considered within the framework of reducing inequality and enhancing equity. Goals ought to be achieved by reaching the poorest (i.e. reducing differences between rich and poor even within countries). This calls for disaggregation of indicators by relevant factors such as place of residence (urban versus rural), educational or economic status and age group, so that local realities are not obscured and MDG targets can be monitored independently of national averages.

In general, the shortage of reliable data represents a long-standing barrier towards monitoring reproductive health and MDG indicators. The report of the Ad Hoc Committee of the Whole of the Twenty-first Special Session of the United Nations General Assembly *(3)* prompted governments, organizations and the international community to strengthen national information systems to produce reliable statistics in a timely manner, including indicators on access to sexual and reproductive health services. The 17 indicators presented here include indicators of outcome, access and use and they represent an attempt to focus efforts so that the gap in available data can be reduced.

There is relatively little experience so far in the use and interpretation of indicators of service use or need for obstetric care. These guidelines draw on the experience gained with the indicators over the past few years, and aim to provide a structured description of generation and interpretation for each of the shortlisted indicators at national level.

This document is intended for national public health administrators and health programme managers. It briefly reviews

Box 1. The ICPD reproductive health goal on universal access

> Universal access by 2015 to the widest possible range of safe and effective family planning methods, including barrier methods, and to the following related reproductive health services: essential obstetric care, prevention and management of reproductive tract infections including sexually transmitted infections *(2)*.

theoretical and practical considerations of indicators, followed by a discussion of the definition, data sources, collection methods, periodicity of collection, disaggregation, use, limitations and common pitfalls for each of the shortlisted indicators. It is hoped that the document will contribute towards a consistent global monitoring and evaluation of reproductive health.

References

1. *Maternal mortality in 2000: Estimates developed by WHO, UNICEF and UNFPA*. World Health Organization, Geneva, 2004.
2. United Nations. *Report of the International Conference on Population and Development*. New York, United Nations, 1994 (document A/CONF.171/13).
3. *Report of the Ad Hoc Committee of the Whole of the Twenty-first Special Session of the General Assembly*. New York, United Nations, 1999 (document A/S-21/5).

2. Indicators—an overview in the context of global monitoring

2.1 Purpose and limitations

Indicators are markers of health status, service provision or resource availability, designed to enable the monitoring of service performance or programme goals. Monitoring is a process of comparison, across populations or geographical areas, to highlight differentials or to detect changes over time (to measure progress) between reality and goals. Goals or objectives are an essential component in quantifying the aims of health-related policies, programmes and services. At the national and international levels, an indicator must be able to "measure progress" towards agreed goals.

Nevertheless, the measurement of progress raises theoretical and practical considerations. The theoretical considerations which are relevant and desirable regardless of the country or programme setting are briefly discussed below. Practical issues regarding the scope and quality of data, sources of data and collection methods, and presentation and interpretation of the indicator arise at global, national and programme levels. These practical issues form the body of these guidelines and are discussed for each of the shortlisted indicators.

An awareness of an indicator's inherent limitations is crucial to ensuring its effective use. Most importantly, indicators should be regarded as indicative or suggestive of problems or issues needing action. In some cases, indicators are measurements that have the power to summarize, represent or reflect certain aspects of the health of persons in a defined population. In other cases, they may simply serve as indirect or proxy measurements for information that is lacking.

2.2 Providing an overview of reproductive health

Reproductive health affects the lives of women and men from conception to birth, through adolescence to old age, and includes the attainment and maintenance of good health as well as the prevention and treatment of ill-health (*see Box 2, page 6*).

Reproductive health services cover a wide range of programme areas.

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