



CURRENT POLICY

ICPD Goals and Targets Worth Revisiting in the Context of Health Sector Reforms

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AT the International Conference on Population and Development (ICPD) in 1994, countries endorsed a Programme of Action containing a broad range of goals and targets in the broad area of sexual and reproductive health [1]. In 1996, the World Health Organization (WHO) organised an inter-agency technical process that led to the selection of 15 global indicators for monitoring reproductive health targets [2], to which two additional ones were later added in order to include HIV/AIDS [3].

A five-year review and appraisal of progress in the implementation of the ICPD Programme of Action took place in 1999 (ICPD + 5) and culminated in a Special Session of the United Nations General Assembly in July 1999, which identified key actions needed for further implementation of the Programme of Action and specific targets for measuring progress towards ICPD goals [4].

The 17 WHO indicators shown in the left-hand column of Box 1 are worth revisiting regularly to check whether countries are meeting the targets set, and also for assessing the potential and actual impact of health sector reforms on sexual and reproductive services in their countries. The goals and targets related to those indicators, listed in the right-hand column, can be found in the ICPD Programme of Action and the Key Actions for their further implementation.

In some countries, technical support will be needed to strengthen national capacity to collect and analyze data relating to the goals and targets and to use the results to amend and expand policy and programmes, and develop national guidelines and protocols. National capacity is also required to analyse the content and impact of health sector reforms, in particular:

- how sexual and reproductive health services are financed, e.g. through taxation, social and other

forms of insurance, donor resources user fees and other out-of-pocket expenses;

- how sexual and reproductive health services are provided, broken down by the range of public and private for-profit and not-for-profit health care providers;
- how providers are paid, e.g. through salaries, fees for service, diagnostic-related groups or capitation, which shapes access to and quality of care received by beneficiaries [5-7]; and
- which regulatory mechanisms are in place and how they are enforced. This is one of the key leadership functions of government, and plays a pivotal role in ensuring access to essential services, especially for the poor [6].

Two major challenges can be posed. First, the development of national capacity to understand the complexity of relationships among the different actors and stakeholders in the reform process [8] and capacity to gather evidence on the impact of health sector reforms on sexual and reproductive health. Second, the urgent need to understand the influence of context, actors and the processes of implementation of reforms [9], as well as strengthen the linkages between evidence and policy formulation [10]. This is to ensure a continuous feedback loop of evidence to policy [11], which will serve to reverse the negative impacts and sustain and support the positive impacts of health sector reform on sexual and reproductive health.

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