4. Sexual and reproductive health

Ensuring universal access to sexual and reproductive health-care services is a key target of the SDGs *(3,7)*. Sexual and reproductive health services include: modern contraception; the prevention and management of STIs and cervical and other reproductive cancers; safe abortion; the prevention and treatment of gender-based violence; and infertility services. Maternal and newborn health services as well as services to respond to gender-based violence, which are addressed separately in this report, are critical for increasing and improving health. A separate and comprehensive global abortion policy database is available, which reports on relevant laws, policies and guidance for all countries (https://abortion-policies.srhr.org/).

Access to basic contraceptive methods can play a critical role in the prevention of unwanted pregnancies, unsafe abortions, STIs, and maternal and neonatal deaths *(4)*. Globally, it is estimated that 12% of women aged 15–49 years, married or in union, have an unmet need for family planning. The contraceptive prevalence rate, that is the proportion of women aged 15–49 years, married or in union who use any method of contraception, is estimated to be 63% globally. However, there is high variability by region, as can be seen in sub-Saharan Africa, where the contraceptive prevalence rate is 27% *(5)*.

Comprehensive reproductive health policies should address STIs and cervical cancer. It is estimated that globally more than 1 million STIs are acquired daily. STIs can have serious health implications. Having an STI increases threefold the risk for acquiring the human immunodeficiency virus (HIV). STIs can also cause pelvic inflammatory disease and lead to infertility in women. The human papillomavirus (HPV) accounts for 300 000 deaths from cervical cancer annually *(6,7)*. Further, as a result of mother-to-child transmission of STIs, there is a risk of stillbirth, low birth weight in newborns and neonatal death. In order to effectively mitigate health risks, national policies and guidelines should address barriers to the delivery of high-quality sexual and reproductive health services.

4.1. Availability and components of national policy/guideline on reproductive health care

4.1.a. Availability of national policy on reproductive health care

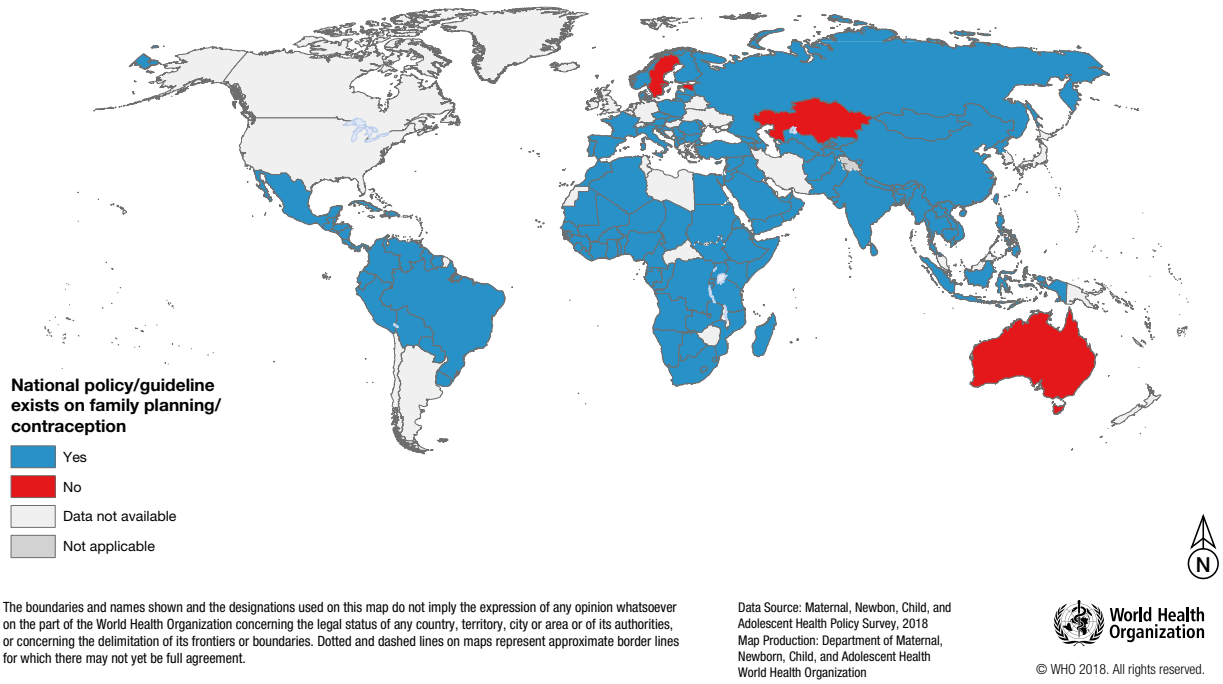
Globally, availability of a national policy/guideline on reproductive health care is almost universal (94%). All countries in the South-East Asia Region and Eastern Mediterranean Region have a policy/guideline on reproductive health care, compared to 98% of countries in the African Region, 92% of countries in the European Region, and 86% of countries in both the Region of the Americas and the Western Pacific Region (Table A.2.1, Fig. 4).

4.1.b. Components of national reproductive health-care policy

In line with WHO recommendations, national reproductive health-care policies/guidelines should include topics related to family planning/contraception, abortion, infertility/fertility care, preconception care, menopause, cervical cancer and violence against women. Reproductive health policies/guidelines globally vary in their inclusion of these specific topics, with almost all countries including family planning/contraception (93%). Fewer countries include preconception care (71%) and menopause (55%). On average, 77% of all topics are included in national policies/guidelines, and 39% of countries globally include all topics (Table A.2.2, Fig. 5).

Regionally, countries in the Eastern Mediterranean Region have the highest average proportion of topics (86%) included in national policies/guidelines on reproductive health, with 53% of countries in this Region including all topics. Countries in the Western Pacific Region and Region of the Americas include fewer topics on average (74% and 67%, respectively). Further, only 27% of countries in the South-East Asia Region have all topics (Fig. 6). Among World Bank income groups, high-income countries have on average 65% of topics included in their national policies on reproductive health, compared to 79% in low-income countries, 86% in lower-middle-income countries and 78% in upper-middle-income countries (Table A.2.2).

Figure 4. Map of countries where national policy/guideline on reproductive health care is available



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Data Source: Maternal, Newbon, Child, and Adolescent Health Policy Survey, 2018
Map Production: Department of Maternal, Newborn, Child, and Adolescent Health
World Health Organization

World Health Organization

Figure 5. Components included in national policies/guidelines on reproductive health care, globally

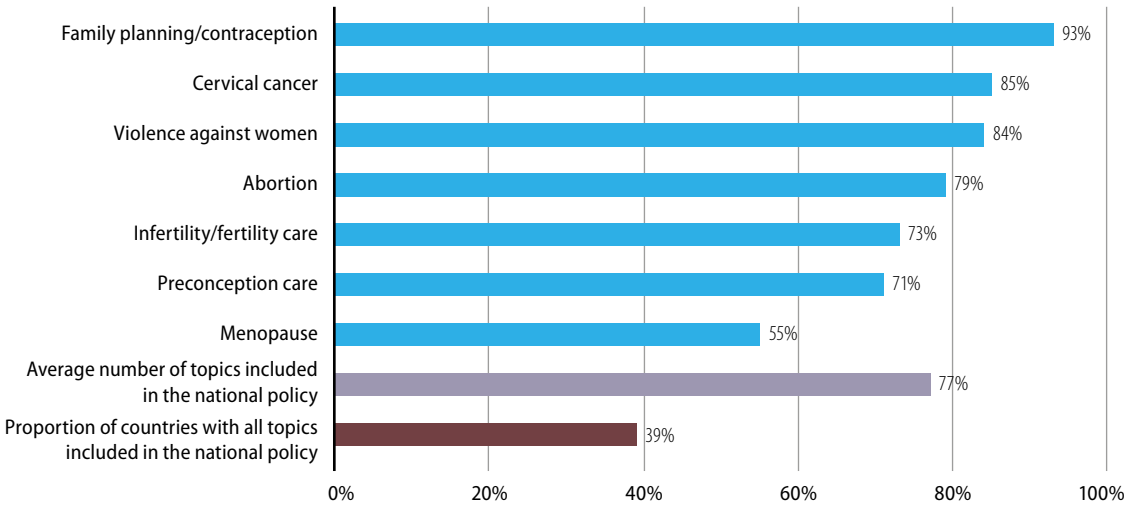
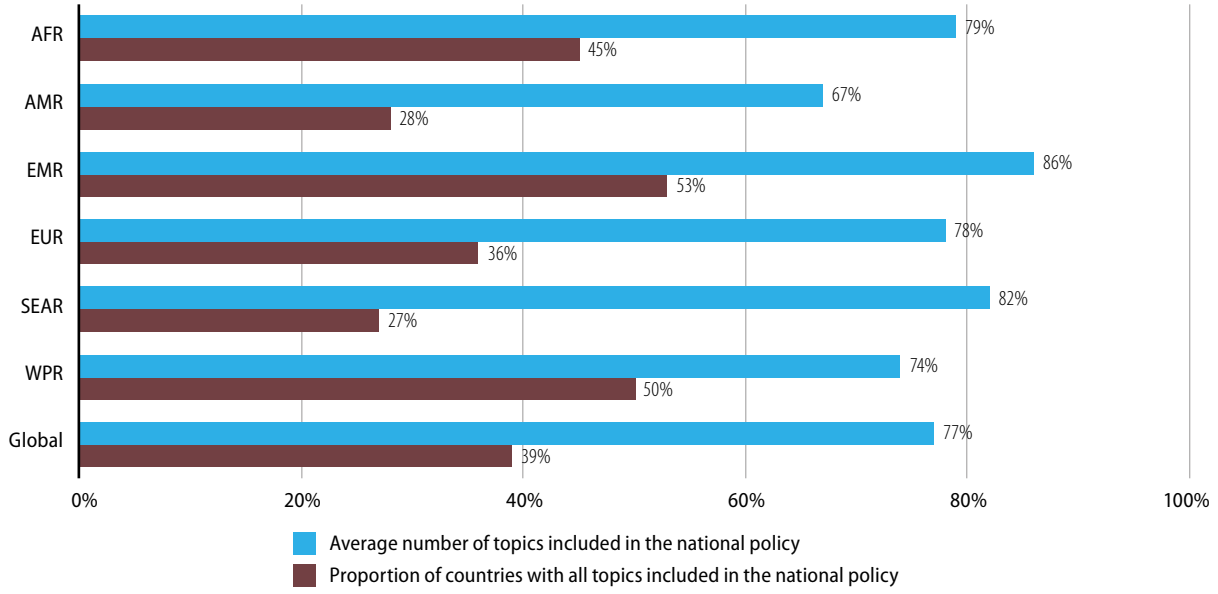


Figure 6. Average proportion of policy components and proportion of countries with all components included in national reproductive health-care policy/guideline, by WHO region



4.2. Availability of national policy/ guideline on family planning/ contraception

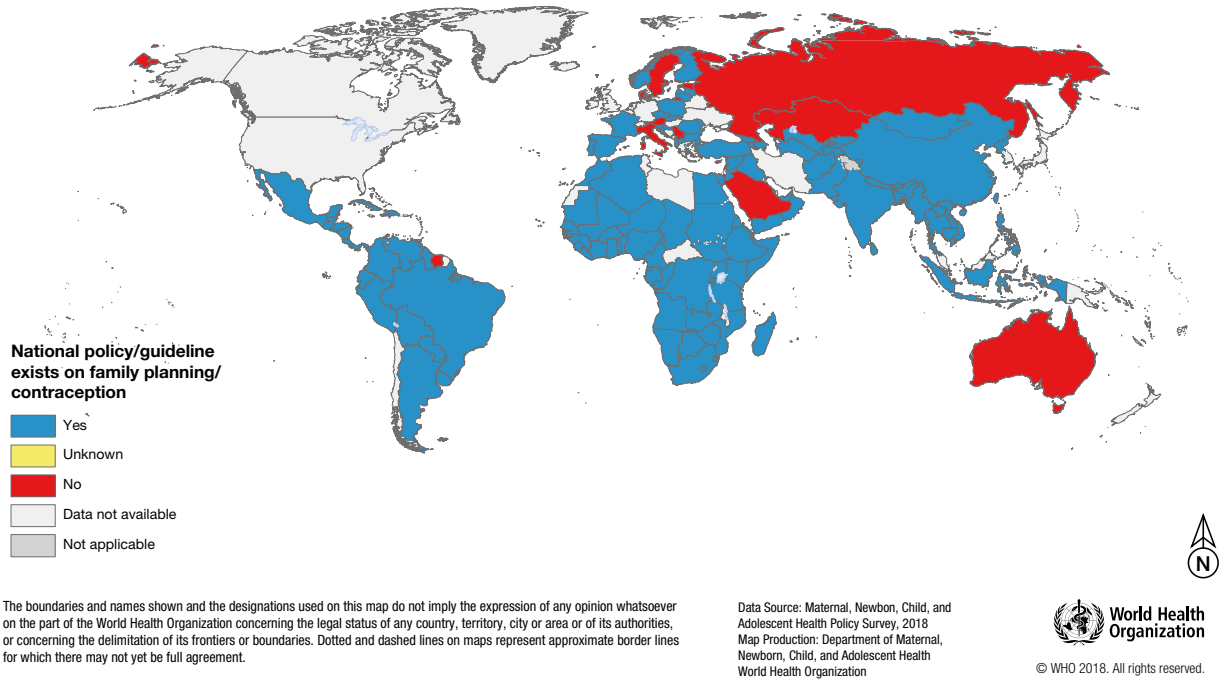
Eighty-eight per cent of all countries globally have a national policy/guideline on family planning/ contraception. All countries in the African Region and South-East Asia Region have such a policy/ guideline, as do almost all countries in the Eastern Mediterranean Region (93%) and the Region of the Americas (86%). Fewer countries in the European Region and Western Pacific Region have a national policy/guideline on family planning/contraception (74% and 79%, respectively). Across World Bank income groups, all low-income and lower-middle-income countries have a national policy on family planning/contraception, as do 90% of upper-middle-income and 63% of high-income countries (Table A.2.3).

A provision for a contraceptive commodity security plan in the national family planning/contraception policy/guideline is available in most countries in the African Region (83%) and Eastern Mediterranean Region (87%). However, it is less common for countries to include such a provision in the European Region (44% of countries), Region of the Americas (55%), South-East Asia Region (73%) and Western Pacific Region (64%) (Fig. 7 and 8). Among World Bank income groups, 95% of lower-middle-income countries and 88% of low-income countries have a provision for a contraceptive commodity security plan in their national family planning/contraception policy/guideline, as compared to only 51% of upper-middle-income countries and 42% of high-income countries (Table A.2.3).

4.3. Availability of national clinical practice guideline on family planning/ contraception

Globally, 75% of countries have national clinical practice guidelines on family planning, and 63% use the latest WHO guidelines on contraceptive use. National clinical practice guidelines on family planning/contraception are available across all countries in the South-East Asia Region, with the majority (91%) using the latest WHO guidelines. National clinical practice guidelines on family planning/contraception are also in place in most countries in the African Region (90%) and many countries in the Eastern Mediterranean Region (67%), Region of the Americas (79%) and Western Pacific Region (64%). However, country use of the latest WHO guidelines is lower in nearly all these regions: African Region (79%), Eastern Mediterranean Region (60%), Region of the Americas (69%) and the Western

Figure 7. Map of countries where national policy/guideline on family planning/contraception is available



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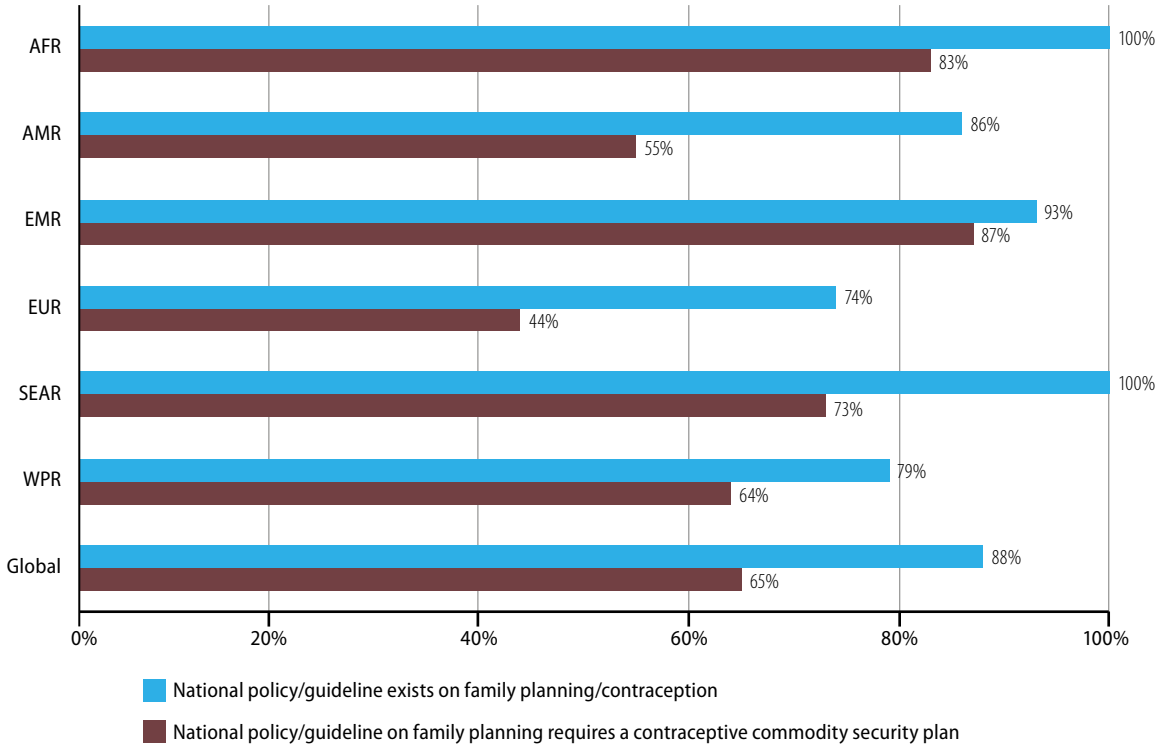
Data Source: Maternal, Newbon, Child, and Adolescent Health Policy Survey, 2018
Map Production: Department of Maternal, Newborn, Child, and Adolescent Health
World Health Organization

World Health Organization

Figure 8. Availability of national policies/guidelines on family planning/contraception, and policy includes requirement of contraceptive commodity security plan, by WHO region



Pacific Region (64%). Only 56% of countries in the European Region have national clinical guidelines on family planning/contraception, and only 36% are using the latest WHO guidelines. National clinical practice guidelines on family planning/ contraception are present in most low-income

(88%), lower-middle-income (97%) and upper-middle-income (80%) countries; however, they are not available in most high-income countries (37%) (Table A.2.4, Fig. 9).

4.4. Inclusion in national essential drugs list of drugs indicated for use for family planning

Essential drugs indicated for use for family planning include: male condoms, female condoms, pills, injectables, vaginal rings, implants, intrauterine devices (IUDs) and emergency contraceptives. Globally, national essential drugs lists typically include pills (83%), intrauterine devices (81%), injectables (78%) and male condoms (74%). Female condoms (50%) and vaginal rings (26%) are less frequently included in national essential drugs lists. On average 66% of all items are included in national essential drugs lists, and 14% of countries globally include all items (Table A.2.5, Fig. 10). Twenty-one per cent of countries in the European Region and 19% of countries in the African Region include all items, whereas no countries in the South-East Asia Region or Western Pacific Region do (Fig. 11). There

Figure 9. Proportion of countries with national clinical practice guidelines on family planning/contraception using latest WHO guidelines, by WHO region

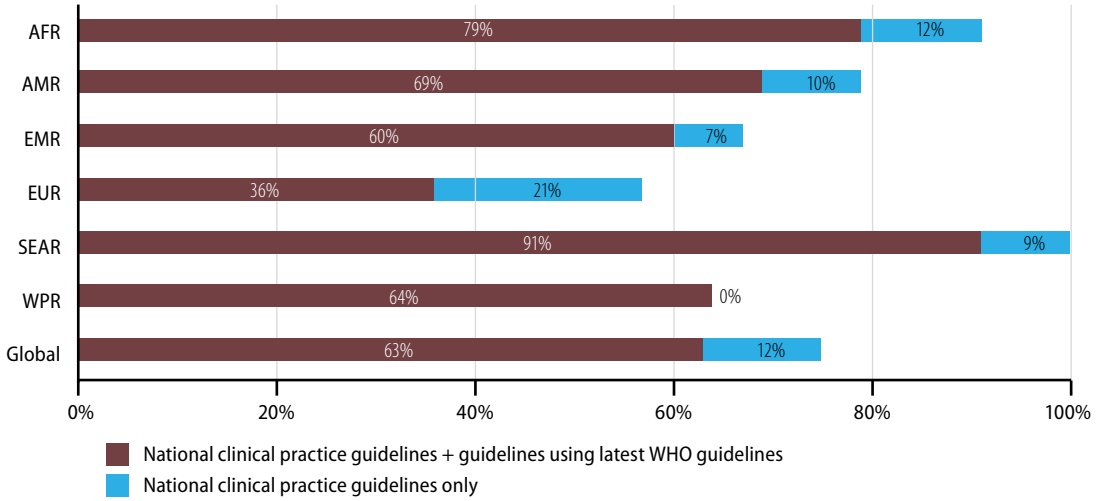


Figure 10. Family planning commodities included in national essential drugs list, globally

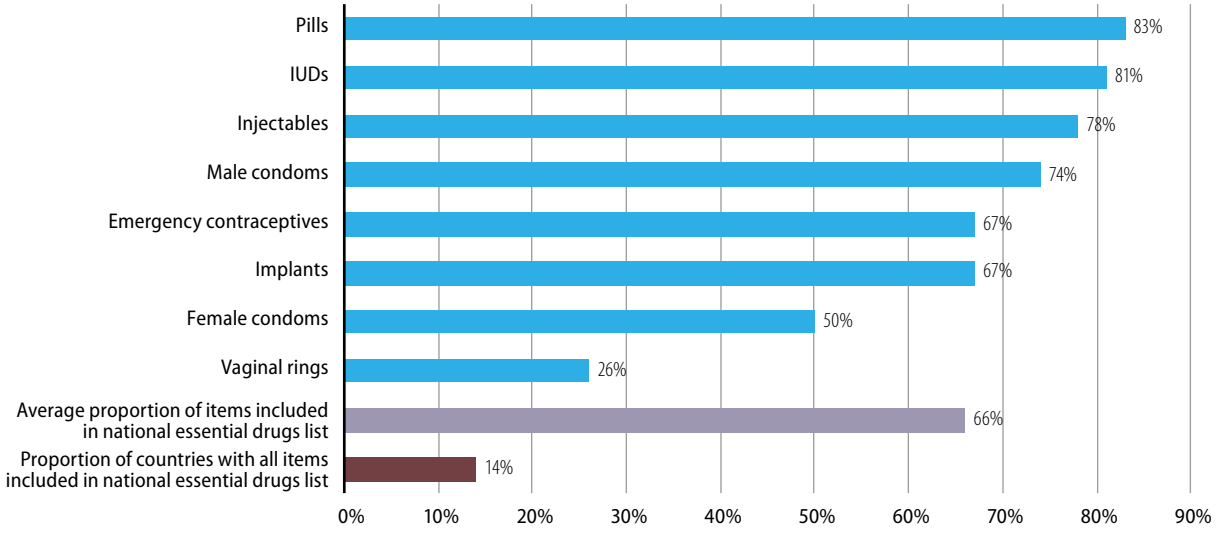
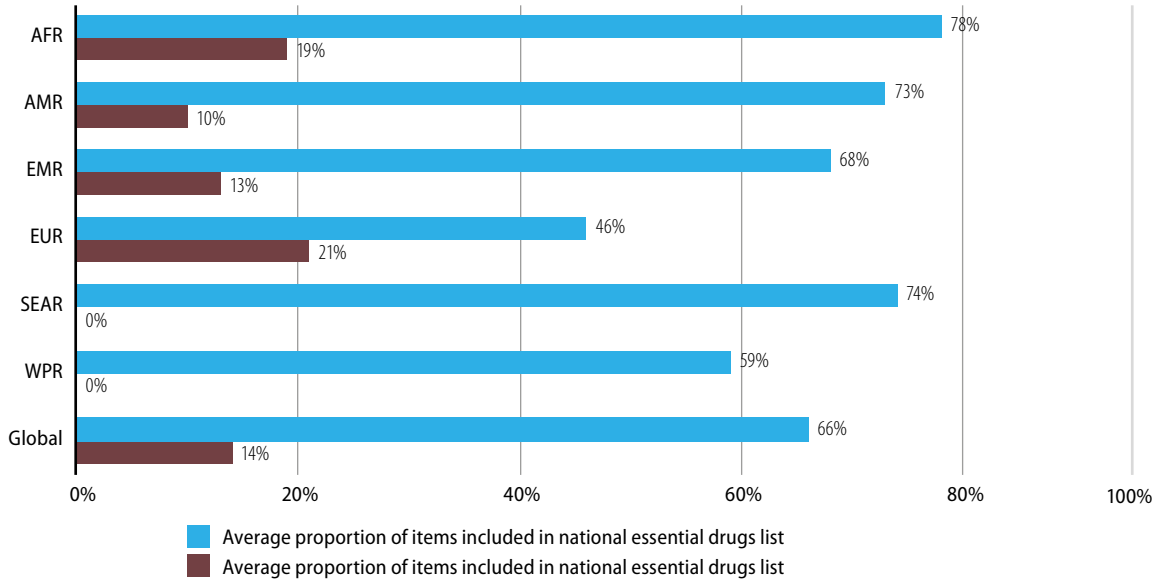


Figure 11. Average proportion of family planning commodities included in national essential drugs list and proportion of countries with all family planning commodities included, by WHO region



is variability in the inclusion of family planning commodities in national essentail drugs lists by World Bank income group. Twenty-two per cent of low-income countries and 21% of high-income countries include all items in their national essential drugs list, while only 5% of lower-middle-income and 10% of upper-middle-income countries do (Table A.2.5).

4.5. Availability of national policy/ guideline on task-sharing for family planning services

Globally, 60% of all countries have a national policy/ guideline on task-sharing (the process of enabling lay and mid-level health-care professionals to provide clinical services and procedures that would otherwise be restricted to higher-level cadres) of family planning services. Almost all countries in the South-East Asia Region include a national policy/ guideline on task-sharing of family planning services (91%), as do a majority of countries in the African Region (71%), Region of the Americas (69%) and Western Pacific Region (64%). However, in other regions, less than half of all countries have such a policy: Eastern Mediterranean Region (47%) and European Region (36%). Lower-middle-income countries are most likely to have a national policy/ guideline on task-sharing of family planning services (79%). Most countries designated as low-income or upper-middle-income also have such a policy (69% and 63%, respectively), while only 29% of high-income countries do (Table A.2.6, Fig. 12).

4.6. Availability and components of national policy/guideline on STI diagnosis, treatment and counselling

4.6.a. Availability of national policy on STI diagnosis, treatment and counselling

Globally, 87% of all countries have a national policy/guideline on STI diagnosis, treatment and counselling. Regionally, a high proportion of countries in the African Region (93%), Region of the Americas (93%), South-East Asia Region (91%) and Western Pacific Region (100%) have a national policy/guideline on STI diagnosis, treatment and counselling, compared to 80% of countries in the Eastern Mediterranean Region and 72% in the European Region. Almost all lower-middle-income countries (95%) have a national policy on STIs, compared to 76% of high-income countries (Table A.2.7, Fig.13).

Figure 12. Availability of national policies/guidelines on task-sharing of family planning services, by WHO region

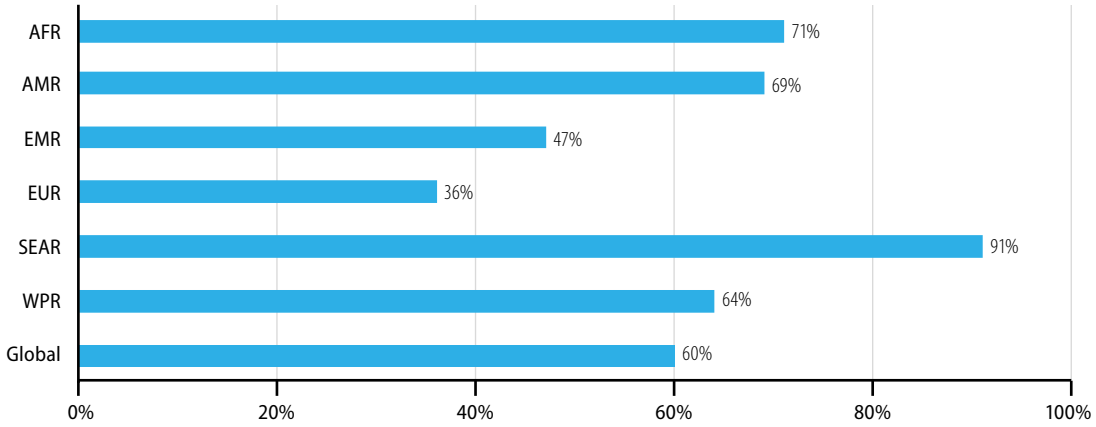
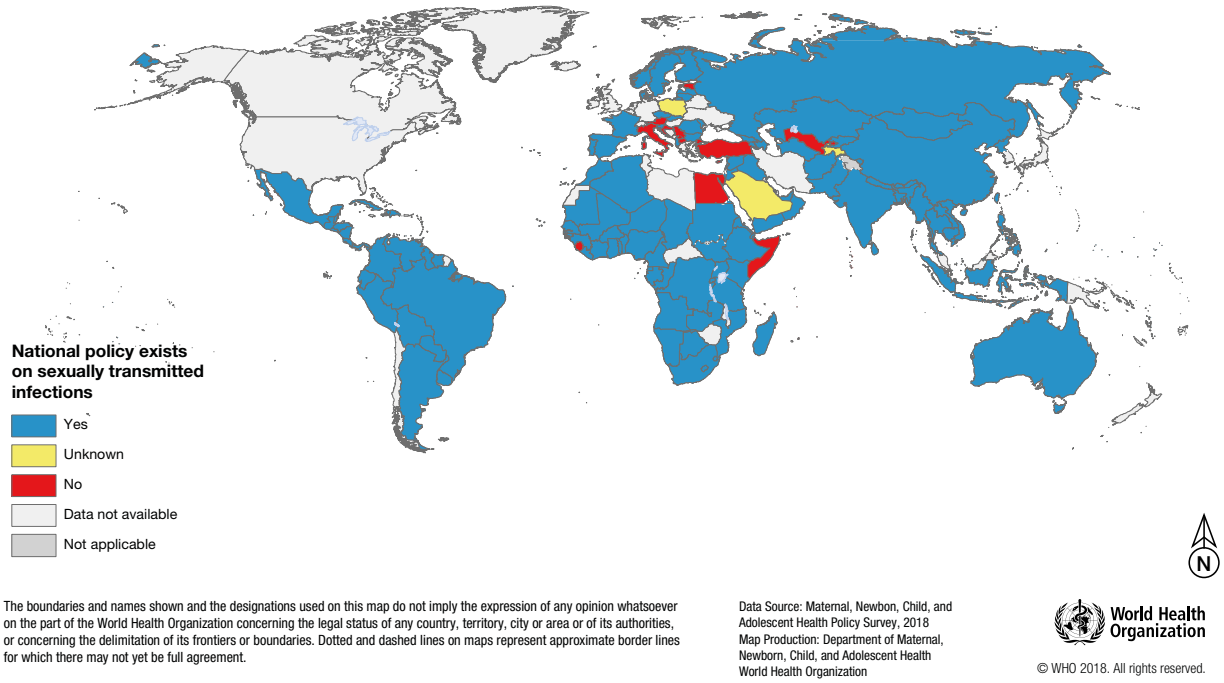


Figure 13. Map of countries where national policy/guideline on STIs is available



4.6.b. Components of national policy on STI diagnosis, treatment and counselling

Seventy-five per cent of all countries globally have a national policy/guideline on STIs that includes a recommendation on integrated HIV and STI testing. In addition, most national STI policies/guidelines include a target that contributes to the reduction of congenital syphilis (70%) and require the use of an STI surveillance system to monitor progress towards global STI targets (67%). Sixty-four per cent of countries have a policy that aligns with the Global Health Sector Strategy on STIs (2016–2021) or latest WHO guidelines on STIs. About half (52%) of all countries have a policy that includes a target that contributes to the reduction of Neisseria gonorrhoeae incidence.

For national policies/guidelines on STIs to be aligned with the Global Health Sector Strategy on STIs (2016–2021) or latest WHO guidelines on STIs they should include:

- Use of an STI surveillance system to monitor progress towards global STI targets.

- A target for the reduction of Treponema pallidum (syphilis) infection.
- A target that contributes to the reduction of congenital syphilis.
- A target that contributes to the reduction in N. gonorrhoeae incidence.
- A recommendation on integrated HIV and STI testing.

Globally, 39% of countries include all these components in their national policy/guideline on STIs. Regionally, countries in the African Region and South-East Asia Region are most likely to have all policy components (52% and 45%, respectively), compared with 33% of countries in the European Region and 20% in the Eastern Mediterranean Region. Forty to forty-five per cent of all low-income, lower-middle-income and upper-middle-income countries include all components in their national policy/guideline on STIs, while only 26% of high-income countries do (Table A.2.8, Fig. 14 and 15).

Figure 14. Components included in national policy/guideline on STIs, globally

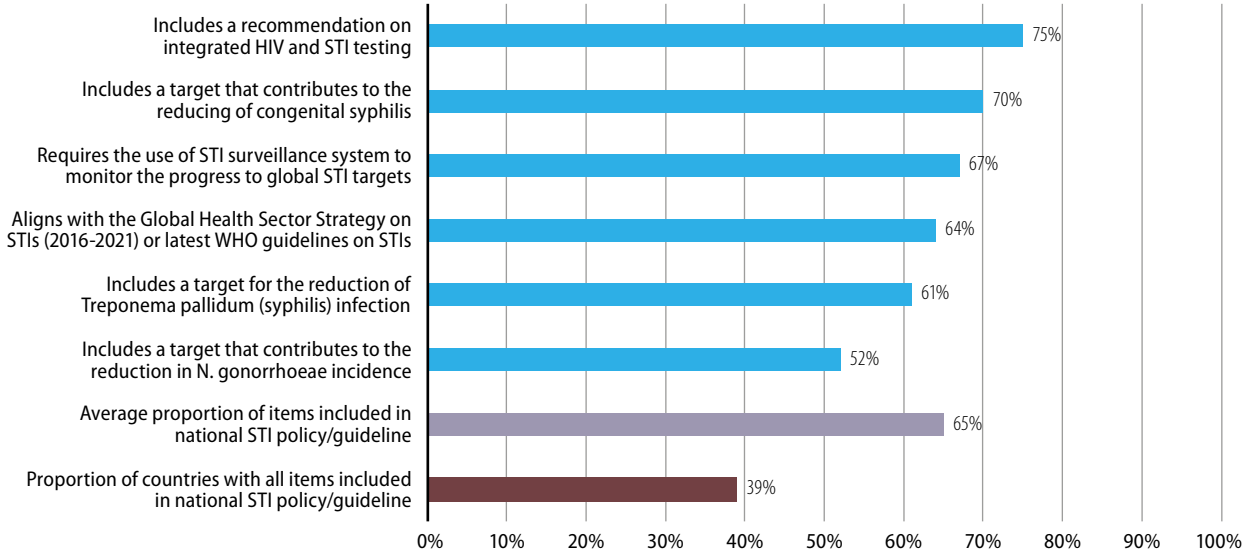
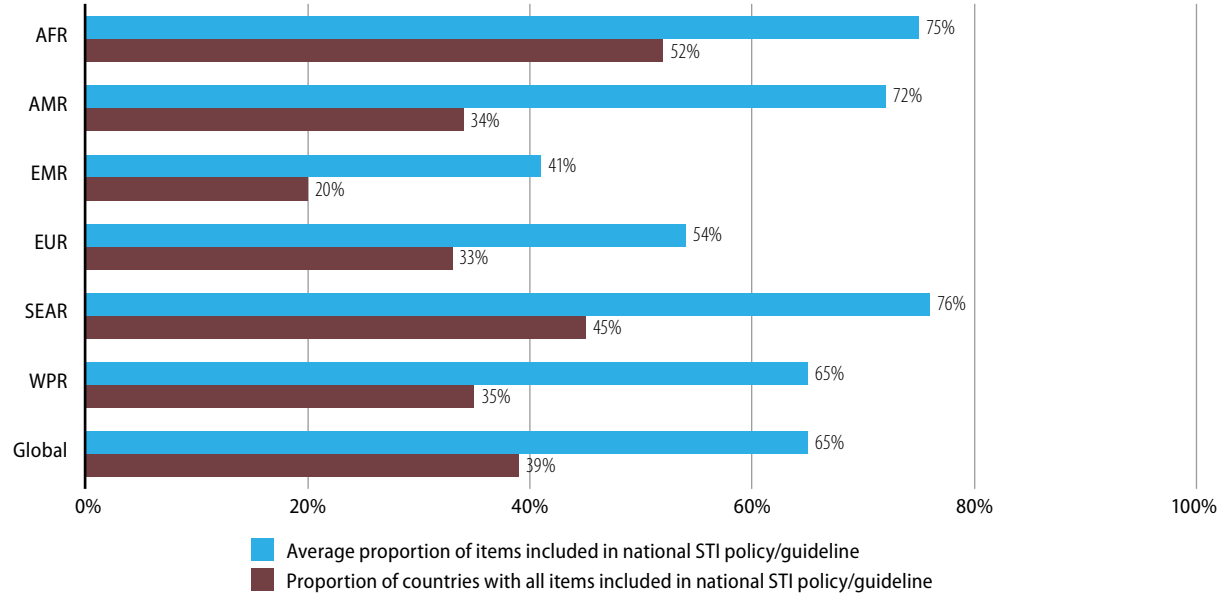


Figure 15. Average proportion of policy components and proportion of countries with all components included in national policy/guideline on STIs, by WHO region



4.7. Availability and components of national policy/guideline on comprehensive national cervical cancer prevention

4.7.a. Availability of national policy on comprehensive national cervical cancer prevention

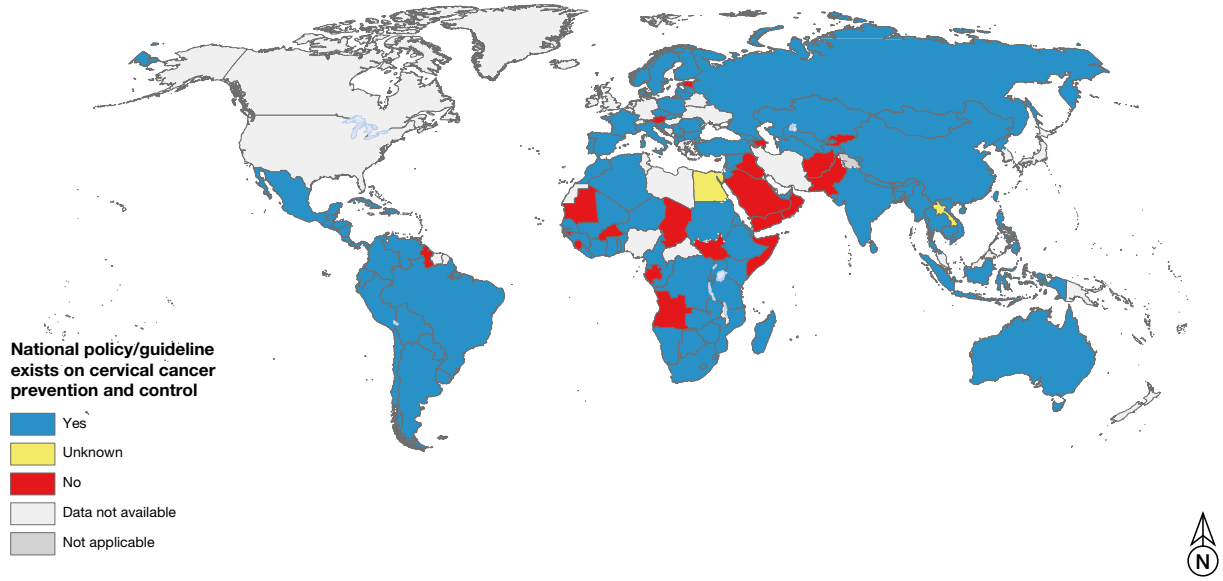
Globally, most countries have a national policy/guideline on comprehensive national cervical cancer prevention (80%). Regionally, all countries in the South-East Asia Region, 87% in the European Region, 86% in the Western Pacific Region and 79% in both the African Region and the Region of the Americas have a comprehensive national cervical cancer prevention policy. In contrast, only 47% of countries in the Eastern Mediterranean Region do. Lower-middle-income and upper-middle-income groups have similar proportions of countries with a comprehensive national cervical cancer prevention policy (82% and 85%, respectively). Low-income and high-income groups also have a similar proportion of countries with such a policy (75% and 76%, respectively) (Table A.2.9, Fig. 16).

4.7.b. Components of national policy on comprehensive national cervical cancer prevention

Globally, most national policies on comprehensive cervical cancer prevention include a provision for the diagnosis of cervical cancer (77%), screening for cervical pre-cancer lesions (77%), treatment of cervical pre-cancer lesions (76%) and treatment of cervical cancer (73%). Countries also typically have a national policy on comprehensive cervical cancer prevention that includes a provision for palliative care (67%) and a human papillomavirus vaccination programme (60%). Sixty-four per cent of all countries have a policy/guideline on comprehensive national cervical cancer prevention that is consistent with the WHO 2014 Comprehensive Cervical Cancer Control Guidelines. Countries include on average five of the seven key topics in their national policy/guideline on comprehensive national cervical cancer prevention, while 43% of countries include all topics (Fig. 17).

Regionally, countries in the European Region and South-East Asia Region have national policies/guidelines on comprehensive national cervical cancer prevention that cover the highest proportion

Figure 16. Map of countries where national policy/guideline on comprehensive cervical cancer prevention is available



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Data Source: Maternal, Newborn, Child, and Adolescent Health Policy Survey, 2018
Map Production: Department of Maternal, Newborn, Child, and Adolescent Health
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of topics (56% and 55%, respectively), while countries in the Western Pacific Region and Eastern Mediterranean Region include fewer topics (29% and 13%, respectively). There is slightly less variation in the proportion of topics included in national policies/guidelines on comprehensive national cervical cancer prevention by World Bank income group (33–55%) (Table A.2.10, Fig. 17 and 18).

Figure 17. Components included in national policy/guideline on comprehensive national cervical cancer prevention, globally

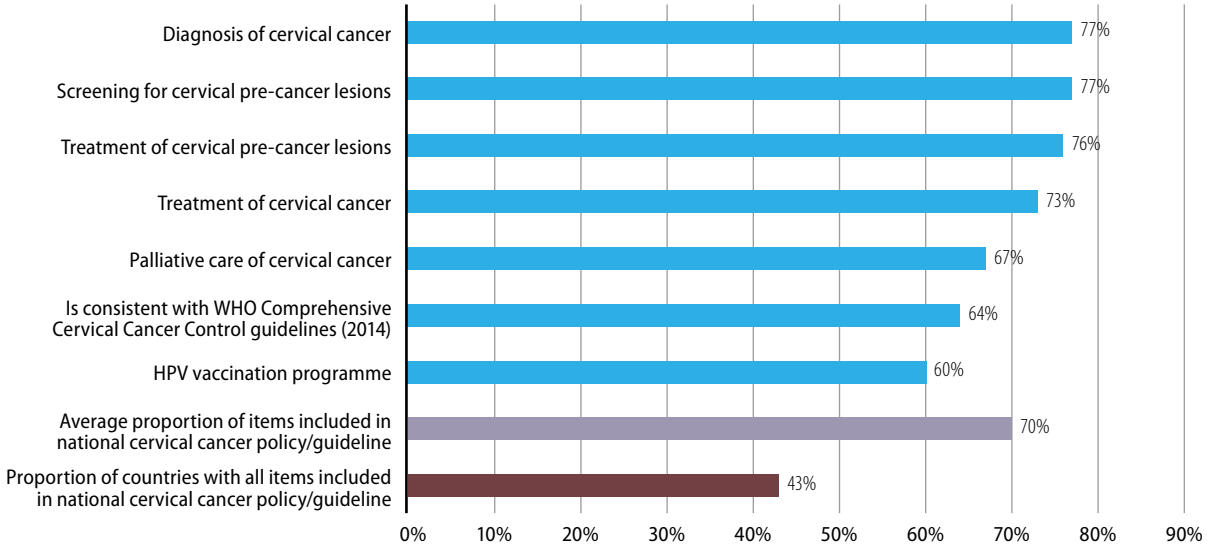

Figure 18. Average proportion of policy components and proportion of countries with all components included in national policy/guideline on comprehensive national cervical cancer prevention, by WHO region