
Report of the External Impact Evaluation

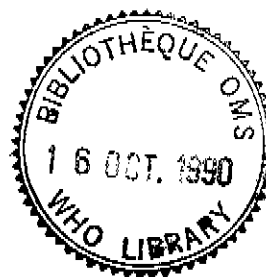
Summary

WORLD HEALTH ORGANIZATION



***SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT,
AND RESEARCH TRAINING IN HUMAN REPRODUCTION***

(co-sponsored by UNDP/UNFPA/WHO/World Bank)



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1. *The Assignment*

The Team was appointed by the Programme's Policy and Coordination Committee in July 1988. The task given was to provide an independent evaluation of the relevance and impact of HRP activities, particularly in developing countries, as a background against which the future role and orientation of the Programme can be determined. It did not include an assessment of the scientific and technical content of the Programme *per se*, nor an evaluation of the management structure. The Team has not made an in-depth examination of research needs for the improvement of reproductive health in developing countries but recommendations have been made for research interventions as a result of its findings.

The Team spent 199 working days in the field visiting 16 developing countries and 150 working days in Geneva. In addition, considerable time was devoted to studying the extensive documentation relevant to the Programme and preparing written contributions to the final report. The Report of the Team was submitted in November 1989.

2. *The Main Conclusions*

The Evaluation Team is very positive towards the work of HRP and recognises that the Programme has had a major impact. Indeed it has been the principal, if not the lone impact in many areas, in addition to its unique role of coordination of research efforts on a global scale.

The Team firmly recommends that HRP be retained as a Special Programme within the UN system and that the sponsoring agencies and donors increase the financial resources in order that the Programme may continue to develop the research capability and coordinate activities to meet the challenges of protecting and improving reproductive health and family well-being in the 21st century.

3. *Introduction*

The Programme is a global programme of international technical cooperation, initiated by WHO to promote, coordinate, support, conduct and evaluate research in human reproduction and involves coordination of the global research effort in the field of reproductive health. It first established a world-wide network of centres collaborating in a common research and developmental effort in order to conduct collaborative clinical studies of fertility regulating agents on a global basis, and to organize multi-centred research teams for collaborative research and development. This concept was also developed into a series of Task Forces, scientific groups with specific research objectives, which together with the network of centres constitute the backbone of the Programme's activities.

Since its inception in 1972, the Programme has conducted social science research on acceptability, psychosocial and health service aspects of contraceptive use and behaviour. In 1985 the Programme redirected its social science activities to address the behavioural and social determinants of fertility regulation, including the problems of poor continuation rates of modern methods and the incomplete understanding of the role of contraception in human reproductive behaviour taking into account the changing status of women and the costs and benefits of contraception.

Another major objective of the Programme has been institutional strengthening in developing countries, including the provision of research training. The Programme also plays an important role in dissemination of scientific information to governments and the international scientific community.

The Programme sets standards and develops guidelines relating to laboratory procedures and the drug regulation process. It has also developed and promoted ethical standards in the field of biomedical and clinical research in human reproduction. Collaboration with other agencies and coordination of the global research effort has taken place in several ways from simple exchange of information and mutual attendance at meetings, to launching new collaborative projects.

4. *Impact*

The Team was aware that the impact of the Programme on reproductive health, that is market impact, is very difficult to quantify; since factors such as government policies on maternal and child health, family planning are also major inputs which have a profound effect as do socio-cultural environment, the level of development of technology, the economic situation and leadership. The time factor also plays an important role since it probably takes a longer time than the present lifetime of HRP for research programmes to demonstrate an impact on reproductive health.

The impact of the Programme on institutions, scientists and the selection of subjects for research was considered. Impact was examined both at national and global levels with particular reference to the findings of the Team during visits to developing countries. The Team also reviewed the impact of the programme on women, both as beneficiaries and participants in research programmes and priority setting activities.

At global level the Team was concerned with the impact of the Programme on the research community in general, its advisory role with other U.N. agencies and in setting global standards of quality, safety and ethics.

5. *Site Visits*

In assessing the impact of the Programme in these different areas, the Team relied heavily on their personal observation and evaluation during site visits.

The Team visited 16 countries and met with over 150 researchers and officials in more than 50 institutions and 30 government ministries and local organizations, both governmental and non-governmental. The Programme's support to the 16 countries is shown in Table 1. Detailed accounts of these visits written by the Team members are in the full Report.

It should be noted that one third of resources for research go to the support of Sub-saharan African institutions. The Peoples Republic of China is the recipient of the biggest amount of HRP research funds.

The site visit reports show a wide variety of HRP impacts, major and minor. However, four themes seem to come through almost all of the reports:

- (a) **The very important impact HRP has had at many levels through its training schemes and programmes and the astonishing number of researchers and technicians who have been given an opportunity to further themselves and increase the research capacity.**
- (b) **Participation in networks, in seminars, in Task Force meetings and in conversations and meetings with other scientists has been of great importance to developing world researchers. Maybe HRP's greatest impact in the scientific world will be through the financing of mechanisms for such efforts to give researchers in environments which are cut off from recent work and from the frontiers of science a chance to meet.**
- (c) **The importance of the impact of HRP's work at the grassroots level. Many are the instances where members of the Team have seen and commented on the importance of the HRP funded research in far away villages and village health centres.**
- (d) **The value of designation of WHO Collaborating Centres is highly regarded in the country setting and centres are very loath to surrender this accolade. The designation is most prestigious in the eyes of the government.**

6. *Institutional Strengthening*

One of the original objectives of HRP is to strengthen institutions in developing countries with a view to bringing them into a network of collaborating centres and also to enable national self-reliance for research in family planning.

Table 1. Amounts and types of HRP support for 16 countries visited by the evaluation team (amounts in US\$1000s)

Countries visited (by WHO Region)	No. of recipient institutions	No. of RTGs received	No. of VSGs received	Total Support	Task Force	CRR grants	RTG and VSG	Percent of support from		
								Task Force	CRR	RTG
Africa										
Benin	1	11	-	546	40	240	270	7	43	50
Cameroon	2	14	-	605	120	380	110	19	63	18
Kenya	10	64	4	5,430	1,450	2,840	1,140	27	52	21
American										
Chili	8	33	8	4,170	1,970	1,680	520	47	40	13
Cuba	5	27	7	2,230	350	1,490	390	16	67	17
Mexico	10	32	2	3,500	1,710	1,330	460	49	38	13
Eastern Mediterranean										
Egypt	12	55	7	1,700	490	620	590	29	36	35
Pakistan	6	9	4	790	240	350	200	31	44	25
Tunisia	1	9	-	1,240	140	1,020	80	12	82	6
Europe										
Turkey	4	20	4	1,060	790	35	235	75	3	22
South-East Asian										
India	29	89	24	10,820	3,330	6,230	1,260	31	57	12
Indonesia	15	43	4	2,560	940	880	740	37	34	29
Thailand	13	65	10	6,870	3,510	2,320	1,040	51	33	16
Western Pacific										
People's Republic of China	46	315	25	19,000	1,260	11,500	6,240	7	60	33
Philippines	14	19	4	1,660	770	480	410	46	29	25
Singapore	1	9	5	3,140	680	2,300	160	22	73	5
TOTAL	176	814	108	\$65,330	\$17,790	\$33,695	\$13,845	27%	52%	21%
TOTAL		924								

In the period 1972-1985, 38 centres in 35 countries, of which 11 were industrialized, received core support grants amounting to a total of US\$46.7 million. Since 1986, 38 institutions in 29 developing countries received LID (Long-term Institutional Development) Grants and other major institutional grants amounting to a total of US\$8.1 million.

Institutional development is a long-term undertaking. Furthermore, the period required for the development of an institution from a lower to a higher level depends on its situation at the start, e.g. qualified personnel, infrastructure, etc. Therefore, any judgement made on development requires an intimate knowledge of the country and the institution. During site visits the Team attempted to assess institution development and the impact of HRP on this process. Some of the criteria the Team used included:

- Research: publications in refereed journals, books, relevance of research to the country and utilization of research results in country programmes, together with the impact on women's reproductive health where possible.
- Training: numbers of persons trained, their skills and those of the institution, the role of former trainees in training others in their own and in other institutions.
- Leadership and advisory role of the institution in national scientific development and how much government support was attracted to the institute. The role of those institutions with LID grants in taking the initiative in forming within the country a network of institutions which relate to the parent institution and become important satellites leading to the widening of scientific development in the country.
- The capacity of the institutions to manage research by attracting additional funds from local and international sources. In some countries political considerations make it difficult to attract funds from external sources and institutes in these countries may require longer WHO support.

It is evident that the institutions which function best are those with good scientifically well trained leaders.

It was also evident that some level of support will continue to be required by some of these institutions if the momentum is to be continued.

The Team recommends that HRP should give urgent consideration to the question of post-grant support.

The Team considers that the further strengthening of developing country training institutions is a continuing task for the future in the light of national and regional relevance in terms of defining problems and research needs in reproductive health. To fulfil this task the best institutions should be selected with scientifically well trained leaders in charge. The Programme should concentrate support on institutions where the leaders have this potential.

The Team endorses the Programme's new approach to the strengthening of research capabilities of countries, rather than that of individual institutions, as was the case in the past. This new approach implies that an assessment is first made in consultation with national policy-makers and development programme implementors of the reproductive health strategy of a country. Given this focus, the institutional strengthening support to the country would be provided on the basis of the results of the assessment.

Training grants are usually the first and most significant component of the institutional strengthening process. Distribution of research training grants (RTGs) is shown in Table 2. Topping the list of countries receiving RTG's are the People's Republic of China (262), India (98), Thailand (69), Egypt (52), Kenya (46), Indonesia (45). From the distribution of the grantees it seems that the RTGs for many countries have been spread too thinly. The issue of concentration vis à vis dispersion of support is a very complex one. A networking strategy not only between countries, but between institutions within the country seems to have worked well in some countries.

Table 2. Distribution of research training grants by WHO region, country, institution and field of study

WHO Regions and Countries	No. of grantees	No. of institutions where grantees came from	No. of grantees who received training grants for:		No. of grantees in:	
			Degree	Non-degree	Biomedical research training	Epidemiology, social sciences, demography, health service research
African						
Benin	6	2	4	2	3	3
Cameroon	10	2	-	10	7	3
Ghana	7	2	-	7	5	2
Ivory Coast	1	1	-	1	1	-
Kenya	46	9	5	41	37	9
Mauritius	1	1	1	-	-	1
Mozambique	2	1	-	2	-	2
Nigeria	34	10	3	31	28	6
Senegal	4	1	-	4	3	1
Tanzania	8	2	1	7	2	6
Uganda	9	2	5	4	2	7
Zambia	14	2	-	14	10	4
Zimbabwe	4	2	-	4	4	-
American						
Argentina	32	15	-	32	32	-
Brazil	20	13	1	19	11	-
Chile	34	4	1	33	29	9
Colombia	8	2	-	8	7	5
Cuba	28	4	2	26	22	1
Ecuador	4	2	-	4	1	6
Mexico	29	10	2	27	23	3
Panama	4	2	-	4	3	6
Paraguay	3	3	-	3	3	1
Peru	8	3	1	7	3	-
Trinidad-Tobago	1	1	1	-	-	4
Uruguay	2	4	-	2	2	1
USA	5	5	-	5	5	-
Venezuela	2	1	-	2	2	-
Eastern Mediterranean						
Egypt	52	11	-	52	39	13
Ethiopia	1	1	-	1	1	-
Iran	5	4	-	4	4	1
Iraq	1	1	-	1	1	-
Pakistan	9	6	1	8	7	2
Sudan	8	2	-	8	3	5
Tunisia	8	1	-	8	5	3

Table 2. (continued)

WHO Regions and Countries	No. of grantees	No. of institutions where grantees came from	No. of grantees who received training grants for:		No. of grantees in:	
			Degree	Non- degree	Biomedical research training	Epidemiology, social sciences, demography, health service research
European						
Austria	1	1	-	1	1	-
Belgium	2	2	-	2	1	1
Czechoslovakia	1		-	1	1	-
Federal Republic of Germany		1				
France	3	2	-	3	3	-
Hungary	3	2	-	3	3	-
Hungary	10	2	-	10	10	-
Ireland	1	1	-	1	1	-
Israel	6	5	-	6	6	-
Italy	5	3	-	5	5	-
Netherlands	2	2	-	2	2	-
Poland	4	3	-	3	3	-
Spain	3	3	-	3	3	-
Sweden	1	1	-	1	1	-
Switzerland	2	2	-	2	2	-
Turkey	19	4	-	19	9	10
UK	11	8	-	10	11	-
USSR	20	8	-	20	20	-
Yugoslavia	5	3	-	4	3	2
South-East Asian						
Bangladesh	18	12	1	14	1	17
India	98	29	4	98	81	17
Indonesia	45	14	-	37	22	23
Nepal	5	3	8	3	-	5
Sri Lanka	13	5	2	12	7	6
Thailand	69	10	1	65	41	28
Western Pacific						
Australia	8	7	4	8	8	-
Hong Kong	6	1	-	6	6	-
Japan	11	9	-	11	11	-
Malaysia	8	1	-	7	24	4
People's Republic of China	262	43	1	260	234	38
Philippines	23	14	2	21	2	21
Republic of Korea	17	10	2	17	9	8
Singapore	12	1	-	12	11	1
Vietnam	18	1	1	17	16	2
TOTAL (67 countries)	1,122	357	55	1,067	846	276

Only 14% of grantees received training at developing country institutions with Hong Kong, Kenya, Mexico, Singapore and Thailand receiving the most trainees. Notable in its absence of participation as a "trainer" country is Japan whilst India only received 5 trainees. 75% of the RTGs were in biomedical fields, these grants were practically all for non-degree training with the majority of them focussed on specific research techniques and/or multicentre studies.

Twenty three percent of the total RTGs were given for service and psychosocial research, population, epidemiology, medical demography, medical statistics, etc. Fifty-five (20%) of the social science-oriented training grants went to workshops held at WHO, Geneva for development of service research proposals. The only developing country training institution in this field is the Mahidol University Institute of Population and Social Research which offers a Masters degree programme where 9 grantees (3.2%) have been accepted.

Only 5% (55) of the total grantees were intended for Ph.D. or Masters degree, mostly in the social sciences and epidemiology.

Because the RTGs were practically all for non-degree training, more degree-orientated RTGs, particularly PhDs, should be awarded in order to prepare the next generation of research leaders in both the biomedical and social science fields.

More training in development of projects in epidemiology, health services research and sociology should be provided to ensure that the family planning tools coming out of biomedical research can be applied to national programmes.

The Team recommends that an increased number of RTGs be given for the social sciences and that increased emphasis be put on grants for PhD programmes to provide research leadership at the country level. Training institutions should not only be in developed but also in selected developing countries.

The Team recommends that HRP should continue strong support for training institutes on a South - South basis. Certain centres of excellence are particularly felt to be worthy of support, e.g. in Chile, Mexico, Singapore, Thailand and Tunisia as leaders in this area.

Data for the period before 1 January 1987 shows a total of 857 trainees from developing countries, 99 from industrialized countries with 37% female for the former and 18% for the latter. The age range of trainees was 22-66 with a mean of 37 years. The age profile suggests that the trainees have obtained previous degrees and work experience. The breakdown by countries reveals significant differences, e.g. highest mean age was for the People's Republic of China, highest proportion of female trainees was in the Philippines (83%).

In places where female trainees have not been much in evidence, it is important to make a wider search effort to identify potential grantees. Similarly whilst experience and maturity are assets, HRP must not miss out on bright, young talents.

During site visits, it was noted that Technical assistance was considered a valuable mechanism for training in computers and research methodology. Equipment supply, maintenance and repair presented problems in some countries. Repair and maintenance of equipment is an area that requires attention by HRP.

Training in research management should continue to be a regular feature of institutional strengthening. The Team feels that the methods of which HRP is addressing this issue at present are adequate.

The Team recommends that training institutions should be encouraged to follow up trainees, including assisting them in preparing re-entry grant proposals according to country needs as well as the Task Forces' research agenda.

7. Research

HRP is a global programme which is expected to have a comprehensive approach to research, yet at the same time, respond to local or country needs. The two needs may at times be similar. However, at times the country needs, because of the socioeconomic development, education, cultural and religious practices, may be specific and differ from the global needs.

The determination of research priorities and selection of research topics is primarily a country decision. Elaboration of national population strategic plans is a national responsibility. It is a responsibility that goes beyond centres and institutions recipient of HRP support. However, these institutions have developed manpower that is increasingly being called upon to advise on population and family planning strategies. This development should be further promoted and strengthened. Developing countries would develop even better strategic plans if more data bases were available through, in part, improvement of health statistics.

Many developing country policy-makers have an increasing understanding of the role of science and technology in socioeconomic development. With the exception of a few countries, however, funds for research are difficult to come by, especially hard currency to import equipment and supplies and for foreign travel.

In some of the centres visited, there was some criticism that Task Forces were more interested in global developmental issues than in local research needs and funded research institutions to support research that was not a high priority to national needs. As a way of ensuring that priorities did not get distorted, it is proposed that more developing country scientists should be involved in Committees making decisions on strategic priorities.

Some of the observed impacts at the country level of the research so far conducted by the Programme have included:

- **Involvement of researchers in national family planning programme decisions.**
- **Training of doctors, nurses, midwives for various population programmes, including contraception methods, counselling, surgical procedures, etc.**
- **Development of laboratory infrastructures for research, some of which have had spinoffs in areas like quality control and sophisticated methods like those needed for investigating and treating infertility**
- **Introduction of new contraceptive methods, such as Norplant[®], monthly injectables and improved intrauterine devices (IUDs), as well as establishment of national data banks for information on reproductive health, etc.**
- **The involvement of Ministry of Health personnel in the formulation of research projects and their implementation as was the case in several countries, e.g. Cameroon and Chile, was instrumental in modifying Ministry of Health policy.**

The Team was impressed that more and increasingly high quality research was being conducted in some of the institutions receiving HRP funds.

The Team looked into the monitoring of projects. In addition to the local monitoring process, it is necessary that the funding agency should also have its monitoring system established. For HRP projects, project planning project reports and visits of consultants provided satisfactory monitoring. Through this process, which was appreciated by many researchers, shortcomings were identified and rectified and any changes in research thrust discussed. The impact of this has been to enhance the skills of researchers, improve the chances of a successful outcome and determine whether funds were being properly utilized or not and what action should be taken.

The other level of monitoring is that of the WHO regional offices which differed in quality from region to region. The Programme could attempt to promote interest in its activities in those regions where involvement is inadequate.

The Team endorses the mechanisms for selecting, planning and implementing research projects involving many scientists from developing countries and the institutional strengthening programme, which have together created a worldwide network in 80 countries of which 54 are developing countries.

The Team recommends that more developing country scientists should be members of Task Forces, since the right calibre of people can now be found in developing countries.

Research funded by HRP should continue to generate more of the data bases required for strategic planning in developing countries. This will become more evident where field, health services and sociological research is better organized.

8. *The Social Sciences in HRP*

Since its inception in 1985 the Task Force on Behavioural and Social Determinants of Fertility Regulation has supported 113 projects from 47 developing countries producing 45 publications (Table 3). There is considerable spread of these projects over countries and institutions. About two thirds of the recipient institutions are university-affiliated. Several of the on-going projects are related to concerns of other Task Forces.

Table 3. Number and distribution of research projects (Task Force on Behavioural and Social Determinants of Fertility Regulation)

Topics/Grants	No. of projects	No. of publications from projects
Contraceptive use dynamics	10	-
Factors affecting contraceptive use	10	3
Contraceptive choice and decision	30 (9 are multicountry)	19
Field studies of new methods	6 (1 is multicountry)	3
Community dynamics and fertility regulation	7	-
Gender roles and reproductive behaviour	1	-
Costs and benefits of contraception	3	-
Health services research in family planning	34	20
Re-entry grants	9	-
Grant for a special study	1 (multicountry)	-
Resources for research grants	2	-
TOTAL	113	45

A review of completed social and behavioural studies undertaken in 12 countries identified five types of impact at country level:

- **Impact on policy**
- **Impact on programme strategies**
- **Contributions to knowledge about acceptability of methods**
- **Improved understanding of connections between family planning and health**
- **Increased awareness of previously "unrecognized" reproductive health problems.**

These results go beyond research capability strengthening, impact on researchers and research institutions and could be considered as examples of "market impact".

Reproductive health research must be placed in its social, cultural and behavioural context. The Team is of the opinion that these aspects must be given greater and more expanded attention in the future. A thrust in the direction of concern with reproductive health rather than narrow fertility regulation should have an impact on all Task Forces, but especially on the Task Force on Social and Behavioural Determinants of Fertility Regulation and that Task Force will have to enlarge its role accordingly.

The Team recommends that the Task Force on Behavioural and Social Determinants of Fertility Regulation, even more than at present, works together with the biomedical aspects of the Programme to fulfil its complementary role and that it also embraces a wider portfolio of social science research; for example, by also including economic research. This will have implications for the RTGs and for the Task Force agenda. Therefore the Team recommends that the Task Force be renamed to reflect its expanded role.

The need to bridge the considerable gap between researchers, policy makers and programme implementors within each country has been observed during site visits and high-lighted in this report. There is also need for greater interaction between social science, epidemiology and biomedical researchers at national level. This may stem from the fact that most of the institutional grantees and all collaborating centres are biomedical institutions. The research projects supported by the HRP Task Force appear to be well networked internationally but it is not clear as to how much they are connected with each other at country level and with biomedical/health/family planning institutions. Availability of social science career structures within the latter institutions and a common understanding of reproductive health problem may serve to facilitate collaboration.

9. Global Impact of the Programme

9.1 The Programme in the UN System

The Programme is the main instrument within the UN system for research in human reproduction. Since 1988 the Programme has been co-sponsored by four international agencies, the United Nations Development Programme, the United Nations Population Fund, the World Health Organization and the International Bank for Reconstruction and Development. WHO is the executing agency and, in addition, the Programme operates within a broad framework of intergovernmental and inter-agency cooperation and participation. From this strategic base, the impact of the Programme on international and national, governmental and non-governmental agencies is assured.

The designation "Special Programme" gives the Programme a status which has been further enhanced by its co-sponsorship by four agencies. The Programme budget is limited only by the extent of the contributions of the donors.

The Team finds that the Programme has taken full advantage of its position within the UN system to collaborate with other UN agencies and to be involved where appropriate in both policy-making and programme implementation.

The composition of the governing, the Policy & Coordination Committee, facilitates direct impact on the major international and national players in the area of research in human reproduction.

The PCC, based on the advice of STAG, takes policy decisions which can result in certain Programme activities having an enhanced global impact, e.g. endorsing the collaboration of the Programme with the Global Programme on AIDS; re-affirmation of its decision that the Programme continue its research in post-ovulatory methods.

9.2 The World Health Organization

The World Health Organization through its governing bodies and administrative structure enables the Programme to provide technical advice and to conduct activities within a framework which facilitates collaboration and minimizes administrative costs. At the World Health Assembly and the Executive Board the review of the Programme activities and the approval of the allocations made from WHO's Regular Budget, brings the work of the Programme to the attention of all Member States.

Through WHO the Programme is able to speak with authority on matters concerning human reproduction and to communicate with member states.

The Team was made aware of many examples of close collaboration between the Division of Family Health and the Programme. The Team endorses this collaboration and encourages the strengthening of collaboration with other Special Programmes and Divisions within WHO.

The regional structure of WHO provides a mechanism by which the Programme may impact on regional and sub-regional groupings of Member States and collaborating agencies and through this means increase the relevance of the Programme's activities in each region. However, at this level the Team was in some instances disappointed at the lack of information about the Programme at Regional Offices, and this was also repeated at country level.

Through WHO's mechanism for distribution of scientific, technical and policy advice the results of the Programme's research work, advisory statements and guidelines are distributed to all Member States. It was therefore surprising to the Team that there were many comments which indicated some dissatisfaction with the present level of impact in this area.

The Team is of the view that the Programme should seek to improve communication with the Regional Directors and to involve appropriate staff members of Regional Offices in programme activities. The designation in each region of a particular officer, by name and post as a focal point is a helpful mechanism that should continue.

9.3 Other Collaborating Agencies

There is universal acceptance of the Programme's role in establishing a basis for worldwide collaboration with other programmes engaged in research and development in human reproduction. There is no doubt that scientists and administrators of these agencies are fully aware of, and are influenced by, the work of the Programme. The impact of the Programme at this level is positive.

The Team recommends that the Director should participate in an expanded collaborative Programme with the IPPF, particularly in the areas of health services research and safety and efficacy of contraceptive methods.

9.4 The Scientists and Institutions

The global impact of the Programme is magnified by the coordinated work of the network of institutions and the collaborative efforts of many scientists. In 1986-87, 152 scientists were involved in the Programme's advisory groups 85 were from developing countries.

The Team was impressed by the structural arrangements which allowed scientists involved in quality research in human reproduction a maximum opportunity to have first hand contact with colleagues and participate in guiding the future progress of research. The scientists were enthusiastic about these meetings and often expressed regret when they ceased to be members of the Committees.

Global impact was further advanced by the wide range of Principal Investigators 392, with 229 from developing countries in 1986-87. The Programme organized 26 seminars, workshops, symposia and training courses and staff of the Programme or scientists funded by the Programme attended 5 national, 7 regional and 31 international meetings. They delivered 51 presentations of the results of research funded by the Programme. The Team concluded that in this area the Programme has had significant impact, not only in a global perspective, but also within countries.

Of some concern to the Team was the obvious handicap of language experienced by scientists who were not able to communicate readily in English.

The Team was impressed with the global impact of the Programme on an extensive network of research institutions through its system of financial support, although only 40 institutions are designated as WHO Collaborating Centres.

It was noted that in at least three countries (India, Mexico and the People's Republic of China) a networking pattern and Task Forces had been established similar to that of the Programme - another positive impact.

Multicentre trials and studies are worthy of special mention, since these are examples of research on a global scale. The impact of these activities is:

- (a) **At national level:**
 - **The experience gained both by epidemiologists, clinicians and laboratory scientists in the preparation of protocols and selection of cohorts for study**
 - **The strict adherence to pre-decided standards**
 - **The setting up or improvement of local reporting systems.**
- (b) **At global level - the large number of persons who can be involved in the study from both developing and developed countries means that the data can be analysed to determine whether results are applicable to all parts of the world.**

9.5 Dissemination of Information

Apart from the large number of published papers in scientific journals, the Team was provided with a list of 58 special publications produced by the Programme. The publication of manuals, technical guidelines (often in collaboration with the Division of Family Health) and reports of advisory groups is a means of making a global impact. However, this does depend upon:

- (a) translation of the text into the official languages (as in the case of "Manual for the Provision of Intrauterine devices (IUDS)" which is in Arabic, English, Chinese, French, Russian and Spanish)
- (b) improving the method of distribution and making the publications more widely available, e.g. to scientific booksellers.

The Team throughout their visits and discussions was constantly aware that information is only percolating down through a narrow network of select persons. Reproductive health is an important aspect of total health and must receive the same media attention as other health issues, such as tobacco or heart disease.

Storage, retrieval and dissemination of research results are essential components of good communication and education. There are at least three levels of communication, viz. communication at the scientific level, that with policy-makers and finally, to the public or beneficiaries of the research. Information dissemination at the first level is well in place, but communication at the policy making stratum is not as well developed.

The problem area for dissemination of results is that covering the public or consumers. The Programme has not made much impact in information, education and communication to the public. It seems essential that HRP should address this issue if indeed results of its excellent research are going to be of maximum benefit to the recipients.

The Programme must take action to create a favourable public image by the dissemination of information about its work and successes in addition to ensuring that advisory pronouncements emanating from the Programme's investigations are distributed to the media in a professional manner.

There is a need to improve the public relations of the Programme:

- (a) to provide accurate, timely information to special interest groups, e.g. women's groups, through articles in appropriate journals and magazines
- (b) to keep the media representatives supplied with material for publication
- (c) to encourage the participation of both new and old donors by creating a favourable public image of the Programme.

The Programme should improve and widen the traditional distribution system of WHO to include the other UN agencies where appropriate, e.g. the Division for the Advancement of Women, UN, Vienna, as well as private book sellers.

Many former members of Task Forces and participants in research projects desire to be kept up to date with their respective Task Force activities; the Team recommends that Task Force managers maintain a list of these scientists and trainees to whom news bulletins and other publications can be sent.

9.6 Ethical Issues

The Team commends the Programme on the positive leadership role taken in the area of ethical issues in family planning.

With respect to ethical issues in the conduct of laboratory research, clinical trials and future developments in human reproduction research, the Team is satisfied that the Programme has elaborated mechanisms to provide the necessary safeguards in these respects.

All protocols for research are reviewed by the Task Force Steering Committee, the Review Group and by the WHO in-house ethical committee (SCRIHS), and in addition, collaborating institutions are required to set up their own ethical committees to monitor research projects within the agreed ethical guidelines. The Team welcomes this mechanism and recommends that the Programme should review from time to time the actual application of the agreed procedures.

10. Introduction and Transfer of New Technology

The term "transfer of technology", used in documents of HRP may have two meanings: first, translating the results of research into practice and second, the transfer of technologies between the countries, north to south, from developed to developing countries, and south to south, among developing countries. Both meanings are valid and both approaches are important for future development of HRP research and the service component of the Programme.

Collaboration of HRP with industry has taken place in different ways:

- (a) Where products are, or were not yet marketed, the Programme has carried out a variety of clinical studies, contributing to the early registration of the product.
- (b) In certain instances, the Programme itself has been responsible for the early research and development and then approached suitable industrial partners to share the product costs.

- (c) Where products are marketed, but comparative data is unavailable, industry has provided compounds and devices for comparative trials.

For the future development of the Programme, the Team considers that the developing countries should be more involved in the cooperation of research institutions with pharmaceutical industries and with the service component of the national human reproduction programme, in the testing and marketing of contraceptive products, manufactured locally.

The Team recommends that UNDP and UNFPA be approached by the Director in order to solicit the assistance of those organizations in the transfer of technology required to develop the commercial infrastructure in developing countries for the manufacture of fertility regulating methods.

11. Impact on Women

The unique role of women in childbearing makes the acceptability, safety and efficacy of fertility regulation a matter for their particular concern. The perspective of women in the identification of potential areas for investigation and possible research should be recognized, and women should be invited to participate in discussions which examine the needs for research in human reproduction.

Many complex factors contribute to the improvement in women's reproductive health and the reduction in maternal mortality, but the impact of the Programme's activities can be clearly identified in some areas.

- (a) **The results of research projects are made known to health service organizations, e.g. Ministries of Health and IPPF, who are responsible for delivering family planning services.**
- (b) **The work of HRP generates information which will allow women to make informed decisions about fertility regulation.**
- (c) **Research projects are being planned which will have particular relevance to women in developing countries. One example is a research initiative to understand why women resort to abortion, even when it is performed in unsafe circumstances.**
- (d) **The epidemic of AIDS has implications for contraceptive choice both for women already infected with HIV or a risk of becoming infected. These problems are being addressed by groups of scientists in collaborative programmes with both GPA and HRP.**

The Programme has had the greatest impact on women and women's health through WHO's pronouncements on the safety and efficacy of particular methods of fertility regulation. However distribution of information has been limited and there are allegations that national authorities do not share the information with women's groups where there are women's groups.

Women scientists, health professionals and administrators have benefitted from HRP, with a resulting positive impact on women's careers. There has been a progressive increase in the percentage of women recipients of training grants from 23% (47 out of 201) in 1972-76 to 41% (60 out of 147) in 1987-88. A breakdown of Principal Investigators by Task Force and sex, shows that 67 out of 309 Principal Investigators (22%) are women.

It may also be said that women have made an impact on HRP. One or more of the four sponsoring agencies may be represented by a woman at Standing Committee meetings. The Chairperson of the PCC for 1988-89 is a woman and there are seven women members of PCC who represent government agencies and NGOs (IPPF). One Task Force manager is a woman and there are six other women of professional level on the staff of the Programme.

The Director should be congratulated on the gradual increase in the number of women scientists who are recipients of training grants and participants in scientific and policy meetings convened by the Programme. The Team urges that this trend be continued vigorously.

The Team noted with approval the inclusion of women as consumers and participants in the policy-making process in a consultation concerned with safety aspects of the development of new methods of fertility and in identification of research trends. There is a need to institutionalize this practice.

Special efforts are required to keep women's groups informed about research findings and modern trends in fertility regulating methods.

The Programme, in giving special attention to the impact of reproductive health on women's wellbeing and socio-economic productivity, with particular reference to adolescent pregnancy, should also continue to give due emphasis to research on male methods of fertility regulation and the causes of male infertility.

12. The Programme in the 90's

The Team congratulates the HRP Secretariat on the document entitled "The Optimal Role of the Special Programme in the 1990s".

The Team supports the view that the Programme has to take into consideration the unmet needs in research in human reproduction, particularly in developing countries, the mandate of the Programme, the Programme's areas of comparative advantage and strength and the availability of resources.

The Team agrees with the Programme's policy that the need for fertility regulation cannot be met in isolation and should best be met within the context of health and development.

The Team welcomes the new initiative taken by the Programme to assist in formulating national research strategies in reproductive health. This exercise will bring together the national components necessary for the improvement of reproductive health to identify priorities, encourage collaborative research and facilitate the speedy transfer and application of research findings at local level. The Team notes that similar initiatives have already taken place in some countries.

The Team endorses the view that research needs in human reproduction will only be effectively met at country level if communication levels are improved between the 'consumers', research and policy-makers. The Team feels that national priorities should be balanced with global research needs in order not to lose the advantages gained by scientists from developing countries by participating in global programmes of research, and multicentre trials.

A more active role is expected of the HRP Secretariat and co-sponsoring agencies in fund raising in the future, in order to meet the growing needs of developing countries collaborating with HRP. The Programme should explore the possibilities for Japanese funding.

The Team endorses the Programme's document on its optimal role in the 1990's as a good strategic framework for the work of the Programme in the next decade.

The Team recommends that the role of the Programme should be reassessed from time to time, but the mandate of the Programme is flexible enough and should not change during the coming years. The Policy and Coordination Committee has the capacity for timely and positive responses to new threats to reproductive health and to developments which require clear policy directives regarding research initiatives. The Team is of the view that this independent body is an essential mechanism in guiding the research policies of the Programme in the future.