

Executive summary

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THE DEPARTMENT

The Department of Reproductive Health and Research (RHR—referred to in this document as “the Department”) sees its mission as “helping people to lead healthy sexual and reproductive lives”. In pursuit of this mission the Department endeavours to strengthen the capacity of countries to enable people to promote and protect their own health and that of their partners as it relates to sexuality and reproduction and to have access to and receive quality reproductive health services when needed.

The Department of Reproductive Health and Research was created in November 1998 by joining the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP—referred to in this document as “the Programme”) and the former WHO Division of Reproductive Health (Technical Support) (RHT). The purpose of bringing these two entities together was to facilitate integration of research and programme development in reproductive health within WHO.

UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP)

The Programme was established in 1972 by WHO. In 1988, the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), and The World Bank joined WHO as the Programme’s cosponsors. The four cosponsoring agencies, together with the major financial contributors and other interested parties, make up the Programme’s governing body, the Policy and Coordination Committee (PCC), which sets policy, assesses progress, and reviews and approves the Programme’s budget and pro-

gramme of work. Broad strategic advice on the Programme’s work is provided by the Scientific and Technical Advisory Group (STAG) (Annex 1). (In 1999, STAG assumed the responsibility for reviewing, and advising on, the work of the whole Department.) The Scientific and Ethical Review Group (SERG) Panel (Annex 2) reviews all projects involving human subjects and research in animals and contributes to ethical debate on matters relating to reproductive health. The Toxicology Panel (Annex 3) is a complementary review body to the SERG Panel. It provides expertise in the evaluation of pharmacokinetic, metabolic, endocrinological, toxicological, teratogenicity, carcinogenicity and mutagenicity studies of drugs or devices developed or studied by the Programme or referred to it for advice. In addition, the Programme has several strategic review committees and specialist panels that advise on detailed research strategies.

PROMOTING FAMILY PLANNING

Research on the development of methods of fertility regulation

The goal in this area is to broaden the choice of methods of fertility regulation for users and potential users by improving existing approaches and technologies and developing entirely new ones. In this endeavour, the Programme continues to collaborate with other funding partners and, in several cases, with the private sector in identifying research and development needs and in designing and executing relevant research in this area. The Programme’s portfolio encompasses work on fertility regulation methods for women and men and ranges from basic research—designed to identify novel and innovative approaches—to clinical trials of improved and new methods in a variety of settings. Behavioural and acceptability research is also conducted, as appropriate.

Selected highlights

- The Programme's work in emergency contraception led to policy changes in many countries: the number of countries in which levonorgestrel has been registered as a method for emergency contraception doubled to 80 in 2001.
- Mifepristone was registered as an emergency contraceptive method in China, as a direct result of research supported by the Programme's collaborative initiative with the Rockefeller Foundation.
- Results from several studies on disturbances in endometrial bleeding resulting from the use of progestogen-only contraceptive methods became available and new studies were planned. Research supported by the Programme has provided stimulus to the US National Institute of Child Health and Human Development (NICHD) and others to support additional work in this area.
- The first Phase III trial of any male hormonal contraceptive method was initiated in China with the study of a monthly androgen-alone injection.
- Investigations of the safety and efficacy of a single dose of levonorgestrel and of the TCU380A intrauterine device (IUD) for emergency contraception were completed. The IUD was 100% effective as a method of emergency contraception when inserted up to 120 hours following unprotected intercourse.
- A new formulation of the prototype hCG immunocontraceptive has shown good potential as a possible single injection method. Animal safety studies are under way and will inform the decision whether to proceed with an application for clinical testing of this novel study product.
- Results confirmed that the once-a-month combined injectable Cyclofem provides effective contraceptive protection when first administered during the first five days of the menstrual cycle; however, the theoretical risk of pregnancy remains low even if it should be initiated as late as day seven of the cycle.
- Studies testing treatments for the irregular vaginal bleeding patterns in Norplant users demonstrated that intermittent administration of mifepristone can offer a significant improvement, while vitamin E offers no benefit.
- The collaborative Initiative between the Programme and the Rockefeller Foundation for basic research in implantation completed its third year. New data obtained on changes that occur at the site and time of implantation were reviewed and potential leads were identified for further development of anti-implantation methods.

- In the area of fertility regulation methods for men, the Programme launched its second initiative in basic science research. It approved three studies on the identification of sperm-specific targets and the regulation of spermatogenesis.
- The methods of hormonal contraception for men as tested to date do not produce significant adverse behavioural effects; men and their partners find these products acceptable.

Research on users' perspectives

Information on users' perspectives is central to informed policy-making, programme development and designing services that are more likely to meet the needs of current and potential users of contraception. This research also provides the basis for developing appropriate evidence-based information, education and communication (IEC) materials that take into account people's attitudes, needs and behaviours.

Selected highlights

- Results from the qualitative phase of a study on pregnancy prevention in the era of HIV/STIs undertaken in Kenya, South Africa, Uganda, United Republic of Tanzania, Zambia and Zimbabwe were compiled and analysed. These provide insights into how individuals make choices about preventing unwanted pregnancy and sexually transmitted infections (STIs).
- In spite of near universal recognition of the condom as a method for preventing HIV/STIs infection and unwanted pregnancy, its use remains low in South Africa. Major barriers continue to inhibit its use despite a high prevalence of HIV in that country.
- Research conducted in collaboration with the University of London School of Hygiene and Tropical Medicine, using data from the Demographic and Health Surveys (DHS), revealed that among married women in 16 low-income countries there was a higher discontinuation of condom use owing to method failure and method-related reasons (e.g. dissatisfaction with the method) compared with the pill (56% versus 41% discontinuing by 12 months of use).
- A *Social Science Policy Brief* highlighting findings from a study in China on the use of emergency contraception was produced and widely disseminated to policy-makers and researchers.
- In a special issue of the *Asia-Pacific Population Journal* results from 14 studies were published. These studies had been conducted in South Asia on topics ranging from antenatal care-seeking behaviour to women's per-

ceptions of sterilization to perceptions of childless couples.

- Research on users' perspectives resulted in 33 publications in national or international journals in 2001.
- Three new projects were launched under a new research initiative on quality of care.

Research on the safety and effectiveness of contraceptives

The overall objectives of research in the area of safety and efficacy of existing methods of fertility regulation are (i) to assess evidence on the safety and effectiveness of different methods of contraception among women and men with particular emphasis on developing countries, and (ii) to address priority unanswered questions on existing methods of fertility regulation when used in developing countries

Selected highlights

- A case-control study completed in New Zealand showed no association between vasectomy and prostate cancer.
- Research completed in three centres in China showed that both medically- and surgically-induced abortions have no adverse effects on the course or outcome of a subsequent pregnancy.
- Research continued on the long-term safety and effectiveness of the levonorgestrel-releasing IUD.
- The main phase of a multicountry study of the contraceptive effectiveness of the female condom was launched.
- Following the publication of results demonstrating that high-frequency users of the spermicide nonoxynol-9 are at increased risk of HIV infection, a consultation was convened on the safety of that compound.

Promoting family planning norms and tools

The Department develops evidence-based norms and tools to help promote family planning and improve the quality of family planning services. These products are designed to encourage providers and health services to make best practices in family planning an integral part of service delivery.

Selected highlights

- Work was under way to establish a comprehensive system for the incorporation of new research findings into the Department's norms and tools in order to ensure that the guidelines are continuously kept up to date and are based on the best available evidence. This system is also being designed to provide rapid feedback to the

research components of the Department regarding any gaps in knowledge identified in the process of implementation of the norms and tools.

- Work was ongoing to develop a package of core materials for promoting family planning. This work includes evidence-based guidelines (*Improving access to quality care in family planning: medical eligibility criteria for contraceptive use* and *The selected practice recommendations for contraceptive use*) as well a guide for clients and providers (*Decision-making tool for family planning clients and providers*).

MAKING PREGNANCY SAFER

The WHO Making Pregnancy Safer initiative seeks to contribute to the Safe Motherhood Initiative by helping to reduce global maternal and perinatal morbidity and mortality. This project has two components. One conducts research and development aimed at providing scientifically sound evidence and evidence-based norms, tools and interventions for action in the field, and the other assists countries in the design and implementation of acceptable and affordable maternal and newborn programmes based on the best evidence available.

Selected highlights (research and development)

- Findings were published from three large randomized controlled trials: the WHO randomized controlled trial for the evaluation of a new antenatal care programme; the WHO multicentre randomized trial of misoprostol in the management of the third stage of labour; and the Latin American randomized controlled trial of mandatory second opinion for reduction of the rate of Caesarean section. Papers were also published on the perceptions of women and of the health care providers and the economic evaluation of the interventions tested in these randomized controlled trials.
- The findings of the WHO antenatal care trial were used to develop a practice manual for the implementation of the new WHO antenatal care model. Plans were developed to disseminate this manual and corresponding supporting documents in order to facilitate the application of the new model at country level.
- Considerable progress was made in the implementation of the ongoing randomized trial to evaluate whether calcium supplementation can prevent pre-eclampsia.
- A trial involving about 10 000 women to evaluate the effectiveness of magnesium sulfate for the prevention of eclampsia was completed in 2001. The findings confirm that the compound is effective in preventing pre-eclampsia.
- The manual *Managing complications in pregnancy and*

childbirth: a guide for midwives and doctors was issued in 2000. In 2001, this manual was promoted for adoption by countries as important reference material for reducing maternal and newborn mortality and morbidity. Various adaptations and translations were in progress.

- A technical review of the *Essential Care Practice Guide for Pregnancy, Childbirth and Newborn Care* was completed and field-testing was started.
- Five existing midwifery training modules were revised and work on two new modules were finalized. Alongside these seven modules, a set of guidelines for strengthening midwifery services was developed.
- In collaboration with WHO's partners in the initiative, work was under way to develop a number of clinical as well as management guides: a guide for managing newborn health problems, standards for newborn care, a planning guide for making pregnancy safer and other management tools, and clinical guidelines for the management of pregnant women with HIV.

Selected highlights (implementation)

- A key aim of the Making Pregnancy Safer initiative has been to integrate the project strategy into the action plans of the WHO Regional Offices. To this end, staff were recruited at the regional and country levels and a project manager was appointed at WHO Headquarters.
- At the country level, the project provided technical and policy support aimed at strengthening government capacities to design and implement effective evidence-based interventions, as well as to identify the necessary processes and actions at the individual, family and community levels to improve maternal and newborn health.
- A draft strategy paper on advocacy and communication was prepared to develop a plan for promoting the Making Pregnancy Safer initiative.

REPRODUCTIVE TRACT INFECTIONS AND SEXUALLY TRANSMITTED INFECTIONS (STIS)

The Department's objectives in this area are to: (i) initiate key epidemiological research on the effectiveness and use of male and female condoms to prevent STIs; (ii) advocate for improved services for the prevention and management of RTIs in reproductive health care settings, including the use of dual protection; (iii) develop vaginal microbicides for prevention of STIs including HIV; (iv) generate key evidence on the acceptability, safety and effectiveness of interventions to prevent mother-to-child transmission of HIV; and (v) assist countries in the planning and implementation of programmes for prevention mother-to-child transmission.

Selected highlights

- A Phase I study on the safety and tolerability of the microbicide cellulose sulfate as a female-controlled method to prevent HIV infection was launched in three centres.
- A revised research strategy was formulated to assess the efficacy and effectiveness of male and female condoms for the prevention of STIs.
- A standardized tool was developed for the collection, recording, analysis and presentation of information on infant feeding patterns in research studies addressing the risk of HIV transmission through breastfeeding.
- A research protocol was developed to assess the safety and effectiveness of combination antiretroviral therapy for the mother during six months of breastfeeding in order to prevent HIV transmission through breast milk compared with a standard short-course antiretroviral prophylactic regimen. By offering care to all immunocompromised HIV-infected women, the protocol is pioneering an approach to a comprehensive care package for the prevention of mother-to-child transmission of HIV. This package places emphasis on the health of the mother in addition to the prevention of HIV infection in infants.
- Clinical guides for the management of pregnant women with HIV infection were developed and field-tested. These guides serve as a best practice model for care in reproductive health settings and for the integration of HIV prevention with pregnancy and delivery care services.
- An Essential Care Practice Guide for the *Management of reproductive tract infections (RTIs) in reproductive health settings* was developed. The guide will assist country and programme managers to select the appropriate screening and treatment strategies for RTI and STI symptoms according to the disease, epidemiology and the level of resources available. It will also provide reproductive health care workers and other caregivers with appropriate models for quality RTI prevention and management services.

UNSAFE ABORTION

The Department's work on abortion generates scientific evidence addressing a range of issues related to the prevention of unsafe abortion and the improvement of the safety of current abortion procedures, including advocacy for best practices. Projects in this area include clinical trials to improve medical abortion procedures, research to better understand the pathways to safe and unsafe abortion, documentation of global and regional levels of unsafe abortion and associated morbidity and mortality, development of guidelines for safe abortion, and the provision of technical support to countries to improve abortion and post-abortion care.

Selected highlights

- A study in Colombo district, Sri Lanka, estimated that 40 out of 1000 women of reproductive age are likely to resort to abortion each year despite it being legally restricted in that country.
- In Matlab, Bangladesh, an area where an integrated family planning and maternal and child health programme has been in operation since 1977, a study investigating the effects of sex preference on contraceptive use, abortion, and fertility concluded that sex preference does not have a strong effect on contraceptive use rates but does have an effect on rates of abortion, especially when the desired number of children is low.
- The Department provided technical assistance for the implementation of a national Comprehensive Abortion Care training programme, which was implemented in two teaching hospitals in Viet Nam.
- A study that compared two dosage regimens (200 mg and 600 mg) of mifepristone (both followed by 1 mg of gemeprost) for medical abortion at 57-63 days' gestation found similar efficacy with both dosages. However, there was a lower frequency of nausea among women who took the lower dose of mifepristone.
- A study was initiated to assess the safety of first-trimester abortions (using manual vacuum aspiration) performed by non-physicians in developing countries. This study, the first of its kind, will compare complications of abortions performed by physicians and non-physicians in South Africa and Viet Nam.
- Core instruments were developed for the study of adolescent sexual risk behaviours (focus group discussion methods, in-depth interview guides and a survey questionnaire) and an annotated bibliography of relevant materials was made available in hard copy. These materials were also published on the Department's web site.
- Findings from several studies were published in such journals as *Reproductive health matters* and the *African journal of reproductive health* and also presented at various international conferences and national and local-level meetings. A synthesis of research findings on sexual relations among young people based on research supported by the Programme was published by the Department as an Occasional Paper.
- Under the operations research project on improving reproductive health services for adolescents in French-speaking African countries, interventions were under preparation in Côte d'Ivoire, Guinea and Senegal, drawing upon findings of baseline surveys conducted earlier in these countries.
- Research projects were also under way on (i) the extent to which hormonal contraception depresses peak bone mass achieved among adolescents, placing them at greater risk of osteoporosis in later life; (ii) factors underlying reports of unusually high levels of lower genital tract infection among pre-adolescents in Mongolia; and (iii) the reproductive health needs of young migrants in the Greater Mekong region.

PROMOTING SEXUAL AND REPRODUCTIVE HEALTH OF ADOLESCENTS

The Department's work on adolescent sexual and reproductive health aims to contribute to healthy sexual development and maturation. Activities are focused on promoting research and developing the evidence base on the sexual health situation and needs of adolescents in developing countries. Related to this are activities intended to strengthen the research capacity of developing country institutions and wide dissemination of findings.

Selected highlights

- Under the social science research initiative on adolescent sexual and reproductive health 33 studies were ongoing in 2001. Nine of these studies were initiated in 2001.
- To strengthen the research capacity of researchers undertaking the above studies three data analysis workshops were conducted involving 34 researchers.
- An agreement was reached with the Mozambican Ministry of Health to review and improve the legal, policy and regulatory aspects of the Making Pregnancy Safer operational plan from a human rights perspective. A generic assessment tool to assist this review was developed.
- Approaches to measuring human rights and their integration into reproductive health programmes and policies were reviewed.

GENDER AND REPRODUCTIVE RIGHTS IN REPRODUCTIVE HEALTH

The objectives of the Department in this area are: (i) to develop and evaluate strategies and mechanisms for promoting gender equality and human rights in reproductive health research, programming and technical support; (ii) to support countries in order to ensure that reproductive programmes and policies respect, protect and fulfil human rights and promote gender equity and equality; and (iii) to ensure that the promotion of gender equity and equality and human rights principles are integrated into the Department's work.

Selected highlights

- An agreement was reached with the Mozambican Ministry of Health to review and improve the legal, policy and regulatory aspects of the Making Pregnancy Safer operational plan from a human rights perspective. A generic assessment tool to assist this review was developed.
- Approaches to measuring human rights and their integration into reproductive health programmes and policies were reviewed.

- A major reference document, *Advancing safe motherhood through human rights* was published and disseminated. Work was started on the preparation of a shorter, “pocket-guide” style summary version.
- A draft monograph on sexual health containing updated definitions and strategies for the promotion of sexual health was elaborated.
- The Department worked closely with UN Human Rights Treaty Bodies in order to foster understanding of key sexual and reproductive health issues for consideration in their monitoring of States Parties reports.
- A three-week training curriculum, *Transforming health systems: gender and rights in reproductive health*, which has already been used successfully in five regional centres was reviewed, finalized and published.
- Technical support was provided for short-course training initiatives with professional associations including the International Confederation of Midwives, the International Federation of Gynecology and Obstetrics, and the Commonwealth Medical Association.

TECHNICAL COOPERATION WITH COUNTRIES

The main objective of the Department's work in this area is to assist countries to enhance their capacity to develop and implement national and regional research and programmatic activities aimed at improving reproductive health.

Selected highlights (general)

- An international consultation was organized in 2001 within the context of a Memorandum of Understanding signed between the Department, the United States Agency for International Development (USAID), and the Population Council's FRONTIERS project. The Memorandum of Understanding is based on the need for operations research to complement normative and basic research as well as the need to develop the capacity of programme managers to demand and use research to improve reproductive health programme operations. The meeting brought together 77 participants, including representatives from international agencies and local and regional organizations involved in reproductive health research and training in the developing world and Central and Eastern Europe.
- The first of a series of planned regional symposia for policy-makers, programme managers and directors of research institutions was held in Nairobi (Kenya) in September 2001 for the African and Eastern Mediterranean regions. Participants made a strong call for more visibility to the pivotal role of reproductive health programmes and services in the ongoing efforts to strengthen national

health systems in the regions. They also stressed the need to improve collaboration between policy-makers, managers and researchers in the development and testing of appropriate models of integrated reproductive health services through operations research.

- Collaboration with WHO Regional Offices focused mainly on supporting regional efforts to promote operations research on a wide range of issues, for example: community-based interventions in maternal health; scaling-up of cervical cancer screening by Visual Inspection with Acetic Acid (VIA); involvement of male adolescents and young adults in reproductive health; and operational strategies, models and tools for client-centred integrated services.
- With support from the Programme and national and international sources, up to 379 research projects have been initiated or are ongoing in the Programme-supported institutions and a total of 524 research articles were published. Furthermore, 388 congress abstracts were presented at national, regional and international scientific in order to disseminate the research results.

TECHNICAL SUPPORT TO COUNTRIES— POLICY AND PROGRAMME ISSUES

In this area, the Department seeks to review, develop and test approaches to the planning and implementation of reproductive health services so as to improve their effectiveness and efficiency. Central to this work is the application and refinement of the Strategic Approach¹ to improving the quality of care of reproductive health services.

Selected highlights

- The first of three regional workshops to promote the use of the Strategic Approach and to train national experts in the implementation of strategic assessments was held in Bolivia. Participants included, among others, senior country policy-makers and programme managers from Bolivia, Chile, Cuba, Guatemala and Paraguay.
- The recommendations of a strategic assessment conducted in China in late 2000 were broadly disseminated to senior policy-makers and programme managers through

¹The Strategic Approach is a three-stage process to assist national-level decision-making to improve the quality of care of reproductive health service. Stage I strategic assessments examine users' needs and perspectives, the available technologies and services, and the capacity of the service delivery system, so as to determine appropriate strategies for improving the quality of care. Stage II involves action research to design and test optimal models for introducing or re-introducing technologies or services. Stage III uses research results and lessons learned in Stage II for policy and programme development and the scaling-up of activities.

several workshops, and provided input to the national five-year plan to improve quality of care and informed choice in the national family planning programme.

- Action research to test interventions emerging from strategic assessments began in the Lao People's Democratic Republic, was ongoing in Ethiopia and Myanmar, and was concluded in Bolivia and Zambia.
- Scaling-up of the tested interventions was under way in Stage III activities in Bolivia, Brazil, Viet Nam and Zambia. The first of a series of meetings was held in Bellagio, Italy, to develop strategies to facilitate more widespread and effective use of small-scale reproductive health service innovations for regional or national policy and programme development.
- The Strategic Approach has continued to be adapted for strategic planning in areas of reproductive health other than family planning: assessments addressing RTIs were conducted in Ghana; maternal health issues were assessed in Guatemala; and abortion was assessed in Romania.
- Journal articles were published describing country experiences with the Strategic Approach. A field guide for implementing strategic assessments was also published. Country experiences and links to relevant publications are now available on the Department's web site.
- A new research initiative to examine the impact of health sector reforms on reproductive health services and outcomes began with the development of a proposal to solicit external funding.

The WHO regions of Africa and Eastern Mediterranean

In the two WHO regions of Africa and the Eastern Mediterranean the main objective of the Department is to build and develop the research capacity of institutions in order to enhance their potential to implement reproductive health research relevant to national and regional needs and to facilitate their participation in the global research effort. In 2001, the Department had collaborative activities with 35 institutions or research groups in 23 countries of the two regions. Five institutions in these countries received Long-term Institutional Development (LID) grants, and three received Resource Maintenance Grants (RMG), while 16 were awarded small grants for library support and the purchase of consumable laboratory supplies. Three centres were preparing for or conducting national reproductive health needs assessments and three others were participating in regional research projects.

Selected highlights

- The pilot phase of the large study on obstetric sequelae

of female genital mutilation was completed and the main phase was initiated in six countries.

- Forty-eight studies were carried out by centres receiving LID grants or RMGs. Six per cent of these projects received financial support from the Programme's capacity building grants, while 73% received support from international agencies other than WHO. The highest number of projects was on maternal health followed by HIV/AIDS and family planning.
- Operations research on improving reproductive health services for adolescents was ongoing in five countries.
- Nine staff members from the eight centres receiving research capacity strengthening support attended courses outside their home countries.
- Workshops and short courses were organized on various themes: research methodology, semenology and ethical issues in reproductive health research.
- Six researchers received a Research Training Grant (RTG).
- Staff from the eight centres served in about 50 different advisory bodies at national, regional and international levels and published 27 research articles in national and international journals.

The WHO region of the Americas

For the Americas region, the main goals for the 2000-2001 biennium were: (i) to continue strengthening research capacity in the Programme-supported collaborating institutions by promoting and supporting the implementation of well-designed research projects in topics relevant to national and regional reproductive health problems; and (ii) to promote the dissemination and utilization of relevant research findings. The Department collaborated with 11 institutions in the region that are engaged in a large number of research projects on topics relevant to regional and national reproductive health problems.

Selected highlights

- The regional social sciences network published 21 newsletters and four bulletins; two final country reports of the regional initiative on men's role in sexual and reproductive health were submitted for review and two others are being finalized.
- The collaborating centres were also involved in projects that address national priorities. During 2000 (the last year for which complete data are available), from the overall number of 132 studies, ten projects (8%) were implemented with support from the Programme's capacity building grants, 52 (39%) with support from national

sources, 19 projects (14%) were supported by other programme areas of the Department and 51 studies (38%) were funded by international agencies other than WHO.

- Fourteen staff from regional centres underwent training outside their home countries and the 11 centres receiving research capacity strengthening support trained in turn 76 professionals and technical staff from other local institutions. Two-hundred and sixteen fellows participated in formal courses and 1480 attended short, group-learning activities such as seminars and workshops organized by the centres.
- Phase 1 of a project entitled "Epididymal proteins that participate in gamete interaction and their potential use for male fertility regulation" was completed; the epididymal protein (protein DE) which mediates gamete fusion was cloned, sequenced and expressed as a functional protein in a prokaryotic system. Several human sperm proteins with a potential role in gamete interaction were also identified.
- During 2000, a total number of 197 research articles (174 original papers and 23 review articles) were published and 56 books and book chapters were authored by staff from the centres receiving research capacity strengthening support.

The WHO regions of South-East Asia and the Western Pacific

The objective of the Department for supporting research capacity strengthening in the WHO regions of South-East Asia and the Western Pacific is to assist countries those regions: (i) to identify their needs in national reproductive health policies and programmes for improving reproductive health, as well as areas where research is required to address these needs; (ii) to build their own capacity to plan, implement, monitor and evaluate reproductive health programmes and to participate in national, regional and global research in accordance with the highest scientific and ethical standards; (iii) to disseminate and apply the results of reproductive health research and to adopt, adapt and implement new and updated norms, standards, tools and approaches; and (iv) to develop strategic approaches to improving the quality of care of reproductive health services. Continued development of relevant skills for enhancing national leadership, priority-setting, advocacy, communication, networking, negotiation, use of research results and partnerships is an integral part of the process.

Selected highlights

- Seven LID grants and four RMGs were awarded to nine countries in the region.
- Fourteen Research Training Grants were awarded to scientists of the region. Twelve of them were trained within the region.
- Two regional joint research programmes were implemented.
- Three national research institutional networks (China, Sri Lanka and Thailand) were established and strengthened.
- Improving the quality of reproductive health care through reproductive health technology introduction was carried out in five countries, namely .
- Several national workshops were held to promote the dissemination, adaptation and use of technical guidance documents.

The WHO region of Europe

The Department's work in the WHO region of Europe is focused on countries of Eastern and Central Europe, the Newly Independent States, and the Central Asian Republics. The main objectives of activities in this region are: (i) to strengthen national capacity in reproductive health research; (ii) to provide scientists of the region training opportunities in reproductive health; and (iii) to assist the WHO Regional Office for Europe in providing technical support to countries in the implementation of their programmes in reproductive health.

Selected highlights

- The first meeting of the Regional Advisory Panel for Eastern Europe, the Newly Independent States and Central Asian Republics was held in September 2001 in Copenhagen, Denmark, following approval of the Panel's establishment by the Programme's Policy and Coordination Committee. Among other things, the Panel reviewed and endorsed the strategy paper prepared by the WHO Regional Office for Europe on sexual and reproductive health for the region. The Panel also endorsed programmes supported by the Department in Central and Eastern Europe on maternal and neonatal health, adolescent sexual and reproductive health, gender mainstreaming and other ongoing research and training projects. Furthermore, the panel recommended that efforts be made to draw attention to the immense reproductive health problems in the region, and that donor agencies should be made aware of them.
- The first joint WHO/Frontiers course on operations research was held in Targu Mures, Romania, in October 2001.

- The first phase of the WHO/UNFPA radiation and reproductive health research project in Semipalatinsk, Kazakhstan, was successfully completed.
- The annual postgraduate course for training in reproductive medicine and biology was held at the WHO Collaborating Centre, University of Geneva, Switzerland. Many physicians from Eastern Europe attend this course.

IMPLEMENTING BEST PRACTICES

The Department is working with its partners to map best practices in reproductive health with a view to developing a strategic systematic approach that will enable health professionals in developing countries to capture, adapt and apply those practices according to local needs.

Selected highlights

- A randomized controlled trial was under way in 40 hospitals in Mexico and Thailand to evaluate whether an active dissemination strategy (involving workshops to promote evidence-based medicine in general and *The WHO reproductive health library* more specifically) would result in changing clinical practices in hospital settings. Baseline data collection on 40 000 women was completed and the intervention phase was started.
- Cochrane systematic reviews were completed on: (i) the effectiveness of integration of vertical programme activities within primary care services; (ii) antihypertensive treatments for mild-moderate pregnancy hypertension; (iii) treatments for iron-deficiency anaemia in pregnancy; and (iv) microbicides for HIV and STI prevention. Several systematic reviews, including those on antenatal care models and prevention of postpartum haemorrhage, were updated.
- There were more than 9000 formal subscribers to *The WHO reproductive health library* (RHL) by the end of 2001, and overall, 24 000 copies were distributed during 2001. In addition to the English and Spanish versions that are already available, work was started on a Chinese edition of RHL.
- RHL continued to become more comprehensive. The No. 4 issue, published in 2001, contains 61 Cochrane reviews and corresponding commentaries.
- In an effort to create a critical mass of health workers knowledgeable about evidence-based health care, a training initiative was initiated jointly with the WHO Regional Office for Africa (AFRO) in that region. The South African Cochrane Centre developed a five-day package for training trainers in evidence-based reproductive health care decision-making. Full-scale implementation of this package will be initiated in 2002 and gradually expanded to other regions.

- Since mid-1999, WHO, the United States Agency for International Development (USAID) and other partner agencies have worked together to develop a systematic approach to support the dissemination, adaptation and utilization (DAU) of technical guidance documents, known as the DAU process. In response to the feedback received from the field, the DAU process was revised in 2001 and renamed the "Implementing Best Practice (IBP) Initiative". All partner agencies came to an agreement on this revised systematic approach and formed a consortium called "The Best Practice Consortium", which will work to facilitate the implementation of best practices in reproductive health.

MONITORING AND EVALUATION

In this area, the Department conducts epidemiological studies to map the burden of reproductive ill-health. Work is also undertaken to promote the use of established indicators to evaluate progress in reproductive health and to develop tools needed to collect data for the indicators.

A programme of activities to map the burden of reproductive ill-health has been initiated. This new work aims to provide epidemiological evidence of the burden of maternal, newborn and reproductive conditions in order to support the implementation of programmes and monitor International Development Goals in reproductive health in developing countries.

Selected highlights

- The protocol for a systematic review of the epidemiology of maternal mortality and morbidities has been developed along with a data extraction form. Data extraction for the review will be initiated in early 2002.
- Global, regional and subregional estimates for the number of births attended by a skilled attendant were developed. These data will be published on the Department's web site in early 2002.
- Revised estimates for global perinatal mortality rate were made in 2001.
- WHO/UNICEF/UNFPA maternal mortality estimates for 1995 and the report of the second interagency meeting on reproductive health indicators were published.
- The global database for anaemia during pregnancy was updated.
- A review of maternal health of immigrant and migrant populations in Europe was conducted. The manuscript will be submitted for publication by early 2002.

COMMUNICATION AND DISSEMINATION OF INFORMATION

Through this area of work, the Department seeks to facilitate access to reproductive health knowledge within and outside the Department.

Selected highlights

- A total of 33 documents were issued and widely disseminated.
- The *Annual technical report 2000* was issued for the first time in interactive CD-ROM format.
- The 4th issue of *The WHO reproductive health library* was issued on CD-ROM in English and Spanish.
- Version 2.0 of the software package ACLUSTER for the design and analysis of cluster randomization trials was released.
- The Department's web site continued to grow and by December 2001 housed some 1600 pages.
- Three workshops were conducted in which 52 scientists were trained in writing scientific papers.
- One workshop was conducted in which 15 scientists, programme managers and policy-makers were trained in communication skills.

- One workshop was conducted to train trainers for teaching scientific writing; 12 senior teachers were trained.

CLINICAL TRIALS AND INFORMATICS SUPPORT

The Clinical Trials and Informatics Support Group of the Department provides statistical and data processing support for all multicentre and some single-centre research projects undertaken by the Programme. The Group also provides support to research capability strengthening in the formulation and execution of institution strengthening policies in biostatistics and data processing. In addition, the Unit provides informatics support to the administration and management area of the Department.

Selected highlights

- Statistical and data entry support was provided for 63 single- and multicentre projects.
- The Group organized and started the editing of 69 Standard Operating Procedures drafted for implementation of WHO's Good Clinical Practice guidelines in all of the Department's research activities.
- Activities were undertaken to strengthen the statistical and data processing capabilities of selected collaborating institutions.

Annex 1

SCIENTIFIC AND TECHNICAL ADVISORY GROUP IN 2001

Members

Lawrence Adeokun, Association for Reproductive and Family Health, Ibadan, Nigeria
 Yagob Y. Al-Mazrou, Assistant Deputy Minister, Ministry of Health, Riyadh, Saudi Arabia
 Robert W. Blum, University of Minnesota, Minneapolis, MN, USA
 John Cleland, London School of Hygiene and Tropical Medicine, University of London, London, United Kingdom
 Jock Findlay, Prince Henry's Institute of Medical Research, Clayton, Australia (*Chairman*)
 Brígida Garcia-Guzman, Centre for Demographic and Urban Studies, Mexico City, Mexico
 Catherine Hankins, McGill University AIDS Center, Montreal, Canada
 Barbara Hulka, University of North Carolina, Chapel Hill, NC, USA (*Vice-chairperson*)
 Sandra Kabir, Population Concern, London, United Kingdom
 Angela Kamara, Regional Prevention of Maternal Mortality Programme, Accra, Ghana
 Hoda Rashad, The American University in Cairo, Cairo, Egypt
 Reijo Vihko, The Academy of Finland, Helsinki, Finland
 Xiao Shaobo, State Family Planning Commission, Beijing, China

	Developing countries		Countries in transition		Developed countries		Totals
	Number	% of total	Number	% of total	Number	% of total	
Members	6	46			7	54	13
Women	3	23			3	23	6
from:							
AFRO	2	8					2
AMRO	1	8			3	23	4
EMRO	2	15					2
EURO					4	30	4
SEARO							
WPRO	1	8			1	8	2

Annex 2

SCIENTIFIC AND ETHICAL REVIEW GROUP PANEL IN 2001

Gordon Ada, John Curtin School of Medical Research, Canberra, Australia
 Abdul-Aziz Al Meshari, King Saud University, Riyadh, Saudi Arabia
 Chai Podhisita, Institute for Population and Social Research, Nakorn Prathom, Thailand
 Jean Cohen, Paris, France
 Rebecca Cook, University of Toronto, Toronto, Canada
 Ian Diamond, University of Southampton, Southampton, United Kingdom
 Dwip Kitayaporn, Mahidol University, Bangkok, Thailand
 Murdoch Elder, Biggar, Lanarkshire, United Kingdom
 Andrea Genazzani, Institute of Obstetrics and Gynaecology, Modena, Italy
 Anna Glasier, Family Planning and Well Woman Services, Edinburgh, United Kingdom
 Ron Gray, Johns Hopkins University, Baltimore, MD, USA
 Kerstin Hagenfeldt, Karolinska Hospital, Stockholm, Sweden (*Chairwoman*)
 Tim Hargreave, Western General Hospital, Edinburgh, United Kingdom
 Roger King, Esher, Surrey, United Kingdom
 Korrie de Koning, Royal Tropical Institute, Amsterdam, the Netherlands
 Fernando Larrea, National Institute of Nutrition, Mexico City, Mexico
 Ruth Macklin, Albert Einstein College of Medicine, Bronx, NY, USA
 Oscar Mateo de Acosta, National Institute of Endocrinology, Havana, Cuba
 Marvellous Mhloyi, Population Studies Center, Harare, Zimbabwe
 Yuji Murata, Osaka University Medical School, Osaka, Japan
 Ngeow Yun Fong, University of Malaya, Kuala Lumpur, Malaysia
 Edith Pantelides, Population Studies Centre, Buenos Aires, Argentina
 Manee Piya-Anant, Siriraj Hospital, Bangkok, Thailand
 Kazuo Satoh, Nihon University School of Medicine, Tokyo, Japan
 Jack Sciarra, Northwestern University Medical School, Chicago, IL, USA
 Carlos Simon, Institute of Infertility, Valencia University, Valencia, Spain
 Carmel Shalev, The Gertner Institute for Health Policy, Tel Hashomer, Israel
 Sonia Tabacova, National Centre of Hygiene, Ecology and Nutrition, Sofia, Bulgaria
 Godfrey B. Tangwa, University of Yaoundé I, Yaoundé, Cameroon
 Zhao Baige, State Family Planning Commission, Beijing, China

	Developing countries		Countries in transition		Developed countries		Totals
	Number	% of total	Number	% of total	Number	% of total	
Members	12	40	1	3	17	57	30
Women	6	20	1	3	5	17	12
from:							
AFRO	2	7					2
AMRO	3	10			4	13	7
EMRO	1	3					1
EURO	1	3	1	3	10	33	12
SEARO	3	10					3
WPRO	2	7			3	10	5

Annex 3

TOXICOLOGY PANEL IN 2001

Colin L. Berry, The London Hospital Medical College, London, United Kingdom

Ranjit R. Chaudhury, National Institute of Immunology, New Delhi, India

Ralph Heywood, The Larches, The Lanes, Huntingdon, United Kingdom

Alex Jordan, Division of Reproductive and Urologic Drug Products, Food and Drug Administration, Rockville, MD, USA

Shirley Price, University of Surrey, Guildford, United Kingdom

Sonia Tabacova, National Centre of Hygiene, Ecology and Nutrition, Sofia, Bulgaria

	Developing countries		Countries in transition		Developed countries		Totals
	Number	% of total	Number	% of total	Number	% of total	
Members	1	17	1	17	4	67	6
Women			1	17	1	17	2
from:							
AFRO							
AMRO					1	17	1
EMRO							
EURO			1	17	3	50	4
SEARO	1	17					1
WPRO							