

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

External evaluation 1990–2002

Executive summary



World Health Organization
Geneva 2003

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Development and Research Training in Human Reproduction
(HRP)

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World Health Organization
Geneva

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External evaluation: 1990–2002

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The members of the External Evaluation Team are responsible for the views expressed in this document.

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If this evaluation has succeeded in providing information that will enable the Programme better to plan for the future, then key to that success were the members of the External Evaluation Monitoring Team (EEMT): Berit Austveg, Chairperson; Elizabeth Lule and Khama Rogo, World Bank; Laura Laski, United Nations Population Fund; Valerie Young, Canadian International Development Agency; and Jean Marie Kasia, Cameroon. WHO input to this group was provided by Tomris Türmen and Carla AbouZahr. In addition to providing advice on the design of the study, the EEMT reviewed and responded to early drafts of the report, and suggested additional information and analysis.

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The evaluation process engaged a large number of individuals from the various governance and advisory groups of HRP, from co-sponsors, collaborating foundations, bilateral organizations and international nongovernmental organizations, as respondents to the email and telephone questionnaires. These inputs were further supplemented by written and verbal responses from a number of key informants in WHO and other organizations.

In addition, a large number of individuals in countries provided input to the information-gathering process, including officials of ministries of health, representatives of research institutions, WHO regional and country office directors and staff, representatives of other collaborating agencies and nongovernmental organizations. The countries visited by the Team were Brazil, China, Egypt, India, Kenya, Mexico, and Senegal. The other countries contacted were: Argentina, Cameroon, Chile, Hungary, Indonesia, Nigeria, Romania, Sudan, Thailand, Tunisia, Uganda, Viet Nam and Zimbabwe.

To all these persons, the Team expresses its heartfelt thanks for their support, guidance and inputs.

PREFACE

This document contains a summary of the external evaluation of the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), conducted in 2002–2003 and covering the period 1990–2002.

The purpose of the evaluation was to assess whether HRP had met, and was continuing to meet, expectations in terms of its mission and objectives. The evaluation was based on an independent review by a group of evaluators selected through an open global tender. It assessed various outputs or HRP products, and included qualitative and quantitative reviews of country reports and information and opinions from key informants. The full external evaluation report is available on request from:

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ACRONYMS USED IN THIS REPORT

DAC	Development Assistance Committee
EEMT	External Evaluation Monitoring Team
EET	External Evaluation Team
EC	emergency contraception
FWCW	Fourth World Conference on Women (Beijing, 1995)
GAP	Gender Advisory Panel
HIV	human immunodeficiency virus
HRP	UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction
ICPD	International Conference on Population and Development (Cairo, 1994)
IG	informant group
IUD	intrauterine device
LID	long-term institutional development
MSH	Management Sciences for Health
NGO	nongovernmental organization
NIS	Newly Independent States (of the former Soviet Union)
OECD	Organisation for Economic Co-operation and Development
PCC	Policy and Coordination Committee
RAP	Regional Advisory Panel
RCS	research capacity strengthening
RHR	Department of Reproductive Health and Research
RHT	Reproductive Health (Technical Support)
RTI	reproductive tract infection
SCIH	Swiss Centre for International Health (of the Swiss Tropical Institute)
SERG	Scientific and Ethical Review Group
STAG	Scientific and Technical Advisory Group
STI	sexually transmitted infection
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
WHO	World Health Organization

ABBREVIATED SUMMARY

The UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) was established by the World Health Organization (WHO) as the main instrument within the United Nations system for the coordination, promotion, conduct and evaluation of international research in human reproduction. The Programme was last evaluated in 1989. The current external evaluation, covering the period 1990–2002, was conducted by Management Sciences for Health (MSH) and the Swiss Centre for International Health (SCIH) of the Swiss Tropical Institute.

The evaluation focused on four key issues: (1) the relevance and effectiveness of HRP-supported research in reproductive health; (2) the dissemination, global use and impact of the results of HRP's reproductive health research; (3) reproductive health research capacity strengthening by HRP and the use and impact of HRP's work at country level; and (4) the HRP governance process, management, administration and efficiency. Conclusions and recommendations are based on document review, citation analysis of selected publications, seven country visits, and input from more than 300 informants, of whom 249 provided detailed information through interviews and email questionnaires. Two thematic case studies (one on emergency contraception and one on mainstreaming gender and women's perspectives) were also performed, which provided further in-depth information on specific aspects of HRP's work.

The overall conclusion was that, during the period 1990–2002, HRP clearly met expectations in terms of its core mission to coordinate, promote, conduct and evaluate international research in reproductive health and achieved its major objectives. The Programme maintained its position as the global leader in generating research results and establishing the scientific consensus needed to advance reproductive health policies and practices, especially for developing countries.

MAJOR CONCLUSIONS AND RECOMMENDATIONS

1. Relevance and effectiveness of HRP-supported research in reproductive health

Conclusions

- HRP was a major contributor to the paradigm shift from family planning and demographic goals to the broader reproductive health agenda, articulated by the International Conference on Population and Development (ICPD), held in Cairo in 1994, and reaffirmed by the Fourth World Conference on Women (FWCW) held in Beijing in 1995. HRP subsequently adjusted its own agenda accordingly.
- HRP incorporated gender concerns and women's perspectives into its work in the early 1990s, and has been a pioneer in this area within both WHO and the international reproductive health community.
- HRP's outputs between 1990 and 2002 are impressive: 485 research studies completed between 1990 and 1997; 2500 publications in peer-reviewed journals between 1990 and 2001; 18 countries using the HRP Strategic Approach; 50–60 countries applying the medical eligibility criteria for contraception; 21 best-practice guides produced; and 34 expert consultations between 1990 and 2002.

- By 2002, emergency contraception (EC) had been registered in 96 countries with 82% of the world's population, compared with only six countries (3% of the world population) in 1995. HRP played a key role in this major global achievement.
- HRP's contribution to global public goods includes its cumulative impact on fertility regulation and on reproductive health, leading to significant public health benefit for women, couples and children throughout the world.
- HRP is uniquely important in supporting the efforts of national health administrations to improve reproductive health. It does this through research, research training, setting of standards and guidelines, and promotion of the use of research results in policy-making and planning. While other organizations carry out some of these functions, none comes close to having the breadth, capacity, prestige and credibility of HRP with its base in WHO, international composition, and links with national governments.
- HRP's reproductive health agenda has grown while its budget has contracted, creating a real challenge for the Programme, its co-sponsors and its governance bodies.

Recommendations

- Given the strengths and comparative advantages of the Programme, it is vital that HRP be strengthened to continue its work and leadership role in reproductive health.
- There is a growing mismatch between the resources available to HRP and its agenda. In the short term, HRP should reduce and focus its research agenda to take account of the current funding situation and trends. However, in the long term, it is important to attract the additional human and financial resources needed to at least restore, and preferably expand, the current functions and activities to better meet the needs and high expectations of stakeholders.
- HRP should continue to work on preventing unsafe abortion, a serious health priority for which international leadership is much needed.

2. Dissemination, global use and impact of the results of HRP's research

Conclusions

- In terms of the ratio of the number of publications produced to the total income of the HRP, the publication process was almost twice as cost-efficient in 2000–2001 as it was in 1990–1991.
- Thanks to the high credibility of the Programme and of WHO in general, HRP's research results have a greater influence on reproductive health policies and standards than the research of any other reproductive health organization.
- The time lag from completion of research to publication of results is sometimes long—HRP lacks the staff and resources to publish research results in a timely fashion.
- HRP has succeeded in addressing some of its earlier weaknesses in information dissemination, such as inadequate communication with the public and ultimate beneficiaries of research. However, dissemination of published results is still considered a rather weak area of HRP's work. HRP does not effectively track the flow of documents from headquarters to the intended users in the field.

Recommendations

- Additional emphasis should be given to electronic communication.
- Some of HRP staff's time should be liberated to increase the availability of staff for analysing and publishing research results in a more timely fashion. This can be accomplished through

more efficient involvement of staff in the governance processes and decentralization of some of the management and monitoring tasks to the regional and country offices.

- HRP should strengthen efforts to follow up dissemination and use of HRP materials in countries (e.g. by conducting periodic surveys, and increasing the involvement of WHO regional and country offices in disseminating HRP materials, ensuring they receive sufficient number of copies).

3. Reproductive health research capacity strengthening by HRP and the use and impact of HRP's work at country level

Conclusions

- Research capacity strengthening is one of HRP's major achievements.
- HRP has created an impressive global research network, particularly in developing countries (123 supported centres in 59 countries in 2000–2001).
- The scientific output of the supported centres, and their participation in collaborative research, increased over the period evaluated.
- Monitoring of research institution capacity and performance is considered a weak aspect of HRP's research capacity strengthening efforts.
- A missed opportunity for HRP is that it does not sufficiently involve WHO regional and country offices in planning, implementing and monitoring activities at the country level.
- The research results of HRP and of supported centres have contributed substantially to shaping national policies and practice.
- HRP/RHR's guidelines and other materials serve as key reference material for governments when they develop or revise policies or programmes in reproductive health.
- The role and limits of responsibility of HRP in terms of how far its mandate reaches into policy-making is not clear to partners and beneficiaries in developing countries.

Recommendations

- HRP should strengthen the monitoring of national research activities through more frequent field visits. In view of the limited staff resources at headquarters, HRP should involve the existing resources and capacities in the WHO regional and country offices to a much greater extent.
- HRP should further strengthen efforts to ensure that research results are known to national and international health policy-makers. Collaboration with health administrations and development agencies at country level should be strengthened and stronger links created between research institutions and these stakeholders.
- The consistent use of the performance indicators developed during the in-depth review of research capacity strengthening¹ will allow HRP to obtain more information on the use and impact of its research. In addition to making the indicators more gender-specific, the evaluation team suggests that the newly established instruments be field-tested before further changes are made.

4. HRP governance process, management, administration and efficiency

Conclusions

- Co-sponsorship of HRP is vital, both for financial reasons and for enhancing global and interorganizational acceptability. Co-sponsorship strengthens the credibility of HRP as the premier international institution active in reproductive health research.

¹ *Report on the In-depth Review of Research Capacity Strengthening by HRP/WHO*. Geneva, World Health Organization, 2002 (WHO/FCH/RHR/02.04).

- The overall management of HRP is considered effective and is appreciated by co-sponsors and donors.
- The governance process is, in general, appreciated by co-sponsors and donors and contributes to broad acceptance and support of HRP.
- The governance and technical review process is a heavy burden on HRP staff, absorbing a substantial part of secretariat work capacity and budget, and slowing down decision-making.
- Total HRP income from all sources has been on a downward trend for the past eight years, despite an expanding set of priorities and activities to be addressed.
- Product development costs are reasonable and resources are used efficiently.

Recommendations

- The co-sponsored status of HRP should be maintained and, if possible, revitalized by making the benefits clearer and more tangible for all partners and for potential new co-sponsors.
- The price of maintaining the governance and advisory bodies is considerable, not so much in direct costs, but in staff time and effort. It is recommended that the number of committee meetings be reduced and, where possible, functions combined.
- HRP should explore the possibility of decentralizing at least some of the administration (for example small-scale grants), as well as certain monitoring functions, to the regional and country offices.
- HRP should help solidify a partnership among all levels of WHO in support of the goals of human reproduction and related research.

MAIN LESSONS LEARNED

1. Developing new reproductive health technologies requires long-term sustained efforts in a wide range of disciplines.
2. HRP's very high international credibility yields important benefits.
3. The WHO bureaucracy and internal communication demands often compromise HRP's effectiveness.
4. HRP staff are well qualified and experienced in science, leadership, and strategic planning, all of which are central to the progress of reproductive health research development and which have contributed to HRP's success to date.
5. Meeting the needs and expectations of many different stakeholders requires skill and resources.
6. It remains a challenge to bridge the gaps between research, policy and action.
7. Reproductive health research capacity strengthening at a national level can be enhanced by supporting and involving a leading reproductive health research centre which will facilitate research capacity strengthening in other centres in the country and take on a catalysing role.
8. HRP's networks of reproductive health research institutions are cost-efficient and unique.
9. The name of the Programme is little known and is not associated with its products.
10. HRP is a unique Programme and the international leader in reproductive health research. It needs to be supported further to enable it to continue its role effectively in response to evolving reproductive health problems and practices.

INTRODUCTION

The Special Programme of Research, Development and Research Training in Human Reproduction (HRP) was established by the World Health Organization (WHO) in 1972, as the main instrument within the United Nations system for the coordination, promotion, conduct and evaluation of international research in human reproduction. HRP is co-sponsored by the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and the World Bank. The Programme was last evaluated in 1989. Since then, there have been a number of key events in the field of reproductive health [notably the International Conference on Population and Development (ICPD), the Fourth World Conference on Women (FWCW) and their follow-up conferences] as well as an internal reorganization within WHO. In light of these factors, the Policy and Coordination Committee (PCC) of HRP commissioned a new external evaluation, which was conducted in 2002–2003 by a six-member external evaluation team (EET),² composed of staff and consultants of Management Sciences for Health and the Swiss Centre for International Health of the Swiss Tropical Institute.

The purpose of the external evaluation was to assess whether the Programme had met—and was continuing to meet—expectations, in terms of its core mission to coordinate, promote, conduct and evaluate research in human reproduction. The objectives of the evaluation were to:

- independently assess the achievements of the Programme since the last external review;
- examine the extent to which the Programme's goals and objectives over the period were achievable;
- review the relevance of the Programme's objectives and functions to future challenges, and make recommendations aimed at optimizing the future role of the Programme.

The evaluation framework (see full report) grouped 10 key questions (see Box 1 on page 12) under four important areas of inquiry:

- the relevance and effectiveness of HRP-supported research in reproductive health;
- the dissemination, global use and impact of the results of HRP research;
- research capacity strengthening by HRP, and use and impact of HRP's work at country level;
- the HRP governance process, management, administration and efficiency.

For each of these categories, further questions were identified according to the criteria, specified by the Development Assistance Committee of the Organisation for Economic Co-operation and Development (OECD/DAC), of relevance, effectiveness, efficiency, impact, and sustainability (see Annex 6 of full report).

² Douglas Huber, MSH (team leader); Claudia Kessler Bodiang, SCIH/STI (co-team leader); Steve Sapirie, MSH; Nicolaus Lorenz, SCIH/STI; Halida Hanum Akhter, MSH consultant; Barbara Pillsbury, MSH consultant.

Box 1. The ten key questions of the evaluation framework

1. What are the unique role, comparative advantage, and added value of HRP within the international reproductive health research community?
2. How effective has HRP's research been in expanding reproductive health knowledge?
3. How relevant are HRP's priority topics to the needs of developing countries, Eastern Europe, the Newly Independent States (NIS), research institutions and scientists?
4. What is the efficiency of the research process supported by HRP?
5. How effective and efficient have been the various dissemination tools used by HRP?
6. How has HRP used its power to convene expert technical consultations to address global reproductive health issues, to establish policy and guidelines, and to influence global conferences through science and evidence-based research results?
7. What difference in health care has the activity made to the beneficiaries of reproductive health research?
8. How has HRP influenced major developments in the field of reproductive health (ICPD and FWCW) in particular, and contributed to international development goals?
9. What are the advantages and disadvantages of co-sponsorship for HRP, WHO and the other co-sponsors, and how sustainable would HRP be without co-sponsorship?
10. How effectively is HRP managing its programmes of research?

METHODS

A variety of different methods were used to collect and analyse both quantitative and qualitative data from a wide range of information sources.

Methods of data collection included:

- review of documents and databases;
- review of information made available by the HRP secretariat on request;
- email survey of four categories of informants (see below);
- in-depth interviews with the four categories of informants by telephone or face-to-face during country visits;
- focused, in-depth interviews with key HRP and RHR staff;
- thematic case studies;
- citation analysis of selected HRP publications.

Overall, opinions and information were elicited from over 300 informants, of whom 249 were formally surveyed, either through an email questionnaire (98 persons) or through interview (151 persons) using one of eight standard questionnaires. For the email survey and the interviews, four distinct informant groups (IGs) contributed to the evaluation:

- IG1: co-sponsors of HRP (including WHO senior management and members of HRP's committees), donor organizations and countries, foundations, international nongovernmental organizations (NGOs), academic institutions and international experts in reproductive health;
- IG2: ministries of health of recipient countries;
- IG3: staff of HRP, the Department of Reproductive Health and Research (RHR), other global programmes of WHO, and regional and country offices;
- IG4: research institutions that had received HRP support, NGOs and development agencies at the national or regional level.

IG2 and IG4 together accounted for roughly half of all respondents. The majority of these respondents came from 20 focus countries, which were selected according to defined criteria. Seven of these countries were visited by members of the EET. In addition, it should be noted that a large number of respondents from IG1 and IG3 were also from developing countries.

DATA ANALYSIS

Details of the data analysis are given in the full report.

MAIN FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

1. Relevance and effectiveness of HRP-supported research in reproductive health

1.1. HRP's research agenda

Findings and conclusions

1 HRP was a major contributor to the paradigm shift from family planning and demographic goals to the broader reproductive health agenda, as articulated by the International Conference on Population and Development (ICPD) held in Cairo in 1994, and reaffirmed by the Fourth World Conference on Women (FWCW) in Beijing in 1995.

2 Since the mid-1990s, HRP's research agenda has broadened and changed appropriately in support of the recommendations of these global conferences. HRP's focus shifted from fertility regulation to a broader reproductive health agenda, including safe motherhood, adolescent reproductive health, sexually transmitted infections (STIs), and reproductive rights. Current activities include clinical, sociobehavioural and epidemiological research; development, identification and elaboration of norms and standards; and advocacy and dissemination of information materials. During the period evaluated, HRP's reproductive health agenda expanded considerably, while its income, adjusted for inflation, contracted by 44% from 1990–1991 to 2000–2001.

3 HRP incorporated gender concerns and women's perspectives into its work in the early 1990s, and has been a leader in this area within both WHO and the broader reproductive health

community. A series of “dialogues” on gender-related topics, organized by HRP, were pioneering in bringing together researchers and women’s health advocates, and were influential in increasing the attention given in reproductive health research to reproductive rights, women’s views and men’s roles. The Gender Advisory Panel and the Gender and Reproductive Rights in Reproductive Health Group are charged with mainstreaming gender concerns and women’s perspectives in all the work of HRP and RHR. The full evaluation report describes a case study on this topic (see Annex 13 of the full report).

4 Asked to rank thematic areas and types of research that should be given more attention by HRP in the future, informants identified the following as priorities: adolescent reproductive health; preventing unsafe abortion; identifying best practices; reproductive tract infection (RTIs) and STIs; and safe motherhood. These responses should be interpreted with some caution. The ranking may help inform, but should not replace, other priority-setting efforts within HRP and its governance bodies. The majority of informants were strongly supportive of HRP’s work on preventing unsafe abortion and urged that it should continue.

Recommendations

- HRP should continue to focus on the existing reproductive health agenda, while prioritizing areas of comparative advantage where it can have most impact. The focus on gender concerns and women’s perspectives as mainstreamed issues for all of the work in HRP and RHR should be maintained.
- In view of the growing mismatch between the resources available to HRP and its agenda, HRP should, in the short term, reduce and focus its research agenda to take account of the current funding constraints. However, in the long term, it is important to attract the additional human and financial resources needed to at least restore HRP’s current functions and level of activity.
- HRP should consider reducing work in some areas being researched by many others, such as some topics in social science research. HRP may be more effective by serving as a coordinator and strategic guide for social science research conducted by others, rather than trying to cover too many areas of research itself.
- HRP should continue to do research on preventing unsafe abortion. Few other organizations are active in this field, and none can provide the international leadership of HRP.

1.2 Major outputs and achievements

Findings and conclusions

5 In general, HRP has effectively conducted and managed an ambitious reproductive health research agenda. The outputs from 1990 to 2002 are impressive (see Table 1).

6 HRP has produced a large number of high-quality research results, developed and assessed fertility regulation technologies, and produced many publications promoting family planning norms and essential care practices in reproductive health. Numerous examples of HRP’s outputs are mentioned in the full report. Emergency contraception (EC) is described in detail as a particularly successful example (see Annex 14 of full report). EC has spread, from being registered in only six European countries with 3% of the world population in 1995, to 96 countries with over 5 billion people (82% of the world population) in 2002. HRP had a central role in this success through its research, its partnership with other reproductive health agencies

Table 1. HRP outputs between 1990 and 2002

Output	Number
Studies on high-priority reproductive health problems (1990-1997)	485 completed
Publications in peer-reviewed journals	2500
Other publications	300
Countries in which HRP's Strategic Approach to the Introduction of Fertility Regulation Technologies has been introduced and adapted (1993-2002)	18
Guides on essential care practices for reproductive health services	21
Countries applying medical eligibility criteria for contraception	50-60
Expert consultations and proceedings	34

and industry, development of service guidelines, introduction of EC in countries, and its many professional presentations and publications.

7 The informants in this evaluation and the EET acknowledge HRP's effectiveness in advancing reproductive health knowledge and promoting reproductive health as a global priority. HRP's contributions to global public goods include its cumulative impact on fertility regulation and reproductive health, leading to significant public health benefit for women, couples and children throughout the world. For example, HRP-supported research in China showed that copper-T intrauterine devices (IUDs) were more effective and safer than stainless steel ring IUDs. The resulting shift to the copper device is estimated to have averted 36 million abortions in China, the cost to HRP being about US\$ 0.04 per abortion averted. An estimated 51 000 abortions were averted in the USA as a result of EC use in 2000 alone.

8 HRP comes close to its objective of allocating two-thirds of its resources to global research and one-third to national research and capacity strengthening. The vast majority of informants believed that HRP should allocate most of its resources to research rather than the application of research results. The majority of informants from co-sponsors and donors considered that HRP uses its resources efficiently, which is confirmed by the number of completed studies and publications in relation to cost and the Programme's total income. Productivity has remained high in the face of declining budgets. However, there are limits to the ability to increase efficiency while maintaining the quality of work. HRP's agenda has reached a stage where additional resources are needed to maintain the same level of productivity.

Recommendations

- HRP should continue to focus on global public goods, and should try to document the contribution of its work to global public health. As a measure of efficiency, the cost to HRP of its contribution to health outcomes should be calculated. Estimates and projections of abortions averted, unwanted pregnancies prevented, and improved reproductive health through more effective contraceptive methods, emergency contraception, and

service guidelines will help to demonstrate HRP's important contributions and cost-efficiency.

- HRP should continue to seek to improve accessibility and effective use of EC in countries where it is introduced, rather than developing new and better EC products. It is important to strengthen collaboration with industry and NGOs to foster improved access and use.
- The monograph on policy and technical guidance for safe abortion services should be finalized. Many are eagerly awaiting its publication.

1.3 Priority-setting and relevance of HRP's research agenda

Findings and conclusions

9 HRP has developed and continues to improve a rigorous and systematic approach to priority-setting, which deserves praise for its attempts to balance all relevant interests (gender, geographical representation, etc.). The EET reviewed the entire process and products of priority-setting carried out for the period 1998–2003. However, HRP was still developing the process, which is now applied across RHR to both research and non-research activities. The responses to questions on the priority-setting process were related to the period 1998–2003. While the process tends to be cumbersome, bureaucratic, and time-consuming, most stakeholders considered it appropriate for a scientific body that strives for high standards of objectivity and relevance. However, in the opinion of the EET, the process has led to a disproportionately large number of priorities and an overly ambitious agenda. HRP is currently addressing this issue.

10 While the influence of developing countries on priority-setting is perceived to be rather limited, the informants assessed HRP's agenda and the actual outcomes as very relevant to developing countries' needs.

11 Respondents expressed a general feeling that donors have extensive influence over the priority-setting process. However, it was also noted that individual donors often have different interests and priorities, which serves to diffuse their influence.

12 Countries in Eastern Europe and the Newly Independent States (NIS) have specific reproductive health research needs that may not be met by HRP outputs. Still, informants from Eastern Europe viewed research on medical abortion, emergency contraception, medical eligibility criteria for contraceptives, and monthly injectables as useful for their countries. There is a need to adapt the presentation of information to the specific needs and expectations of these countries and to translate materials into local languages.

Recommendations

- Developing country stakeholders should be more involved in the priority-setting process. WHO regional offices should be more proactively engaged in reflecting national and regional priorities for reproductive health research.
- HRP should translate more of its publications and manuals into Russian, and create reports, guidelines, manuals, and other publications that address the specific needs of countries in Eastern Europe and the NIS. It is especially important to support the broad introduction and availability of the full spectrum of contraceptives in order to reduce the continuing high abortion rates. The WHO Regional Office for Europe should be invited to participate in this effort.

1.4 HRP's strengths, weaknesses and comparative advantages

Findings and conclusions

13 HRP's convening power is one of its most important comparative advantages. HRP manages to conduct very cost-effective technical consultations, since many partner organizations and experts are eager to participate in these important activities, often at their own expense.

14 HRP is recognized as having highly professional and capable research staff. Scientists are generally eager to collaborate with WHO, which is seen as the most important world body in health. As part of WHO, HRP is able to attract the best experts from around the world to collaborate in the Programme's activities.

15 Some of HRP's perceived weaknesses—an insufficient level of collaboration with WHO regional and country offices, a need for more consistent collaboration with ministries of health, and an excessive amount of staff time spent on committee work—are covered in sections 3 and 4 of this summary.

16 An important comparative advantage of HRP is that it is seen as a neutral scientific body with wide sponsorship and no ties to the policies of any single country. It is therefore in a position to conduct valued research on sensitive issues, such as adolescent sexuality and reproductive health.

17 HRP is uniquely important as the international leader supporting the efforts of national health administrations to improve reproductive health. It does this through research, research training, setting of standards and guidelines, and promotion of the use of research results in policy-making and planning. While other organizations carry out some similar functions, none comes close to having the breadth, capacity, prestige and credibility of HRP, with its base in WHO, international composition, and links with national governments.

Recommendations

- The convening power of HRP, in conjunction with RHR and WHO as a whole, represents one of the Programme's major strengths and should be valued as an effective and efficient way of advancing reproductive health knowledge, establishing guidelines and policy, and influencing practices.
- HRP should make its products and achievements more widely known and visible to both donors and the larger international public health community. The focus should be on global public goods and documentation of how HRP's work has benefited the reproductive health of individuals.

2. Dissemination, global use and impact of the results of HRP's research

Findings and conclusions

18 HRP scientific publications have become more cost-efficient over the past 10 years, as reflected by the simple indicator of the output of publications in relation to the total income of HRP. The number of publications per year has been maintained in spite of a 44% decline in HRP income (adjusted for inflation) between 1990–1991 and 2000–2001. Comparing these two biennia, the ratio of publications to income almost doubled.

19 HRP publications have reflected the change in research subject matter over the past 12 years, with a decline in publications on fertility regulation and an increase in those on other reproductive health topics. This is in keeping with the shift in HRP's own research agenda after ICPD to a broader emphasis on a wide range of reproductive health issues.

20 HRP has succeeded in addressing some of the weaknesses in information dissemination identified in the 1989 external evaluation, such as inadequate communication with the public and ultimate beneficiaries of research. However, dissemination of published results is still considered a rather weak area of HRP's work. Some researchers feel the time lag from completion of research to publication of results is too long. They do not fault the efforts of HRP staff but, rather, point to the high workload and the multiple demands on staff time and resources, which make it difficult to analyse and publish findings on a timely basis. HRP still does not effectively track the flow of documents from headquarters to the end-users and, in some cases, materials have not reached the intended users.

21 To assess the effectiveness of HRP's dissemination efforts, a bibliometric analysis was carried out of the *WHO laboratory manual for the examination of human semen and sperm-cervical mucus interaction*, first published in 1980, and other selected HRP publications. The WHO semen manual appears to be established as the world authority in its field. Since it was first published, it has been cited 2384 times in scientific journal articles, compared with only 79 citations for the next most widely cited manual on this topic.³ While the WHO manual has been in print longer than the manual by Mortimer, which was published in 1994, the 30-fold greater number of citations is strong evidence that the WHO manual is truly the global standard. It was also found that citations of three articles on EC published in *Lancet* were approximately twice the journal average and about 5–7 times the average for clinical medicine articles.

22 WHO regional and country offices are not greatly involved in disseminating reproductive health research results. Decisions about dissemination are centralized in HRP. Staff of regional and country offices are not given guidance about HRP's expectations or their role in the process, and do not receive sufficient copies for distribution.

23 As noted above, HRP has a very strong and effective convening power. HRP staff input is often sought for international conferences and meetings organized by various UN bodies.

24 Most informants viewed the linking of RHT and HRP in the new Department of RHR as having a positive effect on the dissemination efforts of HRP. The merger permits closer collaboration between colleagues, and facilitates the application of research results to policy and practice. HRP research results are reported to have a greater influence on reproductive health standards and practices than the research output of any other reproductive health organization. This is thought to be due to the credibility and stature of HRP in the reproductive health community and HRP's strong reputation with governments and researchers.

Recommendations

- HRP should continue to seek publication in the most widely read journals, such as *Lancet* and *New England journal of medicine*. HRP articles in these journals are widely cited and there are good indications that the research results are widely used.
- Additional emphasis should be given to the use of the Internet and other electronic communication for wider and faster dissemination. The HRP Web site should be upgraded and consideration should be given to making scientific articles available

³ Mortimer D. *Practical laboratory andrology*. New York, Oxford University Press, 1994.

through email updates (the email model used by the Alan Guttmacher Institute is worth assessing in this regard).

- Some of HRP staff's time should be liberated to increase the availability of staff for analysing and publishing research results in a more timely fashion. This can be accomplished through more efficient involvement of staff in the governance processes and decentralization of some of the management and monitoring tasks to regional and country offices.
- HRP should expand translation of results and materials into languages other than English.
- HRP should strengthen efforts to follow up dissemination and use of HRP materials in countries. HRP could consider conducting periodic surveys to assess the proportion of intended beneficiaries who actually receive their copy and to explore the reasons for delays in the process.
- Adequate numbers of copies of publications should be made available to the regional and country offices for local and national distribution and the involvement of these offices in disseminating HRP materials at the country level should be increased.

3. Reproductive health research capacity strengthening by HRP and the use and impact of HRP's work at country level

3.1 Reproductive health research capacity strengthening

Findings and conclusions

25 Despite a continuing decline in the budgets available for research capacity strengthening (RCS) efforts over the period covered by the evaluation, HRP has succeeded in creating an impressive global research network, particularly in developing countries. The network includes more than 120 supported institutions in nearly 60 countries in all six WHO regions. Thanks to the efforts of HRP and others, previously neglected regions, such as francophone Africa, today have a body of competent researchers in reproductive health. The informants and evaluators consider HRP's RCS efforts as one of the Programme's major achievements. Beneficiaries, partners and donors of HRP alike greatly appreciate these efforts.

26 The In-depth Review of Research Capacity Strengthening by HRP/WHO, carried out in 2000, showed that the scientific output from research centres supported by HRP significantly increased between 1990–1994 and 1995–1998 (Table 2).

27 Following the In-depth Review, HRP acted promptly on many of the recommendations made (e.g., revision of reporting forms and development of new indicators for monitoring RCS) and undertook considerable efforts to disseminate the findings of the review. However, among the heads of national research centres and health administrations in the countries concerned, awareness of the findings is still low. No significant action has been taken yet at the country level in response to the review.

28 Monitoring is considered a weak aspect of HRP's RCS efforts. There is not enough capacity to conduct a sufficient number of site visits. HRP feedback to national institutions and

Table 2. Overall output of recipients of long-term institutional development (LID) grants, by period

Output	1990–1994	1995–1998	Difference (%)
Project-years	2 871	1 989	-30
Staff trained abroad	287	211	-25
Female staff trained abroad	34	57	+68
Training conducted at the centre (no. of trainees)	30 527	42 717	+40
Publications and presentations	3 178	3 423	+8

Source: *Report on the In-depth Review of Research Capacity Strengthening by HRP/WHO*. Geneva, World Health Organization, 2002 (WHO/FCH/RHR/02.04).

health administrations is insufficient. In some cases, there is poor communication between headquarters staff involved in the collaboration with a given country. HRP's inadequate involvement of reproductive health advisers and other WHO country office staff is a missed opportunity for enhancing follow-up and support to research institutions that have benefited from capacity strengthening.

29 There is a wide range of beneficiaries of the products (research results, training, publications, technical assistance, etc.) generated by the supported research centres. The research centres that benefited from HRP's RCS efforts have contributed substantially to shaping national policies and programmes in their countries. However, in some cases, the links between these centres and their health administration are considered weak.

30 Centres that received a LID grant subsequently participated significantly more in regional and international collaborative research.

31 The effect of capacity strengthening on the institutions that have received a LID grant has generally been sustainable. Being associated with HRP, and thus WHO, greatly helped the institutions to attract additional funding and to diversify their sources. The indirect effect on the credibility and reputation of these institutions is judged as important as, or even more important than, the actual funding of research.

Recommendations

- HRP should continue to consider RCS as a priority and to allocate funds accordingly.
- HRP's area managers should systematically address the findings of the In-depth Review of Research Capacity Strengthening when visiting countries, and discuss with the health administration and the research centres the most urgent and feasible actions to take and mechanisms for monitoring these actions.
- HRP should strengthen the monitoring of actual national research activities through more frequent field visits. In view of the limited staff resources at headquarters, HRP should involve the existing resources and capacities in the WHO regional and country

offices to a much greater extent. Some capacity building may be necessary to enable these colleagues to adequately fulfil their role. Such a move could also greatly enhance the visibility of HRP's work in the countries and regions and promote a better uptake of research results into policy and practice.

- Research centres that receive HRP support should strengthen their links to the national health administration. HRP should follow up with the research institutions, and help them both to disseminate results and to feed them into policy reforms and practice.

3.2 Use and impact of HRP's work at country level

Findings and conclusions

32 In addition to the effect of capacity strengthening on the scientific output of research institutions, HRP's global efforts have greatly influenced policy-making and contributed to shaping practice at the country level. The great majority of developing countries use HRP's global research results, publications, and guidelines and have benefited from new or improved technologies and strategies in contraception and reproductive health.

33 The impact of HRP cannot be isolated from that of RHT and RHR in general, beyond the level of primary outcome. The observed effects are multifactorial and many other national and international stakeholders have contributed along with HRP. Major highlights of HRP's efforts contributing to change in policy and practice at the country level include the widespread adoption of the medical eligibility criteria for contraceptive use, the introduction of the HRP Strategic Approach, the success of emergency contraception, and increased awareness and policy and programme changes in the fields of adolescent reproductive health, prevention of unsafe abortion and the Making Pregnancy Safer Initiative. HRP/RHR's guidelines and other materials serve as key references ("gold standards") for governments when they develop or revise policies or programmes in reproductive health. Potential users actively look for and use these materials.

34 In developing countries, HRP's RCS actions have led to an improved understanding of local constraints to reproductive health and of strategies for improving reproductive health. HRP has, thus, clearly achieved its intended primary outcome.

35 The role and limits of responsibility of HRP in terms of how far its mandate reaches into policy-making is not clear to partners and beneficiaries in developing countries.

36 Because impact in terms of improved health status is extremely multifactorial, it is difficult to measure HRP's contribution. Today, in developing countries, about 55% of couples use contraceptives, compared with only 9% nearly 50 years ago. Much of the increase reflects the greater availability of reliable contraceptive methods and the efforts to promote the use of these methods. While it is not possible to quantify HRP's contribution to that success, it can certainly be said that HRP has played a significant role in achieving it. Kenya, for example, looks back on over 20 years of collaboration with HRP, and Kenyan informants acknowledge a considerable contribution from HRP to the drastic lowering of total fertility rates in the country over this period, resulting in a substantial decrease in population growth rate.

Recommendations

- HRP area managers should share the "HRP conceptual framework for reproductive health research" (see Annex 1) with as many stakeholders as possible at the country

level, including WHO country representatives, partner research institutions, ministries of health and representatives of development agencies. More transparency about HRP's role and clarity about the limits of its mandate can help to avoid unrealistic expectations regarding getting research into policy.

- HRP should further strengthen efforts to ensure that research results are known to the policy-makers. The following actions could provide further assistance to countries in shaping policies and practice:
 - a) address the recommendations in Section 2 regarding dissemination and in Section 3 regarding research capacity strengthening;
 - b) strengthen technical support by HRP staff and the country office reproductive health advisers to ministries of health, development agencies and NGOs at the country level to help them make better use of HRP's outputs;
 - c) improve follow-up of research results into the implementation stage (HRP staff, country office reproductive health advisers and supported research institutions); increase activities that bring together researchers, policy-makers, programme managers and HRP staff.
- HRP's work in the International Consortium on Emergency Contraception could be a best-practice model for successfully introducing research into policy at the national level (see case study in Annex 14 of full report).
- In order to measure the effectiveness of its work, HRP should continue to focus on monitoring outputs and outcomes, rather than ultimate change in health status. The newly established instruments and indicators will help HRP to improve the monitoring of its contribution. The consistent use of the performance indicators developed during the In-depth Review of Research Capacity Strengthening by HRP/WHO⁴, will allow HRP to obtain more information on the use and impact of its research. Apart from making the indicators more gender-specific, as mentioned below, the EET does not suggest changing the newly established list of indicators at this moment.
- Where relevant, indicators should be consistently disaggregated by sex to help follow trends towards improved gender equity.
- After 2–3 years of experience in applying the new indicators, their usefulness and relevance should be assessed by HRP and the supported research centres. At that moment, the inclusion of some of the indicators proposed by the Dutch Council for Medical Sciences to measure the societal impact of applied health research could be discussed.
- Considerable capacity building in research partner institutions on the use of the newly developed instruments should accompany the introduction of these monitoring tools.

⁴ *Report on the In-depth Review of Research Capacity Strengthening by HRP/WHO*. Geneva, World Health Organization, 2002 (WHO/FCH/RHR/02.04), Annex 1.

4. HRP governance process, management, administration and efficiency

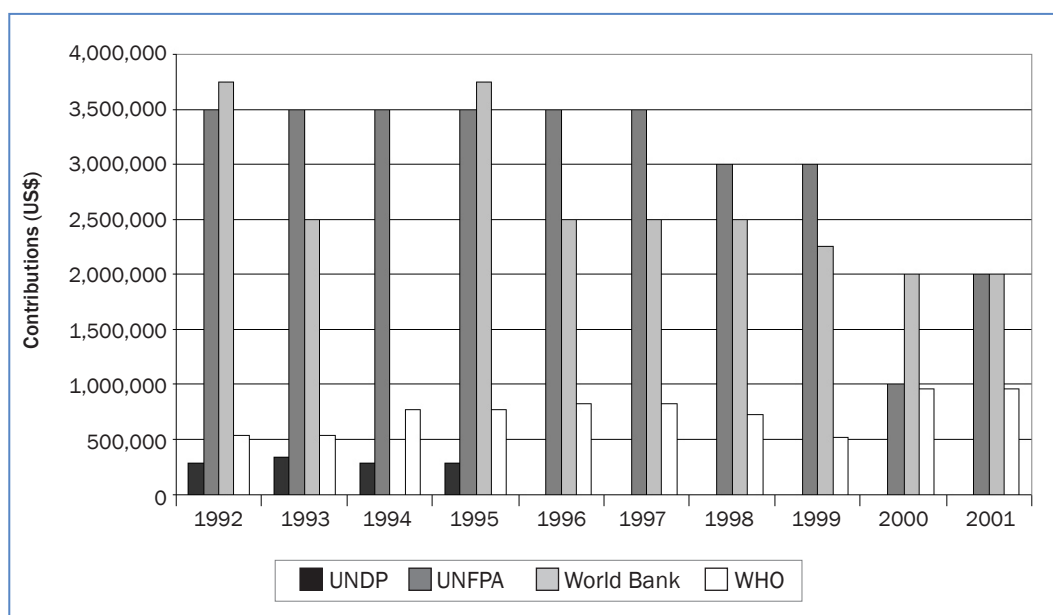
4.1 Co-sponsorship

Findings and conclusions

37 UNDP, UNFPA and the World Bank joined WHO as co-sponsors of HRP in 1988. A Memorandum on the Administrative Structure of the Special Programme of Research, Development and Research Training in Human Reproduction forms the legal basis for the co-sponsorship relationship. Co-sponsorship is an expression of commitment of the co-sponsors to support the Programme, but is not a legal commitment. One co-sponsor, UNDP, has not been active for several years.

38 The total contributions from the co-sponsors account, on average, for about 33% of HRP's total financial resources (ranging from 24% to 41% over the past 14 years, or an average of about US\$ 6.25 million per year). Both the absolute amount and the proportion of the HRP budget that they represent have been declining over the past seven years (from US\$ 8.3 million to US\$ 4.3 million, and from 41% to 28% of the total budget) (Fig. 1).

Fig. 1. Contributions of co-sponsors to HRP, 1992–2001



39 The co-sponsors generally have confidence in the expertise and management capability of HRP, a confidence that is shared by other donors and beneficiary countries and institutions. Representatives of the co-sponsors are satisfied with the support and guidance they are able to give to the Programme and the reception by HRP. Much of the co-sponsor input to the management of HRP occurs either informally or during the periodic meetings of the Standing Committee, a body comprised of representatives of each of the co-sponsors.

40 Co-sponsorship is vital, both for financial reasons and for enhancing global and interorganizational acceptability. Co-sponsorship strengthens the credibility of HRP as the

premier international institution active in reproductive health research. Without co-sponsorship HRP would risk losing its ability to function at a meaningful level. Both the amount of work done, as well as HRP's position as a world leader in conducting reproductive health research and producing guidelines, would be threatened.

Recommendations

- The co-sponsored status of HRP should be maintained and, if possible, revitalized by making the benefits clearer and more tangible for all partners and for potential new co-sponsors.
- Considering that the HRP agenda has been continuously expanding, but without a commensurate growth of financial support, HRP might be well advised to expand its active funding base beyond the current set of donors to include a broader array of foundations and government institutions, and to seek to generate revenue from product development.
- Co-sponsoring of the whole of RHR is not a recommended option, and is not an attractive alternative for WHO.

4.2 The HRP governance process

Findings and conclusions

41 The governance and advisory bodies of HRP are the Policy and Coordination Committee (PCC), the Standing Committee, the Scientific and Technical Advisory Group (STAG), the Scientific and Ethical Review Group (SERG), Regional Advisory Panels (RAPs) and the Gender Advisory Panel (GAP). The governance and review process is, in general, appreciated by co-sponsors, donors, and beneficiary countries. It contributes to the widespread feeling of ownership by all stakeholders and is, at least in part, responsible for the broad technical and political acceptance of and support for HRP. There is also a perception that the governance and guidance process by the various committees contributes to the continuing commitment by donors and developing countries to the support of reproductive health research.

42 The governance and review process is a heavy burden on HRP management, absorbing a substantial part of secretariat work capacity and budget and slowing down decision-making.

43 The guidance and review process is very participative. However, because of the complexity of the processes and the need for extensive secretariat management and direction, the degree of influence of the secretariat on the deliberations and recommendations of the various committees is high. For some areas, such as research priority-setting, this influence may be appropriate given the expertise of the HRP staff. Nevertheless, the process could be simplified, and emphasis shifted to the important oversight functions.

Recommendations

- The price to be paid in maintaining the governance, advisory, and review committees is considerable, not so much in direct costs, but in staff time and effort. Steps are needed to reduce the numbers of committee meetings and of participants and, where possible, to combine functions and increase the efficiency of the deliberations.
- The RAPs should continue and should be strengthened; more direct involvement by regional office reproductive health staff should be encouraged.

- The members of HRP’s broadly supported advisory bodies, particularly the PCC and STAG, should contribute more to reproductive health advocacy at international events.

4.3 HRP management: programme effectiveness and efficiency

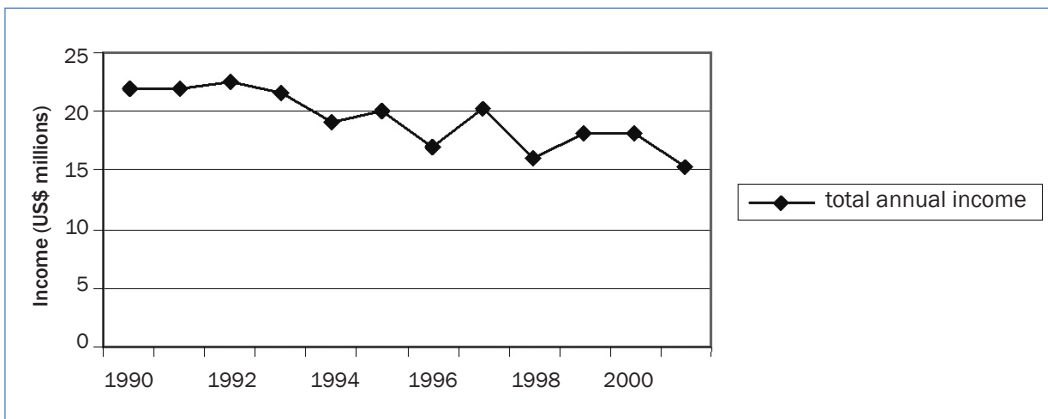
Findings and conclusions

44 The overall management of HRP is considered effective and is obviously appreciated by co-sponsors and donors. However, new WHO regulations (for example, not more than 50% advance payment on any contract) have made the administration and implementation of the Programme more complicated. The highly centralized management and administration puts a heavy burden on HRP staff and lengthens the time required to process and issue grants. The administration of programme delivery is slow and heavy, and the time between receipt of a grant application and the start of implementation can be as much as a year.

45 Financial monitoring, using the HRP planning and monitoring system, is very good; however, the monitoring of research progress, results, and product development has some weaknesses. This is partly because of the large number of projects and products to be managed, the limited number of staff, the cumbersome administrative procedures, and the time lag in translating and producing technical reports.

46 Total HRP income from all sources has been on a downward trend for the past eight years (Fig. 2).

Fig. 2. Total annual income of HRP, 1990–2001



47 The contributions of donating Member States have been significant since HRP was first established, although the relative importance of this source has been declining as a percentage of the total contributions. The number of foundations contributing to HRP has varied from year to year but overall is gradually increasing. The percentage of total income represented by this source has increased from 5% to 22% in the past 12 years. Interest and royalties from certain products have become important sources of income in recent years and could be even more important in the future.

48 The total number of general service (GS) and professional (P) fixed-term staff funded under the HRP budget has gradually declined. There are currently approximately equal numbers

of GS and P staff. An increasing number of temporary staff have been employed as a result of the insecure funding situation, leading to some instability in the performance of the Programme.

Recommendations

- HRP should explore the possibility of decentralizing at least some of the administration (for example, small-scale grants), as well as certain monitoring functions, to the regional and country levels.
- Grant-processing procedures should be made more efficient and rapid.
- HRP should continue to explore additional sources of income, such as increased contributions from foundations, public/private partnerships, etc. By improving procedures and efficiency and by increasing the focus on priorities within the agenda to better respond to available resources, HRP should be able to fulfil its mandate in a better and more efficient way, even in times of funding constraints.

4.4 WHO internal and external cooperation and collaboration of HRP

Findings and conclusions

49 The insufficient involvement of WHO regional and country office staff in the work of HRP is a major missed opportunity. There is little involvement of regional and country offices in any aspect of HRP planning, implementation or management, including promulgation of research results. Knowledge about HRP in country offices is minimal. Sometimes HRP involvement and support are not even mentioned in country programme reports. By inadequately involving the regional and country offices, HRP forfeits their potential contributions to the implementation of its strategies and effective use of its products. There is great potential for interagency sharing of research information at the country level, which is not currently being realized. All this being said, regional and country offices have limited capacity to deal more extensively with HRP work.

50 Collaboration and coordination by HRP with other UN agencies, beneficiary countries and reproductive health research institutions is effective—perhaps more so than its coordination with other programmes and offices within WHO.

Recommendations

- HRP staff should become more familiar with and involved in the operations of WHO at other levels; similarly, these other levels, particularly the regional offices, should be more informed about the work of HRP. Staff exchanges and rotation should be introduced between headquarters and other operational levels, particularly the regional offices, possibly as part of a new career development scheme. Some external donor support could be earmarked for regional positions, and staff from headquarters could be rotated through these positions. In addition, some donors may be interested in funding, or seconding, staff to work in regional and country offices in support of reproductive health, including HRP activities.
- The ultimate objective is to solidify a partnership among all levels of the Organization in support of the goals of human reproduction and related research. This means that the regional directors should accept that their office and country representatives have important roles to play in supporting all the functions of HRP, for example by:
 - a) helping identify the most deserving institutions in their countries to receive research and capacity-strengthening grants and join international research efforts;

- b) helping identify research topics that most deserve funding in each country;
- c) assisting in the cross-fertilization of research methods and findings among the institutions of the regions.

5. General considerations and lessons learned

5.1. Achievability of HRP goal and objectives

The evaluation assessed the achievability and achievement of HRP's goal and objectives.

51 **Goal of HRP: To promote, conduct, evaluate, and coordinate international research on reproductive health.** Assessment: *successful*. HRP has met expectations in terms of the relevance and effectiveness of its reproductive health research. Evidence for this comes from quantitative data on the research outputs of HRP, particularly research publications, articles published in prestigious peer-reviewed journals, the frequency of citation, and comments from numerous informants during face-to-face and telephone interviews. Reproductive health research has been promoted both by direct support and by advocating for acceptance of the global reproductive health strategy framed by ICPD, FWCW, and their follow-up conferences. Reproductive health research conducted through national reproductive health research centres is also supported and encouraged. These accomplishments are major successes. Reproductive health research results are assessed at several levels—by HRP staff, in HRP scientific review committees, and through expert technical consultations convened by HRP. Leading world experts are often included in these consultations, and the same experts are then involved in promoting and coordinating reproductive health research, with highly effective results. HRP's extensive interaction with national reproductive health research centres is another mechanism for coordinating global reproductive health research.

52 **Objective of HRP: To collaborate with countries in enhancing national capacities to conduct reproductive health research.** Assessment: *very successful*. Strengthening national reproductive health research capacity has been a major achievement of HRP in terms of the number of countries and centres supported, the large number of reproductive health research publications from these centres, and the quality of the research achieved with guidance and support from HRP. The clear desire of research institutions to have more monitoring and professional interaction with HRP staff supports the view that, in addition to material support, the contributions of HRP technical staff are important.

53 **Objective of HRP: To set standards and guidelines, including ethical guidelines, in the field of reproductive health research.** Assessment: *successful*. HRP promotes the use of reproductive health research results in setting standards and guidelines through its publications and other channels of dissemination. HRP's research has served as the evidence base for RHR's practice guides, and the significant convening power of HRP has been effectively used to establish consensus statements, which then informed guidelines and standards in many countries.

54 **Objective of HRP: To promote the use of research results in policy-making and planning for reproductive health care at the national and international levels.** Assessment: *mostly successful*. HRP's promotion of reproductive health research results to set policy has been achieved through its publications and other channels of dissemination. HRP's network

of national research institutions has also contributed to establishing policies and programme planning. HRP's output has contributed to shape policies and planning in many multilateral and bilateral agencies and international NGOs. Impact at the country level can be further strengthened by greater involvement of WHO regional and country offices and more extensive technical assistance to ministries of health, development agencies and NGOs at the national level.

As demonstrated above, the goals and objectives of HRP over the period 1990–2002 were in fact achievable. HRP's achievements were accomplished despite an environment of declining financial resources and short-term contractual professional support for many positions in HRP.

5.2 Lessons learned

The EET identified a number of technical and procedural areas of HRP's work that are worth taking into account in future programming.

- 1. Developing new reproductive health technologies requires long-term sustained efforts in a wide range of disciplines.** Research in reproductive health, as for any other health issue, does not usually generate “quick answers”. Carrying out research on relevant topics, and translating research findings into policy and practice, usually takes years, if not decades. Therefore, future plans need to take into account the long-term nature of research and related efforts in order to have a major impact on reproductive health outcomes.
- 2. HRP's very high international credibility yields important benefits.** HRP's independence, resulting from its co-sponsorship and its position in WHO, together with the quality of its work, helps it to secure support from other major international agencies involved in the field of reproductive health. HRP has therefore been able to maintain and expand its leading role in global reproductive health research and to respond to the changing global context of reproductive health.
- 3. The WHO bureaucracy and internal communication demands often compromise effectiveness.** These compromises have to be seen as a trade-off against the credibility of the organizational position within WHO. Overall, HRP products are considered “good value for money”.
- 4. HRP staff qualifications in science, leadership, and strategic planning are central to the progress of reproductive health research development.** The ability of HRP's Director and his staff to identify, articulate, lead, and strategize a long-term approach for aspects of reproductive health, such as use of IUDs and emergency contraception, has been central to the success of HRP. Peer scientists and researchers respect HRP staff for their expertise and unbiased scientific integrity. These characteristics promote cooperation with other institutions and country level researchers, which enhances HRP's credibility, productivity and efficiency. Other organizations and expert researchers are motivated to contribute, often at very low cost to HRP. Expert staff, particularly in leadership positions, will be important for future achievement of HRP goals and objectives.
- 5. Meeting the needs and expectations of many different stakeholders requires skills and resources.** HRP staff have done an excellent job in satisfying the partially conflicting interests of stakeholders and obtaining consensus agreements. The very participatory approach of HRP has been an asset in obtaining consensus and buy-in; however, it also tends to slow the process.

6. **It remains a challenge to bridge the gaps between research, policy, and action.** HRP has undertaken major and increasingly successful efforts to bridge the gap between research, policy, and action. However, it remains a challenge to clarify the roles and responsibilities of the various stakeholders in this process.
7. **Reproductive health research capacity strengthening can be enhanced by supporting leading reproductive health research centres.** One leading reproductive health research centre in a country can be an important asset by helping develop other reproductive health research centres and thus building the country's research capacity.
8. **HRP's networks of reproductive health research institutions are cost-efficient and unique.** No other reproductive health research organization collaborates with an equivalent network. Many of the scientists have received HRP support for postgraduate research training and are eager to use their skills in WHO-sponsored multicentre research studies, international technical consultations, and national research efforts.
9. **The name of the Programme is little known and is not associated with its products.** For many people at the country level, the meaning of the acronym "HRP" is not clear. The outputs of HRP, however, are well known, but attributed to WHO in general.
10. **HRP is in itself unique** and needs to be strengthened, particularly in a world where many other complex health and development problems compete with reproductive health.

OVERALL CONCLUSIONS

HRP has developed a culture of continuous self-assessment and critical review of ongoing processes. The co-sponsored status and the associated need to demonstrate effectiveness, efficiency, and impact to HRP stakeholders have contributed to this end. Thus, it is not surprising that many of the findings of this evaluation are not new to HRP and that a number of the recommendations given in this report have already been discussed and are being addressed by HRP.

In the period 1990–2002, HRP clearly met expectations in terms of its core mission to coordinate, promote, conduct and evaluate international research in reproductive health. HRP fulfils a uniquely important role that cannot be taken up by any other existing agency or organization in the world. HRP's reproductive health research agenda has grown while its budget has contracted. Despite these constraints, the Programme has successfully maintained its leadership role. However, in order to continue to meet the high expectations of HRP performance by both donors and beneficiaries, additional human and financial support is needed. It is thus very important that HRP, with the help of members of its advisory bodies, gain increased support and commitment from its stakeholders.

Annex 1. HRP Conceptual framework for reproductive health research

Ultimate impact

Improved reproductive health

Secondary outcomes

Increased use of reproductive health interventions

Reduction in adverse reproductive health outcomes

Increased availability and quality of RH information and services

Improved individual, family and community understanding of RH issues

Strengthened RH services and policy formulation and implementation

R H R B O U N D A R Y

Intermediate outcomes

Improved policy framework and normative guidance for RH

Better RH programmes developed and enhanced utilization by communities promoted

H R P B O U N D A R Y

Primary outcomes

Increased understanding of local constraints to RH and of strategies for improving RH

Secondary outputs

Stronger evidence base on safety and efficacy of family planning methods and on high-quality RH technologies

National RH research conducted and disseminated

Primary outputs

Synthesized evidence and mapping best practices

Lessons learned on introduction and use of RH technologies and services

Evidence on safety and efficacy of existing RH methods

New, improved RH technologies

Increased national capacity to conduct RH research

Activities

Clinical, socio-behavioural & epidemiological research and development

Norms and standards identified and described

Advocacy and information materials disseminated

Research and development

Research capacity strengthening

HRP