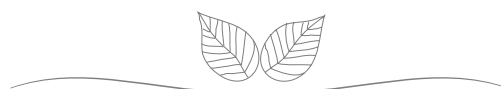


Department of Reproductive Health and Research

**Programme Budget 2004-2005**



World Health Organization

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## Table of contents

<b>1. INTRODUCTION .....</b>	<b>1</b>
Facts and Figures .....	2
Trends .....	3
International Development Goals .....	4
Department of Reproductive Health and Research (RHR).....	5
Expected Results for RHR .....	6
RHR Programme Budget 2004-2005.....	8
Evaluation .....	10
<b>2. PROMOTING FAMILY PLANNING .....</b>	<b>13</b>
Issues and Challenges .....	13
RHR's work in Promoting Family Planning .....	14
Product Listing .....	17
<b>3. IMPROVING MATERNAL AND PERINATAL HEALTH.....</b>	<b>23</b>
Issues and Challenges .....	23
RHR's work in Improving Maternal and Perinatal Health .....	23
Product Listing .....	26
<b>4. CONTROLLING SEXUALLY TRANSMITTED AND REPRODUCTIVE TRACT INFECTIONS ..</b>	<b>39</b>
Issues and Challenges .....	39
RHR's work in Controlling STIs and RTIs.....	40
Product Listing .....	43
<b>5. PREVENTING UNSAFE ABORTION .....</b>	<b>49</b>
Issues and Challenges .....	49
RHR's work in Preventing Unsafe Abortion .....	50
Product Listing .....	52
<b>6. TECHNICAL COOPERATION WITH COUNTRIES.....</b>	<b>57</b>
Issues and Challenges .....	57
RHR's work in Technical Cooperation with Countries .....	58
National Research Capacity Strengthening.....	58
<i>Product Listing</i> .....	59
Policy and Programmatic Issues.....	64
<i>Product Listing</i> .....	65
Mapping and Implementing Best Practices.....	68
<i>Product Listing</i> .....	68
<b>7. MONITORING AND EVALUATION .....</b>	<b>71</b>
Issues and Challenges .....	71
RHR's work in Monitoring and Evaluation .....	71
Product Listing .....	72
<b>8. ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH .....</b>	<b>75</b>
Issues and Challenges .....	75
RHR's work in Adolescent Sexual and Reproductive Health .....	76
Product Listing .....	77
<b>9. GENDER ISSUES AND REPRODUCTIVE RIGHTS .....</b>	<b>79</b>
Issues and Challenges .....	79
RHR's work in Gender Issues and Reproductive Rights .....	80
Product Listing .....	81

<b>10. SEXUAL HEALTH</b> .....	<b>83</b>
Issues and Challenges.....	83
RHR's work in Sexual Health.....	83
Product Listing .....	85
<b>11. COORDINATION OF RESEARCH ACTIVITIES</b> .....	<b>87</b>
Product Listing .....	87
<b>12. GENERAL TECHNICAL ACTIVITIES</b> .....	<b>89</b>
Scientific Advisory Bodies.....	89
Communications, Advocacy and Information .....	89
Product Listing .....	90
<b>13. PROGRAMME MANAGEMENT</b> .....	<b>93</b>
Product Listing .....	93
<b>14. BUDGET TABLES</b> .....	<b>95</b>

### **List of Figures**

Figure 1. RHR Programme Budget for 2004-2005, by Budget Section (excluding staff costs) .....	9
Figure 2. RHR Programme Budget for 2004-2005, by Departmental Objective .....	10
Figure 3. RHR Programme Budget for 2004-2005, by Expected Result.....	10
Figure 4. Components and areas of work in a comprehensive model of sexual and reproductive health, STI control and HIV control.....	39

### **List of Tables**

Table 1. RHR consolidated budget for 2004-2005, by budget section.....	95
Table 2. RHR consolidated budget for 2004-2005, by budget section, excluding staff costs .....	96
Table 3. RHR consolidated budget for 2004-2005, detailing staff and product costs .....	97
Table 4. RHR consolidated budget for 2004-2005, by departmental objective.....	98
Table 5. RHR consolidated budget for 2004-2005, by expected result.....	99
Table 6. RHR consolidated income requirements and sources of funds for 2004-2005.....	100
Table 7. RHR 2004-2005 budget compared with 2002-2003 budget (priority 1+2+3), including staff costs.....	101

### **List of Boxes**

Box 1. Departmental Objectives .....	6
Box 2. Research and Programme Development in Reproductive Health: Expected Results .....	7
Box 3. Making Pregnancy Safer: Expected Results .....	8

## 1. Introduction

Sexual and reproductive health is at the heart of human life. Indeed, the definition of sexual and reproductive health adopted at the International Conference on Population and Development (ICPD) in 1994 (see box) captures some of the elements that make it so unique compared to other fields of health, such as its holistic nature, its extension well beyond the years of reproduction, and its sociocultural, gender and human rights dimensions. Furthermore, it is central to the link between generations, not only through genetic inheritance, but also because it is increasingly recognized that conditions preceding or occurring at birth can impact health and reproductive potential later in life.

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.

Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems.

It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.

*(ICPD, Programme of Action, paragraph 7.2)*

The adoption of this comprehensive definition at ICPD marked the beginning of a new era. For one thing, the language has changed. Governments and international agencies no longer speak of population control, but of reproductive health and rights, and of quality of care. New policies and programmes have been developed by many national governments as well as intergovernmental agencies, specifically to improve reproductive health. New partnerships have been formed between governmental and nongovernmental organizations working to implement reproductive health and rights. Neglected groups, notably adolescents and men, have been targeted with newly developed programmes. And finally, evidence is being generated on hitherto neglected issues such as the sexual and reproductive health needs of young people, sexual coercion, and optimal post-abortion care. In many of these areas, the World Health Organization (WHO) played a pivotal role through its research and normative guidance and through its policy and technical support to country programmes. But much remains to be done.

In spite of the strong public health, human rights, equity and social justice arguments in favour of a strong focus on sexual and reproductive health, the concept of comprehensive reproductive health care is still insufficiently understood and applied in several countries. Also, debate continues in some countries as well as in international forums about some aspects of sexual and reproductive health, particularly the programmatic content of reproductive health services, the provision of information and services to adolescents, and issues surrounding unsafe abortion and its prevention. As a result, the ICPD goal of universal access to reproductive health by 2015 was not included in the Millennium Declaration adopted by the United Nations Millennium Conference in 2000 and was not made part of the Millennium Development Goals. Furthermore, reform of the health sector has introduced new challenges for reproductive health as suggested by anecdotal evidence of



negative impacts on availability and accessibility of services resulting from decentralization, changes in financing and other elements of reform.

Yet, good sexual and reproductive health, and information and services to help people achieve this, are more crucial today than ever before. The ever-worsening HIV/AIDS epidemic must be addressed using all tools and resources available. Since HIV is predominantly spread through sexual intercourse and its incidence is highest in men and women of reproductive age, programmes aimed at sexually active people provide an opportunity to prevent new infections through appropriate information, tools and services. Furthermore, good sexual and reproductive health represents a key element in the fight against poverty and, in the words of the Commission on Macroeconomics and Health: "Investments in reproductive health, including family planning and access to contraceptives, are crucial accompaniments to investments in disease control."

But strong sexual and reproductive health services are important not only in relation to disease control. They are crucial also with respect to many other aspects of health and indeed to many other areas of human development and endeavour. For instance, taking the Millennium Development Goals as the reference point, it can easily be shown that good sexual and reproductive health, and by implication universally accessible sexual and reproductive health services of good quality, are critically important in achieving almost all of the eight goals.

## **Facts and Figures**

Globally, almost a billion couples have needs for good sexual and reproductive health. Although contraceptive use has increased dramatically in the last three decades (from less than 10 per cent of couples in 1965 to some 62 per cent at the turn of the century), at least 120 million couples are not using any method of contraception although they want to space pregnancies or limit their fertility. A further 300-350 million couples do not have access to the full range of safe and effective modern contraceptives. As a result, close to 40 per cent of pregnancies are unplanned and some 40-50 million of them are terminated each year through induced abortion; about 19 million of these abortions are unsafe with high risks of severe morbidity or death for the woman. In fact, complications of unsafe abortion account for about 13 per cent of the deaths that occur as a result of pregnancy and childbirth. And some 40 per cent of these unsafe abortions are among girls aged 15-24 years.

Each year millions of adolescents become sexually active and around 210 million women and girls become pregnant. More than 20 million women will experience ill-health as a result of pregnancy; for some the suffering will be permanent. Estimates suggest that the lives of eight million women are threatened, and over half a million women die annually, as a result of causes related to pregnancy and childbirth. In addition, about three million newborn babies die within the first week of life, and some 3.8 million infants are born dead. The majority of this suffering is preventable, as cost-effective interventions are known and affordable, but, all too often are, not made available due to scarcity of resources for health care.

Unwanted childbearing is associated with failure to seek pregnancy care and unwanted children are at greater risk of neglect, abuse and violence. Certain pregnancies, in particular those among very young women or among older, high-parity women, present greater risk for the health of the woman. It is also documented that women from the world's least developed countries are at least 150 times more likely to die during their lifetime from pregnancy-related causes than women in more developed countries. Women refugees and women displaced by civil conflict and strife are particularly vulnerable when they are pregnant, as they are frequently homeless and do not have access to good-quality health care.

It is estimated that there were 340 million new cases of potentially curable sexually transmitted infections (STIs) in 1999. To this figure need to be added the millions of viral (incurable) STI cases, foremost among them infections with the human immunodeficiency virus (HIV), the cause of the acquired immune deficiency syndrome (AIDS). The HIV epidemic is raging unchecked with almost 5 million new infections in 2003, mostly in developing countries. Nearly half of these new infections are in young people, aged 15-24 years. HIV



prevalence rates among pregnant women in some areas of South Africa have risen to 40% - 50%. Yet, the persistent upward trend in HIV prevalence can be reversed as has been demonstrated in some countries that have adopted aggressive policies for the primary prevention of HIV infection.

An estimated total of 700,000 paediatric AIDS cases occurred in 2003, the majority due to transmission of HIV from an infected mother to her baby during pregnancy, delivery or through breastfeeding. In the absence of any intervention the rates of transmission are 15% - 25% in developed countries and 25%-40% in populations where breastfeeding is common. With the use of antiretroviral (ARV) treatments, elective Caesarean section, and the avoidance of breastfeeding, the rates of transmission from mother to child can be reduced to less than 1%, as has occurred in some developed countries. In the absence of any vaccine or cure for HIV infection, primary prevention remains the key to containing the epidemic.

Other viral infections contribute to reproductive ill-health. In many developing countries it is estimated that over 50 per cent of adults are infected with herpes simplex virus and between 15 and 25 per cent of women are infected with human papilloma virus, the major cause of cervical cancer, itself responsible for more than 230,000 deaths annually (80 per cent of which occur in developing countries).

Sexual health has long been a neglected aspect of health and the dimensions of sexual dysfunction and sexual violence are just beginning to be appreciated. In the USA, estimates of prevalence of sexual dysfunction disorders range from 8% to 33% of the adult population. For developing countries data are scarce or often non-existent. There is also insufficient information on the impact of diseases, particularly chronic diseases, and of medications on sexual health.

Female genital mutilation (FGM) is practised primarily in 28 countries in Africa, but also in other parts of the world. It is estimated that between 100 and 140 million women and girls have undergone FGM and that two million girls are at risk of being subjected to the practice annually. To these numbers need to be added the countless million of children, women and, to a lesser extent, men who are subjected, often on a daily basis, to gender-based and sexual violence frequently perpetrated by partners or other close acquaintances.

Some 170-190 million people in the developing world (excluding China) experience infertility. Approximately 2-3 per cent of the couples in the developing world (excluding China) have primary involuntary infertility, and secondary infertility can be as high as 25 per cent or more in some countries, depending on the geographical area. Most primary and secondary infertility among women in developing countries is attributable to tubal damage from infectious diseases. In many societies, infertility is perceived by the individual as a stigma with the burden being heavier on women, as they are usually considered to be the source of the problem while evidence suggests that infertility is as prevalent among men as among women.

In all, sexual and reproductive ill-health, including HIV/AIDS, is thought to have accounted in 2002 for more than 19 per cent of disability-adjusted life years (DALYs) lost among women and more than 13 per cent among men, with most of the losses in developing countries and countries with economies in transition.

## Trends

According to the current United Nations medium-fertility scenario, it is estimated that world population will continue to increase and reach 8.9 billion people in 2050. Thus, for the next 50 years, people in the reproductive age group will represent over 40% of the total population. The number of adolescents is predicted to grow to 1.2 billion by the year 2030 before starting to decline gradually. At the same time, the 'greying of the population', already tangible in some developed countries, is about to become a world-wide phenomenon. Between now and 2050, the proportion of people aged 60 years and over will more than double from the current level of about 10% to 21%. Fulfilling the sexual, reproductive and post-reproductive health needs of these various population groups will require a wider range of quality reproductive health products and services tailored to diverse cultural and social backgrounds, than is currently available.



Trends in reproductive health mortality and morbidity are notoriously difficult to assess but recent data suggest that there has been no global improvement in maternal mortality or in the prevalence of curable sexually transmitted infections over the past decade. Projections of the HIV pandemic have been even more challenging. In 1991, for example, estimates predicted that in sub-Saharan Africa, by the end of the decade, 9 million people would be infected and 5 million would die. The estimates published by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and WHO for December 1999 were 23.3 million infections and 13.7 million deaths in that region.

Other developments linked to sexual and reproductive health need close monitoring to ensure they do not affect the field negatively and that positive advances benefit developing countries as much as the developed world. For example, the potential role, utility and impact of new reproductive health technologies and of genomics and proteomics research need to be evaluated. Equally, continuous attention must be devoted to the place given to sexual and reproductive health on the global international development agenda.

## International Development Goals

ICPD defined a global Programme of Action for reproductive health. Its adoption marked a new era of commitment and willingness on the part of governments, the international community, nongovernmental and other organizations, and concerned individuals to achieve universal reproductive health and rights within the next two decades. The need to focus on making this pledge operational was emphasized by the United Nations General Assembly which, in resolution 49/128, requested “the specialized agencies and all related organizations of the United Nations system to review and, where necessary, adjust their programmes and activities in line with the Programme of Action ...”. In response to this call, the World Health Assembly, by resolution WHA48.10 (1995), endorsed the role of WHO in a global strategy for reproductive health. Region-specific strategies were subsequently defined and adopted in several of WHO’s Regions.

More recently, in July 1999, at the conclusion of the Twenty-first Special Session of the United Nations General Assembly’s review of five years of implementation of the ICPD Programme of Action (ICPD+5), WHO was “urged to fulfil its leadership role within the United Nations system in assisting countries, in particular developing ones, to put in place standards for the care and treatment for women and girls that incorporate gender-sensitive approaches and promote gender equality and equity in health-care delivery, and to advise on functions that health facilities should perform to help guide the development of health systems to reduce the risks associated with pregnancy....”. WHO was also invited to take the lead role in the development of common key indicators for reproductive health programmes. (*Key actions for the further implementation of the Programme of Action of the International Conference on Population and Development*, Twenty-first Special Session of the United Nations General Assembly, paragraphs 66 and 55, respectively).

### Goal

To assist countries “to make accessible through the primary health-care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than 2015”.

(*ICPD Programme of Action, paragraph 7.6*)

The above “universal access” goal of the ICPD Programme of Action was not explicitly mentioned in the Millennium Declaration, and hence did not become a distinct Millennium Declaration Goal. However, as described earlier, good sexual and reproductive health is key to achieving almost all of the Millennium Development Goals. In recognition of this, the World Health Assembly of WHO Member States at its annual meeting in 2002 requested WHO’s Director-General “to develop a strategy for accelerating progress towards attainment of international development goals and targets related to reproductive health” (World Health Assembly resolution 55.19). This strategy is being developed through a wide consultative process with WHO



Member States for review and endorsement by the WHO Executive Board and World Health Assembly in January 2004 and May 2004, respectively.

## Department of Reproductive Health and Research (RHR)

The international mandate that drives the work of WHO in sexual and reproductive health is based on the agreements adopted at ICPD and the Fourth World Conference on Women (FWCW, Beijing, 1995) and their respective five-year follow-ups, as well as the Millennium Development Goals. Specifically, on the basis of these agreements and statements, the Department works “to ensure that by 2015 all primary health-care and family planning facilities are able to provide, directly or through referral, the widest achievable range of safe and effective family planning and contraceptive methods; essential obstetric care; prevention and management of reproductive tract infections, including sexually transmitted diseases; and barrier methods, such as male and female condoms and microbicides, if available, to prevent infection”. (*Key actions for the further implementation of the Programme of Action of the International Conference on Population and Development*, Twenty-first Special Session of the United Nations General Assembly, paragraph 53).

Within WHO, the Department of Reproductive Health and Research (RHR), which includes the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), is charged with responding to these international calls to action. The Department is a part of the WHO Cluster on Family and Community Health (FCH), and works closely together with the other departments in this Cluster, namely the Departments of Child and Adolescent Health and Development (CAH), of Gender and Women’s Health (GWH) and of HIV/AIDS (HIV), as well as with a range of other departments at WHO Headquarters and with WHO Regional and Country Offices.

In order to contribute optimally to the achievement of the Millennium Development Goals and other international goals in reproductive health, and taking into account the comparative advantages of WHO generally and the Department specifically, in 2002 the Department initiated a priority-setting exercise to define its work for the period 2004-2009.<sup>1</sup>

The process of defining priorities in sexual and reproductive health began with the drafting of a document surveying current issues and needs in the field. The second step sought feedback on this paper, using an expert resource questionnaire. The third step was to define, among the issues identified, which issues would be best addressed by the Department, taking into consideration its comparative advantages.<sup>2</sup> In the next step a quantitative approach was used to rank the potential outputs according to potential impact, feasibility and WHO’s and the Department’s comparative advantage. The final step involved asking a number of groups of external experts in sexual and reproductive health to finalize the outputs, and using the methodology developed for priority-setting, to recommend and rank priorities. The outcome of this exercise is reflected in the “ranking” (A, B or C) of each product proposed in the product listings found throughout this document.

An integral part of the priority-setting exercise, which was based on a number of logical frameworks, was the articulation of the six objectives described in the box below, which characterize the aims of the Department. These objectives have provided the overall framework for the development of the present biennial budget.

<sup>1</sup> The priority-setting exercise is described in detail in a document entitled “The priority-setting process” [RHR/STAG(20)/2003/8.1].

<sup>2</sup> The comparative advantages are: credibility as a technical organization of high scientific standards; neutrality, objectivity and independence; convening power with access to a wide resource base and significant collective skills; strong position as an intergovernmental agency focusing on the needs of developing nations and a commitment to the public sector; leadership role in the health field.



### Box 1. Departmental Objectives

- Objective 1.** Broadening the provision of quality services which are cost-effective, available, accessible, and affordable, as well as evidence-based, gender-sensitive and respectful of reproductive rights.
- Objective 2.** Ensuring and widening the range of safe and effective 'health products or technologies' available 'on the market' in sufficient quantities, at affordable prices.
- Objective 3.** Strengthening health management and support systems (public and private) to ensure health programmes are executed efficiently given the resources available.
- Objective 4.** Fostering a supportive enabling environment at individual, family and community levels.
- Objective 5.** Promoting sound national policies and laws, and conducive policy and legal processes.
- Objective 6.** Ensuring there are effective international efforts and collaboration—including both effective global initiatives and sound implementation of international development efforts.

### Expected Results for RHR

In accordance with WHO corporate strategic planning, the Department has developed a series of concrete "Expected Results" or outputs that will be delivered during the biennium, along with indicators for assessing the achievement of each of these Expected Results. The work of the Department is divided between two Areas of Work in the *WHO Proposed Programme Budget 2004-2005*,<sup>3</sup> namely an Area of Work for "Research and Programme Development in Reproductive Health" and an Area of Work for "Making Pregnancy Safer", and the Expected Results for these two Areas of Work are shown below in Box 2 and Box 3, respectively.

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<sup>3</sup> WHO Programme Budget 2004-2005 [document PB/2004-2005].



**Box 2. Research and Programme Development in Reproductive Health: Expected Results**

Expected Results	Indicators
<p>New knowledge available on high-priority issues in sexual and reproductive health throughout the life-cycle, including cross-cutting themes such as the role of men, integration of HIV/AIDS prevention and care in reproductive health services, adolescent sexual and reproductive health, and the impact of health care reforms on reproductive health care</p>	<ul style="list-style-type: none"> <li>■ Number of completed studies of selected priority issues in reproductive health with appropriate dissemination of results</li> <li>■ Number of systematic reviews and consultations on best practices, policies and standards of care</li> <li>■ Proportion of national institutions and organizations that received support to build research capability that are generating new information relevant to local, regional or national needs</li> </ul>
<p>Cost-effective interventions that promote high-quality reproductive health care that is client-centred and gender-sensitive designed, applied and validated through operational research</p>	<ul style="list-style-type: none"> <li>■ Number of countries completing operational research studies to evaluate new or improved approaches to provision of high-quality reproductive health care (including client perspectives on and satisfaction with the new services being provided)</li> <li>■ Proportion of above-mentioned countries that draw up plans for scaling-up interventions</li> </ul>
<p>Appropriate set of evidence-based standards and related policy, technical and managerial guidelines for high-quality reproductive health care defined, validated and disseminated</p>	<ul style="list-style-type: none"> <li>■ Availability of tested materials to support national efforts to improve maternal and newborn health within the framework of safe motherhood and making pregnancy safer initiatives</li> <li>■ Number of countries receiving technical support for the adaptation of evidence-based standards for essential care practice in reproductive health</li> </ul>
<p>Adequate policy and technical support provided to selected countries for the implementation of comprehensive plans for strengthening access to, and availability of high-quality reproductive health care, human resources, and monitoring and evaluation</p>	<ul style="list-style-type: none"> <li>■ Number of countries receiving support to prepare and implement plans to strengthen access to, and availability of, high-quality reproductive health care</li> <li>■ Proportion of such countries that adopt policies and programmes to strengthen reproductive health care</li> </ul>
<p>Technical support provided to selected countries to examine their national laws, regulations and policies for conformity with articles of existing legal instruments, conventions, and international consensus documents related to sexual and reproductive health and rights</p>	<ul style="list-style-type: none"> <li>■ Number of countries receiving support to examine their existing national laws, regulations and policies relating to reproductive health and rights</li> <li>■ Number of countries receiving support to incorporate rights-based approaches in reproductive health policies, programmes or services</li> </ul>



**Box 3. Making Pregnancy Safer: Expected Results**

Expected Results	Indicators
Technical and policy support provided to countries for formulating and implementing cost-effective gender-sensitive national plans of action for making pregnancy safer that include information and services for evidence-based, good-quality maternal and newborn care which respect women's rights	<ul style="list-style-type: none"> <li>■ Proportion of countries receiving technical and policy support that develop adequate plans of action for maternal and newborn health</li> </ul>
Appropriate evidence-based guidelines adapted and introduced in national policies, strategies, programmes and standards for maternal and newborn care, family planning and post-abortion care	<ul style="list-style-type: none"> <li>■ Proportion of countries receiving support that adapt and introduce standards, guidelines and/or tools recommended by WHO</li> </ul>
Adequate support provided to countries for strengthening health systems interventions and management so that information and services for maternal and newborn health are made available, accessible and acceptable to all, especially to those from poor and disadvantaged communities	<ul style="list-style-type: none"> <li>■ Number of countries that have received adequate support to design, implement and evaluate evidence-based health systems interventions to improve maternal and newborn health</li> </ul>

In order to achieve the Expected Results shown in Box 2 and Box 3, and in line with the priority-setting process described earlier, a consolidated product-oriented workplan has been developed that includes explicit products, budget information and annual "milestones". These products are described and listed in the following chapters of this document.

**RHR Programme Budget 2004-2005**

This *RHR Programme Budget 2004-2005* builds on the work of the Department of Reproductive Health and Research undertaken in 2002-2003, as outlined in the *RHR Programme Budget 2002-2003*. As in the previous biennium, this document is presented as a list of products, within the strategic framework described above, for which a specified amount of resources is required. Whilst the work of HRP is integrated within the Department, the activities of HRP, which is a Special Programme cosponsored by the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), WHO and The World Bank, are clearly identified throughout this document, in accordance with administrative and financial accounting requirements.

The information in this Departmental budget document is entirely consistent with the "Research and Programme Development in Reproductive Health" Area of Work and the "Making Pregnancy Safer" Area of Work summarized on pages 44-45 and pages 46-49, respectively, of the *WHO Proposed Programme Budget 2004-2005*, as approved by the World Health Assembly in May 2003.

Based on the guidance received from HRP's Standing Committee in December 2002, three budget levels for HRP were developed: a full budget to be implemented if income reaches US\$38.3 million, and two contingency budgets totalling US\$36.2 million and US\$33.1 million, respectively.

For products in the area of Programme Development in Reproductive Health (PDRH) and Making Pregnancy Safer (MPR), products corresponding to three budget levels were also developed. The budget level of PDRH is

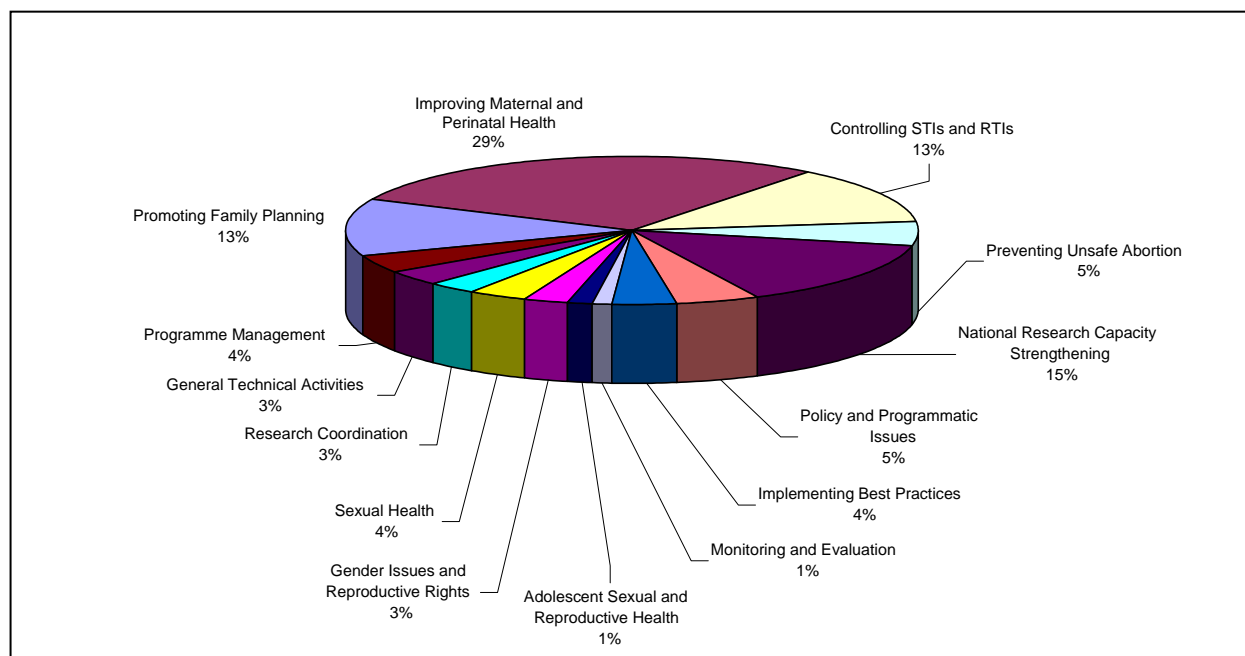


US\$12.9 million, with contingency budgets of US\$10.8 million and US\$6.7 million, and the budget level of MPR is US\$12.4 million, with contingency budgets of US\$9.3 million and US\$7.5 million.

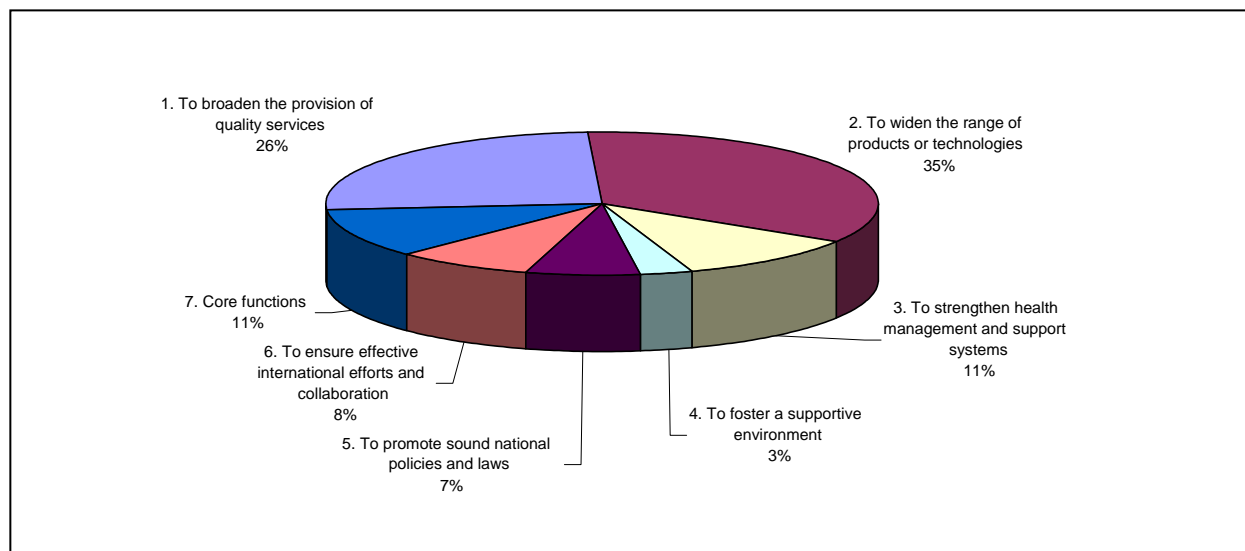
The summary budget level proposed for 2004-2005 for the entire programme of work is US\$66.4 million, with a lower contingency budget level of US\$58.4 million and a conservative level of US\$48.7 million. The breakdown of the full budget by Budget Section is shown in Figure 1, by Departmental Objective in Figure 2, and by Expected Result in Figure 3. A detailed breakdown by Budget Section and a comparison with the budget levels for 2002-2003 are shown in the Budget Tables in Section 14.

Each section of this budget document includes a detailed product listing, which describes each of the products proposed for implementation during the biennium, along with specific annual product implementation milestones. In addition, the right-hand column of each product listing shows: (1) the source of funding (HRP, Making Pregnancy Safer or Programme Development in Reproductive Health), (2) Departmental objective, (3) the Expected Result to which the product is contributing, taken from the WHO Programme Budget, (4) the relevant output and ranking from the Summary Medium-Term Programme of Work 2004-2009 (document HRP/PCC(16)/2003/8.1), and (5) the budget priority level.

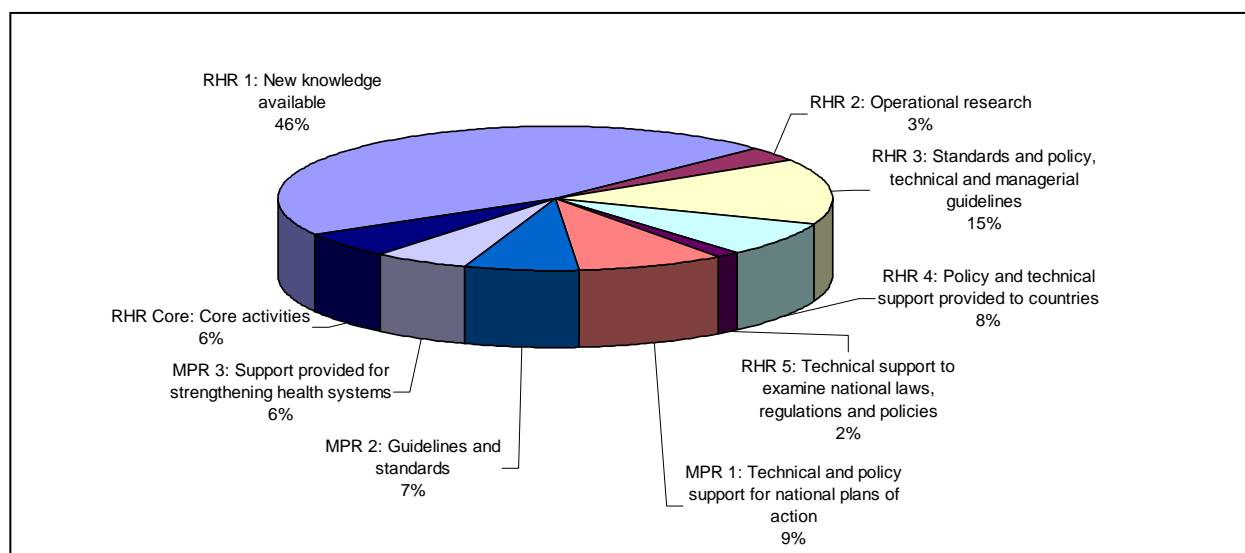
**Figure 1. RHR Programme Budget for 2004-2005, by Budget Section (excluding staff costs)**



**Figure 2. RHR Programme Budget for 2004-2005, by Departmental Objective**



**Figure 3. RHR Programme Budget for 2004-2005, by Expected Result**



## Evaluation

The success of WHO's work in sexual and reproductive health depends on its scientific and ethical rigour, its gender sensitivity and its ability to address priority reproductive health needs in countries, particularly developing countries. At Headquarters, this is ensured through evaluation by a number of complementary advisory bodies:

- The Scientific and Technical Advisory Group (STAG) meets annually to review progress made, to recommend priorities and to advise on the allocation of resources;
- The Gender Advisory Panel (GAP) reviews the work from a gender and reproductive rights perspective;
- Regional Advisory Panels (RAPs) continually monitor and evaluate the work in their respective geographic region;
- The Scientific and Ethical Review Group (SERG) provides an independent ethical and technical assessment of research proposals submitted; and



- The work of the UNDP/UNFPA/ WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) is further evaluated at the annual meetings of its Policy and Coordination Committee (PCC), triannual meetings of its Standing Committee, and periodic External Evaluations, the most recent of which took place during the period June 2002 to June 2003. The results of this External Evaluation were presented to PCC at its meeting on 30 June-1 July 2003.<sup>4</sup>

Each of these bodies is in a position to assess from differing points of view, the achievement of the programme objectives and expected results, on the basis of (but not limited to) the indicators listed above. Furthermore, within this budget document each of the products listed in the tables that follow has annual milestone(s) for tracking progress. RHR was the first WHO Department to use actively the WHO Activity Management System (AMS) to monitor and evaluate implementation of its workplan. Use of AMS will continue in the biennium 2004-2005. In addition, since 2000, the Department has been using TRIMS, a management system for keeping track of research projects and other contracts developed by the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) and adapted for use by the Department.

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<sup>4</sup> External evaluation 1990-2002- Executive summary. World Health Organization, Geneva, 2003 [document WHO/RHR/HRP/03.14].





## 2. Promoting Family Planning<sup>5</sup>

### Issues and Challenges

In the new century, family planning programmes will face the challenge of providing a wider range of methods that people want and of finding better ways to deliver high-quality services to the millions of people who would use family planning if they had access to it. Over the last four decades, use of contraceptives has increased worldwide, particularly in developing countries where contraceptive prevalence among married women (including those in permanent unions) has increased from less than 10% in the 1960s to over 60% today. However, in the developing world as a whole, an estimated 123 million women have an unmet need for family planning, either for limiting or for spacing births. Outside sub-Saharan Africa, most women with an unmet need do not want to have any more children; in sub-Saharan countries, most unmet need is for birth spacing.

Another telling indicator of the challenge facing family planning programmes - an indicator sometimes described as "the ultimate unmet need for family planning" - are the estimated 40-50 million women who resort to induced abortion each year, 19 million of them putting their lives at risk because the abortions are carried out under illegal and/or unsafe conditions. Sadly, they contribute about 13% of maternal deaths worldwide. Further, in the 1990s, it was considered that about 300-350 million couples, not included in the unmet need estimate, were using methods with which they were dissatisfied or which they considered unreliable and it is estimated that 6-27 million unintended pregnancies occur each year among people practising contraception. If programmes could meet all unmet need for acceptable family planning among sexually active people, irrespective of marital status, about half a billion more women and men would be able to achieve the reproductive intention they want, effectively and safely.

The objectives set in this area at ICPD and articulated in the ICPD Programme of Action (paragraph 7.14) are:

- a) To help couples and individuals meet their reproductive goals in a framework that promotes optimum health, responsibility and family well-being, and respects the dignity of all persons and their right to choose the number, spacing and timing of the birth of their children;
- b) To prevent unwanted pregnancies and reduce the incidence of high-risk pregnancies and morbidity and mortality;
- c) To make quality family planning services affordable, acceptable and accessible to all who need and want them, while maintaining confidentiality;
- d) To improve the quality of family-planning advice, information, education, communication, counselling and services;
- e) To increase the participation and sharing of responsibility of men in the actual practice of family planning;
- f) To promote breastfeeding to enhance birth spacing."

These objectives were re-affirmed at the Twenty-first Special Session of the United Nations General Assembly in 1999 devoted to the five-year review of the implementation of the ICPD Programme of Action (ICPD+5), where the specific goals (see box) were set which guide the Department to this day (*Key actions for the further implementation of the Programme of Action of the International Conference on Population and Development*).

<sup>5</sup> The term "family planning" is understood to imply the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is therefore achieved both through use of contraceptive methods and through the treatment of involuntary infertility.



### **Goal**

To ensure that by 2015 all primary health-care and family planning facilities are able to provide, directly or through referral, the widest achievable range of safe and effective family planning and contraceptive methods.

*(Key actions ICPD+5, paragraph 53)*

Where there is a gap between contraceptive use and the proportion of individuals expressing a desire to space or limit their families, countries should attempt to close this gap by at least 50 per cent by 2005, 75 per cent by 2010 and 100 per cent by 2050.

*(Key actions ICPD+5, paragraph 58)*

Governments re-affirmed their commitment to these goals during the review of the Beijing Declaration and Platform for Action at the Twenty-third Special Session of the United Nations General Assembly in 2000.

In order to contribute to the achievement of these global goals, the Department has set a number of specific objectives that are within its manageable interest. This work is carried out in partnership with academic institutions, governmental and nongovernmental organizations and a large number of stakeholders and interested parties.

## **RHR's work in Promoting Family Planning**

The causes of unmet need are multiple and include lack of services or barriers to their access; poor quality of services (inappropriate client-provider interactions, substandard technical competence of providers, inadequate information, poor design and management of service delivery systems); technology issues (limited or inappropriate choice of available methods and fear, or experience, of side-effects); and broader social issues (people's lack of knowledge, sociocultural, religious and gender barriers, power imbalances within couples and families). Furthermore, a number of trends are continuously reshaping the context of family planning and affect the magnitude and type of needs to be met. These include the high rates of STI and HIV transmission worldwide, the changing patterns of adolescent sexuality and fertility, and the large number of people living in poverty and other vulnerable situations.

In order to effectively meet the family planning needs of the millions of individuals and couples who are currently poorly served, or not served at all, the Department must strive to enhance the likelihood that its programme of work contributes meaningfully to improving the quality of family planning care globally. In general, quality improvements result from three major streams of work which aim to:

- 1) support the provision of high-quality family planning services, including the production of evidence-based guidance, delivered by a health system committed to continuous quality improvement;
- 2) assure a broad range of safe, effective and acceptable family planning methods;
- 3) foster an enabling environment at family, community, national and international levels for addressing unmet need and for promoting access to high-quality services for those who desire them.

The Department's programme of work in family planning, including the research agenda, flows from these three streams.

The research agenda will focus on:

- Epidemiological research on the safety and efficacy of existing methods, and critical appraisals/systematic reviews of the evidence for the creation of evidence-based guidance.
- Operations research to evaluate strategies for improving the quality of care, including the implementation of evidence-based guidance.



- Social science research on barriers to the uptake of family planning services (including infertility treatment) among groups of underserved and/or vulnerable populations, and of appropriate strategies to address these barriers; further research to evaluate the social and behavioural determinants of the successful use of family planning methods and services.
- Development of new contraceptive methods, including improved methods of emergency contraception, dual protection methods, long-acting hormonal and non-hormonal methods for women, long-acting hormonal methods for men.
- Evaluation of new technologies for the treatment of infertility suitable for resource-poor settings.
- Basic science investigations to identify new targets for contraception research (depending upon availability of funds).

The Department will continue to ensure that results of research are widely disseminated, not only to the scientific community through peer-reviewed scientific journals, but also through the Internet and through meetings and workshops including with policy-makers and programme managers. In addition, the Department will provide support to countries to strengthen their capacity for research.

It is increasingly clear that the quality of care provided greatly influences the use of services; many family planning programmes have substantial progress to make in improving quality of care. The Department plans to help address this issue by developing guidelines and training materials that focus explicitly on ensuring a high quality of accessible, acceptable and affordable family planning services that are evidence-based. A central element of this work will be the Four Cornerstones of evidence-based guidelines and tools (the *Medical Eligibility Criteria for Contraceptive Use*, the *Selected Practice Recommendations for Contraceptive Use*, the *Decision-making Tool for Family Planning Clients and Providers* and the *Handbook for Family Planning Providers*) and the ongoing monitoring and critical appraisal of new evidence to assure that the guidelines and tools remain current and based on the best available science.

The Department's commitment to improving quality of care in family planning will include efforts to strengthen national health system capacity. A key aspect of this will be supporting countries in implementing WHO's family planning norms, tools and standards.

The Department recognizes, however, that the provision of quality family planning services alone will only partially address existing problems of unmet need. Thus, the Department will endeavour to foster an enabling environment at family, community, national and international levels for addressing unmet need and for promoting access to high-quality services for those who desire them. This will include guidance on the delivery of quality services from the perspective of those served. At the global level, the Department will continue to advocate for family planning both for the direct benefits it brings to people, their families and societies as well as for the role it plays in achieving Millennium Development Goals.

The following six objectives are derived from the three major streams of work outlined above.

**Objective 1: To increase availability of high-quality family planning services.**

This objective derives from the first stream of quality improvement, through the creation and implementation of evidence-based tools and guidelines and the evaluation of the impact of this guidance on improving family planning access, choice and informed consent. The provision of high-quality services also encompasses social and behavioural science and operations research regarding the successful use of family planning services, research to evaluate the barriers to uptake of family planning services and on strategies to address them. Finally, the objective also comprises the development of protocols for infertility prevention, diagnosis and management.



**Objective 2: To broaden the range of safe, effective, acceptable and affordable family planning and infertility care methods available to all women and men.**

This objective derives from the second stream of quality improvement, and includes research on the safety and effectiveness of existing methods of contraception; development of new contraceptive methods; evaluation of male and female reproductive functions to identify new targets for contraception research; and evaluation of technologies for the treatment of infertility suitable for resource-poor settings.

**Objective 3: To strengthen national health system capacity to ensure high-quality and sustainable family planning programmes and services in resource-poor settings.**

This objective derives from the first stream of quality improvement, for it is recognized that the provision of high-quality services requires the support of a strong health system. It incorporates support to countries in adapting and implementing evidence-based norms and tools. Much of the Department's work in strengthening health systems to promote reproductive health, including family planning, will be conducted through the Implementing Best Practices Initiative (IBP) and other Departmental mechanisms for the provision of technical support to countries.

**Objective 4: To foster family and community support for quality family planning services and informed reproductive choices.**

This objective derives from the third stream of quality improvement, for it is recognized that the provision of high-quality services requires the support of the families and communities that the services are intended to benefit. It includes guidance at the family and community levels on the promotion of individuals' knowledge and skills to make informed reproductive choices, and on enhancing the role of families and communities in health service provision. Planned activities include the development of guidance on health systems mechanisms to involve the community in quality improvement processes (to be conducted in 2006-2007 and 2008-2009).

**Objective 5: To foster an enabling environment at the national level supportive of sound family planning programmes, policies, laws and initiatives.**

This objective derives from the third stream of quality improvement, for it is recognized that supportive national environments are imperative for the success of family planning programmes. Although no work for this objective has been budgeted for 2004-2005, the Department plans to conduct research on the synergies between the status of women and the provision of high-quality family planning services in 2006-2007. In particular, research is planned to evaluate the contribution of family planning programmes to women's empowerment and gender equity at national levels, in conjunction with the work under Gender and Reproductive Rights.

**Objective 6: To foster an enabling environment at the global level supportive of family planning.**

This objective also derives from the third stream of quality improvement, but focusing on the international sphere. It includes advocacy for increased international commitment to reproductive health, including family planning as a major contributor to the health and well-being of individuals and the development of communities, nations and the world as a whole. Specific activities will include the development of advocacy materials to promote equity of access to family planning (2004-2005) to be followed by the development of advocacy tools and a strategy for dissemination and use of these tools (2006-2007).



## Product Listing

ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
<b>Objective 1: To broaden the provision of quality services</b>					
001	<i>Medical Eligibility Criteria</i> update	Document translation and printing	Document published, translated and printed	Document translated and printed	PDRH, objective 1, WHO Exp. Result RHR 3, output PFP1.1, rank A, priority 1
002	<i>Selected Practice Recommendations</i> update	Preparation of evidence, expert working group meetings, document preparation	Expert working group meetings held	Document published	PDRH, objective 1, WHO Exp. Result RHR 3, output PFP1.1, rank A, priority 1
003	<i>Selected Practice Recommendations</i> update	Document translation and printing	Document translated and printed	Document translated and printed	PDRH, objective 1, WHO Exp. Result RHR 3, output PFP1.1, rank A, priority 2
004	<i>The Handbook for Family Planning Providers</i>	Preparation of evidence, expert working group meetings, document preparation	Two expert working group meetings held	Document published	PDRH, objective 1, WHO Exp. Result RHR 3, output PFP1.1, rank A, priority 1
005	<i>Decision-making Tool for Family Planning Clients and Providers</i>	Completion of the document	Document published	Document disseminated	PDRH, objective 1, WHO Exp. Result RHR 3, output PFP1.1, rank A, priority 1
006	<i>Decision-making Tool for Family Planning Clients and Providers</i>	Translations of the document	Translations completed	Translations published and disseminated	PDRH, objective 1, WHO Exp. Result RHR 3, output PFP1.1, rank A, priority 2
007	<i>Decision-making Tool for Family Planning Clients and Providers</i>	Impact evaluation and possible revision	Impact evaluation initiated	Impact evaluation completed	PDRH, objective 1, WHO Exp. Result RHR 3, output PFP1.1, rank A, priority 2
008	System for ongoing monitoring of evidence to support guidance	Bibliographic searches, critical appraisals, peer review and systematic reviews	Bibliographic searches, critical appraisals, peer review and systematic reviews performed	Bibliographic searches, critical appraisals, peer review and systematic reviews performed	HRP, objective 1, WHO Exp. Result RHR 1, output PFP1.1, rank A, priority 1
009	Impact evaluation of guidelines and tools	Collaboration with partners to develop and implement research agenda	Research initiated	Research plan continuation	HRP, objective 1, WHO Exp. Result RHR 3, output PFP1.1, rank A, priority 3
010	Monitoring and evaluation of guidelines and tools	System to monitor distribution of, and periodically obtain feedback on, guidelines and tools	Monitoring strategy developed	Monitoring implemented	PDRH, objective 1, WHO Exp. Result RHR 3, output PFP1.1, rank A, priority 3
011	Guides for establishment of national registers for assisted reproductive technologies (ART)	Collaboration with the International Committee of ART Monitoring (ICMART) for the development of guidance for the establishment of national ART registers. Dissemination of guidance materials	Guidance material available. Regional workshops to support establishment of national ART registers held	Additional regional workshops for dissemination held	PDRH, objective 1, WHO Exp. Result RHR 3, output PFP1.2, rank B, priority 3
012	Fifth edition of <i>WHO Laboratory Manual for the Examination of Human Semen and Sperm-cervical Mucus Interaction</i>	Continuing development, publication and dissemination of the 5th edition of the <i>WHO Laboratory Manual for the Examination of Human Semen and Sperm-cervical Mucus Interaction</i>	Manual published	—	HRP, objective 1, WHO Exp. Result RHR 3, output PFP1.2, rank B, priority 2



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
013	Second edition of <i>WHO Manual for the Standardized Investigation, Diagnosis and Management of the Infertile Male</i>	Development, publication and dissemination of 2nd edition of the <i>WHO Manual for the Standardized Investigation, Diagnosis and Management of the Infertile Male</i>	Revision of manual initiated	Revision finalized. Publication and dissemination of 2nd edition of manual under way	HRP, objective 1, WHO Exp. Result RHR 3, output PFP1.2, rank B, priority 2
014	Users' perspectives on fertility regulating methods and services	Documentation of user, non-user and provider perspectives on family planning methods, including research on method acceptability, preferences, choices and use	Two to three studies initiated. Results from completed research disseminated	Two additional studies supported	HRP, objective 1, WHO Exp. Result RHR 1, output PFP1.3, rank B, priority 1
015	Users' perspectives on quality of care in family planning services	Evidence on quality of care and its impact on contraceptive use, including user satisfaction	Two to three studies initiated. Results from completed research disseminated	Two additional studies supported	HRP, objective 1, WHO Exp. Result RHR 1, output PFP1.3, rank B, priority 1
016	Prevention of the dual risks of unwanted pregnancy and STIs/HIV	Documentation of the perspectives of sexually active women and men on the dual risks of unwanted pregnancy and STIs/HIV and their implications for sexual behaviour and family planning	Two to three studies initiated. Results from completed research disseminated	Two additional studies supported	HRP, objective 1, WHO Exp. Result RHR 1, output PFP1.3, rank B, priority 1
017	Evaluation of strategies which address the family planning needs of vulnerable and under-studied populations	Documentation of the strategies which optimally address the family planning needs of vulnerable and under-studied populations	Two to three studies initiated. Results from completed research disseminated	Two additional studies supported	HRP, objective 1, WHO Exp. Result RHR 1, output PFP1.4, rank B, priority 3
018	Improved quality of family planning services	Documentation of existing gaps in operations research and identification of priorities for WHO	Background papers commissioned. Consultation held	Background papers and consultation report with recommendations completed	HRP, objective 1, WHO Exp. Result RHR 1, output PFP1.5, rank B, priority 3
019	Research initiative in operations research in family planning	Conduct of operations research on family planning	Two to three studies supported	Continued support for studies	HRP, objective 1, WHO Exp. Result RHR 2, output PFP1.5, rank B, priority 1
<b>Objective 2: To widen the range of products or technologies</b>					
020	Safety and efficacy of novel emergency/postcoital contraception	Non-human primate research on the efficacy of promising compound(s)	Primate studies continuing	Primate studies completed. Most promising lead for further studies identified	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.1, rank B, priority 1
021	Safety and efficacy of novel emergency/postcoital contraception	Pre-Phase I/II toxicology and teratology of promising lead(s)	Pre-Phase I studies continuing/completed. Pre-Phase II studies initiated	Pre-Phase II studies completed	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.1, rank B, priority 1
022	Safety and efficacy of novel emergency/postcoital contraception	Phase I clinical study of the most promising lead	Phase I clinical study initiated	Phase I clinical study completed	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.1, rank B, priority 1
023	Safety and efficacy of novel emergency/postcoital contraception	Phase II clinical study	—	Phase II clinical study initiated	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.1, rank B, priority 1



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
024	Safety and efficacy of novel emergency/postcoital contraception	Pre-Phase III toxicology of the most promising lead	—	Pre-Phase III toxicology studies initiated	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.1, rank B, priority 1
025	Scientific guidance from Research Group on Post-ovulatory Methods for Fertility Regulation	Annual meetings of Research Group	Meeting held	Meeting held	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.1, rank B, priority 1
026	Safety and effectiveness of a three-monthly steroidal injectable for women	Development of levonorgestrel butanoate as a new and improved injectable contraceptive	Animal pharmacokinetic study completed. Toxicology studies ongoing	Toxicology studies completed. Human pharmacokinetic study completed	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.1, rank B, priority 1
027	Safety and effectiveness of a combined hormonal vaginal ring	Collaboration in the clinical evaluation of the Population Council's combined vaginal ring (support to two centres)	Phase III trial initiated/continuing	Phase III trial continuing	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.1, rank B, priority 1
028	Safety and effectiveness of a novel hormone-releasing intra-uterine system (IUS)	Collaborative comparative trial of the clinical performance of the novel T-LNG14 IUS and the T-LNG20 IUS (Mirena)	—	Meeting to prepare for trial held	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.1, rank B, priority 1
029	Safety and efficacy of an hCG immunocontraceptive	Phase I clinical study of a sustained release matrix formulation	Phase I study continuing	Phase I clinical study completed	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.1, rank B, priority 1
030	Safety and efficacy of an hCG immunocontraceptive	Pre-Phase II teratology of a sustained release matrix formulation	Pre-Phase II teratology study continuing	Pre-Phase II teratology study completed	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.1, rank B, priority 1
031	Safety and efficacy of an hCG immunocontraceptive	Phase II clinical study of a sustained release matrix formulation	—	Phase II clinical study initiated	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.1, rank B, priority 1
032	Safety and efficacy of an hCG immunocontraceptive	Pre-Phase III toxicology of a sustained release matrix formulation	—	Pre-Phase III toxicological studies initiated	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.1, rank B, priority 1
033	Scientific guidance from Research Group on Immunocontraception	Annual meetings of Research Group	Meeting held	Meeting held	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.1, rank B, priority 1
034	Contraceptive efficacy of testosterone undecanoate	Continuation of Phase III "Multicentre clinical evaluation of the contraceptive efficacy of injectable testosterone undecanoate in normal Chinese men"	Phase III clinical trial continuing	Phase III clinical trial completed. Report and manuscripts submitted	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.1, rank B, priority 1
035	Pharmacokinetics of testosterone undecanoate formulated in soy bean oil	Pharmacokinetic and pharmacodynamic clinical study of a novel formulation of testosterone undecanoate	Phase I pharmacokinetic study completed	—	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.1, rank B, priority 1
036	Safety and effectiveness of testosterone undecanoate (TU) plus depot medroxyprogesterone acetate (DMPA) for male contraception	Effects of a combined regimen of TU and DMPA on sperm production and testosterone levels in healthy Asian men	Phase II study initiated	Phase II study completed	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.1, rank B, priority 1



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
037	Safety and effectiveness of testosterone undecanoate (TU) plus norethisterone enanthate (Net-En) for male contraception	Multicentre study of sperm suppression and contraceptive protection provided by TU plus Net-En in healthy men	Clinical trial initiated	Clinical trial continuing	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.1, rank B, priority 1
038	Comparative preclinical testing of new testosterone undecanoate (TU) formulation	Comparative preclinical evaluation of TU formulated in soy bean oil (co-funded with CONRAD)	Preclinical evaluation initiated	Preclinical evaluation completed	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.1, rank B, priority 2
039	Scientific guidance from Research Group on Methods for the Regulation of Male Fertility	Annual meetings of Research Group	Meeting held	Meeting held	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.1, rank B, priority 1
040	Collaboration with countries on the introduction of new reproductive health technologies into existing family planning programmes - female condom	Application of the Strategic Approach to the introduction of the female condom; assessment, introductory research and scaling-up of female condom programmes	Assessment completed and introduction research ongoing in one country	Introduction research completed. Scaling-up initiated	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.1, rank B, priority 3
041	Collaboration with countries on the introduction of new reproductive health technologies into existing family planning programmes - emergency contraception	Application of the Strategic Approach to the introduction of emergency contraception; assessment, introductory research and scaling-up of emergency contraception programmes	Assessment and introduction research completed and scaling-up initiated in one country	Assessment, introduction research and scaling-up completed in an additional country	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.1, rank B, priority 2
042	New leads for female fertility regulation	Identification, characterization, and preparation of implantation-associated factors	Candidate molecules for further evaluation identified	Tissue specificity, spatial and temporal expression and effects of inhibition of implantation-associated factors investigated	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.2, rank C, priority 2
043	New leads for male fertility regulation, ongoing studies	Continuation of ongoing investigation of events in spermatogenesis and spermiogenesis that could lead to new methods of fertility regulation for use by men	Ongoing male basic science research studies completed	—	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.2, rank C, priority 2
044	New leads for male fertility regulation, new initiative	Initiation of new studies in the investigation of events in spermatogenesis and spermiogenesis that could lead to new methods of fertility regulation for use by men	New studies of new leads for male fertility regulation initiated	Studies of new leads for male fertility regulation continuing	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.2, rank C, priority 1
045	Guidance from sub-committee to review male basic science proposals	Basic science research consultation on male methods to review progress and new proposals	Meeting held	—	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.2, rank C, priority 1
046	Understanding progestogen-induced endometrial bleeding	Further elucidation of mechanisms involved in progestogen-induced endometrial bleeding irregularities	Ongoing study on the response of the endometrial vasculature to progestogens completed	—	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.2, rank C, priority 1



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
047	International meeting on the mechanisms of uterine bleeding	International meeting in collaboration with NICHD to assess state-of-the-art in basic science and clinical treatments of irregular bleeding	—	Meeting held	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.2, rank C, priority 1
048	Long-term safety and effectiveness of male sterilization	A 10-year follow-up study on safety and effectiveness of three methods of male sterilization	Long-term safety and efficacy study initiated	Long-term safety and efficacy study completed	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.3, rank A, priority 1
049	Long-term safety and effectiveness of implantable contraceptives for women	Multicentre randomized clinical trial of two implantable contraceptives for women: Jadelle and Implanon	Long-term study continuing	Long-term study completed	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.3, rank A, priority 1
050	Impact of implantable contraceptives on mood status and sexuality in comparison to non-hormonal methods	Assessment of mood changes in users of implantable contraceptives versus users of the TCu380A IUD	Assessment of mood changes continuing	Assessment of mood changes completed	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.3, rank A, priority 1
051	Impact of progestogen-only contraception on bone mineral density	Association of use of progestogen-only contraceptives (DMPA) and combined oral contraceptives and bone mineral density, with special reference to adolescents	Prospective study continuing	Prospective study completed	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.3, rank A, priority 1
052	Long-term safety and effectiveness of the TCu380A IUD	Assessment of safety, effectiveness, and remaining copper levels after 15 years of use of the TCu380A	Long-term safety and effectiveness study continuing	Long-term safety and effectiveness study completed	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.3, rank A, priority 1
053	Long-term safety and effectiveness of the LNG 20 IUS (Mirena) and the TCu380A IUD	Comparative evidence regarding clinical performance of the two devices	Long-term study completed	—	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.3, rank A, priority 2
054	Interaction between antiretroviral therapy (ARV) and steroid hormone contraception	Long-term observational study of HIV-infected women in developing countries using steroid hormone contraception	Study of ARV and steroid hormone contraception initiated	Study of ARV and steroid hormone contraception continuing	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.3, rank A, priority 1
055	Interaction between antiretroviral therapy (ARV) and steroid hormone contraception	Long-term observational study of HIV-infected women in developing countries using steroid hormone contraception	—	Study of ARV and steroid hormone contraception expanded	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.3, rank A, priority 2
056	Surveillance of emerging contraceptive safety questions with particular relevance to developing countries	Literature reviews, peer-reviewed manuscripts, expert meetings	Ongoing system for surveillance initiated	Ongoing system for surveillance continuing	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.3, rank A, priority 2
057	Low-cost assisted reproductive technology (ART) protocol	A draft protocol prepared and reviewed by scientific committee. Field-testing in low-resource settings. Publication of results and protocol dissemination	Meeting to review draft protocol held. Field-testing of revised protocol underway	Dissemination of results initiated	HRP, objective 2, WHO Exp. Result RHR 1, output PFP2.4, rank B, priority 3



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
<b>Objective 3: To strengthen health management and support systems</b>					
058	Training guide for the <i>Decision-making Tool for Family Planning Clients and Providers</i>	Guide to aid policy-makers, project managers and providers in the use of the tool	Document published	Assistance on implementation initiated	PDRH, objective 3, WHO Exp. Result RHR 3, output PFP3.2, rank A, priority 2
059	Adaptation guide for the <i>Decision-making Tool for Family Planning Clients and Providers</i>	Guide to aid policy-makers and project managers in the adaptation of the tool for local needs	Document published	Assistance on implementation initiated	PDRH, objective 3, WHO Exp. Result RHR 3, output PFP3.2, rank A, priority 2
060	Adaptation and implementation of evidence-based guidance at country level (in strategic partnership with UNFPA)	Workshops, technical backstopping, and other technical support at country level to assist in the implementation and adaptation of the <i>Medical Eligibility Criteria for Contraceptive Use</i> , the <i>Selected Practice Recommendations for Contraceptive Use</i> , the <i>Decision-making Tool for Family Planning Clients and Providers</i>	Workshops held. Assistance given	Workshops held. Assistance given	PDRH, objective 3, WHO Exp. Result RHR 4, output PFP3.2, rank A, priority 2
061	Adaptation and implementation of evidence-based guidance at country level (in strategic partnership with UNFPA)	Workshops, technical backstopping, and other technical support at country level to assist in the implementation and adaptation of the <i>Medical Eligibility Criteria for Contraceptive Use</i> , the <i>Selected Practice Recommendations for Contraceptive Use</i> , the <i>Decision-making Tool for Family Planning Clients and Providers</i>	Workshops held. Assistance given	Workshops held. Assistance given	PDRH, objective 3, WHO Exp. Result RHR 4, output PFP3.2, rank A, priority 3
<b>Objective 6: To ensure effective international efforts and collaboration</b>					
062	Advocacy materials to promote equity of access to family planning	Development of advocacy materials to promote equity of access to family planning	Advocacy material development initiated	Advocacy materials completed	PDRH, objective 6, WHO Exp. Result RHR 4, output PFP6.2, rank B, priority 3
<b>Core functions</b>					
063	Strategic Committee on Promoting Family Planning	Strategies and priorities developed, endorsed and refined for promoting family planning	One meeting of the Strategic Committee held during the year	—	PDRH, objective Core, WHO Exp. Result RHR 4, output PFP_Core, rank Core, priority 1
064	Translation, reprinting and dissemination of existing HRP technical materials relating to promoting family planning		Translation, reprinting and dissemination of existing materials carried out	Translation, reprinting and dissemination of existing materials carried out	HRP, objective Core, WHO Exp. Result RHR 1, output PFP_Core, rank Core, priority 1
065	Translation, reprinting and dissemination of existing PDRH technical materials relating to promoting family planning		Translation, reprinting and dissemination of existing materials carried out	Translation, reprinting and dissemination of existing materials carried out	PDRH, objective Core, WHO Exp. Result RHR 4, output PFP_Core, rank Core, priority 1



### 3. Improving Maternal and Perinatal Health

#### Issues and Challenges

Trends in maternal morbidity and mortality show that only a few countries, mostly those where levels of maternal mortality are already relatively low, have been able to demonstrate sustained reductions in maternal deaths between 1990 and 2000. Thus, more than 500 000 women continue to die each year as a result of causes related to pregnancy, childbirth and the postpartum period. The same trends apply to perinatal mortality, where over three million newborn babies die within the first week of life, whilst 3.8 million babies are born dead. Both tragedies are common in developing countries and countries in transition. Yet, the major causes of suffering and death are well documented and known to be amenable to therapeutic as well as preventive interventions, i.e., evidence-based, cost-effective interventions that are affordable, acceptable and, in the majority of cases, can be made available, even when resources for health care are seriously limited.

Therefore, one major challenge for maternal and perinatal health programmes remains how to accelerate the implementation of appropriate interventions so that:

- all women and their newborns, especially among the poor and marginalized communities, have access to skilled care;
- evidence-based practices are implemented and quality of care is ensured;
- effective collaboration with key stakeholders, including women, families and the communities, within the health sector and other sectors is achieved for improved maternal and perinatal health and thereby for the alleviation of poverty.

The Department's Programme of Work for 2004-2005 intends to contribute to achieving the goals of improved maternal and newborn health in line with the ICPD Programme of Action and the Millennium Development Goals.

#### Goals

To reduce maternal mortality by 75% from 1990 levels by the year 2015.

*(ICPD Programme of Action, paragraph 8.21)*

To reduce infant mortality rate below 35 per 1,000 live births in all countries by the year 2015 [which will be strongly dependent upon achieving a reduction in newborn mortality].

*(ICPD Programme of Action, paragraph 8.16)*

In the pursuance of these goals, the proposed Programme of Work for the years 2004-2005 will address the major barriers for women and newborns to access the quality skilled care they need for pregnancy, childbirth and the postnatal period.

#### RHR's work in Improving Maternal and Perinatal Health

In line with the overall objectives of the Department, the programme in maternal and perinatal health will have the following main thrusts:

- 1) providing normative guidance and technical support to regions and countries for the provision of quality maternal and perinatal health services;



- 2) conducting research to map effective interventions and improve the quality of services and making this evidence known to the widest constituency;
- 3) providing normative guidance and technical support to regions and countries for the development, implementation and evaluation of evidence-based, cost-effective and sustainable maternal and perinatal health programmes;
- 4) advocating for keeping safe motherhood high on the international, regional and national agendas, in particular to show the links between poverty, maternal and perinatal health and sustainable development; and
- 5) monitoring and evaluating global progress toward the attainment of the international goals in maternal and infant (newborn) health.

The programme of work related to the above main thrusts is composed of six objectives as follows.

***Objective 1: To improve the provision of quality maternal and perinatal health services, including essential and emergency obstetric and neonatal care (during pregnancy, childbirth and the postnatal period), referral care, family planning and post-abortion care.***

The Department will strive to improve the provision of quality maternal and perinatal health services by continuing to develop and make available, in regions and countries, evidence-based norms and tools. Milestones for 2004-2005 towards this objective include the development of: standards for maternal and neonatal care; a guideline for strengthening emergency obstetric care and referral care for mothers and newborns; an antenatal care reference guide; a manual for management of obstetric fistulae; manuals for reviewing perinatal deaths and complications and for conducting audits of maternal deaths and life-threatening complications; a manual for managing newborn problems; a strategy for the prevention of low birth weight; and a planning guide intended for district level managers.

The Department will also review, update and disseminate tools that are already available to countries. For instance, it is planned in 2004-2005 to update the manual for *Managing Complications in Pregnancy and Childbirth: A guide for midwives and doctors* and make the 2nd edition as widely available as the first edition. Ongoing country adaptation guidelines, validation studies and support materials for the "Essential Care Practice Guide" package will also be developed during the biennium. Furthermore, the Department plans to evaluate the package of tools and guidelines produced and disseminated to date. This work will include the development and implementation of an evaluation strategy, as well as the preparation of a report on the use and impact of maternal and perinatal health tools and guidelines in countries.

Technical support will be provided to WHO Regions for assisting countries to develop, monitor and evaluate action plans for improving the availability and quality of maternal and newborn health services, including adapting and using the maternal and perinatal health tools. As part of this effort it is intended to establish a pool of expert consultants at regional level capable of providing the necessary technical support in maternal and newborn health to countries as needed. Efforts to integrate maternal and newborn care at all levels with HIV/AIDS, malaria and child and adolescent care will continue.

***Objective 2: To broaden the range of effective and evidence-based preventive and therapeutic interventions to reduce the major causes of maternal and newborn morbidity and mortality.***

The Department will continue to conduct research to improve the worldwide knowledge base on the magnitude and burden of leading causes of maternal and perinatal morbidity and mortality, as well as long-term sequelae of pregnancy-related morbidity.

Efforts will continue to identify, develop and evaluate effective practices for maternal and newborn health, and identify the most appropriate indicators to quantify the benefit of maternal and perinatal health interventions. The Global Programme to Conquer Pre-eclampsia and Eclampsia will be coordinated and implemented.

Activities will also be intensified to produce and make available to Regions and countries evidence on cost-effectiveness and cost-benefits of maternal and newborn health interventions known to be effective. Emphasis will be placed on conducting cost-effectiveness studies of the proven effective interventions listed in the *WHO*



*Reproductive Health Library* issues of 2004 and 2005. Research will also be conducted to focus on issues of quality of services for mothers, including access to effective care and gender issues. Efforts will be strengthened to promote the implementation of research results to make programmatic strategies operational in countries.

***Objective 3: To strengthen the capacity of health care management, training and support systems at all levels in order to ensure sustainable quality services for maternal and perinatal health are available and accessible to all, especially the poor and marginalized.***

WHO's work in maternal and perinatal health focuses on strengthening health systems capacity to ensure that women and their newborns have access to the care they need, when they need it, with particular emphasis placed on skilled attendants during pregnancy, birth and the postpartum period including the care for the newborn and the provision of an appropriate and effective continuum of care.

As such, the Department will continue to intensify its efforts to provide technical support in the area of management, leadership, negotiation and training capacity to ensure that sustainable, quality maternal and newborn health services are available and accessible to all, especially the poor and marginalized. Efforts will also be put in place to facilitate and strengthen collaborative networks at regional and national levels to support the implementation of maternal and newborn health programmes.

In collaboration with other WHO departments and partners, gender-sensitive and rights-based guidelines will be developed and disseminated to enhance the competencies of maternal and newborn health managers, teachers and leaders. Special effort will be placed on developing tools and guidelines to enhance better planning of human resources with focus on skilled attendants for maternal and newborn health services as well as to improve competencies of skilled attendants, including tools and workshop manuals for strengthening capacity of teachers. Guidance will be provided to strengthen integration of maternal and perinatal priorities and programmes into national macro-economic planning processes (national development plans, etc.) in the context of health sector development programmes.

***Objective 4: To enhance the role of women, men, families and communities in improving maternal and perinatal health.***

The Department recognizes that even when formal health systems are in place to provide skilled care, the involvement of individuals, families and communities is essential. Guidance will therefore be made available on the range of measures which ensure that individuals, families and communities have the knowledge and skills to facilitate decision-making and care-seeking behaviour relating to maternal and newborn health needs.

Plans are in place to build a body of evidence and documentation of experiences on educational and counselling approaches, empowerment approaches and community actions that support the development of capacities and skills of individuals, families and communities in improving maternal and newborn health and increasing access and use of skilled care.

***Objective 5: To strengthen policy and governance at national and regional levels that enhances equitable access to, and use of, maternal and perinatal health services, with special focus on the poor and marginalized.***

A key priority in the biennium will be to provide support to increase government commitment and action for skilled attendants for maternal and perinatal health. Efforts will be put in place to increase national capacity to create an enabling legal, policy and regulatory environment, by assisting countries to assess their national policies and regulations as they relate to key maternal and perinatal health issues.

Through advocacy and partnership activities the Department will try to increase commitment at national and regional levels for improved access to skilled attendants. Support will be provided to professional associations to promote access to skilled care during pregnancy, birth and the postpartum period.



The Department will also intensify its work in building the evidence base for understanding the relationship between poverty and maternal and newborn health in order to assist countries to increase equitable access to skilled care for poor and marginalized populations. Furthermore, guidelines on policy for financing maternal and newborn health interventions, as well as guidelines on conducting key advocacy activities at national level for improving maternal and newborn health with a focus on access for the poor will be developed.

**Objective 6: To strengthen and sustain commitment and action at global level towards the achievement of the Millennium Development Goals and other relevant goals concerned with the reduction of maternal and neonatal mortality.**

The Department will work with partners, academic institutions, ministries of health and nongovernmental organizations to ensure that safe motherhood, including skilled attendants for maternal and newborn care, is kept high on the health and development agenda. Efforts will be intensified to develop joint plans of action with key partners, including international professional associations. Provision is made in the programme of work to develop advocacy training materials for safe motherhood leaders at district, national, regional and international levels, as well as to disseminate information to reach the general public. Four editions of the Safe Motherhood Newsletter will be produced and disseminated during the biennium.

Improved data collection systems will be established for monitoring the magnitude and burden of leading causes of maternal and newborn morbidity and mortality, as well as the attainment of the Millennium Development Goals, and assistance will be provided to improve monitoring of maternal and perinatal health outcomes at country level. The Department's global databases on key reproductive health indicators including use of skilled attendants will be maintained and widely made available, and maternal and neonatal mortality estimates will be produced and published at periodic intervals.

Finally, the Department will develop monitoring and evaluation frameworks to ensure unified monitoring and evaluation of the implementation of WHO's work in maternal and perinatal health, including what lessons have been learned at country level.

## Product Listing

ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
<b>Objective 1: To broaden the provision of quality services</b>					
066	<i>Standards for Maternal and Neonatal Care</i>	Volume 1 of the standards reviewed and updated to include 10 new standards	Draft of new standards completed. Volume 1 reviewed and updated	New standards finalized and disseminated. Edition 2 of Volume 1 finalized and disseminated	MPS, objective 1, WHO Exp. Result MPR 2, output MNI1.1, rank A, priority 1
067	<i>Managing Newborn Problems</i>	Manual for doctors, nurses and midwives at the referral hospital. Reference library, programme tools, translations, dissemination	Draft tools developed and tested. Selected reviews completed	Tools finalized	MPS, objective 1, WHO Exp. Result MPR 2, output MNI1.1, rank A, priority 1
068	<i>Managing Newborn Problems</i>	Manual for doctors, nurses and midwives at the referral hospital. Reference library, programme tools, translations, dissemination	—	Tools disseminated. Selected reviews completed	MPS, objective 1, WHO Exp. Result MPR 2, output MNI1.1, rank A, priority 2
069	<i>Pregnancy, Childbirth, Postpartum and Newborn Care: A guide for essential practice</i>	Validation studies, handbook on counselling, reference library, job aids, programme tools, translations, dissemination	Draft tools developed and tested	Tools finalized	MPS, objective 1, WHO Exp. Result MPR 2, output MNI1.1, rank A, priority 1



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
070	<i>Pregnancy, Childbirth, Postpartum and Newborn Care: A guide for essential practice</i>	Validation studies, handbook on counselling, reference library, job aids, programme tools, translations, dissemination	—	Tools published and disseminated	MPS, objective 1, WHO Exp. Result MPR 2, output MN1.1, rank A, priority 2
071	Evaluation and revision of existing tools produced prior to the Making Pregnancy Safer initiative	Evaluation of use and impact of all tools and development and implementation of revision plan	Criteria for review established and action plan developed for review and updating of all tools related to pregnancy, childbirth, postnatal care and newborn health	Contract(s) established for undertaking evaluation and revision of Priority A listed tools and first draft revision(s) developed. Evaluation ongoing	MPS, objective 1, WHO Exp. Result MPR 2, output MN1.1, rank A, priority 1
072	Evaluation and revision of existing tools produced in recent years	Evaluation of use and impact of all tools and development and implementation of revision plan	—	Contract(s) established for undertaking evaluation and revision of Priority A listed tools and first draft(s) developed. Evaluation ongoing	MPS, objective 1, WHO Exp. Result MPR 2, output MN1.1, rank A, priority 2
073	Strategy for prevention of low birth weight (LBW)	WHO guidance on priorities for action to improve size at birth/prevent LBW	Analysis of the significance of size at birth for survival, growth and health	Formation of draft strategy and review by WHO Regions and countries	MPS, objective 1, WHO Exp. Result MPR 1, output MN1.1, rank A, priority 2
074	Second edition of <i>Management of Complications during Pregnancy and Childbirth</i>	Review and updating of 1st edition of <i>Management of Complications during Pregnancy and Childbirth</i>	Outline draft of 2nd edition developed	Technical review meeting held. Report from meeting produced. Changes incorporated into draft 2nd edition	MPS, objective 1, WHO Exp. Result MPR 2, output MN1.1, rank A, priority 2
075	Antenatal care reference guide	Antenatal care guide for high-risk and complicated pregnancy	Draft guide completed	Guide finalized and published	MPS, objective 1, WHO Exp. Result MPR 2, output MN1.1, rank A, priority 2
076	Antenatal care reference guide	Antenatal care guide for high-risk and complicated pregnancy	—	Guide disseminated	MPS, objective 1, WHO Exp. Result MPR 2, output MN1.1, rank A, priority 3
077	Obstetric fistulae manual	Manual for management of obstetric fistulae	First draft of manual developed	Technical review consultation held and recommendation report produced	MPS, objective 1, WHO Exp. Result MPR 2, output MN1.1, rank A, priority 2
078	Obstetric fistulae manual	Manual for management of obstetric fistulae	—	Manual finalized for publication	MPS, objective 1, WHO Exp. Result MPR 2, output MN1.1, rank A, priority 3
079	Support to AFRO for the development and implementation of Making Pregnancy Safer programmes	Support to region to assist countries to develop, implement, monitor and evaluate action plans for improving maternal and perinatal health	Support provided for the development and implementation of plans of action in first priority countries	Support provided for the development and implementation of plans of action in first priority countries	MPS, objective 1, WHO Exp. Result MPR 1, output MN1.2, rank A, priority 1
080	Support to AFRO for the development and implementation of Making Pregnancy Safer programmes	Support to region to assist countries to develop, implement, monitor and evaluate action plans for improving maternal and perinatal health	Support provided for the development and implementation of plans of action in first priority countries	Support provided for the development and implementation of plans of action in first priority countries	MPS, objective 1, WHO Exp. Result MPR 1, output MN1.2, rank A, priority 2





ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
091	Technical support to first priority countries to develop, implement, monitor and evaluate Making Pregnancy Safer country plans of action	Technical support to first priority countries for developing and implementing Making Pregnancy Safer activities	Technical support provided for the development and implementation of plans of action in first priority countries	Technical support provided for the development and implementation of plans of action in first priority countries	MPS, objective 1, WHO Exp. Result MPR 1, output MN1.2, rank A, priority 2
092	Technical support to second priority countries to develop, implement, monitor and evaluate Making Pregnancy Safer country plans of action	Technical support to second priority countries for developing and implementing Making Pregnancy Safer activities	Technical support provided for the development and implementation of plans of action in second priority countries	Technical support provided for the development and implementation of plans of action in second priority countries	MPS, objective 1, WHO Exp. Result MPR 1, output MN1.2, rank A, priority 3
<b>Objective 2: To widen the range of products or technologies</b>					
093	Studies on perception and acceptability of care by women and caregivers included in randomised controlled trials	Quality of care studies alongside randomised controlled trials	Quality of care and women's and providers' perception components included in planned studies	Perception studies from two trials published	HRP, objective 2, WHO Exp. Result RHR 1, output MN12.1, rank A, priority 3
094	Operations research in maternal and perinatal health	Operational research related to implementation of: WHO Antenatal care model; effective interventions for prevention and treatment of pre-eclampsia and eclampsia; prevention of postpartum haemorrhage with injectible oxytocin and other effective interventions	Two operational research protocols completed and approved by review committees. Preparatory activities initiated	Two protocols fully implemented. Intermediate results available	HRP, objective 2, WHO Exp. Result RHR 1, output MN12.1, rank A, priority 2
095	Implementation of research results to make programmatic strategies operational in countries: From Research to Action	Implementation and evaluation of a new, evidence-based maternal health programme integrated at the district health level	Programme implemented	Evaluation completed. Research results at country level promoted	HRP, objective 2, WHO Exp. Result RHR 1, output MN12.1, rank A, priority 1
096	Capacity strengthening for research through research centres of excellence	Consolidation of the role of five centres of excellence in WHO regions which can assist countries in neighbouring areas to conduct research relevant to maternal and newborn health programmes and determine the additional institutional strengthening needs of the centres	Centres of excellence identified. Programme of work presented to Regional Advisory Panels	Regional centres identified. Three new centres included in a multicentre project	HRP, objective 2, WHO Exp. Result RHR 1, output MN12.1, rank A, priority 2
097	Systematic reviews of leading causes of maternal and perinatal morbidity and mortality	Systematic reviews of basic science, pathophysiology, aetiology, prognostic studies and pilot studies in promising area of research	One review completed	Second review identified and underway	HRP, objective 2, WHO Exp. Result RHR 1, output MN12.2, rank A, priority 1
098	Cochrane systematic reviews of effects of maternal health interventions	Preparation and maintenance of the maternal health reviews included in the WHO Reproductive Health Library (RHL)	Three new relevant systematic reviews available for inclusion in RHL issue 7	Three more new systematic reviews available for inclusion in RHL 8	HRP, objective 2, WHO Exp. Result RHR 1, output MN12.2, rank A, priority 1
099	Evaluation of the strategies for the dissemination of evidence-based practices	Research on the dissemination of results of randomised controlled trials and systematic reviews as basis for evidence-based practices	One theme issue produced similar to that of antenatal care	Preparation of one more evidence-based practice issue underway	HRP, objective 2, WHO Exp. Result RHR 1, output MN12.2, rank A, priority 1



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
100	Randomised controlled trial of calcium supplementation during pregnancy	Multicentre clinical trial of calcium supplementation for the prevention of pre-eclampsia	Trial completed	Dissemination of results and follow-up ancillary studies underway	HRP, objective 2, WHO Exp. Result RHR 1, output MNI2.2, rank A, priority 1
101	Misoprostol for the treatment of postpartum haemorrhage	Evaluation of misoprostol for treatment, rather than prevention, of primary postpartum haemorrhage	Rectal misoprostol pharmacokinetic study completed	Data analysed, written up and disseminated	HRP, objective 2, WHO Exp. Result RHR 1, output MNI2.2, rank A, priority 1
102	Antioxidants for prevention of pre-eclampsia	Randomised controlled trial to evaluate evidence of effectiveness of antioxidants for prevention of pre-eclampsia	Trial implemented and ongoing	Trial completed and results published	HRP, objective 2, WHO Exp. Result RHR 1, output MNI2.2, rank A, priority 1
103	Antibiotic regimens for the treatment of asymptomatic urinary tract infections	Randomised controlled trial to evaluate antibiotic regimens for the treatment of asymptomatic urinary tract infections	Trial implemented and ongoing	Trial completed and results published	HRP, objective 2, WHO Exp. Result RHR 1, output MNI2.2, rank A, priority 1
104	Secondary analysis and dissemination of research data	Secondary analysis and dissemination of research results from randomized controlled trials	Two new secondary papers prepared and published	Two further secondary papers prepared and published	HRP, objective 2, WHO Exp. Result RHR 1, output MNI2.2, rank A, priority 1
105	Prevention and treatment of postpartum depression	Study on prevention and treatment of postpartum depression	Systematic review completed. Protocol in preparation	Study implemented	HRP, objective 2, WHO Exp. Result RHR 1, output MNI2.2, rank A, priority 3
106	Treatment of mild to moderate hypertension during pregnancy	Randomised controlled trial to evaluate the treatment of mild to moderate hypertension during pregnancy	Protocol prepared and study implemented	Trial completed and results published	HRP, objective 2, WHO Exp. Result RHR 1, output MNI2.2, rank A, priority 1
107	Randomised controlled trial on fetal growth and development of growth standards	Studies of fetal growth focusing on outcomes based on ultrasonography, immunological and genetic essays	Protocol prepared	Protocol completed and study implemented	HRP, objective 2, WHO Exp. Result RHR 1, output MNI2.2, rank A, priority 1
108	Coordination of global programme to conquer pre-eclampsia and eclampsia	Coordination of activities for global programme on pre-eclampsia/eclampsia including initiation of research protocols	Steering committee meeting held. First protocol completed	Study implemented and ongoing	HRP, objective 2, WHO Exp. Result RHR 1, output MNI2.2, rank A, priority 1
109	Joint research projects on pre-eclampsia, pre-term deliveries and rupture of membranes	Fundamental/basic science research on pre-eclampsia, pre-term delivery and rupture of membranes identified by systematic reviews	One protocol for global pre-eclampsia initiative completed	One study implemented	HRP, objective 2, WHO Exp. Result RHR 1, output MNI2.3, rank C, priority 3
110	Research on pathophysiology and pharmacokinetic mechanisms of pregnancy pathologies	Research on pre-eclampsia, pre-term labour, intra-uterine growth retardation	One protocol for global pre-eclampsia initiative completed	One study implemented	HRP, objective 2, WHO Exp. Result RHR 1, output MNI2.3, rank C, priority 3
111	Methodological studies summarizing data from observational studies	Identify and develop solutions to methodological constraints for obtaining and summarizing reliable information from large and diverse sources and data	One methodology meeting held. Methodology paper published	Standard methodology developed and incorporated into reviews	HRP, objective 2, WHO Exp. Result RHR 1, output MNR2.2, rank A, priority 1
112	Global maternal and perinatal survey system	Development of a global network to conduct topic-specific surveys on maternal and perinatal morbidity and mortality	Pilot study on caesarean section completed. Regional centres established	System tested	HRP, objective 2, WHO Exp. Result RHR 1, output MPS_IBP_Core, rank A, priority 1



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
113	Perinatal mortality and morbidity and low birth weight assessment	Survey on the incidence of perinatal mortality and morbidity globally	Survey protocol finalized	Survey implemented	HRP, objective 2, WHO Exp. Result RHR 1, output MPS_IBP_Core, rank A, priority 1
<b>Objective 3: To strengthen health management and support systems</b>					
114	<i>Beyond the Numbers</i>	Practical manual on how to investigate the causes of maternal deaths and life-threatening complications of pregnancy, including the contribution of communities	Implementation ongoing	Series of outcome documents published	MPS, objective 3, WHO Exp. Result MPR 2, output MNI1.1, rank A, priority 1
115	<i>MPR Planning Guide</i>	A guide outlining the systems and service issues related to the key interventions required to provide quality maternal and perinatal health services and a workshop manual for district planning	Protocol for field-testing developed and guide available for field-testing	Draft guide and workshop manual revised and finalized	MPS, objective 3, WHO Exp. Result MPR 3, output MNI1.1, rank A, priority 1
116	<i>MPR Planning Guide</i>	A guide outlining the systems and service issues related to the key interventions required to provide quality maternal and perinatal health services and a workshop manual for district planning	—	Guide published and disseminated	MPS, objective 3, WHO Exp. Result MPR 3, output MNI1.1, rank A, priority 2
117	Perinatal death review manual	Manual for conducting reviews of perinatal deaths and complications (Volume 3 of <i>Beyond the Numbers</i> )	Draft manual completed	Manual finalized and disseminated	MPS, objective 3, WHO Exp. Result MPR 2, output MNI1.1, rank A, priority 1
118	Community involvement in assessing quality maternal and neonatal health services	Guidelines to assist programmes in involving communities in ongoing quality improvement processes	Preliminary draft of guidelines completed	Draft guidelines reviewed	MPS, objective 3, WHO Exp. Result MPR 3, output MNI1.1, rank A, priority 2
119	Community involvement in assessing quality maternal and neonatal health services	Guidelines to assist programmes in involving communities in ongoing quality improvement processes	—	Protocols developed for field-testing	MPS, objective 3, WHO Exp. Result MPR 3, output MNI1.1, rank A, priority 3
120	Essential Health Technology Package applied to maternal and newborn interventions	A second-generation maternal and neonatal health cost-estimation tool, which details the structural health service delivery requirements of maternal and neonatal health interventions	Tool field-tested in three countries	Reports completed and draft tool revised	MPS, objective 3, WHO Exp. Result MPR 3, output MNI3.1, rank B, priority 1
121	Essential Health Technology Package applied to maternal and newborn interventions	A second-generation maternal and neonatal health cost-estimation tool, which details the structural health service delivery requirements of maternal and neonatal health interventions	Tool technically reviewed and draft finalized	Tool published and disseminated	MPS, objective 3, WHO Exp. Result MPR 3, output MNI3.1, rank B, priority 2
122	Capacity building for maternal and neonatal health managers and leaders	A framework and tools for identifying the needs of health teams in countries in the area of management, and assessing the potential for capacity building for strengthening management and leadership	Task specifications developed and work commenced	Draft tool developed and field-tested in two regions	MPS, objective 3, WHO Exp. Result MPR 3, output MNI3.1, rank B, priority 2



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
123	Building effective coalitions and collaboration between midwives and medical doctors	A review of data depicting the historical development of midwifery services and models of midwifery care, focusing on the collaboration of midwives and medical practitioners (especially OBGYNs), to provide guidance for countries	Draft report developed	Final report published and disseminated	MPS, objective 3, WHO Exp. Result MPR 3, output MNI3.1, rank B, priority 3
124	Staffing norms and strategies necessary to provide key maternal and neonatal health interventions	Document outlining staffing norms and strategies for establishing appropriate models of care to provide quality maternal and neonatal health services including review on assistant medical officers	Preliminary reports developed	—	MPS, objective 3, WHO Exp. Result MPR 3, output MNI3.1, rank B, priority 1
125	Staffing norms and strategies necessary to provide key maternal and neonatal health interventions	Document outlining staffing norms and strategies for establishing appropriate models of care to provide quality maternal and neonatal health services including review on assistant medical officers	—	Technical review held and reports published	MPS, objective 3, WHO Exp. Result MPR 3, output MNI3.1, rank B, priority 2
126	Education and training for maternal and newborn health: strengthening the skills of midwives and obstetricians	Strategy and tools for improving competencies of skilled attendants, including tools and workshop manuals for strengthening capacity of teachers, teaching tools, midwifery modules and strengthening midwifery tools	Strategy developed and tools ready for field-testing	Field-testing completed	MPS, objective 3, WHO Exp. Result MPR 2, output MNI3.1, rank B, priority 1
127	Education and training for maternal and newborn health: strengthening the skills of midwives and obstetricians	Strategy and tools for improving competencies of skilled attendants, including tools and workshop manuals for strengthening capacity of teachers, teaching tools, midwifery modules and strengthening midwifery tools	—	Tools published and disseminated	MPS, objective 3, WHO Exp. Result MPR 2, output MNI3.1, rank B, priority 2
128	Maternal and neonatal health issues in health sector reforms	Guideline to assist maternal and neonatal health managers at all levels to address maternal and neonatal health issues adequately in the design and implementation of health sector reforms	Review and three to five country studies conducted to be included in the tool. Draft guideline developed	Guideline finalized and published for wide dissemination	MPS, objective 3, WHO Exp. Result MPR 3, output MNI3.1, rank B, priority 2
129	Technical support to AFRO for strengthening management, leadership and negotiation capacity of maternal and neonatal health teams	Technical support provided to Regional Office in the area of management, leadership and negotiation capacity of maternal and neonatal health teams in countries	Consultation workshop in selected priority countries held to develop action plans for strengthening management and training capacity. Making Pregnancy Safer district planning workshop held in two countries in the Region	Consultation workshop in selected priority countries held to develop action plans for strengthening management and training capacity. Making Pregnancy Safer district planning workshop held in two countries in the Region	MPS, objective 3, WHO Exp. Result MPR 3, output MNI3.2, rank B, priority 3



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
130	Technical support to AMRO for strengthening management, leadership and negotiation capacity of maternal and neonatal health teams	Technical support provided to Regional Office in the area of management, leadership and negotiation capacity of maternal and neonatal health teams in countries	Consultation workshop in selected priority countries held to develop action plans for strengthening management and training capacity. Making Pregnancy Safer district planning workshop held in two countries in the Region	Consultation workshop in selected priority countries held to develop action plans for strengthening management and training capacity. Making Pregnancy Safer district planning workshop held in two countries in the Region	MPS, objective 3, WHO Exp. Result MPR 3, output MNI3.2, rank B, priority 3
131	Technical support to EMRO for strengthening management, leadership and negotiation capacity of maternal and neonatal health teams	Technical support provided to Regional Office in the area of management, leadership and negotiation capacity of maternal and neonatal health teams in countries	Consultation workshop in selected priority countries held to develop action plans for strengthening management and training capacity. Making Pregnancy Safer district planning workshop held in two countries in the Region	Consultation workshop in selected priority countries held to develop action plans for strengthening management and training capacity. Making Pregnancy Safer district planning workshop held in two countries in the Region	MPS, objective 3, WHO Exp. Result MPR 3, output MNI3.2, rank B, priority 3
132	Technical support to EURO for strengthening management, leadership and negotiation capacity of maternal and neonatal health teams	Technical support provided to Regional Office in the area of management, leadership and negotiation capacity of maternal and neonatal health teams in countries	Consultation workshop in selected priority countries held to develop action plans for strengthening management and training capacity. Making Pregnancy Safer district planning workshop held in two countries in the Region	Consultation workshop in selected priority countries held to develop action plans for strengthening management and training capacity. Making Pregnancy Safer district planning workshop held in two countries in the Region	MPS, objective 3, WHO Exp. Result MPR 3, output MNI3.2, rank B, priority 3
133	Technical support to SEARO for strengthening management, leadership and negotiation capacity of maternal and neonatal health teams	Technical support provided to Regional Office in the area of management, leadership and negotiation capacity of maternal and neonatal health teams in countries	Consultation workshop in selected priority countries held to develop action plans for strengthening management and training capacity. Making Pregnancy Safer district planning workshop held in two countries in the Region	Consultation workshop in selected priority countries held to develop action plans for strengthening management and training capacity. Making Pregnancy Safer district planning workshop held in two countries in the Region	MPS, objective 3, WHO Exp. Result MPR 3, output MNI3.2, rank B, priority 3
134	Technical support to WPRO for strengthening management, leadership and negotiation capacity of maternal and neonatal health teams	Technical support provided to Regional Office in the area of management, leadership and negotiation capacity of maternal and neonatal health teams in countries	Consultation workshop in selected priority countries held to develop action plans for strengthening management and training capacity. Making Pregnancy Safer district planning workshop held in two countries in the Region	Consultation workshop in selected priority countries held to develop action plans for strengthening management and training capacity. Making Pregnancy Safer district planning workshop held in two countries in the Region	MPS, objective 3, WHO Exp. Result MPR 3, output MNI3.2, rank B, priority 3



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
135	Evidence-based maternal and neonatal health management resource centre	Maternal and neonatal health management issues made available on WHO Making Pregnancy Safer web site and through other electronic mechanisms	Web site developed within Making Pregnancy Safer site for maternal and neonatal health management issues. Making Pregnancy Safer health management issues available on CD-ROM. Leaflet on available Making Pregnancy Safer tools developed	Web site live and regularly updated. Making Pregnancy Safer health management issues available on CD-ROM. Leaflet on Making Pregnancy Safer tools widely disseminated	MPS, objective 3, WHO Exp. Result MPR 3, output MNI3.2, rank B, priority 2
<b>Objective 4: To foster a supportive environment</b>					
136	Regional strategies for working with individuals, families and communities for improved maternal and perinatal health	Support for adapting, implementing and monitoring strategies and tools for working with women, men, families and communities in current maternal and perinatal health programmes	Regional meetings held. Regional and country strategies developed	Strategies implemented	MPS, objective 4, WHO Exp. Result MPR 1, output MNI4.1, rank B, priority 1
137	Systematic reviews related to individual, family and community actions for maternal and newborn health	Education and counselling approaches, empowerment approaches and community actions that support development capacities and skills for improving maternal and newborn health	Two systematic review topics identified and protocols prepared	Two systematic reviews completed and published	HRP, objective 4, WHO Exp. Result RHR 1, output MNI4.1, rank B, priority 2
138	Inter-disciplinary Steering Committee on educational approaches and community actions for improved maternal and perinatal health	Steering Committee with specialists in linguistics, psychology, sociology, education, gender and poverty to guide maternal and perinatal work in this area	Committee formed. First meeting held	Report produced and disseminated. Second meeting held	MPS, objective 4, WHO Exp. Result MPR 3, output MNI4.1, rank B, priority 2
139	Inter-disciplinary approaches to developing education and communication materials for maternal and perinatal health	Guidance on developing educational and communication materials that permit the development of knowledge, skills and capacities for improving maternal and perinatal health	Protocols or terms of reference for background papers developed	Background papers developed and available	MPS, objective 4, WHO Exp. Result MPR 2, output MNI4.1, rank B, priority 2
140	Guidelines on approaches and community actions for improved maternal and perinatal health	Guidelines on approaches and community actions that support the development of skills and capacities of women, men, families and communities in improving maternal and perinatal health, including increasing access to skilled care	Preliminary draft outline of guide developed	Draft guideline developed	MPS, objective 4, WHO Exp. Result MPR 2, output MNI4.1, rank B, priority 3
141	Report on barriers to midwives providing quality care in the community	A report on the sociocultural factors that influence the work of midwives with women and families at the community level	Literature review completed	Protocols for data collection agreed. Data collection in countries commenced	MPS, objective 4, WHO Exp. Result MPR 3, output MNI4.1, rank B, priority 2
<b>Objective 5: To promote sound national policies and laws</b>					
142	Strategic policy framework and tools for maternal and perinatal health	A framework and tools for assessing and evaluating policy issues related to maternal and perinatal health	Draft framework and tool developed	Guideline field-tested and disseminated. Guideline introduced and adapted for in-country use	MPS, objective 5, WHO Exp. Result MPR 3, output MNI5.1, rank C, priority 3



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
143	Evaluation of maternal and perinatal health - policy implementations	Guidance on mechanisms for evaluating implementation of maternal and perinatal health policies	Tool developed	Tool field-tested	MPS, objective 5, WHO Exp. Result MPR 3, output MNI5.1, rank C, priority 3
144	Advocacy tool for maternal and perinatal health at national level	Guideline on conducting key advocacy activities at national level for improving maternal and perinatal health with focus on access for the poor to skilled attendants	Draft advocacy tool developed	Tool field-tested in one country per WHO Region	MPS, objective 5, WHO Exp. Result MPR 3, output MNI5.2, rank C, priority 3
145	Linkages between poverty alleviation and improvements of maternal and perinatal health	Support to regional and country activities for addressing the linkages between poverty alleviation and improvements of maternal and perinatal health	Fact sheet developed	Fact sheet distributed	MPS, objective 5, WHO Exp. Result MPR 3, output MNI5.2, rank C, priority 2
146	Partnership building at regional and country levels for maternal and perinatal health	Framework for developing effective partnership coalitions at regional and national levels (with all relevant stakeholders) to increase resources, promote consistent, ethical and evidence-based policies, and ensure that maternal and perinatal health is kept on development agendas	Maternal and perinatal health partnership networks established at regional level and selected priority countries. Stakeholder analysis conducted in priority countries. National and regional level strategy for involving partnership stakeholders in maternal and perinatal health issues	Maternal and perinatal health partnership networks established at regional level and selected priority countries. Stakeholder analysis conducted in priority countries. National and regional level strategy for involving partnership stakeholders in maternal and perinatal health issues	MPS, objective 5, WHO Exp. Result MPR 1, output MNI5.3, rank C, priority 3
147	Support for enhancing maternal and perinatal health interventions by partners	Support materials for building partnerships at regional and country levels	Draft tools developed	Tools reviewed by countries	MPS, objective 5, WHO Exp. Result MPR 1, output MNI5.3, rank C, priority 3
148	Financing options for maternal and perinatal health services	Guidance on policy for financing maternal and perinatal health interventions developed and disseminated	Preliminary draft developed	Guide published. Report on funding mechanisms published. Framework for evaluating funding mechanisms developed	MPS, objective 5, WHO Exp. Result MPR 3, output MNI5.4, rank C, priority 3
149	Strengthening policies for skilled attendance	Mechanism established to assist countries review and revise their legal and policy environments associated with equitable access to skilled care, including guidance on developing new policy and/or regulatory mechanisms	Mechanism established and agreed. Field-testing underway in one country	National assessment of policy for skilled attendance undertaken in three selected priority countries	MPS, objective 5, WHO Exp. Result MPR 1, output MNI5.5, rank A, priority 1
150	Strategy on Action for Skilled Attendants	An operational plan implemented and support given to Regions and countries to organize, increase collaboration, and promote activities related to improved access to skilled attendants as outlined in the 5&5 Strategy, including mapping of midwifery and guidance to countries seeking to operationalise their plan to increase access to skilled care	One intercountry workshop held with a WHO Region to strengthen collaboration with local partners, academic institutions, MOHs, and NGOs to include and expand skilled care. Mapping midwifery protocols approved	One national workshop conducted to strengthen collaboration with local partners, academic institutions, MOH, and NGOs to include and expand skilled care. Mapping midwifery preliminary results from two countries	MPS, objective 5, WHO Exp. Result MPR 1, output MNI5.5, rank A, priority 1



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
151	Strategy on Action for Skilled Attendants	An operational plan implemented and support given to Regions and countries to organize, increase collaboration, and promote activities related to improved access to skilled attendants as outlined in the 5&5 Strategy, including mapping of midwifery and guidance to countries seeking to operationalise their plan to increase access to skilled care	—	Support provided to professional associations to promote skilled attendants	MPS, objective 5, WHO Exp. Result MPR 1, output MNI5.5, rank A, priority 2
152	Evidence review on maternal and neonatal health and poverty alleviation	Case studies, literature review, burden of disease and impact of maternal and neonatal ill-health and death among the poor	Draft of country studies developed	Studies completed and findings presented at international meeting	MPS, objective 5, WHO Exp. Result MPR 3, output MNI5.5, rank A, priority 1
153	Providing guidance on Maternal and Neonatal Health and Poverty	A global Advisory Committee to advise on key issues related to maternal and neonatal health and poverty with focus on recommendations for implementing innovative, evidence-based, pro-poor approaches for maternal and neonatal health interventions	Committee established. Second meeting held and recommendations made available	Third meeting held and recommendations on way forward with Plan of Action developed	MPS, objective 5, WHO Exp. Result MPR 3, output MNI5.5, rank A, priority 2
154	Building evidence on maternal and neonatal health and poverty	An agreed and prioritised operational research agenda on maternal and neonatal health and poverty reflecting needs for major new knowledge in this area	Draft agenda for operational research plan for poverty and maternal and neonatal health agreed for discussion with Regional Advisory Committees on Health Research	Agenda agreed and disseminated to international and regional fora. Draft proposals for funding developed for review by Advisory Committee	MPS, objective 5, WHO Exp. Result MPR 3, output MNI5.5, rank A, priority 3
<b>Objective 6: To ensure effective international efforts and collaboration</b>					
155	Partnership for Safe Motherhood and Newborn Health	Provide secretariat for Partnership and facilitate collaboration and network activities	Partnership secretariat maintained. Partnership workshop held	Partnership secretariat maintained. Partnership workshop held	MPS, objective 6, WHO Exp. Result MPR 1, output MNI3.4, rank B, priority 1
156	Enhanced support to partnership for Safe Motherhood and Newborn Health	Provide secretariat for Partnership and facilitate collaboration and network activities	Partnership secretariat maintained. Partnership workshop held	Partnership secretariat maintained. Partnership workshop held	MPS, objective 6, WHO Exp. Result MPR 1, output MNI3.4, rank B, priority 2
157	Maternal and neonatal health web site	Maternal and newborn health Partnership web site developed	Partnership web site established	Partnership web site updated	MPS, objective 6, WHO Exp. Result MPR 1, output MNI3.4, rank B, priority 2
158	<i>Making Pregnancy Safer Health System Country Profile Database</i>	Database on health system indicators which are key to maternal and perinatal health	Draft template for maternal and perinatal health system profile developed. Template reviewed	Template finalized and disseminated to Regions and countries. Database with country profiles established and put on web	MPS, objective 6, WHO Exp. Result MPR 3, output MNI6.1, rank A, priority 2
159	CALMAT - guide on use of indicators for maternal and perinatal health	Development of software package to assist decision-making and training in monitoring and evaluation of reproductive health indicators	Draft material developed and field-testing begun	Final version produced and distributed	MPS, objective 6, WHO Exp. Result MPR 3, output MNI6.1, rank A, priority 2



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
160	Tools for monitoring and evaluation of national Making Pregnancy Safer strategy implementation/maternal and neonatal health programmes	Methodologies and tools for country programmes to assess progress at national, sub-national and services level, to assess effectiveness, cost and impact (facility and community based)	Methodology and tool developed to monitor Making Pregnancy Safer initiative	Making Pregnancy Safer initiative monitored in selected countries	MPS, objective 6, WHO Exp. Result MPR 3, output MNI6.1, rank A, priority 1
161	Tools for monitoring and evaluation of national Making Pregnancy Safer strategy implementation/maternal and neonatal health programmes	Methodologies and tools for country programmes to assess progress at national, sub-national and services level, to assess effectiveness, cost and impact (facility and community based)	—	Making Pregnancy Safer initiative monitored in larger number of countries	MPS, objective 6, WHO Exp. Result MPR 3, output MNI6.1, rank A, priority 2
162	Orientation and capacity-building of Making Pregnancy Safer consultants	Orientation and capacity-building workshops for Making Pregnancy Safer consultants	One workshop held in selected WHO Region and report prepared. Consultants' database established	One further workshop held in selected WHO Region and report prepared. Consultants' database updated	MPS, objective 6, WHO Exp. Result MPR 1, output MNI6.4, rank A, priority 2
163	Advocacy training materials developed for Making Pregnancy Safer leaders	Publication of advocacy package for Making Pregnancy Safer leaders	Draft Making Pregnancy Safer advocacy package under development	Making Pregnancy Safer advocacy package completed	MPS, objective 6, WHO Exp. Result MPR 1, output MNI6.4, rank A, priority 3
164	International, regional and national maternal and perinatal health conferences	Major international Making Pregnancy Safer conference. Support to major conferences/congresses, and meetings of international professional associations, such as FIGO, ICM, etc., to promote skilled attendants and safe motherhood	International Making Pregnancy Safer conference held	Support to ICM Congress	MPS, objective 6, WHO Exp. Result MPR 1, output MNI6.4, rank A, priority 3
165	Advocacy with policy-makers and donor agencies	Development of maternal and perinatal health advocacy briefs and organisation of advocacy meeting targeted to policy-makers and donor agencies	Advocacy briefs developed targeted to policy-makers and donor agencies	Policy-maker and donor meeting held	MPS, objective 6, WHO Exp. Result MPR 1, output MNI6.4, rank A, priority 3
166	<i>Safe Motherhood newsletter</i>	Newsletter of worldwide Safe Motherhood activities	Two issues of the Safe Motherhood newsletter published and disseminated in hard copy and on web site	Two further issues of the Safe Motherhood newsletter published and disseminated in hard copy and on web site	MPS, objective 6, WHO Exp. Result MPR 1, output MNI6.4, rank A, priority 1
167	<i>Safe Motherhood newsletter</i>	Newsletter of worldwide Safe Motherhood activities	—	Layout design and improvement implementation	MPS, objective 6, WHO Exp. Result MPR 1, output MNI6.4, rank A, priority 2
168	Making Pregnancy Safer information and communication	Making Pregnancy Safer information, key messages, etc., to reach the wider community, general public, including development of general communication strategy. Updating and promotion of user-friendly web site. General advocacy/information	Making Pregnancy Safer web site updated. Mass communication strategy for Making Pregnancy Safer developed and implemented	Making Pregnancy Safer communication strategy under implementation	MPS, objective 6, WHO Exp. Result MPR 1, output MNI6.4, rank A, priority 1



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
169	Capacity-building material and workshop for journalists and media experts to increase use of scientific, evidence-based findings in reporting Safe Motherhood	Capacity-building material and workshop for journalists and media experts to increase use of scientific, evidence-based findings in reporting Safe Motherhood	Draft media pack developed	Media pack published and disseminated	MPS, objective 6, WHO Exp. Result MPR 1, output MNI6.4, rank A, priority 2
170	Capacity-building material and workshop for journalists and media experts to increase use of scientific, evidence-based findings in reporting Safe Motherhood	Capacity-building material and workshop for journalists and media experts to increase use of scientific, evidence-based findings in reporting Safe Motherhood	Regional workshop for media held	One regional workshop for journalists and reporters held	MPS, objective 6, WHO Exp. Result MPR 1, output MNI6.4, rank A, priority 3
<b>Core functions</b>					
171	Translation, reprinting and dissemination of existing HRP technical materials relating to Making Pregnancy Safer	Translation, reprinting and dissemination of existing HRP technical materials relating to Making Pregnancy Safer	Translation, reprinting and dissemination of existing materials carried out	Translation, reprinting and dissemination of existing materials carried out	HRP, objective Core, WHO Exp. Result MPR 1, output MPS_Core, rank Core, priority 1
172	Translation, reprinting and dissemination of existing PDRH technical materials relating to Making Pregnancy Safer	Translation, reprinting and dissemination of existing PDRH technical materials relating to Making Pregnancy Safer	Translation, reprinting and dissemination of existing materials carried out	Translation, reprinting and dissemination of existing materials carried out	MPS, objective Core, WHO Exp. Result RHR 4, output MPS_Core, rank Core, priority 1
173	Strategic Committee on Maternal and Newborn Health	Definition of strategies and priorities for maternal and newborn health	One meeting of the Strategic Committee held during the year	—	MPS, objective Core, WHO Exp. Result MPR 3, output MPS_Core, rank Core, priority 2



## 4. Controlling Sexually Transmitted and Reproductive Tract Infections

### Issues and Challenges

Sexually transmitted and reproductive tract infections (STIs and RTIs) constitute an important health threat, both directly and through their potentiating effect on HIV transmission. Some 340 million curable STIs are estimated to occur worldwide every year, the majority of which are asymptomatic, particularly in women. The greatest burden is in developing countries. In addition, many millions of incurable viral STIs, including an estimated 5 million HIV infections, occur annually. In many countries, STIs are among the top five conditions for which both men and women seek care, representing a considerable drain on health services. Appropriate diagnostic facilities and resources for case management are frequently lacking, contributing to considerable avoidable morbidity. The consequences of the incurable STIs are even more serious.

In the 1960s and 1970s, STI control was considered primarily as a means to prevent infertility. In the late 1980s, STI control was highlighted as one of the key approaches to controlling the HIV pandemic. The HIV/AIDS community has since moved to other frontiers, including the challenges of increasing access to antiretroviral therapies and providing sustainable care. These threaten to overshadow the importance of primary prevention and the key role that STI control can play to stem the HIV epidemic.

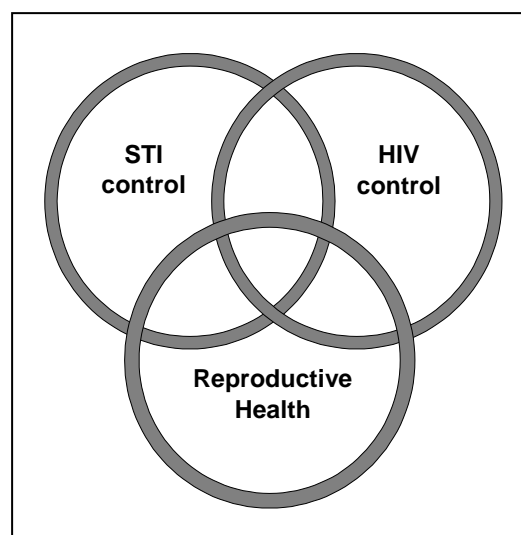
The Department is the focal point in WHO for global advocacy, country support and technical issues (research, guideline development and normative functions) related to the prevention and care of STIs and RTIs and their complications. The core functions are to:

- promote and develop guidelines and tools for STI and RTI policy, programme planning and implementation;
- establish the evidence for new and cost-effective STI policy, programming and implementation;
- establish the evidence for new and improved STI and RTI control strategies;
- advocate for the importance of effective STI and RTI control.

In addition, the Department is responsible for research on the prevention of mother-to-child transmission (MTCT) of HIV and other STIs which is planned and implemented in the context of WHO's advocacy and technical support to countries in MTCT-prevention led by the Department on HIV/AIDS. As the focal point within the United Nations family for all microbicide-related work, further responsibilities of the Department are to conduct research on the development of safe and effective microbicides and to facilitate their registration and implementation in countries.

WHO's work in STI and RTI control is closely related to the work in prevention and care of HIV, as well as the promotion of good sexual and reproductive health. In developing the Programme of Work for 2004-2005, the Department undertook a comprehensive review of the needs and opportunities for STI and RTI control and their interface with reproductive health, family planning and HIV prevention and care services. The conceptual model (Figure 4) helps locate different programme components, disease prevention and management services in a common framework, identifying areas of overlap and potential synergies, as well as recognizing those components that are separate. The details of the areas of overlap and distinctness vary according to geographical, temporal and social contexts. It is important to

**Figure 4. Components and areas of work in a comprehensive model of sexual and reproductive health, STI control and HIV control**



recognize differences and specificities of the particular context in order to adapt strategies, programmes and services. There are opportunities for synergies between reproductive health, HIV-control and STI-control programmes where integration and adoption of common approaches are possible. However, such opportunities do not necessarily exist in all contexts. Integration may be detrimental to coverage, cost-effectiveness and responsiveness of services in some settings.

The overarching goal of the Department is to reduce the global burden of sexually transmitted and reproductive tract infections.

### **Specific Goals**

By 2005, 60% of primary health care and family planning facilities should offer prevention and management of reproductive tract infections, including sexually transmitted diseases and barrier methods, such as male and female condoms and microbicides if available, to prevent infection.

*(Key actions ICPD+5, paragraph 53)*

Reduction of congenital syphilis by 90% in four countries by 2009 as a step toward the subsequent elimination of congenital syphilis.

## **RHR's work in Controlling STIs and RTIs**

The Department contributes to the achievement of the goals in STIs and RTIs through research, building the evidence base, advocacy, the development of norms and standards, and through direct technical cooperation with countries.

Considerable experience has been acquired during the past two decades regarding effective interventions against STIs and RTIs and the role of classic STIs as co-factors for HIV transmission and acquisition. This knowledge has led to the development of strategies, policies and guidelines for the control and management of STIs and RTIs. Although most of these interventions have been implemented, both coverage and quality remain unsatisfactory. Furthermore, as one solution is implemented, more questions arise. Thus, more research is needed (biological, technical, operational and epidemiological) to continuously improve and refine STI-control interventions.

To respond to these needs, the Department's programme of work has been developed under six objectives, which aim to contribute, at a global level, to a more comprehensive response to the control of STIs and RTIs.

### ***Objective 1: To increase availability of high-quality, culture- and gender-sensitive and non-stigmatizing services for the prevention, care and management of STIs and RTIs and their complications.***

There are three main themes to the evidence-based norms and tools that will be developed to address this objective: tools and guidelines for STI and RTI control that are focused on the general population; tools and guidelines addressing STI and RTI control in special populations; and tools and guidelines for new, innovative programmatic approaches for STI and RTI control.

These norms and tools will be developed on the basis of the best-available evidence in consultation with representatives of the ultimate users of the tools – care providers and programme managers in different resource-limited settings – and they will be field-tested before being finalized and disseminated. They will also be developed in close consultation with partner and donor agencies with considerable experience supporting national programmes. Existing guidelines, in particular the *Essential Care Practice Guide for STI/RTI* and the *Guidelines for the Management of Sexually Transmitted Infections*, will be kept under review and updated as new information becomes available. These guidelines apply for clients presenting either for general



reproductive health care or for specific STI-related problems. In addition, the tools will be adapted to special situations, such as services for adolescents, sex workers and prison populations. At a later date, they will be adapted to the needs of other special groups such as the military, mobile populations, and injecting drug users. Other evidence-based tools and guidelines will address the prevention and management of genital ulcer disease, and the control of maternal and congenital syphilis in the context of a strategy for the elimination of congenital syphilis. In partnership with the WHO Programme on Cancer Control, guidelines will also be developed on a comprehensive approach to the prevention, screening and management of cervical cancer, which is primarily caused by the sexual spread of oncogenic strains of the human papilloma virus (HPV).

***Objective 2: To broaden the range of safe, effective, acceptable and affordable methods to prevent and manage STIs and RTIs and mother-to-child transmission (MTCT).***

The main products within this objective concern the development of new, cost-effective strategies for the control of STIs and RTIs in special populations, as well as new knowledge for the prevention and management of STIs and RTIs. This work will primarily be conducted in partnership with other groups. It will involve assessing the cost-effectiveness and utility of HPV and herpes simplex virus type 2 (HSV2) vaccines and improved STI diagnostic methods, as well as assessing programmatic questions relevant to utilization of these new technologies.

Within this objective, work will also be conducted on the clinical assessment and further development of microbicides as a woman-controlled method to prevent HIV acquisition, as well as work on the combination of physical and chemical barrier methods which have the potential to provide greater protection than use of such methods alone. The female condom is being promoted as an alternative to the male condom, particularly in settings where male condoms are not used or not acceptable, yet little is known about the true effectiveness of the female condom compared with the male condom. These questions will be addressed in clinical research on the comparative effectiveness of the two condom types in preventing pregnancy as well as STIs.

A key topic at the interface between reproductive health and HIV concerns the prevention of mother-to-child transmission (MTCT) of HIV, as well as of other sexually transmitted infections including syphilis and HSV2. Considerable progress has been made to reduce the risk of HIV transmission in resource-limited settings, but the overall rates remain considerably higher than the 1-2 per cent reported in developed countries. Preventing transmission during late pregnancy, delivery and breastfeeding remains a key scientific and programmatic challenge and the Department is leading an international partnership to assess the safety and effectiveness of a highly potent combination antiretroviral regimen to reduce the risk of MTCT. In addition, the project provides an explicit link between MTCT prevention and care of the HIV-positive mother, and serves as a model for programmes which are beginning to link access to care with MTCT interventions. There has in the past been insufficient attention paid to the health needs of the mother and her partner – saving infants from vertically acquired HIV while not providing services for the care of the parents condemns them to the life of orphans.

***Objective 3: To strengthen national health system capacity to improve quality and sustainability of culture- and gender-sensitive and non-stigmatizing programmes to prevent and control STIs and RTIs, including HIV, and their complications.***

The Department will strengthen national capacity to improve and sustain STI- and RTI-control programmes by providing assistance with strategic planning, and the adoption and utilization of strategic planning and programmatic tools developed by WHO and partners. Key areas for strengthening include improved training programmes, national and regional networks of laboratories to support programmes, improved national capacity to plan, conduct and implement research to improve STI and RTI control, and improved facilities and structures to manage commodities for STI prevention and care, in particular the implementation of rigorous quality control and quality improvement processes. Different models for the integration of STI, HIV and reproductive health services will also be summarized and successful approaches promoted. A particular challenge concerns the engagement of the private and informal sectors in improving the quality and coverage of STI and RTI prevention and care services.



**Objective 4: To foster an enabling social environment towards non-stigmatizing and culture- and gender-sensitive STI and RTI prevention and care at individual, family and community levels.**

Consistent condom use is known to reduce the risk of pregnancy and STIs, including HIV. Some family planning as well as STI- and HIV-prevention programmes encourage clients to use condoms in addition, or as an alternative, to other contraceptive methods in order to reduce the risk of infections. Despite this there has been little progress in successfully promoting dual protection and the barriers to successful adoption of dual protection are poorly understood. The Department will work to improve our understanding of dual protection and identify successful models that can be extended to other settings.

While there is stigma associated with increased use of condoms for primary prevention, there is also stigma associated with services for STI prevention and care that are aimed at vulnerable groups, in particular young people. The Department's work in 2004-2005 will aim to document different approaches to improve the coverage, timeliness and quality of services for such groups, and extract lessons that can be considered for application in other settings.

**Objective 5: To ensure an enabling environment at the national level supportive of non-stigmatizing and culture- and gender-sensitive STI and RTI programmes, policies, laws and initiatives.**

At the national level, there are also barriers to improved STI-prevention and care services, particularly for special groups such as young people, sex workers and prisoners. The Department will compile examples in which these barriers have been addressed and overcome, and will disseminate the lessons learned. Regional and national networks will be encouraged and strengthened to provide technical support to national STI-control programmes. The exchange of ideas and experiences between different networks will be encouraged so that lessons learned in one environment or region can be extended to and adapted in others.

As part of its work to support the development of microbicides to prevent HIV transmission, the Department will work with national drug regulatory authorities to strengthen their capacity to review and regulate clinical research on these products. Clinical research on microbicides presents particular challenges of risk-benefit assessment which many developing country regulatory authorities are ill-equipped to assess. Such authorities are more familiar with the assessment of medicines intended for therapeutic purposes, while products intended for STI and HIV prevention involve different risk-benefit assessments. The Department will work with national authorities to strengthen their capacity to review and approve microbicide research, as well as strengthen the capacity of institutional ethical review committees to oversee such research. This work will be conducted in close collaboration with other groups in WHO and in-country who are supporting and strengthening regulatory processes as well as the capacity for ethical review.

**Objective 6: To ensure an enabling environment at the regional and global levels supportive of non-stigmatizing and culture- and gender-sensitive STI and RTI programmes, policies, laws and initiatives.**

The work at the global level will concentrate on ensuring adequate funding for and attention to STI and RTI control within national strategic plans for HIV-control, reproductive health and poverty reduction. Attention in the international community to STIs as a family of diseases with their own large disease burden and as a key approach to controlling the HIV epidemic is waning, and many national programmes have difficulty allocating sufficient funds to finance such programmes, be they for the general population or for STI control in special populations.

There have recently been major reductions in the price of antiretroviral therapies, driven by pressure from WHO, the World Trade Organization, nongovernmental organizations and community activists. A key activity of the Department will be to ensure that STI drugs and commodities are also included in this process. A first step is the inclusion of STI commodities in the *WHO Model List of Essential Medicines*, and then to advocate for preferential pricing for developing countries, or encourage generic manufacturing.



One impediment to effective planning for STI control programmes is the lack of reliable or comprehensive data on STI epidemiology. This makes it difficult to estimate reliably overall disease burden or to monitor trends. While HIV surveillance data are reasonably comprehensive, the extent and coverage of STI data are much less. In addition, programme managers need improved information on STI and RTI prevalence that is relevant to their populations in order to adapt strategies to their environment and health-care setting. The Department will work to enhance the quality and timeliness of incidence and prevalence data.

## Product Listing

ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
<b>Objective 1: To broaden the provision of quality services</b>					
174	<i>STI Case Management Guidelines and STI Package update</i>	Evaluate and update <i>STI Case Management Guidelines</i> and <i>STI Package</i> , and develop operational research to assess impact	Implement and evaluate <i>STI Case Management Guidelines</i>	Operations research protocol to assess impact on STI/RTI control developed	HRP, objective 1, WHO Exp. Result RHR 2, output RTI1.2, rank A, priority 1
175	<i>Essential Care Practice Guide for STI/RTI</i> in reproductive health settings update	Evaluate and update <i>Essential Care Practice Guide for STI/RTI</i> and develop operational research to assess impact	Implement and evaluate <i>Essential Care Practice Guide for STI/RTI</i>	Operations research protocol to assess impact on STI/RTI control developed	HRP, objective 1, WHO Exp. Result RHR 2, output RTI1.2, rank A, priority 1
176	STI/RTI services for sex workers	Models for the provision of high-quality STI/RTI services for sex workers	Evidence-based guideline developed	Field-testing of guideline completed. Training tools under development	PDRH, objective 1, WHO Exp. Result RHR 3, output RTI1.2, rank A, priority 1
177	STI/RTI services for adolescents	Models for the provision of high-quality STI/RTI services for adolescents	Models for effective services reviewed. Evidence-based guideline for health care providers developed	Implementation and adaptation guideline for programme managers developed and field-tested. Training tools developed	PDRH, objective 1, WHO Exp. Result RHR 3, output RTI1.2, rank A, priority 1
178	STI/RTI services for adolescents	Operations research on the provision of high-quality STI/RTI services for adolescents	—	Operations research protocol outlined	HRP, objective 1, WHO Exp. Result RHR 1, output RTI1.2, rank A, priority 3
179	STI/RTI services for prisoners	Models for provision of high-quality STI/RTI services for prisoners	Constraints on provision of services compiled. Models of effective service provision summarised	Guideline for prison authorities and health care providers developed. Field-testing underway	PDRH, objective 1, WHO Exp. Result RHR 3, output RTI1.2, rank A, priority 3
180	<i>Comprehensive Cervical Cancer Prevention and Management Guidelines</i>	Practical guideline on prevention and management of cervical cancer in resource-limited settings	Evidence-based cervical cancer prevention and management guideline developed	Field-testing completed and guideline published	PDRH, objective 1, WHO Exp. Result RHR 3, output RTI1.1, rank A, priority 1
181	Guideline on prevention of PID and its sequelae	Practical guideline for health care providers on prevention and management of PID in different health care settings	Evidence for strategies to prevent PID compiled. Consultation of experts convened	Practical guideline for health care providers developed and field-tested	PDRH, objective 1, WHO Exp. Result RHR 3, output RTI1.1, rank A, priority 3
182	Guideline on the control of maternal and congenital syphilis	Guideline on the control of maternal and congenital syphilis and guideline on control of syphilis in the community in the context of a congenital syphilis elimination strategy	Evidence on practical approaches to elimination of congenital syphilis compiled. Guideline developed	Field-testing of guideline completed and guideline published	PDRH, objective 1, WHO Exp. Result RHR 3, output RTI1.1, rank A, priority 2



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
183	Guideline on the management of genital ulcer disease	Guideline on HSV2, chancroid and syphilis management and control	Evidence base for HSV2 control and its impact on HIV compiled. Practical guideline for health care providers developed	Guideline field-tested and published	PDRH, objective 1, WHO Exp. Result RHR 3, output RT11.1, rank A, priority 1
184	Screening tools for STI/RTI control	Guidelines for the use of screening tools in the control of STIs/RTIs	Review of screening tools completed. Guideline developed	Guideline field-tested and published	PDRH, objective 1, WHO Exp. Result RHR 3, output RT11.3, rank B, priority 3
185	Integration of reproductive health, STI- and HIV-control and other programmes	Tools for appropriate integration of reproductive health, STI- and HIV-control and other programmes	Experience with integration consolidated. Evidence base for improved impact compiled	Guidance on dual protection issued. Guideline for programme managers developed, field-tested and disseminated	PDRH, objective 1, WHO Exp. Result RHR 3, output RT11.3, rank B, priority 3
186	STI/RTI services for elimination of congenital syphilis	Models for provision of high-quality STI/RTI services for elimination of congenital syphilis	Evidence base for successful congenital syphilis control compiled. Practical guideline developed	Guideline completed, field-tested and disseminated	PDRH, objective 1, WHO Exp. Result RHR 3, output RT11.3, rank B, priority 1
<b>Objective 2: To widen the range of products or technologies</b>					
187	Cost-effectiveness and impact of different STI control strategies	Cost-effectiveness and impact of different STI control strategies in selected special populations (e.g. sex workers, substance users, miners, migrant populations)	Review of impact, practicality and applicability of periodic presumptive treatment of STI completed	Review of impact, practicality and applicability of selective mass STI treatment completed	HRP, objective 2, WHO Exp. Result RHR 1, output RT12.5, rank A, priority 1
188	Strategies for partner notification	New strategies for partner notification developed and impact on STI control assessed	Review of impact, practicality and applicability of partner-notification strategies completed	Innovative strategies for partner notification for application in other settings identified	HRP, objective 2, WHO Exp. Result RHR 1, output RT12.5, rank A, priority 3
195	HSV2 prevalence	Prevalence of HSV2 in general population and trends analysis from stored sera	Suitable repositories of stored sera for longitudinal analysis identified	Analysis of sera underway	HRP, objective 2, WHO Exp. Result RHR 1, output RT12.2, rank B, priority 1
189	Impact of HSV2 treatment	Support to and participation in proof-of-concept studies of the impact of HSV2 treatment on HSV2-related disease, vertical transmission and HIV incidence	Proof-of-concept study facilitated and supported	Proof-of-concept study facilitated and supported	HRP, objective 2, WHO Exp. Result RHR 1, output RT12.2, rank B, priority 2
190	Impact of HSV2 vaccine	Impact of HSV2 vaccine on epidemiology of HSV2 and HIV	Modelling study completed	—	HRP, objective 2, WHO Exp. Result RHR 1, output RT12.2, rank B, priority 3
191	Impact of HPV vaccine	Impact of HPV vaccine on epidemiology of HPV and cervical cancer	—	Modelling study completed	HRP, objective 2, WHO Exp. Result RHR 1, output RT12.2, rank B, priority 3
192	Diagnosis and natural history of cervical lesions in HIV-positive women	Impact of highly-active antiretroviral therapy on evolution of pre-cancerous cervical lesions and validation of visual inspection with acetic acid (VIA) in HIV-positive women	Study sites identified and cohort study initiated	Cohort study ongoing	HRP, objective 2, WHO Exp. Result RHR 1, output RT12.2, rank B, priority 2



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
194	Management of HPV lesions in HIV-positive women and men	Management of HPV lesions in HIV-positive women and men	—	Literature review conducted and key research issues identified	HRP, objective 2, WHO Exp. Result RHR 1, output RTI2.2, rank B, priority 2
196	Improved STI diagnostic tests	Assessment of impact and cost-effectiveness of improved STI diagnostic tests on case management, prevention of complications and vertical transmission	Review and cost-effectiveness studies of rapid diagnostic tests for gonorrhoea, chlamydia and syphilis completed	Utility studies underway	HRP, objective 2, WHO Exp. Result RHR 1, output RTI2.2, rank B, priority 1
193	Impact of STI/RTI interactions on HIV risk	Assessment of impact of STI/RTI interactions on susceptibility to HIV	Literature review conducted. Research protocol developed	Cohort study initiated	HRP, objective 2, WHO Exp. Result RHR 1, output RTI2.2, rank B, priority 3
197	Burden of RTI disease and impact of treatment	Burden of disease due to RTI (bacterial vaginosis, mycoplasma, anaerobes) and impact of treatment in selected populations	Literature review completed	—	HRP, objective 2, WHO Exp. Result RHR 1, output RTI2.2, rank B, priority 1
198	Microbicides: clinical safety and acceptability studies	Phase I safety, expanded safety and acceptability studies of two potential microbicide products	Phase I safety studies completed	Expanded safety and acceptability studies completed	PDRH, objective 2, WHO Exp. Result RHR 1, output RTI2.1, rank B, priority 1
199	Microbicides: contraceptive effectiveness studies	Contraceptive effectiveness study in four sites	Contraceptive effectiveness study initiated in four sites	Contraceptive effectiveness study ongoing	PDRH, objective 2, WHO Exp. Result RHR 1, output RTI2.1, rank B, priority 2
200	Microbicides: effectiveness of cellulose sulphate for HIV prevention	Multicentre prospective study of cellulose sulphate for HIV prevention (subset of centres supported)	Three sites prepared for Phase III HIV effectiveness study	Phase III HIV effectiveness study initiated in three sites	PDRH, objective 2, WHO Exp. Result RHR 1, output RTI2.1, rank B, priority 3
201	Female condom contraceptive effectiveness study	Multicentre study of contraceptive effectiveness of female compared with male condom	Multicentre study completed	—	HRP, objective 2, WHO Exp. Result RHR 1, output RTI2.1, rank B, priority 3
202	Effectiveness of condoms for STI prevention	Effectiveness study of condom for bacterial and non-bacterial STI prevention	Study sites identified and cohort study initiated	Effectiveness study underway	HRP, objective 2, WHO Exp. Result RHR 1, output RTI2.1, rank B, priority 1
203	Combination physical and chemical barrier methods	Clinical safety study of combination physical and chemical barrier method	Phase I safety study underway	Phase I safety study completed. Expanded safety study underway	HRP, objective 2, WHO Exp. Result RHR 1, output RTI2.1, rank B, priority 3
204	Combination physical and chemical barrier: acceptability and pregnancy prevention study	Acceptability study and pregnancy prevention study of combination physical and chemical barrier method	Acceptability study completed	Pregnancy prevention study underway	HRP, objective 2, WHO Exp. Result RHR 1, output RTI2.1, rank B, priority 3
205	Long-term safety of antiretrovirals used for MTCT-prevention	Multicentre observational study on the safety and efficacy of HAART in women previously exposed to antiretroviral MTCT prophylaxis	Protocol for a multicentre observational cohort study developed. Suitable sites identified	Study initiated	HRP, objective 2, WHO Exp. Result RHR 1, output RTI2.3, rank C, priority 2



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
206	Adverse effects of antiretroviral therapy and treatment of opportunistic infections in pregnant and lactating women	Systematic documentation of the adverse effects of antiretroviral therapy and treatment of opportunistic infections in pregnant and lactating women	Protocol(s) developed. Sites selected and prepared	Adverse event registry established	HRP, objective 2, WHO Exp. Result RHR 1, output RTI2.3, rank C, priority 3
207	Safety, acceptability and efficacy of highly active antiretroviral therapy (HAART) for the prevention of mother-to-child transmission of HIV	Multicentre randomised study on the safety, acceptability and efficacy of HAART for the prevention of mother-to-child transmission of HIV, and the reduction of mother's morbidity and mortality	Study initiated. Central coordination and monitoring underway	Study supported in three sites. Central coordination and monitoring continuing. Six-week transmission risk assessed	HRP, objective 2, WHO Exp. Result RHR 1, output RTI2.4, rank C, priority 1
208	Safety, acceptability and efficacy of highly active antiretroviral therapy (HAART) for the prevention of mother-to-child transmission of HIV	Multicentre randomised study on the safety, acceptability and efficacy of HAART for the prevention of mother-to-child transmission of HIV, and the reduction of mother's morbidity and mortality	Study supported in two further sites	Continued follow-up supported in these two sites	HRP, objective 2, WHO Exp. Result RHR 1, output RTI2.4, rank C, priority 3
209	Comprehensive care package and MTCT-prevention interventions	Assess impact of introducing comprehensive care package on acceptability, uptake and effectiveness of MTCT-prevention interventions	Protocol developed. Sites selected	Study ongoing	HRP, objective 2, WHO Exp. Result RHR 1, output RTI2.4, rank C, priority 3
210	Impact of psychosocial support facilities on MTCT-prevention interventions	Assess impact of effective psychosocial support facilities on acceptability, uptake and effectiveness of MTCT-prevention interventions	Inventory of effective psychosocial support interventions established. Protocol to assess impact developed	Study implemented	HRP, objective 2, WHO Exp. Result RHR 1, output RTI2.4, rank C, priority 3
211	Scientific basis for MTCT-prevention interventions	Maintain monthly survey of the scientific literature related to MTCT-prevention interventions (ARV- and non ARV-based)	Monthly intelligence reports published	Monthly intelligence reports published. Scientific basis for MTCT-prevention guidelines updated	HRP, objective 2, WHO Exp. Result RHR 1, output RTI2.4, rank C, priority 1
<b>Objective 3: To strengthen health management and support systems</b>					
212	STI/RTI prevention, case management and surveillance	Strengthened national pre- and in-service training related to STI/RTI prevention, case management and surveillance	Countries with appropriate pre- and in-service STI/RTI training identified. Curricula evaluated	Extent of incorporation of STI/RTI training in medical and nursing curricula assessed	PDRH, objective 3, WHO Exp. Result RHR 4, output RTI3.4, rank A, priority 2
213	Strategic Approach to STI/RTI control	Support for implementation of Strategic Approaches for STI/RTI control	Strategic planning tools implemented in three sites. Continued support to five countries where STI Strategic Approach piloted	Strategic planning tools implemented in three sites. Continued support to five countries where STI Strategic Approach piloted	PDRH, objective 3, WHO Exp. Result RHR 4, output RTI3.4, rank A, priority 2
214	Strengthen national research capacity	Provision of support to build national research capacity through regional networks in each of three WHO Regions	Regional collaborating laboratories in three regions identified. Support for purchase of laboratory equipment provided	Laboratory personnel trained. Regional networks strengthened	PDRH, objective 3, WHO Exp. Result RHR 2, output RTI3.4, rank A, priority 3
215	RTI/STI commodity quality assurance	Tools to strengthen regulatory authority capacity to monitor standards, pre-qualify suppliers and apply quality assurance methods to condoms and other RTI/STI commodities	Tools to strengthen regulatory authority capacity developed and tested	Regulatory authorities supported to implement quality assurance procedures for STI/RTI commodities	PDRH, objective 3, WHO Exp. Result RHR 3, output RTI3.4, rank A, priority 3



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
216	Models for appropriate integration: identification of strategies	Effective models to integrate appropriately across STI/RTI, reproductive health and HIV programmes with a particular focus on private sector involvement	Evidence on the feasibility and cost-effectiveness of different integration strategies reviewed and published	Nature and context of most promising integration strategies identified and disseminated	PDRH, objective 3, WHO Exp. Result RHR 3, output RT13.5, rank A, priority 1
217	Models for appropriate integration: cost-effectiveness	Effective models to integrate appropriately across STI/RTI, reproductive health and HIV programmes with a particular focus on private sector involvement	—	Modelling to assess cost-effectiveness of identified strategies completed and published	HRP, objective 3, WHO Exp. Result RHR 1, output RT13.5, rank A, priority 1
218	Strategies for integration of new physical and chemical barrier methods and technical support to establish national priorities	Tools and technical support for establishing national STI/RTI programme priorities and control strategies, including the use, promotion, and integration of new approaches, methods, and technologies into existing health services	Tools to guide decision-makers to establish or review national STI/RTI programme priorities refined	Skills development (training of trainers) curriculum developed. Curriculum implemented in two workshops in each of two Regions	PDRH, objective 3, WHO Exp. Result RHR 3, output RT13.1, rank B, priority 1
219	Strategies for integration of new physical and chemical barrier methods	Strategies for the use, promotion and integration of new and/or improved physical and chemical barrier methods into existing reproductive health services developed	—	Strategic planning tool(s) implemented in one country	PDRH, objective 3, WHO Exp. Result RHR 3, output RT13.1, rank B, priority 3
<b>Objective 4: To foster a supportive environment</b>					
220	Case studies of improved STI prevention and care for vulnerable individuals	Set of case studies with lessons learned, core principles for strategic direction and directory of resources that improve capacity for STI prevention and care for vulnerable individuals	Case studies summarised and disseminated	Protocol for operations research developed	PDRH, objective 4, WHO Exp. Result RHR 2, output RT14.2, rank A, priority 3
221	Community mobilization initiatives for improved prevention and care for vulnerable individuals	Inventory of successful initiatives for community mobilization to address needs of vulnerable populations and core principles for success	Community mobilization initiatives collated and lessons learned summarised	Protocol for operations research developed	PDRH, objective 4, WHO Exp. Result RHR 2, output RT14.2, rank A, priority 2
222	Enabling environment for partner management and increased use of barrier methods	Inventory of family, peer, and community influences and interventions towards an enabling environment for partner management and increased use of barrier methods	Studies collated and assessed with key enabling factors and barriers identified	Principles for interventions developed	PDRH, objective 4, WHO Exp. Result RHR 2, output RT14.1, rank B, priority 3
<b>Objective 5: To promote sound national policies and laws</b>					
223	Ethical, legal, regulatory and policy issues for improved STI/RTI care	Ethical, legal rights and policy issues for improved STI prevention and control among vulnerable populations	Ethical, legal, rights and policy issues in STI control compiled. Case studies of successful approaches to overcome barriers documented	Consensus developed with technical and implementing partners to establish best practice	PDRH, objective 5, WHO Exp. Result RHR 5, output RT15.3, rank B, priority 3
224	Ethical, legal, regulatory and policy environment for microbicides	Strengthening of capacity of national regulatory authorities to oversee and regulate microbicide research, and develop regional consensus on ethical issues in microbicide research and development and introduction	Microbicide Advisory Group meetings convened. Consensus document on guiding principles for regulation of microbicide research developed	Regional consensus development meetings convened	PDRH, objective 5, WHO Exp. Result RHR 5, output RT15.3, rank B, priority 3



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
225	STI/RTI Networks of Excellence	STI/RTI Networks of Excellence (multisectoral and multidisciplinary) and action plans	Existing network support continued. Country and regional networks linked	Intranet resource centre and electronic information exchange established. Advocacy tools developed	PDRH, objective 5, WHO Exp. Result RHR 4, output RTI5.1, rank B, priority 1
226	Public-private partnerships in STI/RTI control	Public-private partnerships in STI/RTI prevention, care and surveillance and quality assurance and regulatory standards	Country examples of public-private partnerships identified and documented. Guidelines and strategies developed from lessons learnt. Existing standards and quality assurance measures for STI drugs reviewed. International consensus meeting convened	Guidelines for quality assurance and regulatory standards and advocacy materials developed. Multi-disciplinary initiatives on the elimination of syphilis and eradication of chancroid commenced	PDRH, objective 5, WHO Exp. Result RHR 3, output RTI5.2, rank C, priority 1
<b>Objective 6: To ensure effective international efforts and collaboration</b>					
227	Financing STI/RTI commodities	Global partnerships and financing strategies for STI/RTI prevention and care	—	STI/RTI drugs and commodities added to WHO Model List of Essential Medicines. Advocacy for preferential pricing continued	PDRH, objective 6, WHO Exp. Result RHR 4, output RTI6.2, rank A, priority 1
228	STI surveillance	Improving quantity, quality, timeliness and relevance of national STI surveillance data	STI prevalence studies in key groups conducted	Regional laboratories established or strengthened to support STI surveillance	HRP, objective 6, WHO Exp. Result RHR 1, output RTI6.4, rank A, priority 1
229	Global partnerships and financing strategies for STI prevention and care	Partnerships and coalitions at global and regional levels to develop and adopt new strategies to advocate for the importance of STI/RTI control, increase resources and promote consistent and evidence-based policies for national programmes	Global and regional networks to increase political commitment and enhance programmatic responses established or strengthened. Countries supported to include STI control in national strategy papers	STI financing policy frameworks at national, regional and global levels for STI/RTI interventions promoted. Global, regional and national alliances to advocate for and implement innovative STI control strategies supported	PDRH, objective 6, WHO Exp. Result RHR 4, output RTI6.1, rank B, priority 1
<b>Core functions</b>					
230	Translation, reprinting and dissemination of existing HRP technical materials relating to STI and RTI control		Translation, reprinting and dissemination of existing materials carried out	Translation, reprinting and dissemination of existing materials carried out	HRP, objective Core, WHO Exp. Result RHR 1, output RTI_Core, rank Core, priority 1
231	Translation, reprinting and dissemination of existing PDRH technical materials relating to STI and RTI control		Translation, reprinting and dissemination of existing materials carried out	Translation, reprinting and dissemination of existing materials carried out	PDRH, objective Core, WHO Exp. Result RHR 4, output RTI_Core, rank Core, priority 1
232	Strategic Committee on Controlling STIs and RTIs, including cervical cancer	Strategies and priorities developed, endorsed and refined on controlling STIs and RTIs, including cervical cancer	One meeting of the Strategic Committee held during the year	—	PDRH, objective Core, WHO Exp. Result RHR 3, output RTI_Core, rank Core, priority 1



## 5. Preventing Unsafe Abortion

### Issues and Challenges

Each year, an estimated 210 million women throughout the world become pregnant and a significant percentage (some 20-23%) of them resort to abortion. It is estimated that 40-50 million abortions are performed annually, corresponding to 35 abortions per 1,000 women aged 15-44 years. Of these 40-50 million, 19 million are estimated to be unsafe abortions.

In contexts where access to safe abortion is restricted, mortality due to abortion is high. For example, 680 women die per 100,000 abortions in Africa compared to less than 1 (0.7) in developed regions. Globally, it has been estimated that, in addition to some 70,000 women who die each year as a consequence of unsafe abortion, a further five million suffer temporary or permanent disability. The persistence of high levels of unintended pregnancies is the root cause for women's recourse to abortion. The reasons for unintended pregnancies are several and include lack of access to or non-use of a contraceptive method as well as failure of the method. More complex reasons include, but are not limited to, unwanted or forced sexual intercourse and lack of women's empowerment over sexual and reproductive matters.

The growing number of women of reproductive age together with a rise in the desire to regulate fertility and to have fewer children requires high levels of correct and consistent use of effective contraceptive methods. However, difficulties associated with access to preferred methods of contraception and with correct and consistent use of contraceptive methods, and the problem of contraceptive method-failure are not easily resolved and may lead to unintended pregnancies. Societal norms, economic conditions and other systemic factors are also likely to have a profound impact on recourse to abortion and especially to unsafe abortion. Poverty, including uncertain economic circumstances, is an important determinant of the decision-making process leading to abortion when women face an unintended pregnancy.

ICPD has outlined the issues and challenges for work in the area of abortion. In its Programme of Action, it urged governments and other relevant organizations "to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family planning services" (paragraph 8.25). It further states that "Prevention of unwanted pregnancies must always be given the highest priority and every attempt should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counselling.... In circumstances where abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion. Post-abortion counselling, education and family planning services should be offered promptly, which will also help to avoid repeat abortions." (paragraph 8.25)

#### Goals

"In circumstances where abortion is not against the law...to ensure that such abortion is safe and accessible."

*[Key actions ICPD+5, paragraph 63(i)]*

"In all cases, women should have access to quality services for the management of complications arising from abortion."

*(Key actions ICPD+5, paragraph 63(i))*

The key actions adopted by the Twenty-first Special Session of the United Nations General Assembly for the further implementation of the ICPD Programme of Action noted: "In recognizing and implementing the above,



and in circumstances where abortion is not against the law, health systems should train and equip health-service providers and should take other measures to ensure that such abortion is safe and accessible. Additional measures should be taken to safeguard women's health." [Key actions ICPD+5, paragraph 63 (iii)]. The reduction and elimination of unsafe abortion is central to reducing maternal mortality and therefore to achieving the ICPD and Millennium Development Goal on improving maternal health.

## **RHR's work in Preventing Unsafe Abortion**

The Department's work on preventing unsafe abortion is unique and is not addressed by other departments within WHO. The Department's experience and expertise in conducting rigorous biomedical, epidemiological, social science and programmatic research on preventing unsafe abortion is widely acknowledged by experts in the field and by other agencies. WHO is well suited to conduct multidisciplinary research on preventing unsafe abortion, develop tools and guidelines, and provide technical assistance that addresses abortion-related issues.

The overarching goal to eliminate unsafe abortion is pursued by the Department by undertaking three main interrelated activities, namely: (1) mapping evidence, improving technologies, and testing interventions; (2) developing norms, tools, and guidelines; and (3) providing technical support to countries. The work thus focuses on generating scientifically sound information on abortion-related issues for policies and programmes, developing new and improved regimens of safe abortion, promoting best practices and high-quality abortion services and post-abortion care, and assisting with evidence-based advocacy for the prevention of unsafe abortion. In several of these areas the Department collaborates with other organizations such as the Alan Guttmacher Institute and Ipas. The regular exchange of information with these agencies enables the Department to address issues and undertake activities which complement and reinforce the overall agenda of preventing unsafe abortion.

### ***Objective 1: To support implementation of safe abortion services and post-abortion care in accordance with WHO best practices and in accordance with national laws.***

In order to meet the overall goals, this objective seeks to expand the access to safe abortion services, based on guidelines and training curricula developed from the evidence collected through scientifically sound research and evaluation of programmes and practices.

The proposed set of guidelines would cover: (1) the provision of abortion by mid-level providers; (2) removing barriers to the access of safe abortion services; (3) the adaptation of the Strategic Approach to preventing unsafe abortion and to introduce medical abortion; (4) managing abortion complications in different resource-settings and for groups in vulnerable situations; and (5) integrating abortion and post-abortion care into training curricula.

### ***Objective 2: To improve the safety, efficacy, and acceptability of methods of abortion and post-abortion care.***

This objective contributes to meeting the overall goals by assessing methods of abortion and post-abortion care, through clinical research. An improved understanding of the safety and effectiveness of existing methods of medical and surgical abortion is expected to lead to an improved efficacy and reduced pain and bleeding. Ascertaining acceptability of methods is critical in determining the potential demand for them.

Five major studies would be carried out to meet this objective. Firstly, pre-phase I/II toxicology and teratology studies of promising leads for medical abortion and phase I/II clinical studies on the most promising lead(s) would be undertaken. Secondly, clinical studies would be carried out to evaluate and improve the efficacy of new drug combinations for first- trimester and second-trimester pregnancy termination. Thirdly, studies would be done to examine ways to reduce bleeding associated with medical abortion and reduce pain related to medical or surgical abortion. Fourthly, misoprostol-alone regimens would be compared with sequential regimens of mifepristone plus misoprostol in terms of their safety and effectiveness for pregnancy termination.



Finally, the role of antibiotics as adjuncts in the treatment of non-viable pregnancy would be studied as well as the optimal method for the termination of non-viable pregnancy. Ascertaining acceptability and users' perspectives will be an integral part of these studies.

***Objective 3: To strengthen national health system capacities (management and support systems) to reduce unsafe abortions and to ensure the availability of high-quality and sustainable safe abortion and post-abortion care in accordance with national laws, ethical principles and relevant international conventions and agreements.***

This objective addresses the need to provide critical information for policies and programmes, including information on cost and cost-effectiveness of providing different methods of abortion by type of providers, developing training curricula for programme managers, and establishing or improving surveillance and quality assurance monitoring of public and private sector provision of abortion services.

Major activities include: (1) providing information to assist with the inclusion of safe abortion drugs on essential drug lists; (2) developing training curricula using an ethical/legal framework for providing safe abortion; (3) evidence on the cost of abortion by type of method and type of provider; (4) establishing or improving regular surveillance of the administration of surgical and non-surgical abortion methods, including reported side-effects and effectiveness, and monitoring quality assurance of public and private sector provision of abortion services; and (5) developing guidelines on regulation and quality assurance of abortion and post-abortion services for both public and private sectors as well as guidelines on estimating the incidence of unsafe abortion.

***Objective 4: To foster community, individual, and family support for the elimination of unsafe abortion and for post-abortion care.***

This objective aims at creating the individual, family and community support for the elimination of unsafe abortion by better understanding, through research, men's roles and responsibilities in decision-making with regard to abortion and in post-abortion care. In addition, research to document the role of community, family and individual support for young people in prevention and management of abortion and post-abortion care will be undertaken.

***Objective 5: To assist with the development of national health policies which are based on an up-to-date and in-depth understanding of the determinants and consequences of unsafe abortion.***

This objective seeks to generate, collate and synthesize evidence on the determinants and consequences of unsafe abortion in order to develop informed policies, programmes and appropriate interventions. Activities will be undertaken to document, through research, the implementation of abortion laws, impact of changes in abortion laws on women's health, and pathways to abortion following unintended pregnancy among adolescents.

Research will be undertaken to provide estimated costs to the health system and individuals of providing or not providing safe abortion. In addition, research will be conducted to identify pathways to abortion following unintended pregnancy among young women as well as on the impact of post-abortion counselling on the uptake of contraceptive methods and their correct and consistent use. Technical support will be provided to map the provision of abortion services and post-abortion care in order to support policy analysis to improve service provision, equity of access and integration of services. Finally, activities to promote dialogue with policy-makers on the consequences of unsafe abortion will be undertaken.

***Objective 6: To strengthen commitment, advocacy, and action at the global level to reduce and eliminate (where possible) unsafe abortion.***

This objective aims to create an enabling legal and policy environment by evidence-based advocacy and action to prevent unsafe abortion. It also assists in developing appropriate programmes by monitoring laws and



policies and their implementation which assist or impede access to safe abortion services and post-abortion care.

The Department will document and regularly monitor the incidence of unsafe abortion and its associated mortality with updates every two years. In addition, it will provide reports on women's health to UN Human Rights Treaty Bodies and other agencies or treaty bodies, as needed.

## Product Listing

ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
<b>Objective 1: To broaden the provision of quality services</b>					
233	Guidelines on the provision of abortion by mid-level providers	Review evidence, convene consultative meeting, and develop guidelines on abortion provision by mid-level health care workers	Expert working group meeting held	Guidelines developed	HRP, objective 1, WHO Exp. Result RHR 3, output PUA1.3, rank A, priority 1
234	Guidelines on removing barriers to accessing safe abortion services	Provide assistance for local adaptation and implementation of the existing guidelines and develop new ones, as needed	Background paper(s) commissioned. Expert multidisciplinary working groups established. Expert working group meeting held	Guidelines developed. Assistance provided in two countries	HRP, objective 1, WHO Exp. Result RHR 3, output PUA1.7, rank A, priority 1
235	Adaptation of the Strategic Approach to preventing unsafe abortion	Develop national strategies to improve the quality of abortion services by providing assistance to countries to utilize the Strategic Approach	One strategic assessment conducted. Introductory research planned for training curricula	Operations research testing strategies for improving abortion services in progress in one country. One additional assessment conducted. Research for training curricula ongoing	HRP, objective 1, WHO Exp. Result RHR 2, output PUA1.1, rank A, priority 1
236	Adaptation of the Strategic Approach to introduce medical abortion	Develop national strategies to introduce medical abortion by providing assistance to countries to utilize the Strategic Approach	One strategic assessment conducted	Introductory operations research testing strategies for introducing medical abortion in progress in one country	HRP, objective 1, WHO Exp. Result RHR 2, output PUA1.1, rank A, priority 1
237	Guidelines on managing abortion complications in different resource-settings and for groups in vulnerable situations	Guidelines adapted on managing abortion complications in different resource-settings and for groups in vulnerable situations	Background paper commissioned on ways to adapt existing guidelines	Background paper finalised and consultation held	PDRH, objective 1, WHO Exp. Result RHR 3, output PUA1.6, rank B, priority 3
238	Guidelines for integrating abortion and post-abortion care into training curricula	Documentation of evidence base for guidelines on addressing the incorporation of abortion and post-abortion care into training curricula to improve provider performance	Background paper commissioned to review evidence. Consultative meeting held	Guidelines for trainers developed	HRP, objective 1, WHO Exp. Result RHR 3, output PUA1.2, rank B, priority 3
<b>Objective 2: To widen the range of products or technologies</b>					
239	Pre-Phase I/II toxicology and teratology of promising leads for medical abortion	Toxicology and teratology studies conducted on novel compounds for medical abortion	Primate studies completed and most promising lead for further studies in medical abortion identified	Pre-Phase I/II toxicology studies completed	HRP, objective 2, WHO Exp. Result RHR 1, output PUA2.1, rank A, priority 1
240	Phase I/II clinical studies on the most promising lead for medical abortion	Phase I studies in the human of new compound for medical abortion	Completion of Phase I clinical trial	Initiation of Phase II clinical trial	HRP, objective 2, WHO Exp. Result RHR 1, output PUA2.1, rank A, priority 1



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
241	Efficacy studies using new drug combinations in the first trimester of pregnancy	A two-three centre study to test new drug combinations in the first trimester of pregnancy	Two-three centre study completed	Protocol developed for multicentre trial	HRP, objective 2, WHO Exp. Result RHR 1, output PUA2.1, rank A, priority 1
242	Efficacy studies using new drug combinations in the second trimester of pregnancy	A two-three centre study to test new drug combinations in the second trimester of pregnancy	Two-three centre study completed	Protocol developed for multicentre trial	HRP, objective 2, WHO Exp. Result RHR 1, output PUA2.1, rank A, priority 1
243	Identification of means to reduce bleeding associated with medical abortion	A multicentre randomised trial of three treatments for reducing post-abortion bleeding after medical abortion	Trial launched	Trial completed	HRP, objective 2, WHO Exp. Result RHR 1, output PUA2.1, rank A, priority 1
244	Pain alleviation during medical and surgical abortion	Identification of ways to reduce pain related to medical and surgical abortion	Literature review and review of situation in different settings completed	Protocol for a comparative acceptability study drafted	HRP, objective 2, WHO Exp. Result RHR 1, output PUA2.1, rank A, priority 1
245	Comparative assessment of different medical abortion regimens	Comparison of misoprostol-alone regimens and sequential regimens of mifepristone plus misoprostol	Protocol approved and centres selected	Trial launched	HRP, objective 2, WHO Exp. Result RHR 1, output PUA2.1, rank A, priority 1
246	Role of antibiotics in the treatment of non-viable pregnancy	Assessment of the role of antibiotics in the treatment of incomplete abortion in order to develop evidence-based guidelines	Protocol approved and centres selected	Trial launched	HRP, objective 2, WHO Exp. Result RHR 1, output PUA2.1, rank A, priority 1
247	Termination of non-viable pregnancy	Comparison of medical and surgical methods to evacuate the uterus in women with a non-viable pregnancy up to 12 weeks amenorrhoea	Trial launched	Trial completed	HRP, objective 2, WHO Exp. Result RHR 1, output PUA2.1, rank A, priority 1
248	Scientific guidance from Research Group on Post-ovulatory Methods	Annual meetings of Research Group	One full meeting and one sub-group meeting held to review progress and identify future research needs	One full meeting and one sub-group meeting held to review progress and identify future research needs	HRP, objective 2, WHO Exp. Result RHR 1, output PUA2.1, rank A, priority 1
<b>Objective 3: To strengthen health management and support systems</b>					
249	Inclusion of safe abortion drugs on essential medicines lists	Assist in efforts to make high-quality mifepristone and misoprostol available at affordable cost for developing countries and to get misoprostol registered for indications related to maternal health	Consultative meeting held to review the evidence and discuss steps required for registration of misoprostol for new indications	International agencies, national authorities, and NGOs assisted for the inclusion of misoprostol on essential medicines lists	HRP, objective 3, WHO Exp. Result RHR 1, output PUA3.5, rank A, priority 1
250	Training curricula using an ethical/legal framework for providing safe abortion	Strengthening programme managers' ability to implement quality abortion services	Situation analyses launched in several countries	Training curriculum developed and implemented in two countries	HRP, objective 3, WHO Exp. Result RHR 3, output PUA3.3, rank A, priority 1
251	Approaches to estimating unsafe abortion	A background paper reviewing existing methodologies and their limitations in providing reliable estimates	Background paper commissioned	Background paper finalised. Consultation planned	PDRH, objective 3, WHO Exp. Result RHR 1, output PUA3.6, rank B, priority 1
252	Guidelines on regulation and quality assurance of abortion services	Guidelines developed on regulation and quality assurance of abortion and post-abortion services within both the public and private sectors	Background paper commissioned	Background paper finalised. Consultation held. Guidelines developed	HRP, objective 3, WHO Exp. Result RHR 3, output PUA3.8, rank B, priority 2
253	Costing of abortion by type of method and type of provider	Evidence on costs of different types of abortion methods and types of providers	Overview paper identifying gaps, strategies and priorities prepared	Protocols developed and studies planned in selected countries	HRP, objective 3, WHO Exp. Result RHR 1, output PUA3.1, rank B, priority 2



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
254	Guidelines for improved reporting of abortion data	International guidelines developed for improved record-keeping and reporting	Background paper commissioned to review evidence. Consultative meeting held	Guidelines developed	HRP, objective 3, WHO Exp. Result RHR 3, output PUA3.7, rank B, priority 2
255	Surveillance of surgical and non-surgical methods of abortion	Establishing or improving regular surveillance of the administration of surgical and non-surgical abortion methods, including reported side-effects and effectiveness, and monitoring quality assurance of public and private sector provision of abortion services	Review underway of existing surveillance systems	Expert consultation held. Draft guidance for surveillance systems under development	HRP, objective 3, WHO Exp. Result RHR 3, output PUA3.4, rank B, priority 3
<b>Objective 4: To foster a supportive environment</b>					
256	Promoting dialogue with community leaders on the consequences of unsafe abortion	A consultation on how to encourage community leaders to address the causes and consequences of unsafe abortion	Consultation planned	Consultation held	HRP, objective 4, WHO Exp. Result RHR 1, output PUA4.4, rank B, priority 3
257	Social support networks for young people	The role of community, individual and family support for young people in prevention and management of abortion and in post-abortion care	Overview paper completed and call for proposals developed	Call for proposals finalized and distributed	HRP, objective 4, WHO Exp. Result RHR 1, output PUA4.3, rank C, priority 1
258	Men's roles and abortion	Men's roles, knowledge, perceptions and attitudes regarding abortion and their involvement in decision-making process leading to abortion, post-abortion care and home-based abortion procedures	Overview paper completed and call for proposals developed	Call for proposals finalized and distributed	HRP, objective 4, WHO Exp. Result RHR 1, output PUA4.2, rank C, priority 3
<b>Objective 5: To promote sound national policies and laws</b>					
259	Impact of changes in abortion laws on women's health	Documentation of the impact of changes in abortion laws on women's health	Overview paper produced identifying gaps, strategies and priorities	Protocols developed and studies planned in selected countries	HRP, objective 5, WHO Exp. Result RHR 1, output PUA5.1, rank A, priority 1
260	Costs to the health system of safe vs unsafe abortion	Documentation of the costs to the health system and individuals of providing or not providing safe abortion	Overview paper produced identifying gaps, strategies and priorities	Protocols developed and studies planned in selected countries	HRP, objective 5, WHO Exp. Result RHR 1, output PUA5.8, rank A, priority 3
261	Impact of changes in abortion-related laws on health	Documentation of evidence on the impact of changes in abortion-related laws and/or policy on service provision on health and other outcomes	Overview paper produced identifying gaps, strategies and priorities	Protocols developed and studies planned in selected countries	HRP, objective 5, WHO Exp. Result RHR 1, output PUA5.2, rank A, priority 2
262	Promoting dialogue with policy-makers on the consequences of unsafe abortion	A consultation with experts on the causes and consequences of unsafe abortion	Consultation planned	Consultation held	HRP, objective 5, WHO Exp. Result RHR 1, output PUA5.7, rank B, priority 1
263	Understanding the pathways to abortion following an unintended pregnancy	Documentation of the pathways to abortion following an unintended pregnancy	Overview paper produced identifying gaps, strategies and priorities	Protocols developed and studies planned in selected countries	HRP, objective 5, WHO Exp. Result RHR 1, output PUA5.5, rank B, priority 2
264	Impact of counselling on post-abortion care	Documentation of the impact of counselling on post-abortion care and family planning uptake	Overview paper completed, priorities identified, call for proposals drafted	Call for proposals distributed and core protocol drafted	PDRH, objective 5, WHO Exp. Result RHR 1, output PUA5.6, rank B, priority 2



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
265	Guidelines for addressing abortion services in Poverty Reduction Strategy Papers (PRSPs)	Analysis of how abortion is addressed in PRSPs	Background paper commissioned	Guidelines developed	HRP, objective 5, WHO Exp. Result RHR 3, output PUA5.9, rank B, priority 3
266	Mapping the provision of abortion services	Technical support for mapping the provision of abortion services and post-abortion care in order to support policy analysis to improve service provision, equity of access, integration of services, etc.	Overview paper completed and call for proposals developed	Call for proposals finalized and distributed	HRP, objective 5, WHO Exp. Result RHR 1, output PUA5.3, rank C, priority 2
<b>Objective 6: To ensure effective international efforts and collaboration</b>					
267	Monitoring of the incidence of unsafe abortion	Documentation and regular monitoring of the estimated incidence of unsafe abortion and its associated morbidity and mortality for women in general, and particularly those who are in vulnerable situations	Maintain and update data base	Maintain and update data base	PDRH, objective 6, WHO Exp. Result RHR 1, output PUA6.2, rank A, priority 1
268	The impact of abortion laws on safe abortion	Documentation of the impact of abortion laws on safe abortion	Overview paper produced identifying gaps, strategies and priorities	Protocols developed and studies planned in selected countries	HRP, objective 6, WHO Exp. Result RHR 1, output PUA6.1, rank A, priority 3
269	UN Human Rights Treaty Bodies and abortion rights	Provision of reports on women's health to UN Human Rights Treaty Bodies	Reports provided	Two meetings held	HRP, objective 6, WHO Exp. Result RHR 5, output PUA6.3, rank B, priority 1
<b>Core functions</b>					
270	Translation, reprinting and dissemination of existing HRP technical materials relating to preventing unsafe abortion		Translation, reprinting and dissemination of existing materials carried out	Translation, reprinting and dissemination of existing materials carried out	HRP, objective Core, WHO Exp. Result RHR 1, output PUA_Core, rank Core, priority 1
271	Strategic Committee on Preventing Unsafe Abortion	Strategies and priorities developed, endorsed and refined for preventing unsafe abortion	One meeting of the Strategic Committee held during the year	—	HRP, objective Core, WHO Exp. Result RHR 1, output PUA_Core, rank Core, priority 1





## 6. Technical Cooperation with Countries

### Issues and Challenges

In follow-up to the ICPD and ICPD+5 goal on making sexual and reproductive health services accessible to all couples and individuals, policy-makers and programme managers in most countries undertook with enthusiasm the efforts needed to enhance the internalisation of the concept of sexual and reproductive health. They endeavoured to develop new policies and programmes that are responsive to the constantly changing needs of people across their life span. To the extent possible, this "paradigm shift" took due account of the diversity of cultural, religious and economic factors that affect reproductive health behaviours and gender relationships.

Consequently, there are many examples of developing countries that made remarkable progress towards the making operational the core elements of sexual and reproductive health and towards the development of relevant programmes outlined in the ICPD Programme of Action. However, as recent programme reviews have shown, there is an urgent call to address the following concerns, both at national and international levels:

- Many attempts to implement holistic and integrated sexual and reproductive health programmes are often patchy and fragmented. The broad concept of sexual and reproductive health has indeed brought together multiple players and disciplines that are striving to build new partnerships, but their respective interventions are often uncoordinated or result in competition. More importantly, the little gains made are being jeopardised by the divergence of opinion and the polarisation of debates around sexuality and reproductive rights issues at recent international forums. The regrettable failure of the Millennium Declaration to make reference to the goal on universal access to reproductive health is perhaps the clearest example of these tensions.
- The availability of human resources endowed with the technical and managerial skills required to manage the sexual and reproductive health programmes and services remains uneven between and within countries. This is further compounded by external events such as high attrition due to brain drain and political instability, high internal turnover, and high death toll from HIV/AIDS in countries hardest hit by the epidemic. Achieving self-reliance for the delivery of an essential package of services through the availability of a critical mass of national experts is currently beyond reach for most countries.
- Also, the priority-setting processes are seldom participatory and modalities for scaling-up of pilot projects to sustainable programmes still have to be developed. Recent evidence has increasingly shown that the needs of poor people and other vulnerable groups, including refugees and internally displaced persons, are not being met by the ongoing programmes, owing to ill-functioning health systems.
- Although the vicious circle of poverty and ill-health, including poverty's negative impact on reproductive health, became a topical issue, solid research-based evidence that better reproductive health reduces poverty and enhances economic growth still needs to be gathered and widely disseminated so as to strengthen the case for investing in this area.
- The claim that market-led types of health sector reforms and other related structural or organizational changes (e.g. decentralization, regulatory role of government, new financing and resource allocation mechanisms) may improve quality of services and equity in health outcomes has not yet materialized; rather, hot debates have been sparked that these changes probably produced more drawbacks than gains in the delivery, utilization and outcomes of reproductive health services. But, again, research-based evidence is lacking.
- In this era of constrained resources, many governments and donor partners have embarked on the implementation of sector-wide approaches (SWAs) as a programmatic tool for ensuring comprehensive and sustainable development of the health sector. Likewise, it has been recognized that national programmes on sexual and reproductive health have a significant role to play in the efforts to strengthen national health systems. Yet, successful ways of bringing these constituencies together in order to secure commensurate resources for addressing the burden of sexual and reproductive ill-health are still to be documented and disseminated.



**Goal**

To ensure that each country has the capacity to develop and carry out the research and programme development activities required to implement the ICPD Programme of Action and, thus, address the reproductive health needs of the people in the country.

In accordance with the WHO Corporate Strategy, work on technical cooperation with countries (including between developing countries) in the area of sexual and reproductive health entails a combination of actions with respect to technical and policy advice, advocacy and development of new partnerships, and encouragement of local research and development. Close linkages with the new WHO Country Focus Initiative need to be established so as to strengthen the capability of countries to apply knowledge through the formulation of appropriate policies and through planning and implementing relevant sexual and reproductive health programmes. Increased efforts are also needed to ensure the continued linking of research findings to action plans, policy formulation and programme development and the improvement of practices. Therefore, coherent support must be harnessed from the various parts of the Department, from other relevant departments within WHO Headquarters, from WHO Regional and Country Offices as well as from partner agencies in order to meet the needs of specific countries.

**RHR's work in Technical Cooperation with Countries**

The Department's work in technical cooperation with countries takes into account the concerns described above, and is anchored in three major areas in which the Department has established a strong and long-standing foothold or is in a position to make accelerated progress based on its comparative advantages.

**National Research Capacity Strengthening**

The first area is the significant contribution to the strengthening of the capacities for reproductive health research through the continuation of existing institutional and human resources strengthening strategies (Long-term Institutional Development Grants, Resource Maintenance and Capital Grants, Research Training Grants) and the establishment of new ones (e.g. Competitive Intraregional Grants).<sup>6</sup> These strategies are based on the recognition that progress in sexual and reproductive health in countries rests on the identification of health needs within communities, the generation of new knowledge for advocacy, the selection of effective interventions for prevention and care, the improvement of policy formulation through evidence-based recommendations, the strengthening of services and programmes by applying research-generated technologies and up-to-date practice guidelines, and the appropriate allocation of health resources with the overall aim of promoting the well-being of the communities.

The Department is committed to consolidating the capacities that have been built over the years which have resulted in the creation of an extensive network of national research institutions and collaborating centres in all six WHO Regions as well as to further expanding the network with the participation of new institutions, particularly from least developed countries. Increased efforts are required to help countries apply research findings and ensure continued links to action plans, policy formulation and development of reproductive health programmes.

<sup>6</sup> The brochures explaining the objectives, key elements and criteria for awarding these grants are readily accessible on the following web site: [www.who.int/reproductive-health](http://www.who.int/reproductive-health)



**Product Listing**

ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
<b>Objective 2: To widen the range of products or technologies</b>					
275	Network of WHO-CCRs strengthened	Support for designation and re-designation processes of WHO-CCRs as well as information exchange between and among other collaborating institutions	At least four centres visited. Two In-house Committee meetings held for designation/re-designation inputs	At least four other centres visited. Two In-house Committee meetings held for designation/re-designation inputs	PDRH, objective 2, WHO Exp. Result RHR 4, output TC_Core2.1, rank Core, priority 1
276	Network of WHO-CCRs strengthened	Support for designation and re-designation processes of WHO-CCRs as well as information exchange between and among other collaborating institutions	At least two more centres visited per Region	At least two more centres visited per Region	PDRH, objective 2, WHO Exp. Result RHR 4, output TC_Core2.3.3, rank Core, priority 2
277	Updated indicators for monitoring sexual and reproductive health programme development	Selected countries assisted to develop process and outcome indicators for national sexual and reproductive health programmes	Review of generic programme-related indicators completed	Pilot-testing of the generic indicators initiated in two countries per WHO Region	PDRH, objective 2, WHO Exp. Result RHR 4, output TC_Core2.1, rank Core, priority 1
278	Strengthening dialogue between researchers and policy-makers and inputs from Regional Advisory Panels (RAPs) to the process	Providing a forum for dialogue through regional symposia and support to selected interventions of interregional relevance	Annual meeting of RAP Chairs held	Annual meeting of RAP Chairs held	PDRH, objective 2, WHO Exp. Result RHR 4, output TC_Core2.1, rank Core, priority 1
279	Strengthening dialogue between researchers and policy-makers and inputs from Regional Advisory Panels (RAPs) to the process	Providing a forum for dialogue through regional symposia and support to selected interventions of interregional relevance	Regional or sub-regional symposium organised in one Region	Regional or sub-regional symposium organised in another Region	PDRH, objective 2, WHO Exp. Result RHR 4, output TC_Core2.4.4, rank Core, priority 3
273	Follow-up actions on regional priorities in research and programme development identified in CCEE/NIS countries	Strengthening capacity in CCEE/NIS for operational research and application of evidence to improve managerial and clinical practices	One more operations research course organised for Russian-speaking countries	At least three research proposals developed by the trainees approved for funding	HRP, objective 2, WHO Exp. Result RHR 1, output TC_Core2.2.4, rank Core, priority 1
274	Follow-up actions on regional priorities in research and programme development identified in CCEE/NIS countries	Organise annual meetings of the European Regional Advisory Panel to monitor the implementation of the regional strategy and operations research needs	One meeting held in conjunction with EURO	One meeting held in conjunction with EURO	HRP, objective 2, WHO Exp. Result RHR 1, output TC_Core2.1, rank Core, priority 1
280	Assisting countries from a selected sub-region to identify reproductive health research needs and set priorities (AMRO Region)	Database of relevant indicators established and list of main research priorities determined for the sub-region	Collection of relevant indicators completed for the sub-region and database established	A sub-regional reproductive health research needs assessment workshop conducted. Reproductive health research priorities identified for at least three countries	HRP, objective 2, WHO Exp. Result RHR 1, output TC_AM2.1, rank A, priority 3
281	Identifying new recipients of research capacity strengthening (RCS) grants and developing RCS plans (AMRO Region)	Full RCS programme (including linked research and research training, dissemination and utilization plans and budget) developed for new centres identified	Institutional profile submitted by candidate centres. New recipient identified and RCS grant application developed	Site-visit to centre done. RCS programme submitted to and approved by the Regional Advisory Panel	HRP, objective 2, WHO Exp. Result RHR 1, output TC_AM2.2, rank A, priority 1



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
282	Developing institutional research capacities in a holistic manner (AMRO Region)	Organize and support group learning activities at country and regional levels to develop technical competencies in research methodology, in specific thematic areas relevant to national or regional needs, in data-processing and analysis, and in research management	At least three workshops/courses held and two full research proposals developed	At least three more workshops/courses held and two full research proposals approved for funding	HRP, objective 2, WHO Exp. Result RHR 1, output TC_AM2.2, rank A, priority 1
283	Enhancing institutional capacities for operations research (AMRO Region)	Support provided to make possible the conduct of operations research in a regional centre and establishment of a regional training facility in this area	Regional institution identified as operations research training centre. Training programme elaborated and pilot-tested. Operations research proposal developed	One centre in the Region has developed a well structured operations research training programme in at least one field of reproductive health and has at least one specific project approved for funding and implementation	HRP, objective 2, WHO Exp. Result RHR 1, output TC_AM2.2, rank A, priority 1
284	Enhancing institutional capacities to respond to regional priorities in reproductive health (AMRO Region)	Support provided for establishing or strengthening regional training facilities to facilitate the conduct of operations research	—	A well structured operations research training programme developed in collaboration with interested partners in one centre in the Region	HRP, objective 2, WHO Exp. Result RHR 1, output TC_Core2.2.4, rank Core, priority 2
285	Improving ethical standards for reproductive health research at country and regional levels (AMRO Region)	Support provided to improve the operation of ethics review boards of regional institutions	Actions taken to assist the establishment and/or strengthening of ethics review boards in centres receiving RCS support	Ethics review boards established/strengthened and in operation in all centres receiving RCS support	HRP, objective 2, WHO Exp. Result RHR 1, output TC_AM2.2, rank A, priority 1
286	Strengthening institutional reproductive health research capacities (AMRO Region)	Long-term institutional development grants, resource maintenance grants, courses, workshops and seminars grants, and small grants awarded to selected centres to further develop research capacities	Research capacity strengthening support provided to three to five centres in the Region. At least one project per centre completed, published and disseminated	Research capacity strengthening support provided to three to five centres in the Region. At least one project per centre completed, published and disseminated	HRP, objective 2, WHO Exp. Result RHR 1, output TC_AM2.3, rank A, priority 1
287	Strengthening skills and abilities of individuals for reproductive health research (AMRO Region)	Provide research training and re-entry grants to staff from research institutions	Support provided enabling at least two fellows to complete research training programmes. At least one re-entry research grant approved and supported	Support provided enabling at least two more fellows to complete research training programmes. At least one more re-entry research grant approved and supported	HRP, objective 2, WHO Exp. Result RHR 1, output TC_AM2.3, rank A, priority 1
288	Maintaining adequate mechanisms for the monitoring and evaluation of RCS activities (AMRO Region)	Support the process for monitoring and evaluation of RCS activities	Support provided to all research centres that are receiving RCS grants. Each centre visited at least once during the biennium. RAP meeting held	Support provided to all research centres that are receiving RCS grants. Each centre visited at least once during the biennium. RAP meeting held	HRP, objective 2, WHO Exp. Result RHR 1, output TC_AM2.3, rank A, priority 1
289	Developing improved mechanisms to enhance the dissemination and utilization of research findings (AMRO Region)	Develop and provide guidelines for preparing dissemination and utilization plans and support information-dissemination workshops of research findings	Develop and pilot-test guidelines for dissemination and utilization plans. One national or regional workshop held	Support provided for the use of developed guidelines in at least one centre or for one research project	HRP, objective 2, WHO Exp. Result RHR 1, output TC_AM2.4, rank A, priority 1



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
290	Improving researchers' communication skills (AMRO Region)	Provide assistance to develop scientific writing and communication skills among researchers	Assistance provided to hold one scientific writing or communication workshop and /or at least five persons supported to develop skills in these areas	Assistance provided to hold one further scientific writing or communication workshop and /or at least five more persons supported to develop skills in these areas	HRP, objective 2, WHO Exp. Result RHR 1, output TC_AM2.4, rank A, priority 1
291	Assisting the development of an enabling environment at country level to facilitate increased utilization of research findings (AMRO Region)	Support the process for increased dialogue between policy-makers, managers and researchers to promote and enhance the utilization of research findings	At least two national workshops joining researchers and policy-makers held. Policy briefs prepared for completed research projects	At least two more national workshops joining researchers and policy-makers held. Policy briefs prepared for completed research projects	HRP, objective 2, WHO Exp. Result RHR 1, output TC_AM2.4, rank A, priority 1
292	Expanding the role of national research institutions in policy and programme development (AMRO Region)	Develop national and intra-regional networks through Competitive Intra-regional (CIR) grants	Call for proposals issued	Approval by RAP to award CIR grant to one research institution in the Region	HRP, objective 2, WHO Exp. Result RHR 1, output TC_Core, rank Core, priority 3
293	Assisting countries from a selected sub-region to identify reproductive health research needs and set priorities (AFRO/EMRO Regions)	Database of relevant indicators established and list of main research priorities determined for the sub-region	Collection of relevant indicators completed for the sub-region and database established. Regional directories and/or web site of publications and of ongoing research projects produced	At least two research needs assessment workshops conducted and reproductive health research priorities identified for at least three countries	HRP, objective 2, WHO Exp. Result RHR 1, output TC_AF/EM2.1, rank A, priority 1
294	Identifying new recipients of research capacity strengthening (RCS) grants and developing RCS plans (AFRO/EMRO Regions)	Full RCS programme (including linked research and research training, dissemination and utilization plans and budget) developed for new centres identified	Institutional profile submitted by candidate centres. New recipient identified and RCS grant application developed	Site-visit to centre done. RCS programme submitted to and approved by the Regional Advisory Panel	HRP, objective 2, WHO Exp. Result RHR 1, output TC_AF/EM2.2, rank A, priority 1
295	Developing institutional research capacities in a holistic manner (AFRO/EMRO Regions)	Organize and support group learning activities at country and regional levels to develop technical competencies in research methodology, in specific thematic areas relevant to national or regional needs, in data-processing and analysis, and in research management	At least six workshops/courses supported and four full research proposals developed	At least six more workshops/courses held and four full research proposals approved for funding	HRP, objective 2, WHO Exp. Result RHR 1, output TC_AF/EM2.2, rank A, priority 1
296	Enhancing institutional capacities for operations research (AFRO/EMRO Regions)	Support provided to make possible the conduct of operations research in a regional centre and establishment of a regional training facility in this area	Regional institution identified as operations research training centre. Training programme elaborated and pilot-tested. Operations research proposal developed	Two centres in the Regions have developed a well structured operations research training programme in at least one field of reproductive health and each has at least one specific project approved for funding and implementation	HRP, objective 2, WHO Exp. Result RHR 1, output TC_AF/EM2.2, rank A, priority 1



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
297	Enhancing institutional capacities to respond to regional priorities in reproductive health (AFRO/EMRO Regions)	Support provided for establishing or strengthening regional training facilities to facilitate the conduct of operations research	—	A well structured operations research training programme developed in collaboration with interested partners in one centre per Region	HRP, objective 2, WHO Exp. Result RHR 1, output TC_Core2.2.4, rank Core, priority 2
298	Improving ethical standards for reproductive health research at country and regional levels (AFRO/EMRO Regions)	Support provided to improve the operation of ethics review boards of regional institutions	Actions taken to assist the establishment and/or strengthening of ethics review boards in centres receiving RCS support	Ethics review boards established/strengthened and in operation in all centres receiving RCS support	HRP, objective 2, WHO Exp. Result RHR 1, output TC_AF/EM2.2, rank A, priority 1
299	Strengthening institutional reproductive health research capacities (AFRO/EMRO Regions)	Long-term institutional development grants, resource maintenance grants, courses, workshops and seminars grants, and small grants awarded to selected centres to further develop research capacities	Research capacity strengthening support provided to six to ten centres. At least one project per centre completed, published and disseminated	Research capacity strengthening support provided to six to ten centres. At least one project per centre completed, published and disseminated	HRP, objective 2, WHO Exp. Result RHR 1, output TC_AF/EM2.3, rank A, priority 1
300	Strengthening skills and abilities of individuals for reproductive health research (AFRO/EMRO Regions)	Provide research training and re-entry grants to staff from research institutions	Support provided enabling at least two fellows to complete research training programmes. At least one re-entry research grant approved and supported	Support provided enabling at least two more fellows to complete research training programmes. At least one more re-entry research grant approved and supported	HRP, objective 2, WHO Exp. Result RHR 1, output TC_AF/EM2.3, rank A, priority 1
301	Maintaining adequate mechanisms for the monitoring and evaluation of RCS activities (AFRO/EMRO Regions)	Support the process for monitoring and evaluation of RCS activities	Support provided to all research centres that are receiving RCS grants. Each centre visited at least once during the biennium. RAP meeting held	Support provided to all research centres that are receiving RCS grants and each centre visited at least once during the biennium. RAP meeting held	HRP, objective 2, WHO Exp. Result RHR 1, output TC_AF/EM2.3, rank A, priority 1
302	Developing improved mechanisms to enhance the dissemination and utilization of research findings (AFRO/EMRO Regions)	Develop and provide guidelines for preparing dissemination and utilization plans and support information-dissemination workshops of research findings	Develop and pilot-test guidelines for dissemination and utilization plans. At least two national or regional workshops held	Support provided for the use of developed guidelines in at least two centres or for two research projects	HRP, objective 2, WHO Exp. Result RHR 1, output TC_AF/EM2.4, rank A, priority 1
303	Improving researchers' communication skills (AFRO/EMRO Regions)	Provide assistance to develop scientific writing and communication skills among researchers	Assistance provided to hold two scientific writing or communication workshops and /or at least ten persons supported to develop skills in these areas	Assistance provided to hold two more scientific writing or communication workshop and /or at least ten more persons supported to develop skills in these areas	HRP, objective 2, WHO Exp. Result RHR 1, output TC_AF/EM2.4, rank A, priority 1
305	Assisting the development of an enabling environment at country level to facilitate increased utilization of research findings (AFRO/EMRO Regions)	Support the process for increased dialogue between policy-makers, managers and researchers to promote and enhance the utilization of research findings	At least four national workshops bringing together researchers and policy-makers held. Policy briefs prepared for completed research projects	At least four more national workshops bringing together researchers and policy-makers held. Policy briefs prepared for completed research projects	HRP, objective 2, WHO Exp. Result RHR 1, output TC_AF/EM2.4, rank A, priority 1



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
304	Expanding the role of national research institutions in policy and programme development (AFRO/EMRO Regions)	Develop national and intra-regional networks through Competitive Intra-regional (CIR) grants	Call for proposals issued	Approval by RAP to award CIR grant to one research institution per Region	HRP, objective 2, WHO Exp. Result RHR 1, output TC_Core, rank Core, priority 3
306	Selection of appropriate set of indicators and identification of reproductive health research priority needs (SEARO/WPRO Regions)	Providing methodologies, tools and guidance to selected countries for establishing reproductive health research needs	Process initiated in two countries in each Region	Process completed in the four selected countries	HRP, objective 2, WHO Exp. Result RHR 1, output TC_SE/WP2.1, rank A, priority 1
307	Identifying new recipients of Research Capacity Strengthening (RCS) grants and developing RCS plans (SEARO/WPRO Regions)	Full RCS programme (including linked research and research training, dissemination and utilization plans and budget) developed for new centres identified	Institutional profile submitted by candidate centres. One new recipient identified per region and RCS grant applications developed	Site-visit to each centre done and RCS programmes submitted for approval to the Regional Advisory Panel	HRP, objective 2, WHO Exp. Result RHR 1, output TC_SE/WP2.2, rank A, priority 1
308	Developing institutional research capacities to enhance specific technical competencies (SEARO/WPRO Regions)	Providing support at country and regional levels to develop specific technical competencies as identified within the thematic areas relevant to national or regional need	One research methodology course/workshop organised per Region	Two fully developed research proposals submitted to RAP and SERG for approval and funding	HRP, objective 2, WHO Exp. Result RHR 1, output TC_SE/WP2.2, rank A, priority 1
309	Strengthening the management skills required for reproductive health research within the institutions (SEARO/WPRO Regions)	Organize and support group-learning activities on data management and analysis and strengthening research management skills at the institutional level	Two data management and analysis courses held at country level	Follow-up guidance and support given to the two selected countries	HRP, objective 2, WHO Exp. Result RHR 1, output TC_SE/WP2.2, rank A, priority 1
310	Enhancing institutional capacities for operations research (SEARO/WPRO Regions)	Support provided to make possible the conduct of operations research in a centre or centres in order to establish a regional training facility	Training programme elaborated and pilot-tested. Operations research proposal developed	At least one specific operations research project approved for funding and implementation	HRP, objective 2, WHO Exp. Result RHR 1, output TC_SE/WP2.2, rank A, priority 1
272	Enhancing institutional capacities to respond to regional priority issues (SEARO/WPRO Regions)	Support provided to establish or strengthen a regional training facility to facilitate the conduct of operations research in selected centres	Regional centres to host operations research training programme identified	A well structured operations research training programme developed in collaboration with interested partners in one centre per Region	HRP, objective 2, WHO Exp. Result RHR 1, output TC_Core2.2.4, rank Core, priority 2
311	Improving ethical standards for reproductive health research at country and regional levels (SEARO/WPRO Regions)	Support provided to improve the operation of ethical review boards of regional institutions	Actions taken to assist the establishment and/or strengthening of ethics review boards in selected centres receiving RCS support	Ethics review boards established/strengthened and in operation in at least three centres per Region receiving RCS support	HRP, objective 2, WHO Exp. Result RHR 1, output TC_SE/WP2.2, rank A, priority 1
312	Strengthening institutional reproductive health research capacities (SEARO/WPRO Regions)	Long-term institutional development grants, resource maintenance grants, courses, workshops and seminars grants, and small grants awarded to selected centres to further develop research capacities	Research capacity strengthening support provided to four centres in each centre. At least one project per centre completed, published and disseminated	Research capacity strengthening support provided to a further four centres and at least one more project per centre completed, published and disseminated	HRP, objective 2, WHO Exp. Result RHR 1, output TC_SE/WP2.3, rank A, priority 1



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
313	Strengthening skills and abilities of individuals for reproductive health research (SEAR/WPRO Regions)	Provide research training and re-entry grants to staff from research institutions	At least one fellow for training supported per Region focusing on selected regional priorities	One further fellow supported per Region for training focusing on selected regional priorities. One re-entry research grant approved and supported	HRP, objective 2, WHO Exp. Result RHR 1, output TC_SE/WP2.3, rank A, priority 1
314	Maintaining adequate mechanisms for the monitoring and evaluation of RCS activities (SEAR/WPRO Regions)	Support the process for monitoring and evaluation of RCS activities	Support provided to all research centres that are receiving RCS grants. Each centre visited at least once during the biennium. RAP meeting held	Site visit to each centre undertaken during the biennium. RAP meeting held	HRP, objective 2, WHO Exp. Result RHR 1, output TC_SE/WP2.3, rank A, priority 1
315	Developing improved mechanisms to enhance the dissemination and utilization of research findings (SEAR/WPRO Regions)	Provide support for promoting the utilisation of research findings at country level and guidelines for disseminating and utilization of the results of research	Develop and pilot-test guidelines for dissemination and utilization plans. One national or regional workshop held per Region	Support provided for the use of developed guidelines in at least one centre or for one research project per Region	HRP, objective 2, WHO Exp. Result RHR 1, output TC_SE/WP2.4, rank A, priority 1
316	Improving researchers' communication skills (SEAR/WPRO Regions)	Provide assistance to develop scientific writing and communication skills among researchers	Assistance provided to hold one scientific writing or communication workshop and /or at least five persons supported to develop skills in these areas	Assistance provided to hold one more scientific writing or communication workshop and /or at least five more persons supported to develop skills in these areas	HRP, objective 2, WHO Exp. Result RHR 1, output TC_SE/WP2.4, rank A, priority 1
317	Assisting the development of an enabling environment at country level to facilitate increased utilization of research findings (SEAR/WPRO Regions)	Support the process for increased dialogue between policy-makers, managers and researchers to promote and enhance the utilization of research findings	A high-level conference joining researchers, managers and policy-makers held	Results and outcomes of meeting disseminated	HRP, objective 2, WHO Exp. Result RHR 1, output TC_SE/WP2.4, rank A, priority 1
318	Expanding the role of national research institutions in policy and programme development (SEAR/WPRO Regions)	Develop national and intra-regional networks through Competitive Intra-regional (CIR) grants	Call for proposals issued	Approval by RAP to award CIR grant to one research institution per Region	HRP, objective 2, WHO Exp. Result RHR 1, output TC_Core2.2.4, rank Core, priority 3
<b>Core functions</b>					
319	Translation, reprinting and dissemination of existing HRP technical materials relating to technical support to countries		Translation, reprinting and dissemination of existing materials carried out	Translation, reprinting and dissemination of existing materials carried out	HRP, objective Core, WHO Exp. Result RHR 4, output TC_Core, rank Core, priority 1

## Policy and Programmatic Issues

Another important area of cooperation with countries is the Department's work on supporting countries in strategic planning through a participatory approach, known as the Strategic Approach. This work has developed as a response to countries' need for a flexible approach for seeking input from a wide range of stakeholders in order to develop strategies and test innovations to improve the quality of care in service delivery in national programmes. The Strategic Approach has gained wide acceptance in all WHO Regions and



amongst the Department's partner organizations as a practical way to give due consideration to the many factors which may impact on the functioning of the health system and the delivery of sexual and reproductive health services.

The expansion of the work in this area is being used as an important step for addressing a broad range of reproductive health issues including family planning, reproductive tract infections, unsafe abortion, maternal health and adolescent sexual and reproductive health, as well as the development of strategies for more comprehensive policy and programme development in reproductive health programmes. The Strategic Approach addresses issues of scaling-up key interventions proven to be effective on a pilot basis and other operational challenges such as the integration of services and the delivery of services to previously neglected groups such as migrants and young people.

Finally, the work on policy and programmatic issues is an important building block for developing a better understanding, through descriptive and operational research, on how new initiatives being undertaken at regional and global levels (e.g. health sector reforms, sector-wide approaches and poverty reduction strategies) have affected the processes and outcomes in sexual and reproductive health. The work is, therefore, a bridging point for increasing knowledge and enhancing dialogue among all the stakeholders and for creating an enabling environment for addressing these issues.

### Product Listing

ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
<b>Objective 3: To strengthen health management and support systems</b>					
320	Dissemination and promotion of utilization of the Strategic Approach for reproductive health policy and programme development	Regional workshop to promote and support utilization of the Strategic Approach, and technical support to countries	Regional workshop implemented. Technical support provided to countries	Continued technical support provided	PDRH, objective 3, WHO Exp. Result RHR 4, output PPI1.1, rank A, priority 1
321	Adaptation of the Strategic Approach methodology to address specific reproductive health issues	Adaptation of the Strategic Approach methodology to address specific reproductive health issues including maternal health, HIV/AIDS prevention and MTCT, adolescent reproductive health, cervical cancer, etc.	Strategic assessments conducted in one country	Strategic assessments implemented in one additional country	HRP, objective 3, WHO Exp. Result RHR 4, output PPI1.1, rank A, priority 1
322	Adaptation of the Strategic Approach methodology for comprehensive reproductive health policy and programme development	Adaptation of the Strategic Approach for comprehensive reproductive health policy and programme development with an emphasis on issues such as access and utilization of services by the poor, issues of service delivery integration, and rights-based approach to service access	Strategic assessment conducted in one country	Strategic assessment implemented in one additional country	HRP, objective 3, WHO Exp. Result RHR 4, output PPI1.1, rank A, priority 1
323	Country strategies for reproductive health policy and programme development and improved quality of care (Stage II Strategic Approach)	Introductory and operations research to test recommendations from strategic assessments in countries	Recommendations tested in two countries	Research completed in two countries and initiated in a third country	HRP, objective 3, WHO Exp. Result RHR 2, output PPI1.1, rank A, priority 1
324	Scaling-up of tested interventions in countries (Stage III Strategic Approach)	Technical support for scaling-up of tested interventions in countries	Scaling-up of tested interventions initiated in one country	Scaling-up of tested interventions completed in one country	PDRH, objective 3, WHO Exp. Result RHR 4, output PPI1.1, rank A, priority 1



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
325	Enhanced support for Strategic Approach and scaling-up activities in additional countries	Enhanced support for Strategic Approach and scaling-up activities in additional countries	Additional support provided (as funding permits)	Additional support provided (as funding permits)	HRP, objective 3, WHO Exp. Result RHR 4, output PPI1.1, rank A, priority 2
326	Enhanced support for Strategic Approach and scaling-up activities in additional countries	Enhanced support for Strategic Approach and scaling-up activities in additional countries	Additional support provided (as funding permits) for activities in additional countries	Additional support provided (as funding permits) for activities in additional countries	HRP, objective 3, WHO Exp. Result RHR 4, output PPI1.1, rank A, priority 3
327	Enhanced support for Strategic Approach and scaling-up activities in additional countries	Enhanced support for Strategic Approach and scaling-up activities in additional countries	Additional support provided (as funding permits) for activities in additional countries	Additional support provided (as funding permits) for activities in additional countries	PDRH, objective 3, WHO Exp. Result RHR 4, output PPI1.1, rank A, priority 2
328	Enhanced support for Strategic Approach and scaling-up activities in additional countries	Enhanced support for Strategic Approach and scaling-up activities in additional countries	Additional support provided (as funding permits) for activities in additional countries	Additional support provided (as funding permits) for activities in additional countries	PDRH, objective 3, WHO Exp. Result RHR 4, output PPI1.1, rank A, priority 3
329	New strategic directions and plans for future collaboration with partners supporting implementation of the Strategic Approach	Meeting of partners from international organizations, NGOs, and countries providing technical support and collaboration on the implementation of the Strategic Approach	Meeting of Strategic Approach partners held and plans for future collaborative work developed	—	PDRH, objective 3, WHO Exp. Result RHR 4, output PPI1.1, rank B, priority 1
330	Increased coordination within WHO to support national reproductive health programmes	Goal-oriented meetings of HQ staff, Regional Advisers and country experts to identify mechanisms for enhancing country support	Meeting of WHO HQ, Regional Office and country staff held and necessary follow-up actions identified	Implementation of identified follow-up actions started	PDRH, objective 3, WHO Exp. Result RHR 4, output PPI1.1, rank B, priority 1
331	Increased coordination within WHO to support national reproductive health programmes	Goal-oriented meetings of HQ staff, Regional Advisers and country experts to identify mechanisms for enhancing country support	—	Meeting of WHO HQ, Regional Office and country staff held and necessary follow-up actions identified	PDRH, objective 3, WHO Exp. Result RHR 4, output PPI1.1, rank B, priority 2
332	Improved strategies for scaling-up of pilot projects - operations research	Research on and technical support for scaling-up of projects of demonstration	Research on scaling-up initiated in two countries. Technical assistance provided	Research on scaling-up completed in two countries	HRP, objective 3, WHO Exp. Result RHR 2, output PPI1.4, rank B, priority 1
333	Improved strategies for scaling-up of pilot projects - guidelines	Development and testing of guidelines for programme managers relating to scaling-up of pilot projects	Guidelines for scaling-up of pilot projects drafted	Guidelines tested and finalized	PDRH, objective 3, WHO Exp. Result RHR 3, output PPI1.4, rank B, priority 1
<b>Objective 5: To promote sound national policies and laws</b>					
336	Increased understanding of the impact of health reforms on reproductive health	Conduct of literature reviews and case studies on the impact of health sector reforms on reproductive health	Literature reviews completed. Case studies identified and initiated	Case studies completed and lessons learned synthesized	HRP, objective 5, WHO Exp. Result RHR 1, output PPI3.1, rank B, priority 2
337	Strategic guidance for health sector reform research initiative	Meetings of research groups providing guidance to research on health sector reform initiative	Meeting of research groups held, and research agenda identified	Prospective studies planned	HRP, objective 5, WHO Exp. Result RHR 1, output PPI3.1, rank B, priority 1
334	Additional research in health sector reform	Additional research in health sector reform supported	Additional support provided (as funding permits)	Additional support provided (as funding permits)	HRP, objective 5, WHO Exp. Result RHR 1, output PPI3.1, rank B, priority 2
335	Additional research in health sector reform	Additional research in health sector reform supported	Additional support provided (as funding permits)	Additional support provided (as funding permits)	HRP, objective 5, WHO Exp. Result RHR 1, output PPI3.1, rank B, priority 3



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
338	Improved health reform strategies to promote and maintain reproductive health	Conduct of research studies to test approaches to health care reforms which will enhance access to utilization of reproductive health services and improve reproductive health outcomes	Two descriptive studies and one prospective study developed and initiated	Descriptive studies completed and a further prospective study planned	HRP, objective 5, WHO Exp. Result RHR 1, output PPI3.1, rank B, priority 1
339	Strategic guidance on research priorities on reproductive health and poverty	Consultations to define research plans in collaboration with partners	Literature review completed. Research agenda defined	—	HRP, objective 5, WHO Exp. Result RHR 1, output PPI3.2, rank C, priority 2
340	Increased understanding of the impact of improved reproductive health on poverty reduction	Research studies on interaction between poverty and core components of national reproductive health programmes	Broad consensus achieved on poverty issues to be investigated	Policy briefs available on inputs of reproductive health programmes to poverty alleviation	HRP, objective 5, WHO Exp. Result RHR 4, output PPI3.2, rank C, priority 2
341	Synthesis of experiences on integration of sexual and reproductive health programming in sector-wide approaches (SWAps) - case studies	Studies on country experiences and implementation of reproductive health programmes within the context of SWAps	Case studies on reproductive health and SWAps commissioned	Case studies completed and synthesised	HRP, objective 5, WHO Exp. Result RHR 4, output PPI3.3, rank B, priority 3
342	Synthesis of experiences on integration of sexual and reproductive health programming in sector-wide approaches (SWAps) - consultation	Consultation to synthesize the knowledge gathered and the programmatic implications of SWAps on reproductive health	Expert consultation held	Synthesis of lessons learnt on implications of SWAps compiled and disseminated	PDRH, objective 5, WHO Exp. Result RHR 4, output PPI3.3, rank B, priority 3
343	Synthesis of experiences on integration of sexual and reproductive health programming in sector-wide approaches (SWAps) - policy support	Support to countries embarking on SWAps and other related initiatives to ensure adequate integration of sexual and reproductive health in national planning	Support provided. Policy briefs developed.	Policy briefs available on inputs of reproductive health programmes to SWAps	HRP, objective 5, WHO Exp. Result RHR 4, output PPI3.3, rank B, priority 3
344	Strategies for motivating increased investments in sexual and reproductive health advocacy and development - advocacy materials	Development of appropriate materials for enhancing global and national advocacy for sexual and reproductive health	Advocacy materials developed	Advocacy materials disseminated	PDRH, objective 5, WHO Exp. Result RHR 4, output PPI3.4&3.5, rank B, priority 3
345	Strategies for motivating increased investments in sexual and reproductive health advocacy and development - technical consultation	Technical consultation to develop consensus on new directions in sexual and reproductive health	Expert consultation held	National adaptation of generic advocacy materials initiated	PDRH, objective 5, WHO Exp. Result RHR 4, output PPI3.4&3.5, rank B, priority 3
346	Strategies for motivating increased investments in sexual and reproductive health advocacy and development - cost-effectiveness of interventions	Cost-effective interventions identified and recommended for increased investment	Literature on cost-effectiveness of interventions reviewed	Cost-effectiveness studies synthesized and published as guideline for policy-makers and programme managers	HRP, objective 5, WHO Exp. Result RHR 4, output PPI3.4&3.5, rank B, priority 3
<b>Core functions</b>					
347	Translation, reprinting and dissemination of existing PDRH technical materials relating to technical support to countries		Translation, reprinting and dissemination of existing materials carried out	Translation, reprinting and dissemination of existing materials carried out	PDRH, objective Core, WHO Exp. Result RHR 4, output PPI_Core, rank Core, priority 1



## Mapping and Implementing Best Practices

The third important stronghold of the Department builds on the significant developments in health care provision, programme development and health care research methodologies that have been taking place over the past decades in order to promote routine utilization of the best available evidence in decision-making. This area of work is carried out using a two-pronged strategy:

- 1) The *Mapping Best Practices* group endeavours to search, retrieve and summarize evidence on practices needed to improve sexual and reproductive health. Since 1997, the group has contributed a substantial body of evidence on effectiveness of relevant interventions through the preparation and maintenance of Cochrane systematic reviews of both biomedical and non-biomedical interventions. This work is expanding to include the evaluation of complex health care interventions such as the integration of primary health care services. Through the research synthesis activities, the Department is building a critical mass of scientists who are knowledgeable about critical evaluation of research findings and how to evaluate best practices through systematic reviews. The *WHO Reproductive Health Library* is the main tool for disseminating the products emanating from these reviews.
- 2) Further to the research synthesis, there has been a pressing need to address the complex issue of how to support the management and transfer of evidence-based clinical guidelines, materials and tools so that they effect changes in practice and performance at country level. The Department's response to this need has led to the establishment of an area of work, known as the *Implementing Best Practice (IBP) Initiative*, which has rapidly gathered momentum and resulted in the formation of an IBP Consortium. The IBP Consortium is comprised of a collaborative network of 17 partner agencies that are committed to harmonizing approaches and setting up cost-sharing mechanisms for supporting the adaptation and adoption of best practices to improve the delivery of sexual and reproductive health services in countries. The Department provides Secretariat services for the IBP Consortium and coordinates inputs from partners based on an agreed programme of work. The IBP Initiative has a strong potential for establishing country networks and linking them more effectively with existing regional networks, including the WHO Collaborating Centres in Reproductive Health, in order to initiate a systematic process for the transfer, sharing and exchange of information.<sup>7</sup>

In view of the dynamic nature of mapping and implementing best practices, and the Department's commitment to bringing ensuing products closer to the countries, the big challenge for the coming biennia is to find innovative ways to identify, summarize and ensure access to relevant, up-to-date information globally and at country level and assist countries to develop, plan and evaluate strategies to implement evidence-based reproductive health policies, programmes and practices, with special attention to health care providers and policy-makers in resource-constrained settings.

### Product Listing

ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
<b>Objective 3: To strengthen health management and support systems</b>					
348	IBP Information Exchange and Resource Centre	IBP Information Exchange and Resource Centre designed and linked to networks in two countries	Development of the IBP Information Exchange and Resource Centre completed	IBP Information Exchange and Resource Centre linked to networks in two countries	HRP, objective 3, WHO Exp. Result RHR 3, output TC_IBP1.2, rank A, priority 1

<sup>7</sup> An electronic communication and management system will be further developed and tested in 2004 in collaboration with the WHO Department of Management Information Systems, Technology and Telecommunication to create virtual workspaces for IBP partners to enable them to store, archive and retrieve information and communicate efficiently through online meetings.



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
349	Electronic IBP mentorship and follow-up programme for IBP countries	Intranet system designed to help countries access and use information and support IBP follow-up activities in countries	—	IBP Information Exchange and Resource Centre field-tested in two more countries	PDRH, objective 3, WHO Exp. Result RHR 3, output TC_IBP1.2, rank A, priority 2
350	IBP Secretariat supports IBP Consortium	IBP Secretariat co-ordinates IBP programme of work and IBP Consortium activities	IBP Consortium functions. Programme of work published, monitored and reported on	IBP Consortium functions. Programme of work published, monitored and reported on	PDRH, objective 3, WHO Exp. Result RHR 3, output TC_IBP1.2, rank A, priority 1
351	Capacity strengthening - IBP collaborative networks launch IBP Initiative	IBP Consortium partners plan, implement and follow up the introduction, adaptation and application of evidence-based norms and tools in two Regions and eight countries	IBP Initiative launched and followed-up in one Region (four countries)	Outcomes of the launching monitored and experience disseminated	PDRH, objective 3, WHO Exp. Result RHR 3, output TC_IBP1.2, rank A, priority 1
352	IBP Information Exchange workshops on RHR norms and tools	Regional Information Exchange on recently published RHR research and technical guidelines	—	One regional workshop in AFRO or WPRO held on practical application of evidenced-based technical guidelines	PDRH, objective 3, WHO Exp. Result RHR 3, output TC_IBP1.2, rank A, priority 3
353	Literature reviews of essential elements of performance improvement in clinical practice	Literature reviews identifying key interventions required to support knowledge management, diffusion of innovation, change management and performance improvement	Two literature reviews initiated to identify successful approaches to knowledge management and performance improvement	Literature review findings published and disseminated, e.g., through the IBP Information Exchange and Resource Centre	HRP, objective 3, WHO Exp. Result RHR 3, output TC_IBP1.2, rank A, priority 3
354	Guideline on approaches to the dissemination and application of evidence to change and improve clinical practice	Literature reviews used as a basis for developing a guideline that identifies approaches to introducing, adapting and applying evidence to change and improve clinical practice	Draft guideline prepared	Guideline reviewed, field-tested, finalised and published	PDRH, objective 3, WHO Exp. Result RHR 3, output TC_IBP1.2, rank A, priority 3
355	Operational research on capacity strengthening to put evidence into practice	Pilot-study on managerial and educational approaches for using evidence to change and improve practice	—	Pilot-study prepared and implemented in one country	HRP, objective 3, WHO Exp. Result RHR 2, output TC_IBP1.2, rank A, priority 3
356	Assessment of strategies to implement technical tools in family planning	Assessment of recommended family planning approaches that may have impact on poverty reduction	Assessment process developed with participation of the IBP Consortium	Assessment tool tested in one country	HRP, objective 3, WHO Exp. Result RHR 3, output TC_IBP1.2, rank A, priority 2
357	Capacity strengthening for scaling-up of approaches to applying evidence to change clinical practice	Countries followed up to support the scaling-up of approaches to applying evidence to change clinical practice	—	Introductory activities initiated in two countries on monitoring and scaling-up of changes in clinical practices	PDRH, objective 3, WHO Exp. Result RHR 3, output TC_IBP1.2, rank A, priority 3
358	Assessment of impact of evidence-based guidelines on policy and practice	Assessment tool to determine the impact of evidence-based guidelines to inform policy and practice guidelines	Assessment process developed	Assessment process tested in one country	HRP, objective 3, WHO Exp. Result RHR 3, output TC_IBP1.2, rank A, priority 2
359	Dissemination of commodity quality assurance procedures	Developing a strategy for introducing quality assurance procedures and specifications on essential reproductive health commodities	—	Dissemination and piloting of the procedures and specifications in one Region	PDRH, objective 3, WHO Exp. Result RHR 3, output TC_IBP1.2, rank A, priority 3
360	Training network for review and harmonization of training curricula	Formation of network of training institutions to review and harmonise training curricula and training processes in line with evidence-based technical norms and tools	Training network established. Training programme prepared	Training programme introduced into three countries. Outcomes monitored and reported on	PDRH, objective 3, WHO Exp. Result RHR 3, output TC_IBP1.3, rank B, priority 3



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
361	Capacity development for improving the impact of in-service training	Assessment tool to review and improve the quality of in-service training programmes	WHO Regional and Country Offices involved in the development of an assessment tool	Assessment tool tested in three countries	HRP, objective 3, WHO Exp. Result RHR 3, output TC_IBP1.3, rank B, priority 3
362	Tool to evaluate in-service training	Design of an evaluation tool to assess impact of in-service training	Evaluation tool prepared	Evaluation tool tested in three countries	HRP, objective 3, WHO Exp. Result RHR 3, output TC_IBP1.3, rank B, priority 3
363	Inter-agency guidelines and fact sheets on reproductive health provision in post-conflict and emergency settings	Update of inter-agency guidelines and preparation of ten fact sheets that support establishing appropriate reproductive health services in post-conflict and emergency settings	Inter-agency guidelines updated through inter-agency consultation(s)	Fact sheets drafted addressing common problems and frequently asked questions	PDRH, objective 3, WHO Exp. Result RHR 3, output TC_IBP1.5, rank A, priority 3
364	Capacity strengthening for provision of reproductive health care services in post-conflict and emergency settings	Work with inter-agency group to support use of guidelines and technical tools in emergency settings	In-country activities undertaken in at least three countries	In-country activities undertaken in at least three more countries. Report of lessons learnt published	PDRH, objective 3, WHO Exp. Result RHR 4, output TC_IBP1.5, rank A, priority 2
<b>Core functions</b>					
365	<i>WHO Reproductive Health Library</i> (RHL) - production and publication	Annual issues of RHL in English, Spanish and Chinese produced, and publicity materials published	RHL No.7 published in English, Spanish and Chinese	RHL No. 8 published in English, Spanish and Chinese	PDRH, objective Core, WHO Exp. Result RHR 3, output IBP, rank Core, priority 1
366	<i>WHO Reproductive Health Library</i> (RHL) - trial follow-up	RHL trial intervention implemented in the control group hospitals and plans for wider implementation initiated (depending on the results of the trial)	Trial intervention implemented in the 18 control hospitals	Intervention implemented in at least one more country	HRP, objective Core, WHO Exp. Result RHR 3, output IBP, rank Core, priority 2
367	<i>WHO Reproductive Health Library</i> (RHL) - dissemination	RHL dissemination in the Regions through meetings, conferences and workshops identified or planned specifically	Around 20 workshops and meeting presentations held	Around 20 further workshops and meeting presentations held	PDRH, objective Core, WHO Exp. Result RHR 3, output IBP, rank Core, priority 2
370	<i>WHO Reproductive Health Library</i> (RHL) - translation projects	RHL translation in French following the standard methodology	Translation centre identified. Pilot translation completed	RHL No. 8 in French published	PDRH, objective Core, WHO Exp. Result RHR 3, output IBP, rank Core, priority 3
368	Capacity strengthening in evidence-based decision-making	Training programme for policy-makers and trainers implemented in Africa and Asia	Three workshops in Africa and one in Asia held	A further six workshops held in two Regions	HRP, objective Core, WHO Exp. Result RHR 3, output IBP, rank Core, priority 2
369	Systematic reviews of effects of practices in reproductive health	Cochrane systematic reviews of reproductive health practices other than maternal and neonatal health	Three Cochrane systematic reviews commissioned, completed and published	Three more Cochrane systematic reviews commissioned, completed and published	HRP, objective Core, WHO Exp. Result RHR 3, output IBP, rank Core, priority 2
371	WHO Programme to Map Best Reproductive Health Practices - Editorial Group meeting	Annual meeting of the RHL Editorial Group to advise on RHL, systematic reviews, the RHL trial and related research issues	Annual Editorial Group meeting held	Annual Editorial Group meeting held	PDRH, objective Core, WHO Exp. Result RHR 3, output IBP, rank Core, priority 1
372	Translation, reprinting and dissemination of existing PDRH technical materials relating to best practices		Translation, reprinting and dissemination of existing materials carried out	Translation, reprinting and dissemination of existing materials carried out	PDRH, objective Core, WHO Exp. Result RHR 3, output IBP_Core, rank Core, priority 1



## 7. Monitoring and Evaluation

### Issues and Challenges

Monitoring and evaluation work entails a series of activities that maintain and provide the means of monitoring and appraising the progress in attaining Millennium Development Goals (MDGs). These activities are two-dimensional: work towards better understanding of the extent of related morbidities and mortality and work on the tools, namely “indicators” that monitor the progress.

Improved knowledge of the magnitude/burden of leading causes of sexual and reproductive morbidity and mortality is essential in identifying needs, setting targets and allocating resources for programmes and for identifying new research priorities. This information needs to be reliable and up-to-date and to be generated and summarized on the basis of rigorous scientific methodology to be useful in producing unbiased estimates of reproductive health morbidity and mortality indicators. An approach based on systematic reviews methodology has been adopted to map sexual and reproductive health morbidities in women as well as the burden regarding the newborn such as perinatal mortality and low birth weight.

Indicators are important for monitoring of health status locally as well as globally. Unfortunately, there is a discrepancy between locally relevant indicators and those that are useful for global monitoring purposes. Global indicators, in general, obscure differences in health status within countries, socio-economic groups, rural and urban populations, different age groups (e.g. adolescents) and minority groups. Furthermore, there is limited experience with some of the reproductive health indicators that have been internationally agreed upon. Therefore, it seems that more research and capacity-strengthening efforts are needed before some of those indicators can be regarded as useful.

The Department's work on monitoring and evaluation cuts across areas of reproductive health. Although most of the work pertains to maternal and perinatal health issues such as maternal mortality and morbidity, the magnitude of problems affecting women outside pregnancy is also of concern. For example, long-term adverse consequences of events related to pregnancy and childbirth represent a largely ignored burden. Urinary incontinence, faecal incontinence and pelvic prolapse are debilitating morbidities that undermine the woman's status in the community and lead to social exclusion and embarrassment. Efforts to attain the MDG of improving maternal health should include these morbidities in addition to addressing maternal mortality.

#### Goal

To produce unbiased estimates of reproductive health morbidity and mortality indicators.

“To facilitate monitoring the implementation of programmes of action and activities on population, environment and development at the national, regional and global levels.”

*(ICPD Programme of Action, paragraph 12.6)*

Health systems indicators such as access to and utilization of reproductive health services are also important and require more methodological work to be used widely.

### RHR's work in Monitoring and Evaluation

Over the past decade, the Department compiled global data on maternal mortality and other indicators of reproductive health such as coverage of antenatal and delivery care, perinatal mortality and unsafe abortion. These global databases provided the benchmarks for assessing maternal mortality and morbidity.



During 2002-2003, the maternal mortality global estimates for 2000 were finalised, new global estimates for unsafe abortion made and the tabulation of data on anaemia in pregnancy updated. As a key indicator in monitoring progress in attaining MDGs, global, regional and sub-regional estimates of the proportion of births attended by a skilled health worker were updated and made accessible at the WHO web site. Furthermore, a database of reproductive health indicators to provide up-to-date information at the national, regional and global levels of the 17 reproductive health indicators short-listed for global monitoring has been developed and published on the Department's web site.

Mapping maternal morbidity and mortality is a key factor in monitoring progress in attaining MDGs. In addition to maternal mortality and skilled attendant at birth, other maternal, perinatal and reproductive morbidities mentioned above should be monitored. Systems to conduct systematic reviews in this area are desperately required but there is a need for more methodological work before these systems can become robust. The Department's experience and contributions in the area of evidence-based health care in general and research synthesis in particular is widely recognized.

The preparatory phase of the systematic review of prevalence and incidence studies of maternal mortality and serious morbidity has been completed and the review is expected to be finished in the 2004-2005 biennium. The strategy for searching the literature across electronic databases and grey literature and the critical appraisal of the identified studies has been done for the first time in this field. As of May 2003, more than 17,000 references have been screened from developed and developing countries. As the results of the systematic review emerge, new areas for research into the methods as well as neglected areas of morbidity will emerge. This comprehensive effort will enable the provision of realistic and transparent estimates of the burden of reproductive ill-health and monitoring of these conditions.

## Product Listing

ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
<b>Objective 6: To ensure effective international efforts and collaboration</b>					
373	Maternal mortality database	Preparation of maternal mortality estimates at global, regional and national levels	Maternal mortality estimates for 2002 are produced	Maternal mortality estimated published on the web site and in peer reviewed journals	PDRH, objective 6, WHO Exp. Result RHR 1, output MAE6.1, rank A, priority 1
374	Skilled attendant database	Preparation of estimates for skilled attendant at delivery as well as antenatal care coverage at global, regional and national levels	Annual update published on the web site	Annual update published on the web site. One article published in a peer reviewed journal	PDRH, objective 6, WHO Exp. Result RHR 1, output MAE6.1, rank A, priority 1
375	Anaemia during pregnancy and postpartum database	Preparation of estimates of prevalence of anaemia during pregnancy and postpartum at global, regional and national levels	Estimates produced	Database kept up-to-date	PDRH, objective 6, WHO Exp. Result RHR 1, output MAE6.1, rank A, priority 3
376	Millennium Development Goals Monitoring Group	Establishment of a group to oversee technical work related to Millennium Development Goals	Group established	Follow-up actions initiated	PDRH, objective 6, WHO Exp. Result RHR 1, output MAE6.1, rank A, priority 2
377	Global reproductive health indicators	Update of reproductive and socio-economic indicators available in the web database	Software on the web and CD-ROM available	Data updated	PDRH, objective 6, WHO Exp. Result RHR 1, output MAE6.1, rank A, priority 2
378	Perinatal mortality and low birth weight estimates	Conduct systematic review, maintain database on low birth weight, tabulate and publish data estimates by different media. Develop methodology to monitor trends	Systematic review underway	Systematic review completed. Data base developed and data estimates tabulated	PDRH, objective 6, WHO Exp. Result RHR 1, output MAE6.1, rank A, priority 1



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
<b>Core functions</b>					
380	Maternal mortality and morbidity systematic review	Provide a comprehensive review of published and unpublished data on the prevalence/incidence of maternal mortality and morbidity globally	1997-2002 data tabulated, analysed and published	Three journal publications plus a book from the systematic review published and included in RHL	HRP, objective Core, WHO Exp. Result RHR 1, output MAE_IBP_Core, rank A, priority 1
381	Other reproductive morbidity assessment	Mapping of incidence of reproductive health morbidities through systematic reviews	Two systematic reviews completed	Two more systematic reviews completed	HRP, objective Core, WHO Exp. Result RHR 1, output MAE_IBP_Core, rank A, priority 2
379	Translation, reprinting and dissemination of existing PDRH technical materials relating to monitoring and evaluation	—	Translation, reprinting and dissemination of existing materials carried out	Translation, reprinting and dissemination of existing materials carried out	PDRH, objective Core, WHO Exp. Result RHR 4, output MAE_Core, rank Core, priority 1





## 8. Adolescent Sexual and Reproductive Health

### Issues and Challenges

The sexual and reproductive health, rights and needs of adolescents (defined as the population aged 10-19) and youth (defined as the population aged 15-24) remain culturally and politically sensitive topics, and there continues to be a dearth of evidence on these issues, and on best and workable practices in different settings that meet their needs for information, life skills and for services in acceptable and effective ways. This neglect has major implications. Globally, there are a total of about 1.7 billion young people (defined as the population aged 10-24), and 1.4 billion of them live in developing countries – they comprise over one quarter of the world's population. Reproductive and sexual health behaviours adopted in adolescence have far-reaching consequences for the lives of young men and women throughout the life cycle.

A brief and very general overview of the situation of young people in developing countries suggests that their needs are not being met. Although there is some evidence from a few countries of an increase in age at sexual debut and condom use, change continues to be gradual. Consequences of unsafe sexual activity remain acute: maternal mortality ratios are high and pregnancy-related causes remain the leading cause of death among adolescent females. Many unintended pregnancies end in abortion, and although data on abortion are notoriously incomplete, it is estimated that abortions per 1000 women aged 15-19 range from 23 to 36 in selected countries for which data are available. Unsafe abortions among women aged 15 to 24 account for 40 per cent of the estimated 19 million unsafe abortions that occur each year. In Africa, about 60 per cent of all unsafe abortions are among women aged 15 to 24. About half of all people infected with HIV are under age 25, and in developing countries, up to 60 per cent of all new infections are among youth – of these there are twice as many females as males. For a substantial number of adolescent females, and even for a proportion of males, early sexual activity is not consensual – case studies suggest that small percentages of young males (under 10%) and considerably more females (up to 40%) report a sexually coercive experience and a large percentage of reported rapes occur to adolescents. Moreover, considerable percentages of unmarried adolescent females report receiving money or gifts in exchange for sex in some settings.

Several factors have been identified that reinforce the risky behaviours and outcomes among young people. Clearly, such contextual factors as poverty, lack of education and employment opportunities enhance risk and vulnerability of youth. At the same time, a number of family, community and facility-level factors have been identified that exacerbate risk. While awareness of safe sex behaviours is increasing, much of this remains superficial and myths, misperceptions and a sense of invulnerability abound. Gender double-standards and power imbalances make risky behaviours acceptable (for males), encourage secrecy and fear of disclosure, and inhibit negotiation among partners. Lack of communication with parents and other trusted adults, similarly, keeps young people ill-informed and unlikely to seek (or obtain) parental support or counsel in relation to sexual matters. Sexuality education remains inadequate or inappropriate to the needs of many young people, and services remain inaccessible, unacceptable, unaffordable and of poor quality in meeting youth needs – many providers remain judgmental and confidentiality and privacy are not assured, for example.

The challenge in promoting the sexual and reproductive health of adolescents and young people is to fill gaps in what is known about their sexual and reproductive health needs and perspectives, and to assess the feasibility and acceptability of different models that propose to enhance their access to information and services, and their life skills, and in so doing, assist countries in identifying best practices and evidence-based adolescent- or youth-friendly policies and programmes. Young people are concerned with many aspects of their lives – education, employment and livelihoods, marriage and relationships as well as sexual and reproductive health – and it is important that activities intended to promote sexual and reproductive health are placed within this wider context.

In recognition of this concern, the *Key actions for the further implementation of the Programme of Action of the International Conference on Population and Development* that were adopted at the five-year follow-up



review of the ICPD Programme of Action in 1999, address the need “to protect and promote the right of adolescents to the enjoyment of the highest attainable standard of health, to provide appropriate, specific, user-friendly and accessible services to address effectively their reproductive and sexual health needs, including reproductive health education, information, counselling and health promotion strategies.” (paragraph 73a)

## **RHR’s work in Adolescent Sexual and Reproductive Health**

The Department’s work on adolescent sexual and reproductive health complements that of the WHO Department of Child and Adolescent Health and Development. Specifically, the work of this Department is focused on research in sexual and reproductive health coordinated and supported through HRP, whilst the Department of Child and Adolescent Health and Development is concerned with adolescent health more broadly, with focus on normative work and technical support to countries. The Department’s experience, expertise and comparative advantage in conducting rigorous social science, programmatic, and epidemiological research on adolescent sexual and reproductive health is reflected in its portfolio of projects as well as in the large number of publications and in the expanding network of developing country investigators who work in this area. The Department gives a high priority to issues that identify gaps in knowledge on adolescent sexual and reproductive health and are of high policy and programmatic relevance in the local context.

Following a research initiative on a wide range of adolescent sexual and reproductive health issues, including sexual risk behaviours and health-seeking behaviour, dual protection, sexual coercion, provider perspectives, and socialisation, gender roles, and sexual attitudes, the Department’s work is proposed to shift to include a focus on evaluating interventions and the factors that enable programmes to successfully meet adolescents’ needs. Formative diagnostic research will focus on a limited number of topics of high relevance for policies and programmes and for which information is generally lacking. On programmatic and policy issues, the Department will continue to collaborate with the Department of Child and Adolescent Health and Development in its work providing tools and guidelines for policy-makers, programme managers, and health care providers. In its sexual and reproductive health research the Department also collaborates with other organizations working in the same area, including key players such as YouthNet/Family Health International, UNFPA, and FRONTIERS/Population Council. The regular exchange of information with these agencies and WHO’s Department of Child and Adolescent Health and Development enables the Department to address issues and undertake activities that complement and reinforce the overall agenda of promoting sexual and reproductive health of adolescents.

The ICPD Programme of Action and ICPD+5 recommendations guided the development of the present Programme of Work. The overall goal to improve adolescent sexual and reproductive health will be achieved by undertaking three closely related activities, namely, (1) mapping evidence, generating new evidence, and testing interventions; (2) providing technical support for research; and (3) ensuring that guidelines produced by the Department include the special needs of adolescents.

To achieve the objective of increasing the availability of effective and evidence-based adolescent sexual and reproductive health programmes, scientific evidence will be generated on a number of topics for which knowledge gaps exist. It is proposed to strengthen national capacities to ensure the availability of high-quality and sustainable programmes by investigating sustainability and scaling-up of pilot (demonstration) projects, increasing research capacity, and developing indicators and guidelines for programme monitoring and evaluation and for surveillance of adolescent sexual and reproductive health. It is further proposed to develop guidelines to assist countries and conduct research on the operation of laws, policies and norms that affect the availability of, and adolescents’ access to, services in order to foster an enabling environment at the national and global levels supportive of sound and sustainable adolescent sexual and reproductive health programmes, policies, laws and initiatives. Special efforts will be made to get research results translated into programmes and policies.



The proposed work would contribute to meeting the overall WHO objective in this area, namely: "to promote healthy sexual development, reduce risk and vulnerability, and prevent morbidity and mortality associated with sexual activity and reproduction". It will also contribute to meeting the goals set by ICPD and ICPD+5 in adolescent sexual and reproductive health as well as those set by the United Nations General Assembly Special Session on HIV/AIDS, the Special Summit for Children, and the Millennium Declaration.

## Product Listing

ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
<b>Objective 1: To broaden the provision of quality services</b>					
382	Unintended pregnancy, abortion and decision-making pathways among young people	Research evidence on decision-making and behaviour regarding unintended pregnancy and abortion	Overview paper completed to document research gaps and priorities	Call for proposal developed and circulated	HRP, objective 1, WHO Exp. Result RHR 1, output ASRH1.2, rank A, priority 1
383	Factors enhancing sexual and reproductive autonomy among adolescents	Research evidence on factors enhancing sexual and reproductive autonomy	Overview paper completed to document research gaps and priorities	Call for proposal developed and circulated	HRP, objective 1, WHO Exp. Result RHR 1, output ASRH1.3, rank A, priority 2
384	The situation and needs of particularly vulnerable populations of young people	Documenting the situation and needs of vulnerable populations of young people	Overview paper drafted to document research gaps and priorities	Overview paper finalised	HRP, objective 1, WHO Exp. Result RHR 1, output ASRH1.4, rank A, priority 1
385	Factors influencing the effectiveness and acceptability of adolescent sexual and reproductive health programmes	Evidence on effective and acceptable programmes	—	Literature review underway	HRP, objective 1, WHO Exp. Result RHR 1, output ASRH1.6, rank A, priority 3
386	Non-consensual sexual experiences and their implications for adolescent sexual and reproductive health	Evidence on the magnitude of non-consensual sex and its impact	Call for proposals/core protocols finalised	Promising proposals selected for support. Research training workshops conducted and studies launched	HRP, objective 1, WHO Exp. Result RHR 1, output ASRH1.1, rank A, priority 1
387	Impact of adolescent sexual and reproductive health programmes designed to improve the capacity of health care providers and teachers	Evaluation of the impact of adolescent sexual and reproductive health programmes	—	Literature review underway	HRP, objective 1, WHO Exp. Result RHR 1, output ASRH1.7, rank B, priority 2
388	The special needs of married adolescents, particularly females	Document the special needs and situation of married adolescents	Call for proposals/core protocols finalised	Promising proposals selected for support. Research training workshops planned	HRP, objective 1, WHO Exp. Result RHR 1, output ASRH1.5, rank B, priority 2
389	Comparative effectiveness, acceptability and cost of models of adolescent sexual and reproductive health services	Evidence on the optimal service models for adolescent sexual and reproductive health	Background paper reviewing existing models available	Evaluation of existing models underway	HRP, objective 1, WHO Exp. Result RHR 1, output ASRH1.10, rank C, priority 3
390	Evidence of the impact of community programmes supporting adolescent sexual and reproductive health	Impact of community programmes involving parents or trusted adults for adolescent sexual and reproductive health information and services	Overview paper documenting the evidence and identifying gaps in knowledge available	Call for proposal developed and circulated	HRP, objective 1, WHO Exp. Result RHR 1, output ASRH1.9, rank C, priority 3



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
<b>Objective 2: To widen the range of products or technologies</b>					
391	Guidelines on adolescent sexual and reproductive health needs and best practices in addressing these needs	Adaptation of existing guidelines and/or development of new ones for "youth-friendly services", based on evidence from RHR-supported research and other work, focusing on adolescents' needs, obstacles to meeting these needs, and best practices	Review paper on findings from RHR-supported studies completed	Guidelines developed	PDRH, objective 2, WHO Exp. Result RHR 3, output ASRH2.2, rank A, priority 1
392	Building adolescent sexual and reproductive health research capacity in developing countries and countries in transition	Supporting a network of developing country researchers by providing technical support and research materials	Newsletter and other training materials developed	Newsletter and other training materials circulated and accessible on web site	HRP, objective 2, WHO Exp. Result RHR 1, output ASRH2.1, rank A, priority 1
393	Research on sustainability and scaling-up of pilot programmes in adolescent sexual and reproductive health	Identify factors which facilitate scaling-up of pilot programmes and their sustainability	Overview paper completed to document research gaps and priorities	Call for proposal developed and circulated	HRP, objective 2, WHO Exp. Result RHR 1, output ASRH2.4, rank B, priority 3
394	Indicators and guidelines for programme monitoring and evaluation	Agreed list of indicators and guidelines for collection of data	Background paper reviewing indicators available	Draft guidelines and list of indicators available	PDRH, objective 2, WHO Exp. Result RHR 3, output ASRH2.3, rank C, priority 3
<b>Objective 5: To promote sound national policies and laws</b>					
395	Strategies for collaboration with governments to design evidence-based programmes for adolescent sexual and reproductive health	Design evidence-based programmes through review of evidence, situational analysis, consultation and by providing technical support	Situation analysis and case studies conducted	Preparations for the consultation to design, implement and monitor programmes completed	PDRH, objective 5, WHO Exp. Result RHR 4, output ASRH3.2, rank A, priority 2
396	Implementing research findings in sexual and reproductive health policies and programmes for adolescents	Mobilise researchers, policy-makers and programme managers and develop strategies to implement research findings	Policy-relevant material developed for dissemination through meetings and other channels of communication, e.g. web sites	Additional policy-relevant material developed for dissemination through meetings and other channels of communication, e.g. web sites	PDRH, objective 5, WHO Exp. Result RHR 4, output ASRH3.4, rank A, priority 1
397	Research on the operation of laws, policies and norms that affect adolescent sexual and reproductive health	Evidence on the impact of operations of laws, policies and norms on the availability and accessibility of adolescent sexual and reproductive health services	Literature review underway	Literature review completed. Study countries identified	HRP, objective 5, WHO Exp. Result RHR 5, output ASRH3.3, rank B, priority 2
<b>Core functions</b>					
398	Translation, reprinting and dissemination of existing HRP technical materials relating to adolescent sexual and reproductive health		Translation, reprinting and dissemination of existing materials carried out	Translation, reprinting and dissemination of existing materials carried out	HRP, objective Core, WHO Exp. Result RHR 1, output ASRH_Core, rank Core, priority 1



## 9. Gender Issues and Reproductive Rights

### Issues and Challenges

The International Conference on Population and Development (ICPD, 1994) and the Fourth World Conference on Women (FWCW, 1995) both clearly emphasized the need for promoting gender equity and equality in reproductive health policies and programmes, as well as the promotion and protection of human rights. These agreements were reinforced in the five-year reviews of both conferences, held in 1999 and 2000, respectively. Among the key issues to be given greater attention were: measures aimed at promoting and achieving gender equality and equity in a systematic and comprehensive manner (Key actions ICPD+5, paragraph 39); the incorporation of issues related to sexual and reproductive health in the work of relevant United Nations bodies on indicators for the promotion and protection of the human rights of women (Key actions ICPD+5, paragraph 40); and the protection and promotion of human rights by ensuring that all health services and workers conform to ethical, professional and gender-sensitive standards in the delivery of women's health services, including by establishing or strengthening regulatory and enforcement mechanisms (Beijing+5, paragraph 107 g).

Over the past two to three decades an extensive amount of scholarship has brought to light the importance of examining gender differences in development. In the area of health, gender analysis has started to generate an understanding of differentials in risk factors and exposures, manifestation, severity and frequency of disease, and in social and cultural responses to disease. It has also highlighted inequalities between men and women in access to resources to promote and protect health, in responses from the health sector and in the ability to exercise the right to health.

Gender roles are central in sexual and reproductive health. Because it is women who get pregnant and give birth, the risk factors and exposures for women and men are fundamentally different from the outset, with the burden of ill-health being much greater for women. In addition, many of the health issues related to sex and sexuality depend on the nature of men's and women's relationships to each other. Often, for economic, political and social reasons, women have less power in relationships than do men and are therefore not in a position to protect themselves from unwanted sex, from transmission of infections or from coercion and violence. At the same time, men may also be constrained by societal expectations of manhood and masculinity, which may have a negative or positive impact on their health and that of women. These aspects must be understood and taken into account in order for research, policies and programmes to be effective in addressing problems in sexual and reproductive health. The impact of health sector reforms on women's and men's reproductive health and rights, for instance, is only just emerging as an issue of critical importance.

Gender discrimination also operates at the level of institutions and the way that people work and shape policies and projects. This means that not only the content but also the process of the work carried out by WHO and other institutions need to take into account discrimination on the basis of sex and to create mechanisms for ensuring that gender equality is promoted. This is an ongoing process that will need to be continued for the foreseeable future.

#### Goal

To ensure that research, policy and programmes in sexual and reproductive health foster equity between women and men and integrate human rights, and do not create, maintain or reinforce gender roles that may be damaging to health.

The respect, protection and fulfilment of human rights related to sexual and reproductive health can only be achieved if national laws and policies reflect a recognition of these rights, either implicitly or explicitly. There is



evidence to show that laws which violate human rights – for instance, the specific restriction of access to health services which only women need such as those relating to pregnancy and childbirth, thus violating their right to non-discrimination – have a negative impact on health. The absence of laws and policies which protect human rights - such as prohibition of female genital mutilation, punishment and social condemnation of perpetrators of violence against women – has also been shown to contribute to negative health outcomes. Thus, taking concrete action to ensure that people's rights are protected through the laws and policies surrounding whatever public health intervention is being proposed, should have a positive impact on health.

## **RHR's work in Gender Issues and Reproductive Rights**

The Department's work to promote gender equity and equality and reproductive rights focuses on four main areas of activity related to Regions and countries, as well as an internal, Departmental review and evaluation.

Continued support for the adaptation and running of the training course on "Gender and Rights in Reproductive Health" remains a first priority. Five regional centres have elaborated the two- or three- week course over the past six years. It is designed to equip health programme managers with the analytical tools and skills to integrate the promotion of gender equity and reproductive rights into their reproductive health policies and programmes. WHO is increasingly being solicited for technical support for running the course. In 2004-2005, the Department will give technical support to one or two (depending on available level of funding) centres in Regions not yet served by current courses: Central Asia, and the Eastern Mediterranean. If sufficient funding is available, a major impact evaluation of the course will be undertaken and support given to further development of short (3-5 day) training courses based on the curriculum. An interactive CD-ROM of the course will also be designed.

Work with the United Nations Human Rights Treaty Monitoring Bodies focuses on ensuring that sexual and reproductive health information related to reporting countries is brought before these Committees, and to working with WHO Regional and Country Offices to assist countries in implementing the "concluding observations" from the Committees. Using the Human Rights system in this way can support and shore up WHO's work and ensure that human rights related to sexual and reproductive health are promoted and protected.

The Department plans to expand its work to assist countries to address human rights by examining laws and policies related to different aspects of reproductive health, in order to ensure creation of an enabling legal framework. This involves, amongst other things, the development of a health and human rights framework and tool for country assessment of laws and policies related to reproductive health, from a rights perspective. It also covers a new area of work related to examining the impact of health sector reforms and establishing ways in which such reforms can be developed to uphold women's and men's human rights related to sexual and reproductive health.

Another new area of work for 2004-2005 is research to assess reproductive health service interventions for the identification and care of pregnant women who have experienced violence from their partners. This will be undertaken in collaboration with the Gender and Women's Health Department which has been conducting a multi-country study on violence against women. Initial results from the study indicate that violence against women during pregnancy is not uncommon, although there are variations between countries. Antenatal care services are therefore a possible entry-point for addressing this problem, but it is as yet unclear what the best kinds of interventions may be in different contexts. The proposed research would try to answer this question.

Within the Department's own functioning, it is planned to evaluate the way in which the "gender guidelines" for research proposals have affected the implementation of research studies supported by the Department over the past 5-6 years. The "gender guidelines" were introduced into the application form for research proposals in 1998. The evaluation will be used to assess to what extent the use of such guidelines has an impact on attention to gender equity and equality in the content of research and the way it is carried out, and to subsequently revising and improving the guidelines.



## Product Listing

ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
<b>Objective 1: To broaden the provision of quality services</b>					
399	Guidelines on violence against women in pregnancy	Develop guidelines on care of pregnant women who have experienced violence, for programme managers and health care providers, based on findings of the WHO Study on Violence Against Women	Guidelines developed and reviewed	Field-test protocol developed. Guidelines field-testing begun in one site	PDRH, objective 1, WHO Exp. Result RHR 3, output GRR1.1, rank B, priority 2
<b>Objective 3: To strengthen health management and support systems</b>					
400	Training programmes on gender and rights	Support and technical assistance to centres to run the WHO course on gender and rights	Technical support provided to current centres. Support to one new centre to run course (training of trainers accomplished)	Continuing technical support provided	PDRH, objective 3, WHO Exp. Result RHR 4, output GRR3.1, rank A, priority 1
401	Training programmes on gender and rights	Support and technical assistance to centres to run the WHO course on gender and rights	—	Support to one new centre to run course (training of trainers accomplished; adaptation made; participants sponsored)	PDRH, objective 3, WHO Exp. Result RHR 4, output GRR3.1, rank A, priority 2
402	Development of short courses on gender and rights	Technical support to assist institutions and associations in the adaptation/implementation of short courses based on the WHO course on gender and rights	Short courses adapted and run	Short courses adapted and run	PDRH, objective 3, WHO Exp. Result RHR 4, output GRR3.1, rank A, priority 3
403	Impact evaluation of the gender and rights training courses	Evaluation of the impact of the gender and rights training courses	Evaluation methodology elaborated. Data collected	International evaluation workshop held	PDRH, objective 3, WHO Exp. Result RHR 4, output GRR3.1, rank A, priority 3
404	Interactive CD-ROM of the WHO course on gender and rights	Preparatory work for the production of an interactive CD-ROM of the gender and rights training curriculum	Realization of video clips from regional training courses	Design of CD-ROM	PDRH, objective 3, WHO Exp. Result RHR 4, output GRR3.1, rank A, priority 3
405	Health and human rights tool	Pilot-testing of Health and Human Rights tool for maternal and neonatal health and publication of the results and of the revised tool. Development of indicators using framework	Piloting of tool in two countries begun. Framework for indicators developed	Tool and results of two pilot studies published	HRP, objective 3, WHO Exp. Result RHR 3, output GRR3.2, rank A, priority 1
406	Gender evaluation of HRP-funded research studies	Evaluate selected HRP research studies for the extent to which they positively address gender equality and actively discourage discrimination	Evaluation of studies begun	Evaluation of studies completed. Gender guidelines for HRP research proposals revised	HRP, objective 3, WHO Exp. Result RHR 1, output GRR3.3, rank A, priority 1
<b>Objective 4: To foster a supportive environment</b>					
407	Promotion of informed choice	Workshop(s) with community leaders on patients' rights	Workshop(s) on patients' rights conducted	Materials produced and disseminated	PDRH, objective 4, WHO Exp. Result RHR 4, output GRR4.1, rank C, priority 3
<b>Objective 5: To promote sound national policies and laws</b>					
408	Legal and policy guidance for countries	Assist selected countries to investigate legal and policy barriers to the promotion of reproductive health and rights	Selected countries assisted. Guidance tools/documents developed	Additional selected countries assisted. Guidance tools/documents revised	PDRH, objective 5, WHO Exp. Result RHR 4, output GRR5.1, rank A, priority 2



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
409	Gender and rights in health sector reform	Conduct case studies in Africa, Asia and Latin America (one country per Region) to test how a rights-based approach may be used in the health sector reform process	Two case studies developed	Two case studies completed and results made available. Third case study underway	HRP, objective 5, WHO Exp. Result RHR 5, output GRR5.3, rank A, priority 3
<b>Objective 6: To ensure effective international efforts and collaboration</b>					
410	Human Rights Treaty Monitoring Bodies (TMBs)	Submission of periodic reports on sexual and reproductive health to CESC, CEDAW, HRC and CRC. Provision of technical support to WHO Regional and Country Offices and governments to use TMB system for the promotion of sexual and reproductive health programmes	Several periodic reports submitted. Training and technical assistance provided. Meeting convened	Several periodic reports submitted. Training and technical assistance provided. Meeting convened	PDRH, objective 6, WHO Exp. Result RHR 5, output GRR6.1, rank A, priority 1
411	Advocacy for gender equity and reproductive rights	Work with partners to advocate for gender equity and equality and reproductive rights at the international level	Advocacy material produced and disseminated. Participation in international meetings related to ICPD + 10	Advocacy events organised in collaboration with partners. Participation in international meetings related to Beijing + 10	PDRH, objective 6, WHO Exp. Result RHR 5, output GRR6.2, rank A, priority 3
<b>Core functions</b>					
412	Translation, reprinting and dissemination of existing HRP technical materials relating to gender and reproductive rights		Translation, reprinting and dissemination of existing materials carried out	Translation, reprinting and dissemination of existing materials carried out	HRP, objective Core, WHO Exp. Result RHR 1, output GRR_Core, rank Core, priority 1
413	Translation, reprinting and dissemination of existing PDRH technical materials relating to gender and reproductive rights		Translation, reprinting and dissemination of existing materials carried out	Translation, reprinting and dissemination of existing materials carried out	PDRH, objective Core, WHO Exp. Result RHR 5, output GRR_Core, rank Core, priority 1



## 10. Sexual Health

### Issues and Challenges

Sexual health is influenced by a complex web of factors ranging from sexual behaviours and attitudes and societal factors, to biological risk and genetic predisposition (see box). It encompasses the problems of HIV and STIs/RTIs, unintended pregnancy and abortion, infertility and cancer resulting from STIs, and sexual dysfunction. Sexual health can also be influenced by mental health, acute and chronic illnesses, and violence. Addressing sexual health at the individual, family, community or health system level requires integrated interventions by trained health providers and a functioning referral system. It also requires a legal, policy and regulatory environment where the sexual rights of all people are upheld.

Sexual health is a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

*(WHO definition, 2002)*

Addressing sexual health also requires understanding and appreciation of sexuality, gender roles and power in designing and providing services. Understanding sexuality and its impact on practices, partners, reproduction and pleasure presents a number of challenges as well as opportunities for improving sexual and reproductive health care services and interventions. Validity of data collection, given researcher bias and difficulties in discussing such a private issue, remains a problem in some settings that must be overcome if a greater understanding of sexuality is to be achieved. Sexuality research must go beyond concerns related to behaviours, numbers of partners and practices, to the underlying social, cultural and economic factors that make individuals vulnerable to risks and affect the ways in which sex is sought, desired or refused by women, men and young people. Investigating sexuality in this way entails looking at sexual health holistically and comprehensively. To do this will require adding to the knowledge base gained from the field of STI/HIV prevention and care, gender studies, and family planning, among others.

### RHR's work in Sexual Health

Sexual health represents a new thematic area of work for the Department. While sexual health has been implicitly understood to be part of the reproductive health agenda, the emergence of HIV/AIDS and sexual and gender-based violence, and the extent of sexual dysfunction (to name just some of the developments over the past two decades), have highlighted the need for the Department to focus now more explicitly on sexuality and the promotion of sexual health. As a fundamental gender and rights issue, the sexual health work will be closely coordinated with and linked to the activities under Gender and Reproductive Rights. In the development of the evidence base, the sexual health work will be done in close collaboration with other thematic areas of the Department such as STI/RTIs and family planning, especially as it relates to the integration of sexual and reproductive health services in various cultural and political settings. Sexual health work will also be done in co-operation with the WHO Departments of HIV, Child and Adolescent Health and Development, and Gender and Women's Health through regular meetings of an inter-departmental working group on sexual health.



**Goal**

To promote optimal sexual health and an affirmative view of sexuality for women, men and adolescents.

**Objectives**

- To increase the availability of high-quality, non-discriminatory, acceptable and sustainable sexual health education and services programmes.
- To foster community, family and individual support for sexuality education and sexual health care services and programmes.
- To stimulate global and regional commitment to the promotion and protection of rights related to sexuality and sexual health.
- To increase knowledge and understanding of the social and cultural issues related to female genital mutilation and other harmful sexual practices in order to develop strategies to eliminate such practices.

The work of the Department will focus on building the evidence base for better understanding the context, meaning and motivations behind sexual practices and behaviours, and the role they play in relation to people's vulnerability and risk to sexual ill-health. The Department will also review best practices in various sexual health service areas (e.g. counselling in family planning and antenatal care, HIV/STI/RTI prevention and care, prevention of gender-based violence, elimination of harmful sexual practices including female genital mutilation, among others) to distil whether an integrated sexual health service package can and should be offered in both primary and reproductive health care service settings. Based on this evidence, strategies will be developed to provide guidance on how to appropriately address sexuality and sexual health in a variety of settings and for various populations, such as for migrants and sex workers in high STI-prevalence areas. To further build the evidence base, the Department will also expand its review on the Global Burden of Disease (GBD) to issues related to sexual health. This study will complement the ongoing work of the Department in looking at GBD related to reproductive health.

Another area of work will focus and expand on the Department's work on female genital mutilation (FGM) and begin to address other harmful sexual practices such as the use of drying agents and their impact on sexual health. Current FGM-related work of the Department investigates obstetric sequelae of FGM, as well as the sociocultural context of the practice. The objective of this work is to increase knowledge, particularly on the frequency of the reproductive health consequences of FGM, in order to improve advocacy and programming as well as to develop, test and disseminate tools for research into various aspects of FGM. The research on obstetric sequelae of FGM is undertaken as a multicountry, multicentre prospective cohort study, based at certain maternity units and obstetrics departments in Burkina Faso, Ghana, Kenya, Nigeria, Senegal and Sudan. To address the sociocultural aspects of FGM, a call for proposals has been issued and selected proposals are currently being revised. It is anticipated that grants for these projects will be made in 2004.

In addition, in 2003, three research initiatives were initiated that will continue in 2004-2005. Two research studies in six African countries are focusing on decision-making processes and behaviour models that lead to abandonment of the practice, and to understanding the relationship between sexuality and FGM. The third



study is an operations research project to assess the factors that underlie effective intervention programmes in order to identify successful approaches for use in other settings by policy-makers.

Finally, a multicountry study will be launched that looks at the meaning, context, and frequency of the practice of using vaginal drying agents in South east Asia and Southern Africa and its effect on sexual health. This research will be done in collaboration with the Australian National University.

In an effort to provide normative guidance to countries that is gender- and rights-based, the Department will review and identify sexual and reproductive health indicators that can help countries to build the evidence base for the promotion of sexual health. Toward this end, the Department will also review national- and regional-level programmes and initiatives that are using a rights-based approach for the promotion of sexual health.

## Product Listing

ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
<b>Objective 1: To broaden the provision of quality services</b>					
414	Generating evidence to promote sexual health	Evidence-based guidance on key sexual health intervention strategies for the promotion of sexual health	Collaborating institutions identified. Task forces established. Advisory group convened	Two task force meetings held and reports published	HRP, objective 1, WHO Exp. Result RHR 1, output SH1.1, rank A, priority 1
416	Behavioural research on migrants and sex workers	Investigation of factors influencing health-seeking behaviour of high-risk populations in three regions with high STI/HIV prevalence	Protocol developed. Proposals solicited	Research begun	HRP, objective 1, WHO Exp. Result RHR 1, output SH3.2, rank A, priority 3
<b>Objective 2: To widen the range of products or technologies</b>					
415	Second edition of the <i>Guidelines for the Use of Androgens in Men</i>	Complete the revision (begun in 2003) of the <i>Guidelines for the Use of Androgens in Men</i>	Guidelines revised	Guidelines published and disseminated	PDRH, objective 2, WHO Exp. Result RHR 3, output SH2.2, rank C, priority 3
<b>Objective 4: To foster a supportive environment</b>					
417	Research on female genital mutilation and sexuality	Investigate the relationship between female genital mutilation and women's sexuality	Research initiated in at least two countries	Research continued and data analysis planned	HRP, objective 4, WHO Exp. Result RHR 1, output SH4.2, rank A, priority 1
418	Research on female genital mutilation and advocacy messages against the practice	Research on the decision-making process with regard to female genital mutilation in order to develop better directed anti-FGM messages	Research initiated in at least two countries	Research continued and data analysis planned	HRP, objective 4, WHO Exp. Result RHR 1, output SH4.2, rank A, priority 1
419	Operations research on community interventions on female genital mutilation	Investigate effective models of community-based interventions for the elimination of female genital mutilation in order to document lessons learned and pilot effective strategies for scaling-up	Innovative interventions developed and implementation initiated in at least two countries	Interventions continued and monitored. Evaluation process planned	HRP, objective 4, WHO Exp. Result RHR 1, output SH4.2, rank A, priority 1
420	Research on harmful sexual practices	Understand the nature, role and effect of harmful sexual practices on behaviour and their implications for sexual health education/service delivery strategies	Advisory group established and convened. Protocol finalised	Research begun	HRP, objective 4, WHO Exp. Result RHR 1, output SH4.2, rank A, priority 1
<b>Objective 6: To ensure effective international efforts and collaboration</b>					
421	Developing rights indicators related to sexual and reproductive health	Review, identification and selection of rights indicators related to sexual and reproductive health in consultation with partners	Review conducted. Meeting held on rights indicators	Paper(s) published	PDRH, objective 6, WHO Exp. Result RHR 5, output SH6.1, rank A, priority 3



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
422	Review of sexual health rights strategies and programmes	Conduct a review of model programmes using a rights-based approach for the promotion of sexual health	Review commissioned	Review finalized	PDRH, objective 6, WHO Exp. Result RHR 4, output SH6.1, rank A, priority 2
423	Sexual health and global burden of disease	Review the global burden of disease to include sexual health related morbidity and mortality	Review commissioned	Review finalized	HRP, objective 6, WHO Exp. Result RHR 1, output SH6.3, rank A, priority 2
<b>Core functions</b>					
424	Translation, reprinting and dissemination of existing HRP technical materials relating to sexual health		Translation, reprinting and dissemination of existing materials carried out	Translation, reprinting and dissemination of existing materials carried out	HRP, objective Core, WHO Exp. Result RHR 1, output SH_Core, rank Core, priority 1



## 11. Coordination of Research Activities

Building on the traditional strength of HRP, the Department will continue to ensure the scientific rigour of its research through a series of scientific review activities.

- Specialist Panels provide independent scientific and technical review of research activities in their respective field of expertise (e.g. social science and operations research; basic and biomedical research; epidemiological research; programme planning and implementation), ensuring that each project proposed for support is scientifically sound.
- The Scientific and Ethical Review Group (SERG) reviews the scientific and ethical aspects of all clinical and animal research proposed for support by the Department, whereas the Toxicology Panel assesses the adequacy of toxicological data for new drugs or devices (or new applications of existing drugs and devices) proposed for clinical research.

### Goal

To ensure that research carried out and supported is rigorously reviewed and assessed in order to achieve the highest possible ethical and scientific standards.

The improvement and maintenance of ethical standards in research will continue to be promoted through regional and national workshops. The process of informed consent will be the particular subject of evaluation through research with the objective of identifying optimal approaches to informed consent procedures.

In order to enhance the impact of its research, the Department will continue to actively promote research and disseminate findings at national and international meetings. In addition, in some areas, the Department is in a unique position to coordinate research activities globally.

The statistical and methodological rigour of supported research projects, including adherence to Good Clinical Practice guidelines, remains a critical concern of the Department. The Clinical Trials and Informatics Support Group assists the research supported by the Department by providing:

- 1) Biostatistical and data-processing support to all multinational clinical trials and epidemiological studies conducted or sponsored by the Department, as well as technical advice on the design, management, analysis and interpretation of other research projects not requiring centralized data coordination.
- 2) Support in the formulation, review and execution of research capability strengthening activities in biostatistics and data processing, including training statisticians and data managers in collaborating institutions.
- 3) The development and maintenance of information systems that support the management of the Department's research portfolio.

### Product Listing

ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
<b>Core functions</b>					
425	Scientific and Ethical Review Group (SERG)	Ethical review of research projects	Up to two meetings held during the year	Up to two meetings held during the year	HRP, objective Core, WHO Exp. Result RHR 1, output Core, rank Core, priority 1
426	Specialist Panel on Social Science and Operations Research in Reproductive Health	External review of social science and operations research projects	One meeting held during the year	One meeting held during the year	HRP, objective Core, WHO Exp. Result RHR 1, output Core, rank Core, priority 1



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
427	Specialist Panel on Basic and Biomedical Research in Reproductive Health	External review of basic science and biomedical research projects	One meeting held during the year	One meeting held during the year	HRP, objective Core, WHO Exp. Result RHR 1, output Core, rank Core, priority 1
428	Specialist Panel on Country Programme Development in Reproductive Health	External review of programme development projects	One meeting held during the year	One meeting held during the year	HRP, objective Core, WHO Exp. Result RHR 1, output Core, rank Core, priority 1
429	Specialist Panel on Epidemiological Research in Reproductive Health	External review of epidemiological research projects	One meeting held during the year	One meeting held during the year	HRP, objective Core, WHO Exp. Result RHR 1, output Core, rank Core, priority 1
430	External coordination for HRP	Coordination of HRP activities with external partners	HRP activities coordinated with partners in reproductive health	HRP activities coordinated with partners in reproductive health	HRP, objective Core, WHO Exp. Result RHR 1, output Core, rank Core, priority 1
431	Promotion of research by HRP	Activities in support of promotion of reproductive health research	Research in reproductive health promoted by HRP	Research in reproductive health promoted by HRP	HRP, objective Core, WHO Exp. Result RHR 1, output Core, rank Core, priority 1
432	Informed consent research	Multinational research on informed consent procedures in reproductive health using a common protocol	Research started in two countries	Research in two countries completed. Reports published and interventions proposed	HRP, objective Core, WHO Exp. Result RHR 1, output Core, rank Core, priority 1
433	Strengthening the capacity of collaborating centres to communicate and disseminate reproductive health research information	Workshop to strengthen the capacity of collaborating institutions and scientists to disseminate the findings of their research	Two scientific writing workshops, one communication workshop, and one information management workshop held	Two further scientific writing workshops, one further communication workshop, and one further information management workshop held	HRP, objective Core, WHO Exp. Result RHR 4, output Core, rank Core, priority 1
434	Informatics support for HRP clinical research (in support of Priority 1 research)	Computer equipment upgraded as necessary, supplies made available, licenses for software renewed, other support services	Informatics support provided for clinical trials and other research (Priority 1 products)	Informatics support provided for clinical trials and other research (Priority 1 products)	HRP, objective Core, WHO Exp. Result RHR 1, output Core, rank Core, priority 1
435	Informatics support for HRP clinical research (in support of Priority 2 research)	Computer equipment upgraded as necessary, supplies made available, licenses for software renewed, other support services	Informatics support provided for clinical trials and other research (Priority 2 products)	Informatics support provided for clinical trials and other research (Priority 2 products)	HRP, objective Core, WHO Exp. Result RHR 1, output Core, rank Core, priority 2
436	Informatics support for HRP clinical research (in support of Priority 3 research)	Computer equipment upgraded as necessary, supplies made available, licenses for software renewed, other support services	Informatics support provided for clinical trials and other research (Priority 3 products)	Informatics support provided for clinical trials and other research (Priority 3 products)	HRP, objective Core, WHO Exp. Result RHR 1, output Core, rank Core, priority 3



## 12. General Technical Activities

In addition to the work described in the preceding pages, the Department undertakes a series of General Technical Activities. These activities comprise, among others, the convening of strategic and technical advisory bodies; the provision of advice to Member States on issues in reproductive health; information dissemination, advocacy and communication; and contingency funding of unanticipated needs through the Director's Initiative Fund.

### Scientific Advisory Bodies

Overall strategic direction for the Department's work is provided by the Scientific and Technical Advisory Group (STAG) and by the Gender Advisory Panel (GAP), both of which meet annually and advise the Policy and Coordination Committee of HRP and the Meeting of Interested Parties for the Department as a whole. STAG provides overall strategic guidance on all activities of the Department, recommends priorities, reviews plans of action and budgets, and provides a continuous and independent evaluation of implementation and impact. The role of GAP is to give guidance to the Department to ensure that considerations of gender equality and reproductive rights are brought into all of the Department's work.

General technical and scientific guidance and oversight of the activities is ensured through Strategic Committees and other ad-hoc technical advisory bodies. The functions of Strategic Committees are to develop a strategic plan in their respective area of interest (e.g. Promoting Family Planning), recommend activities and budget requirements for implementation, monitor implementation and advise on optimizing outcome and impact of the work.

### Communications, Advocacy and Information

The essence of the work of the Department is to generate, disseminate and facilitate the application of reproductive health knowledge for the betterment of people's health. Knowledge is transmitted in the form of information and is shared through different media and instruments. In this Department, information needs to be managed at three levels: at the point of entry (journals, newsletters, press releases of other institutions); when information is being shared within the Department; and when information is designed and packaged for outside consumption.

#### Goals

To communicate, proactively and in a cost-effective manner, the whole spectrum of issues in reproductive health to intended target audiences and stakeholders worldwide.

To facilitate the transfer of reproductive health knowledge using appropriate strategies and media.

To evaluate the impact of information dissemination as well as other activities aimed at strengthening of dissemination/communication strategies.

To implement advocacy and public relations interventions.

The potential users of the information disseminated by the Department are scientists, policy-makers, programme managers and other health care providers, donors, journalists, and the general public. These target audiences need materials of different levels of technical complexity in different languages. In order to reach all the diverse audiences, the Department needs to work with its collaborating institutions and with its partners (WHO Regional Offices, governments, other United Nations agencies, nongovernmental organizations,



etc.). In the case of the collaborating institutions, there is a need to strengthen their capacity to disseminate information. Finally, there is a need to demonstrate that the information disseminated by the Department is reaching the target audiences and is being used in the intended manner and having the desired impact.

## Product Listing

ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
<b>Core functions</b>					
437	Director's Initiative Fund for HRP	Funding for relevant policy and strategy issues and small-scale research projects that do not fall within specific programme areas	Work on emerging issues in reproductive health supported	Work on emerging issues in reproductive health supported	HRP, objective Core, WHO Exp. Result RHR 1, output Core, rank Core, priority 1
438	Standards and guidelines on emerging reproductive health issues	Production of guidance materials on key issues in sexual and reproductive health	Expert consultation(s) on key issues in reproductive health supported and findings disseminated	Expert consultation(s) on key issues in reproductive health supported and findings disseminated	PDRH, objective Core, WHO Exp. Result RHR 3, output Core, rank Core, priority 2
439	Advice to Member States (RHR)	Provision of advice to Member States on standards, guidelines, policies and programmatic issues in reproductive health	Advice provided to Member States on reproductive health matters	Advice provided to Member States on reproductive health matters	PDRH, objective Core, WHO Exp. Result RHR 4, output Core, rank Core, priority 1
440	Advice to Member States (HRP)	Provision of advice to Member States on methodologies, findings and implications of research in reproductive health	Advice provided to Member States on reproductive health matters	Advice provided to Member States on reproductive health matters	HRP, objective Core, WHO Exp. Result RHR 1, output Core, rank Core, priority 1
458	External coordination for RHR	Departmental work coordinated with external partners	RHR activities coordinated with partners in reproductive health	RHR activities coordinated with partners in reproductive health	PDRH, objective Core, WHO Exp. Result RHR 4, output Core, rank Core, priority 1
441	Strengthened professional support for reproductive health	Continue collaboration with FIGO, ICM and other professional organizations	Participation in WHO/FIGO Alliance meeting	Participation in WHO/FIGO Alliance meeting	PDRH, objective Core, WHO Exp. Result RHR 4, output Core, rank Core, priority 1
444	RHR Scientific and Technical Advisory Group (STAG) meeting	STAG is funded in alternate years by HRP and PDRH	—	One meeting of the Scientific and Technical Advisory Group held during the year	PDRH, objective Core, WHO Exp. Result RHR 3, output Core, rank Core, priority 1
445	RHR Scientific and Technical Advisory Group (STAG) meeting	STAG is funded in alternate years by HRP and PDRH	One meeting of the Scientific and Technical Advisory Group held during the year	—	HRP, objective Core, WHO Exp. Result RHR 1, output Core, rank Core, priority 1
446	RHR Gender Advisory Panel (GAP) meeting	GAP is funded in alternate years by HRP and PDRH	One meeting of the Gender Advisory Panel held during the year	—	HRP, objective Core, WHO Exp. Result RHR 1, output Core, rank Core, priority 1
447	RHR Gender Advisory Panel (GAP) meeting	GAP is funded in alternate years by HRP and PDRH	—	One meeting of the Gender Advisory Panel held during the year	PDRH, objective Core, WHO Exp. Result RHR 3, output Core, rank Core, priority 1
448	Reproductive Health web site	Web site for Department of Reproductive Health and Research	Department web site operational and continuously updated, including research and programme development activities	Department web site operational and continuously updated, including research and programme development activities	PDRH, objective Core, WHO Exp. Result RHR 4, output Core, rank Core, priority 1



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
449	HRP web site	HRP on the Internet	HRP web site operational and continuously updated, including research and research capacity strengthening activities	HRP web site operational and continuously updated, including research and research capacity strengthening activities	HRP, objective Core, WHO Exp. Result RHR 1, output Core, rank Core, priority 1
450	<i>HRP Progress Newsletter</i>		<i>Progress</i> published four times in 2004	<i>Progress</i> published four times in 2005	HRP, objective Core, WHO Exp. Result RHR 1, output Core, rank Core, priority 1
451	<i>RHR Annual Technical Report</i>		<i>RHR Annual Technical Report 2003</i> published	<i>RHR Annual Technical Report 2004</i> published	PDRH, objective Core, WHO Exp. Result RHR Core, output Core, rank Core, priority 1
452	<i>HRP Biennial Report</i>		<i>HRP Biennial Report 2002-2003</i> published	—	HRP, objective Core, WHO Exp. Result RHR 1, output Core, rank Core, priority 1
453	<i>RHR Biennial Report</i>		<i>RHR Biennial Report 2002-2003</i> published	—	PDRH, objective Core, WHO Exp. Result RHR Core, output Core, rank Core, priority 1
454	<i>RHR Programme Budget</i>		—	<i>RHR Programme Budget 2006-2007</i> submitted to STAG and MIP and published	PDRH, objective Core, WHO Exp. Result RHR Core, output Core, rank Core, priority 1
455	<i>HRP Programme Budget</i>		—	<i>HRP Programme Budget 2006-2007</i> submitted to STAG, approved by PCC, and published	HRP, objective Core, WHO Exp. Result RHR 1, output Core, rank Core, priority 1
456	State of world report on sexual and reproductive health	Publication and dissemination of report on global state of sexual and reproductive health	Report finalised and published. Worldwide launch	—	PDRH, objective Core, WHO Exp. Result RHR Core, output Core, rank Core, priority 1
457	Departmental promotional materials	Production of information materials designed to promote the work of the Department among donors, partners, and civil society	Department brochure published and distributed	Two or more fact sheets on the work of the Department published	PDRH, objective Core, WHO Exp. Result RHR Core, output Core, rank Core, priority 1
442	Translation, reprinting and dissemination of existing PDRH technical materials relating to general technical activities		Translation, reprinting and dissemination of existing materials carried out	Translation, reprinting and dissemination of existing materials carried out	PDRH, objective Core, WHO Exp. Result RHR 4, output Core, rank Core, priority 1
443	Translation, reprinting and dissemination of existing HRP technical materials relating to general technical activities		Translation, reprinting and dissemination of existing materials carried out	Translation, reprinting and dissemination of existing materials carried out	HRP, objective Core, WHO Exp. Result RHR 1, output Core, rank Core, priority 1





## 13. Programme Management

The Department has a component that is concerned with leadership, direction, coordination of work with WHO Regions, external relations and resource mobilization, as well as managerial and administrative support. The functions of this component also include the organization of the meetings of HRP's PCC that convenes annually in June and of the Standing Committee of HRP cosponsors which generally meets three times a year.

Other activities in Programme Management include support to staff development and training, office equipment and supplies, and other related expenses.

### Product Listing

ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
<b>Core functions</b>					
459	Informatics support for RHR activities	Computer equipment upgraded as necessary, supplies made available	Informatics needs of RHR staff addressed, assuring efficient office operation	Informatics needs of RHR staff addressed, assuring efficient office operation	PDRH, objective Core, WHO Exp. Result RHR Core, output Core, rank Core, priority 1
460	HRP Standing Committee. External coordination for HRP	Three meetings (one in Geneva) of Standing Committee per year	Up to three meetings of HRP Standing Committee convened during the year	Up to three meetings of HRP Standing Committee convened during the year	HRP, objective Core, WHO Exp. Result RHR Core, output Core, rank Core, priority 1
461	HRP Policy and Coordination Committee (PCC) meeting	Annual meeting of HRP's Policy and Coordination Committee	One meeting of PCC held in 2004	One meeting of PCC held in 2005	HRP, objective Core, WHO Exp. Result RHR Core, output Core, rank Core, priority 1
462	HRP programme planning and evaluation	Planning and evaluation for HRP programme management (consultants, duty travel)	Planning and evaluation for HRP programme management provided	Planning and evaluation for HRP programme management provided	HRP, objective Core, WHO Exp. Result RHR Core, output Core, rank Core, priority 1
463	RHR programme planning and management	Planning and evaluation for RHR programme management (consultants, duty travel)	Planning and evaluation for RHR programme management provided	Planning and evaluation for RHR programme management provided	PDRH, objective Core, WHO Exp. Result RHR Core, output Core, rank Core, priority 1
464	TRIMS - HRP implementation of research project management and administration system	HRP contribution to cost of maintaining TDR research project management system (TIMS)	Informatics needs of staff addressed, assuring efficient research project management	Informatics needs of staff addressed, assuring efficient research project management	HRP, objective Core, WHO Exp. Result RHR Core, output Core, rank Core, priority 1
465	Administrative support for HRP	Staff and activities normally included under WHO Programme Support Cost	Administrative support provided to HRP through WHO	Administrative support provided to HRP through WHO	HRP, objective Core, WHO Exp. Result RHR Core, output Core, rank Core, priority 1
466	Training and development for HRP staff	Seminars on recent developments in public health and science, computer training, team-building activities, etc.	Staff development and training needs of HRP staff addressed	Staff development and training needs of HRP staff addressed	HRP, objective Core, WHO Exp. Result RHR Core, output Core, rank Core, priority 1
467	Training and development for RHR staff	Seminars on recent developments in public health and science, computer training, team-building activities, etc.	Staff development and training needs of RHR staff addressed	Staff development and training needs of RHR staff addressed	PDRH, objective Core, WHO Exp. Result RHR Core, output Core, rank Core, priority 1
468	Stationery, supplies, office machines for HRP	Coded articles, stationery, office supplies	Supply needs of HRP staff addressed, assuring efficient office operation	Supply needs of HRP staff addressed, assuring efficient office operation	HRP, objective Core, WHO Exp. Result RHR Core, output Core, rank Core, priority 1



ID	Product Title	Product description	Milestone for end-2004	Milestone for end-2005	Funding and priority ranking
469	Stationery, supplies, office machines for RHR	Coded articles, stationery, office supplies	Supply needs of RHR staff addressed, assuring efficient office operation	Supply needs of RHR staff addressed, assuring efficient office operation	PDRH, objective Core, WHO Exp. Result RHR Core, output Core, rank Core, priority 1
470	Postage and communication charges for RHR programme management		Communications ensured and materials disseminated as required	Communications ensured and materials disseminated as required	PDRH, objective Core, WHO Exp. Result RHR Core, output Core, rank Core, priority 1
471	Postage and communication charges for HRP programme management		Communications ensured and materials disseminated as required	Communications ensured and materials disseminated as required	HRP, objective Core, WHO Exp. Result RHR Core, output Core, rank Core, priority 1

