



**WHO**  
**Sexual and Reproductive Health**  
**Medium-term Strategic Plan 2010–2015**  
**Programme Budget 2010–2011**





# WHO Sexual and Reproductive Health Medium-term Strategic Plan for 2010–2015 and Programme Budget for 2010–2011



**World Health  
Organization**



**Department of  
Reproductive Health  
and Research**



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

## **WHO Sexual and Reproductive Health Medium-term Strategic Plan for 2010–2015 and Programme Budget for 2010–2011**

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## Preface

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), continues to strive for the attainment by all peoples of the highest possible level of sexual and reproductive health. In pursuit of this objective, the Department conducts, generates and coordinates research to identify interventions, technologies and the knowledge necessary to improve sexual and reproductive health. It synthesizes research to establish global norms and standards, and develops tools and guidelines that address evolving needs and problems in sexual and reproductive health. It pays special attention to strengthening research capacity and the development of programmes to improve universal access to sexual and reproductive health.

The Medium-term Strategic Plan (MTSP) 2010–2015 outlines the Department's vision and business plan, which take into account the goals and targets from the Programme of Action adopted at the International Conference on Population and Development (ICPD), the revised framework of the Millennium Development Goals (MDGs), the action areas of the WHO Global Reproductive Health Strategy, the WHO Strategic Objectives, and the vision expressed by the WHO's Director-General. This MTSP includes a Programme of Work for the biennium 2010–2011, complete with indicators for assessing progress and setting targets. The priority areas reflected are an outcome of extensive consultative processes that have involved all WHO regions.

We look forward to working with our partners and Member States to achieve the Millennium Development Goals and to making universal attainment of sexual and reproductive health a reality.

*Dr Mike Mbizvo*

Director *a.i.*  
Department of Reproductive Health and Research

October 2009



# Part I

## Sexual and Reproductive Health Medium-term Strategic Plan for 2010–2015

### 1. Introduction

Sexual and reproductive health is central to the health of women, men and children, and to achieving the Millennium Development Goals (MDGs) which grew out of the United Nations Millennium Declaration adopted by 189 Member States in 2000. Former Secretary-General of the United Nations, Kofi Annan, noted, “The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed”.

The achievement of the MDGs, particularly those related to health, is strongly underpinned by the progress that can be made on sexual and reproductive health and on the achievement of gender equality and women’s empowerment. Ill health from causes related to sexuality and reproduction remains a major cause of preventable death, disability and suffering among women, particularly in middle- and low-income countries. Poor sexual and reproductive health also contributes significantly to poverty, inhibiting affected individuals’ full participation in socioeconomic development. Conversely, achieving sexual and reproductive health empowers individuals and communities to engage fully in development, as they have fewer impediments from the consequences of failure to meet their reproductive intentions. Failure to improve sexual and reproductive health also has an adverse impact on HIV prevention and care and, in the long term, on environmental sustainability.

#### 1.1 The current context: old and new mandates and emerging issues

The 2010–2015 Medium-term Strategic Plan of the Department of Reproductive Health and Research (RHR) of WHO aims to address, most comprehensively, the call to achieving sexual and reproductive health for all – now Target 5B under MDG 5 – to improve maternal health. In addition, RHR’s work has a direct impact on three other MDGs: MDG 3 to promote gender equality and empower women; MDG 4 to reduce child mortality; and MDG 6 to combat HIV/AIDS, malaria and other diseases; and indirectly on all other MDGs. As part of the overall reporting on achievement of the health-related MDGs, RHR has to report annually on the status of progress made on the target of universal access to reproductive health.

Beyond the MDGs, the work of RHR derives from a number of recent international agreements, most notable of which are the International Conference on Population and Development (ICPD, Cairo, 1994), and the Fourth World Conference on Women (FWCW, Beijing, 1995) and their five-year reviews, all of which clearly emphasized the need for promoting gender equity and equality in sexual and reproductive health policies and programmes, as well as the promotion and protection of human rights, including those of adolescents. In 2004, the World Health Assembly adopted the first Global Reproductive Health Strategy.<sup>1</sup> This urged Member States, among other things, to make reproductive and sexual health an integral part of national planning and budgeting, to strengthen the capacity of health systems, and to ensure all aspects of reproductive and sexual health are included within national monitoring and reporting. It also requested the Director-General to, among other things, “devote sufficient organizational priority, commitment and resources to supporting effective promotion and implementation of the Reproductive Health Strategy and the ‘necessary actions’ that it highlights”, as well as to report on progress every two years.

The movement for primary health care, originally launched with the 1977 Alma-Ata Declaration,<sup>2</sup> which undertook to tackle the “politically, socially and economically unacceptable” health inequalities in all countries, has lost momentum in recent years. With the *World Health Report 2008*, WHO has launched the renewal of primary health care. The Report points to the growing realization among health policy-makers that primary health care can provide a stronger sense of direction and unity in the current context of fragmentation of health systems, and an alternative to the assorted “quick fixes” currently proposed as cures for the health sector’s ills. As sexual and reproductive health services should be a central pillar of primary health care, this movement for renewal provides an unprecedented opportunity to shape research, interventions and policy in the direc-

<sup>1</sup> *Reproductive health: draft strategy to accelerate progress towards the attainment of international development goals and targets*. WHA57.12, May 2004.

<sup>2</sup> Primary health care: report of the International Conference on Primary Health Care, Alma-Ata, USSR, 6–12 September, 1978. Geneva, World Health Organization, 1978. Cited in *Primary health care: now more than ever. World Health Report 2008*. Geneva: World Health Organization, 2008.



tion of reaching the most vulnerable, and achieving the goal of universal access.

Also in 2008, the Commission on Social Determinants of Health, set up by WHO, published its report, *Closing the gap in a generation*. The report demonstrates the enormous extent of health inequities that are shaped by political, social and economic forces, which are felt among people across the globe. It documents evidence for where and how action should be taken by a variety of actors who can contribute to closing the gap in health equity. For WHO these include adopting a stewardship role for capacity-building and policy coherence, and supporting goal-setting and monitoring progress on health equity. The report and its recommendations provide a framework that is complementary to that of the *World Health Report 2008*, which is of particular relevance to work on sexual and reproductive health.

The past few years have also seen a huge effort to harmonize and align international development cooperation and aid. This is reflected in the 2005 Paris Declaration,<sup>3</sup> which promotes enhanced partnerships across development aid and improved monitoring for accountability of partners, particularly in relation to achieving the MDGs. Of relevance to HRP's work is also the *Global strategy on public health, innovation and intellectual property*, adopted by the World Health Assembly in 2008,<sup>4</sup> which drew attention to the need to promote new thinking on innovation and access to medicines for conditions that disproportionately affect developing countries.

## 1.2 Challenges in sexual and reproductive health

There have been advances in sexual and reproductive health in some countries and regions over the past decade. Reporting to the World Health Assembly in 2008 on progress made by countries on specific areas recommended in the WHO Global Reproductive Health Strategy, the WHO Secretariat noted that many countries have developed national sexual and reproductive health action plans and policies to strengthen health systems and assessment of human resources. In relation to information for priority-

setting, a number of countries have conducted maternal death reviews. There have also been a number of global and regional conferences involving policy-makers, which reflect political will to achieve universal access to reproductive health, such as the Special Session of the Conference of African Union Ministries of Health in September 2006, which drew up a Maputo Plan of Action for making operational the African Policy Framework for Sexual and Reproductive Health and Rights 2007–2010.

Nonetheless, conditions related to sexual and reproductive health account for 12% of the global burden of ill health according to the estimates for 2004. Unsafe sex remains the second leading risk factor to health in the developing world. Despite increased advocacy and commitment at different levels to improving sexual and reproductive health, progress has been disappointingly slow. The maternal mortality ratio declined only 0.1% per year between 1990 and 2005 in sub-Saharan Africa. Although there have been greater declines in East Asia, North Africa, South-East Asia and Latin America and the Caribbean, none of the regions reached the necessary rate per year of 5.5% for achieving the MDG target of reducing the maternal mortality ratio by three quarters between 1990 and 2015.

A considerable proportion of maternal deaths occur as a result of unsafe abortion, which continues to claim the lives of an estimated 68 000–70 000 women annually. In developing countries, 40% of these unsafe abortions are among girls aged 15–24 years. Substantial overall increase in contraceptive prevalence over the past 3–4 decades has occurred. However, 137 million couples have an unmet need for family planning, resulting in an estimated 80 million unintended or unwanted pregnancies. The proportion of women who desire to space or limit childbearing but who do not use any family planning method (traditional or modern) varies between 10% and 24% across the developing regions of the world, and is highest in sub-Saharan Africa and southern Asia.

An estimated 457 million cases of curable sexually transmitted infections occur each year in men and women globally. Untreated gonococcal and chlamydial infections in women will result in pelvic inflammatory disease in up to 40% of cases, which is responsible for 30%–40% of cases of female infertility. Human papillomavirus (HPV) infection is an important sexually transmitted viral pathogen that

3 Organisation for Economic Co-operation and Development. The Paris Declaration. 2005.

4 *Global strategy and plan of action on public health, innovation and intellectual property*. WHA 61.21, May 2008.



causes about 500 000 cases of cervical cancer annually with 240 000 deaths, mainly in women from resource-poor countries. HIV is essentially a sexually transmitted infection or transmitted during pregnancy, childbirth and breastfeeding. In 2007, 33 million women, men and children were living with HIV.

Worldwide, 120–140 million women and girls have undergone female genital mutilation (FGM), and 3 million are estimated to be at risk of undergoing this procedure every year. Recent WHO studies reveal poor obstetric outcomes and complications at delivery, including a higher number of deaths among babies in women who had undergone FGM. Women everywhere are also vulnerable to gender-based violence, which affects up to one in every four women in some countries.

The global situation of these reproductive health issues over the past decade is shown in Figures 1–6, which form part of the health indicator framework of MDG 5.

These enormous challenges are the focus of RHR's work over the next six-year period, described in greater detail in this document.

### 1.3 Meeting the challenge – RHR and HRP

RHR has a strong foundation of sexual and reproductive health research through its cosponsored research programme, the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP). The non-research part, Programme Development in Reproductive Health (PDRH), together with HRP, enables the Department to provide a seamless continuum between the generation and synthesis of evidence and its translation into policy and service delivery to improve sexual and reproductive health at regional and country levels.

The leadership and staff of RHR employ both arms of the Department to deliver effectively on all six of WHO's core functions:

- *Providing leadership on matters critical to health and engaging in partnerships where joint action is needed.*

RHR, including HRP, is the lead United Nations agency in research on human reproduction and the develop-

ment of norms and standards in sexual and reproductive health. RHR works closely with collaborating research centres, professional organizations, training institutions, ministries of health and other ministries, the private sector, commercial organizations, social marketing groups, and civil society organizations in individual countries, and with key partners in international health, including UNDP, UNFPA, UNICEF, the World Bank and other intergovernmental organizations and international nongovernmental organizations.

- *Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge.*

RHR/HRP coordinates, promotes, conducts, evaluates and synthesizes multidisciplinary research to improve sexual and reproductive health. Such research underpins the improvement of sexual and reproductive health by identifying needs, developing standards, and providing the evidence base for formulating/updating policies and developing/strengthening programmes and service delivery. RHR/HRP continues to expand its support for operations, implementation and health systems research as an important mechanism for translating research into practice.

- *Setting norms and standards, and promoting and monitoring their implementation.*

From the results of research, RHR develops evidence-based guidelines that focus on ensuring high-quality, accessible, acceptable and affordable sexual and reproductive health services. The guidelines are regularly updated and emerging evidence is critically appraised to ensure that they remain current and are based on the best available science. RHR undertakes a variety of dissemination activities to promote and monitor the uptake of evidence-based clinical and technical guidelines, policies, strategies and programme interventions, including in local languages.

- *Articulating ethical and evidence-based policy options.*

Because sexual and reproductive health covers a multitude of aspects including some of the most challenging and controversial issues in public health,



Figure 1. Maternal deaths per 100 000 live births, 1990 and 2005

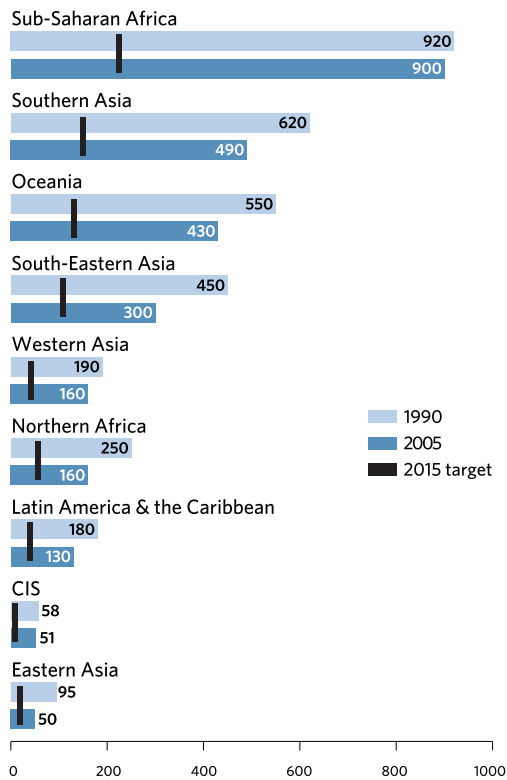
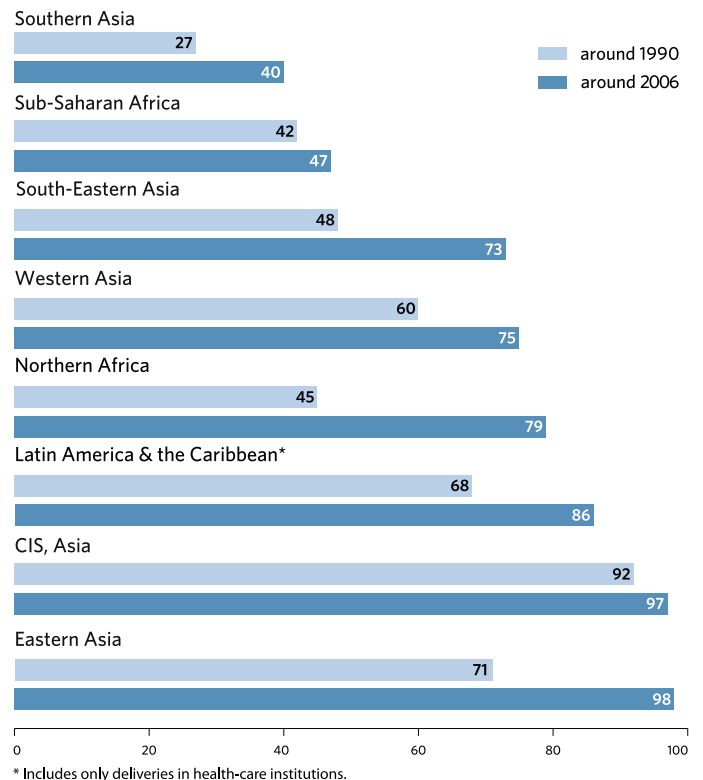


Figure 2. Proportion of deliveries attended by skilled health care personnel, around 1990 and around 2006 (percentage)



\* Includes only deliveries in health-care institutions.

Figure 3. Number of births per 1000 women aged 15–19 years, 1990 and 2006

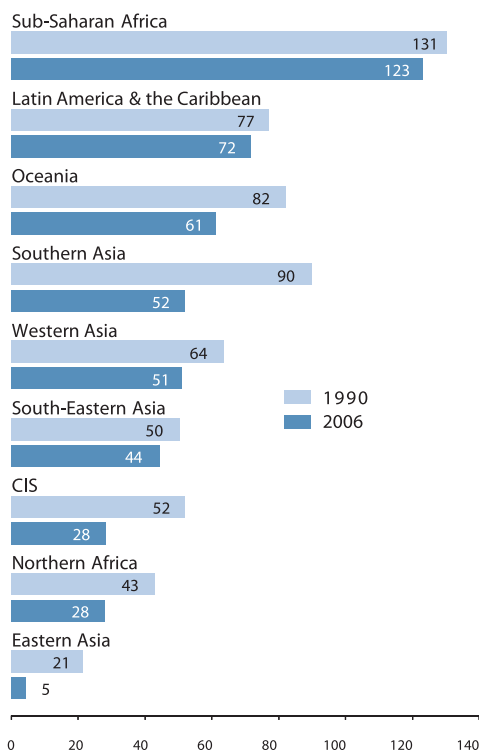


Figure 4. Proportion of women (15–49 years old) attended at least once during pregnancy by skilled health personnel, around 1990 and around 2005 (percentage)

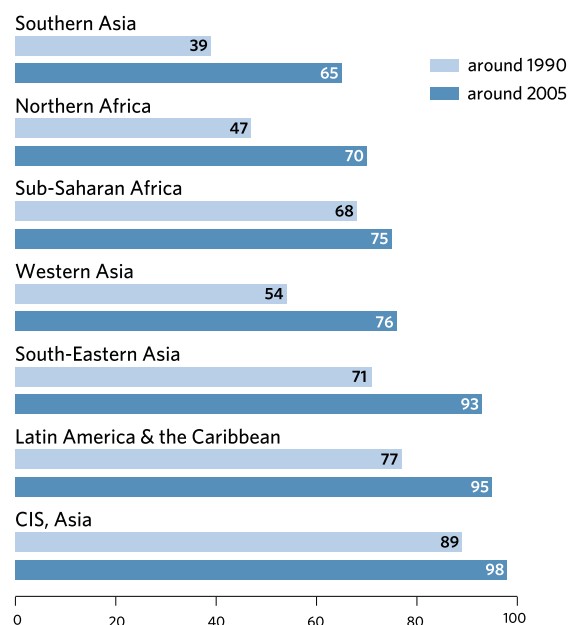
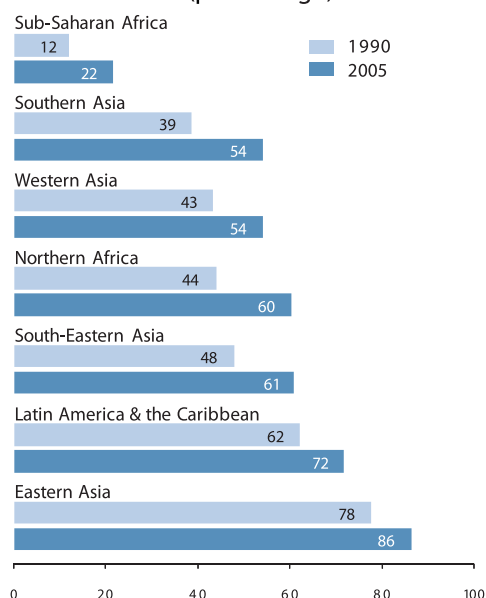


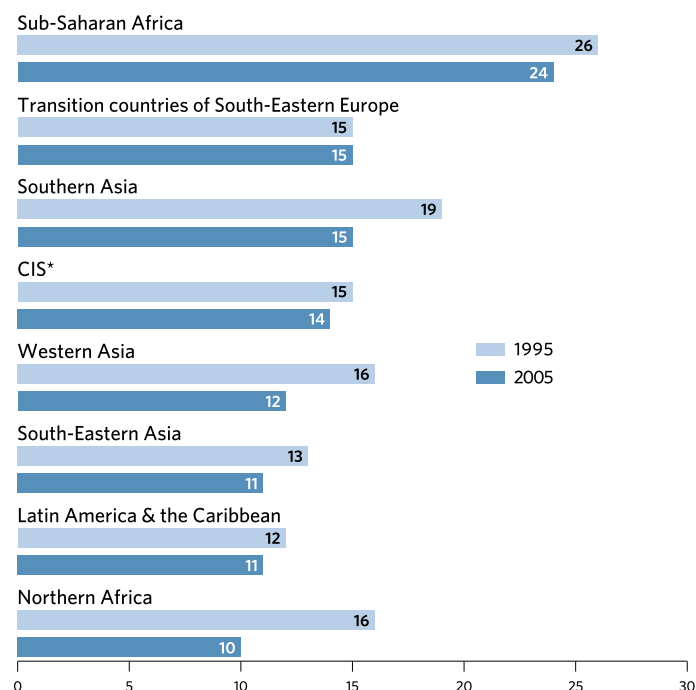


Figure 5. Proportion of women, married or in union, aged 15–49 years, using any method of contraception, 1990 and 2005 (percentage)



\* Data are not available for 1990.

Figure 6. Proportion of married women aged 15–49 years with unmet need for family planning, 1995 and 2005 (percentage)



\* Latest available data refer to a year around 2000.

Note: No data are available for Eastern Asia.

evidence-based policy and advocacy are a critical part of RHR's work. The extensive research mentioned above is used, among other things, for the formulation of policy briefs in all areas of sexual and reproductive health. All research supported by RHR undergoes a process of rigorous ethical and technical review. RHR also undertakes policy and high-level advocacy and awareness-building for key issues in sexual and reproductive health at the global, regional and national levels.

- **Providing technical support, catalysing change and building sustainable institutional capacity.**

RHR works through a variety of mechanisms to ensure support to countries in adapting the guidelines to their national context, adopting them, and implementing suggested interventions to improve quality of care. These mechanisms include the UNFPA/WHO Strategic Partnership Programme, which assists countries to adapt and implement guidelines appropriately to their national context, and the Implementing Best Practices initiative, which is an interactive partnership through which policy-makers, programme managers, implementing organizations and providers are able to identify and apply evidence-

based and proven, effective practices to improve sexual and reproductive health outcomes worldwide. HRP also provides extensive support for strengthening the research capacity of both institutions and individuals in developing countries through grants and scholarships, with an emphasis on promoting south–south exchange.

- **Monitoring the health situation and assessing health trends.**

The Department has a strong track record in monitoring, evaluating and assessing health trends. It regularly generates and publishes global and regional summary estimates of key measures of sexual and reproductive health and uses these for assessing trends and progress on these issues. It also works with partners to standardize definitions and measurement methodologies for sexual and reproductive health indicators on the basis of evidence and scientific consensus, and supports the development and implementation of national frameworks for assessing needs, defining interventions and monitoring progress towards the achievement of MDG Target 5B and implementation of the WHO Global Reproductive Health Strategy.



## 1.4 A unique contribution

No other department in WHO combines a solid research capacity through a cosponsored Special Programme with an effective programme development capability through PDRH. This dual capacity makes RHR ideally positioned to respond to the continuing global demands in sexual and reproductive health information and services, and to contribute to the achievement of the MDG targets. RHR's work, such as that within the WHO Global Reproductive Health Strategy, is guided by internationally agreed instruments and global consensus declarations on human rights, gender equality and social justice.

The staff of RHR are a multicultural group of highly qualified professionals with expertise in a wide range of disciplines and a mission to generate, synthesize and disseminate new knowledge from research, translate evidence into programme actions and policy development, and advocate for sexual and reproductive health and rights.

WHO's current Medium-term Strategic Plan (MTSP) is shaped around 13 strategic objectives. RHR makes a major contribution to at least seven of these strategic objectives, the main one of which is to reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and to improve sexual and reproductive health and promote active and healthy ageing for all individuals (Strategic Objective 4).

## 2. Vision

RHR's vision is the attainment by all peoples of the highest possible level of sexual and reproductive health. It strives for a world where all women's and men's rights to enjoy sexual and reproductive health are promoted and protected, and all women and men, including adolescents and those who are underserved and marginalized, have access to sexual and reproductive health information and services.

## 3. Overview of the Strategic Plan

The period 2010 to 2015 represents the last six years to attain the MDGs. RHR's Strategic Plan for 2010–2015 is premised on the need to achieve access to and quality of sexual and reproductive health care, in order to meet the

needs of diverse populations, particularly the most vulnerable. It is shaped around the five components of WHO's Global Reproductive Health Strategy:

- improving antenatal, perinatal, postpartum and newborn care;
- providing high-quality services for family planning, including infertility services;
- eliminating unsafe abortion;
- combating sexually transmitted infections, including HIV, reproductive tract infections, cervical cancer and other sexual and reproductive health morbidities;
- promoting sexual health.

Capacity strengthening for research and programme development is a sixth main component of the work. Within the WHO Global Reproductive Health Strategy, key areas of action and partnership include the need for: strengthening health systems' capacity; improving the information base for priority-setting; mobilizing political will; creating supportive legislative and regulatory frameworks; and strengthening monitoring, evaluation and accountability.

The Strategic Plan for 2010–2015 identifies three overarching themes: universal access to sexual and reproductive health including the meeting of unmet needs; the renewal of primary health care; and fostering programmatic and policy linkages between services and interventions for HIV and for sexual and reproductive health.

In each of the areas elaborated next, the vision is for the specific area, but seen as contributing to the overall vision of the Department, under the second point above. Each area highlights the challenges and describes strategic directions and actions foreseen as part of the 2010–2015 Strategic Plan. The more detailed Programme of Work for the 2010–2011 biennium is included in Part II.

## 4. Overarching themes

The following three overarching themes form part of the mission of the Department's work as well as being the focus of some specific activities to ensure good coordination and visibility.



## 4.1 Universal access to sexual and reproductive health and addressing unmet needs

### 4.1.1 Introduction

In 2007, the United Nations General Assembly agreed to integrate a new target to “achieve, by 2015, universal access to reproductive health” as Target 5B under MDG 5.<sup>5</sup> Achieving universal access to sexual and reproductive health will require extensive efforts to ensure that necessary health care is available and benefits all persons according to their need. It will require paying particular attention to the unmet needs of marginalized and vulnerable populations, as in most countries those with resources are nearly always able to access information and services. The identification of who is vulnerable is a critical part of the work, and this will vary within and between countries and regions. A conducive social and political context, and critical investments in the health system are crucial in efforts to achieve equitable access. **Virtually all the areas of work in RHR contribute to this primary outcome.**

### 4.1.2 Vision

Universal access to sexual and reproductive health has become a reality for all individuals and needs are met, in particular those of the most vulnerable.

### 4.1.3 Strategic directions and actions

RHR’s work and collaboration with countries in achievement of universal access aims to ensure that effective interventions are in place to address the determinants of access (availability, information, cost/affordability, quality, acceptability, appropriateness) in all key aspects of sexual and reproductive health as defined within the WHO Global Reproductive Health Strategy. RHR collaborates with countries in developing and implementing policies and programmes on the basis of evidence, and contributes to monitoring progress in the achievement of universal access.

Country capacity will be supported to identify priority interventions (indicators of input and process) and set national targets for monitoring inputs/processes guided by a conceptual framework (see Annex 2, Conceptual framework).

<sup>5</sup> *Report of the Secretary-General on the work of the Organization*. Official Records, Sixty-second session, Report A/62/1. New York, United Nations General Assembly, 2007.

The ultimate outcome is improved sexual and reproductive health, as measured by core outcome/impact indicators.

Support to country capacity will be through interregional workshops to formulate policy and related frameworks and to accelerate progress in implementation of the Strategy by adoption and systematic utilization of the Implementation Framework<sup>6</sup> and monitor achievement of progress (using both the Implementation Framework and the WHO/UNFPA publication *National-level monitoring of the achievement of universal access to reproductive health: conceptual and practical considerations and related indicators*).<sup>7</sup> Interregional activities will support countries in becoming familiar with the concept of universal access, its place within the MDGs and in identifying indicators as entry points to improve aspects of sexual and reproductive health, based on local needs. Development of national action plans that include, for each thematic sexual and reproductive health area, a problem statement incorporating issues, barriers and challenges and an objective, will be encouraged and supported. Such plans will suggest actions for achieving progress within a defined timeframe and propose indicators both for action points and for measuring progress. Where necessary, operations research will be conducted to guide programme strengthening and development. Such support will build on the complementarities of other partners as appropriate.

A key determinant of access is improving quality of health care so as to ensure effectiveness, acceptability and use of services. RHR conducts research and develops normative guidance in all key aspects of sexual and reproductive health. Operations and implementation research will reveal barriers to care and elaborate the most appropriate delivery systems for innovative technologies which RHR will continue to generate. Efforts will continue to align the production of guidelines to improve the quality of sexual and reproductive health at country level and to assist in development of supportive policies. Other RHR activities to accelerate progress towards universal access will be the

<sup>6</sup> *Accelerating progress towards the attainment of international reproductive health goals. A framework for implementing the WHO Global Reproductive Health Strategy*. Geneva, World Health Organization, 2006.

<sup>7</sup> *National-level monitoring of the achievement of universal access to reproductive health. Conceptual and practical considerations and related indicators*. Geneva, World Health Organization, 2008.



development of materials for targeted sexual and reproductive health promotion, initiatives to support utilization and implementation of cost-effective interventions within the diverse areas of sexual and reproductive health, assessment of safety and effectiveness of interventions, identification of effective service delivery mechanisms and production of relevant training materials (see Annex 2, Conceptual framework). RHR will foster linkages with partners and with WHO regional and country offices to work with ministries of health, for adoption and adaptation of guidelines in a systematic way as initiated within the UNFPA/WHO Strategic Partnership Programme (SPP).

In addition to RHR's mandate on global monitoring of the international development goals and targets through core indicators, where appropriate country-level achievement will be followed by input/process indicators that are aligned to the core MDG indicators for both Targets 5A and 5B (maternal mortality ratio, deliveries attended by a skilled health professional, contraceptive use, unmet need for family planning, antenatal care coverage, adolescent birth rate). Countries will be encouraged to measure routinely programmatic indicators that capture not only health outcomes but also coverage of all aspects of sexual and reproductive health, service delivery performance, the existence of a supportive legal and policy framework, and adequate resource allocations.<sup>8</sup>

## **4.2 Primary health care as a means for achieving health equity and providing universal access to sexual and reproductive health**

### **4.2.1 Introduction**

The *World Health Report 2008* mentioned above (Section 1.1) focuses on the renewal of primary health care. The Report proposes a series of reforms based on available evidence on what is needed for an effective response to the health challenges of today's world, the values of equity, solidarity and social justice, and the growing expectations of the population in modernizing societies. These reforms are: universal coverage reforms to improve health equity

(which includes universal access to sexual and reproductive health); service delivery reforms to make health systems people-centred; leadership reforms to make health authorities more reliable; and public policy reforms to promote and protect the health of communities.

This renewal therefore provides a new platform for achieving MDG Target 5B. The preventive nature of much of sexual and reproductive health care, the reliance on effective and sensitive counselling, and its importance to overall well-being lends itself to provision within primary health care. However, in many settings sexual and reproductive health has been marginalized or privatized, or become unavailable to clients altogether. Services, historically a key component of primary health care, have often been limited in scope to provision of services for women. To be truly effective, such care must be comprehensive, and include services for men, for infertility and for the prevention of unsafe abortion, and ensure that underserved and marginalized groups are reached.

Human resources are a critical component of primary health care, determining the type, range, and quality of services offered. This is especially true in the area of sexual and reproductive health due to the important role that social, cultural and psychological issues play in delivery and utilization of these services. The process of renewal will necessarily require concordant and, for some, substantial changes in the professional curricula of health-care providers, and a clear understanding of the need and value of task shifting if needed. Appropriate education, skills training and ongoing support must be in place to generate competent health providers sensitive to the human rights components of sexual and reproductive health.

### **4.2.2 Vision**

Key components of sexual and reproductive health have been placed at the centre of primary health care, contributing to universal access to comprehensive sexual and reproductive health.

### **4.2.3 Strategic direction and actions**

RHR's work on sexual and reproductive health in primary health care will be guided by the framework for implementing the WHO Global Reproductive Health Strategy. The five key action areas proposed by the Strategy are:

<sup>8</sup> For a more complete list of programmatic indicators including at policy and social levels, see WHO/UNFPA publication: *National-level monitoring of the achievement of universal access to reproductive health – conceptual and practical considerations and related indicators*. Geneva, World Health Organization, 2008.



strengthening health system capacity; improving information for priority-setting; mobilizing political will; creating supportive legislative and regulatory frameworks; and strengthening monitoring, evaluation and accountability. All these are relevant to primary health care.

Multiple factors, including the nature of existing health systems, political will, adequacy of training in sexual and reproductive health at primary health-care level, cultural elements, feasibility of task shifting, cost of services, and availability of resources, will influence countries' ability to integrate sexual and reproductive health into their primary health-care systems. This is a very large agenda, and RHR's work will initially focus on the development of competency-based sexual and reproductive health curricula for primary health-care providers, based on previously developed standards, tasks and competencies needed for essential care. The Department, through its different teams, will also work to:

- Advocate for adequate resources for sexual and reproductive programmes to be delivered within primary health-care systems so that programmes and services are funded through budget and sector support mechanisms.
- Contribute to reproductive health commodity security.
- Develop and support tools for costing of sexual and reproductive health services and expenditure tracking through national health accounts.
- Support national governments to develop effective partnerships with the private sector to ensure that quality sexual and reproductive health services are provided in primary care settings in an equitable way.
- Conduct operations research to evaluate the impact of the new competency-based curriculum in the provision of sexual and reproductive health services in primary health care.
- Advocate in high-level political arenas with ministries of health and other ministries, partners in health, professional organizations, training institutions and academics, nongovernmental organizations and other stakeholders for the provision of essential sexual and reproductive health in primary health care.

## 4.3 Linkages between sexual and reproductive health and HIV/AIDS

### 4.3.1 Introduction

HIV infection is an important sexual health issue confronting communities in much of the world today. The vast majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding. Sexual and reproductive ill health and HIV share root causes and are exacerbated by poverty, gender inequality, and the marginalization of the most vulnerable populations. Consequently, a comprehensive sexual and reproductive health response to HIV offers one of the most effective routes to reaching the many people who are vulnerable to HIV infection, as well as those already living with HIV.

Acknowledging that HIV is a sexual and reproductive health issue should also support linking within both national and international policies and programmes. The importance of linking HIV prevention and care with sexual and reproductive health services is now widely recognized. Research-based evidence attests to the vital role that sexuality and sexual health play in people's lives, and the importance of empowering people to make informed choices about their sexual and reproductive health. There is clear momentum behind efforts to mainstream HIV into sexual and reproductive health and rights responses, and strong recognition that this programmatic integration is necessary, both to achieve sexual and reproductive health goals and to respond meaningfully to the HIV epidemic.

A number of international consensus documents have appeared over the past few years on the need for effective sexual and reproductive health and HIV linkages, and contain recommendations for specific actions at the advocacy, policy, health systems and service delivery levels. These include a framework for priority linkages between sexual and reproductive health and HIV and AIDS, developed by IPPF, UNAIDS, UNFPA and WHO (2005), and the Political Declaration on HIV/AIDS issued at the United Nations General Assembly Special Session in 2006.

The 2008 AIDS Epidemic Update highlights the fact that progress remains uneven and the future path of the epidemic is still uncertain. The number of people newly infected with HIV in 2007 was 2.7 million, contributing to a



total of 33 million people living with HIV. Sub-Saharan Africa remains the region most heavily affected by HIV, accounting for 67% of all people living with HIV and for 75% of AIDS deaths in 2007. Women represent approximately half of all people living with HIV across the globe, and in sub-Saharan Africa this figure rises to over 60%.<sup>9</sup> At the end of 2007, an estimated 2.1 million children under the age of 15 were estimated to be living with HIV, over 90% infected through mother-to-child transmission (MTCT).<sup>10</sup>

Integration of HIV initiatives with programmes addressing sexual and reproductive health is helping to ensure that women have access to the information and services they need to make informed reproductive decisions. However, many missed opportunities still remain. For example, while an average of 70% of pregnant women manage to attend antenatal care at least once, even in less-resourced settings, fewer than 11% get tested for HIV. Services for sexually transmitted infections (STIs) present an important opportunity for delivering HIV prevention and other services, especially because the risk of HIV transmission can be further increased, up to 40% in some cases, due to the presence of certain STIs. It is also estimated that about 137 million couples have an unmet need for safe and effective contraception, resulting in as many as 80 million unwanted pregnancies yearly. In sub-Saharan Africa alone, where HIV prevalence is highest, the low levels of contraceptive use result in nearly 27 million women with an unmet need for contraception. Many of these women and their partners could have been protected from STIs, including HIV, as well as unintended pregnancies.

The five core elements of the WHO Global Reproductive Health Strategy as well as the cross-cutting issues of gender-based violence, human rights, and male involvement are linked to HIV. Strengthening linkages between sexual and reproductive health and HIV is therefore an important way to help build cost-effective and sustainable national health-care systems to tackle the HIV epidemic and ensure sexual and reproductive health for all.

#### 4.3.2 Vision

Universal access to sexual and reproductive health services and to HIV prevention, treatment and care has been fostered through strengthening linkages between sexual and reproductive health and HIV policies, programmes and services.

#### 4.3.3 Strategic directions and actions

While much still remains unknown about which linkages will have the greatest impact, and how best to strengthen selected linkages in different settings, the evidence to date has shown that stronger bidirectional linkages between sexual and reproductive health and HIV-related policies and programmes could lead to a number of important public health, socioeconomic and individual benefits. These include: increased male and female condom use to prevent STIs, including HIV, and unintended pregnancy; decreased mother-to-child transmission of HIV; improved access to and uptake of key HIV and reproductive health services; better access for people living with HIV to reproductive health services that protect their rights and respond to their needs; reduction in HIV-related stigma and discrimination; improved coverage of underserved and marginalized populations; and decreased duplication of efforts and competition for scarce resources.

The MTSP 2010–2015 provides an opportunity for further leadership and vision to define key approaches to increase the visibility and stress the importance of sexual and reproductive health in stemming the HIV epidemic. This area of work will be further developed as a cross-cutting issue, contributing towards the MDG Target 5B for achieving universal access to sexual and reproductive health. It will also contribute to the MDG target of halting and beginning to reverse the spread of HIV by fostering strategic activities that can maximize synergies and limit the negative effects of missed opportunities through: advocacy; technical, policy and programmatic guidance and tools; research; monitoring and evaluation of linked programmes and policies; and strengthening partnerships within and outside of WHO. Specifically:

##### *Advocacy:*

- Sustained advocacy for strengthening sexual and reproductive health (SRH)–HIV linkages through coordination of the recently established interagency

9 *AIDS Epidemic Update 2008*. Geneva, UNAIDS/WHO, 2008.

10 *Op. Cit.*



working group on SRH–HIV linkages and publication of joint advocacy materials.

- Targeted advocacy through country coordination mechanisms (CCM) for ensuring incorporation of sexual and reproductive health within HIV proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria to reflect, in particular, unmet needs and opportunities for sexual and reproductive health and HIV prevention and care within strategic linkages or integrated services.
- Development of technical guidance and advocacy materials that underscore the role of elements 1 and 2 of the Global Strategy on Prevention of Mother-to-Child Transmission of HIV.
- Supporting the establishment of national SRH–HIV working groups that contribute to fostering policies and programmes on SRH–HIV linkages.

**Research:**

- Studies will be conducted to address key gaps identified following a systematic review of studies and practices on SRH–HIV linkages, such as on reduction of stigma and discrimination, cost-effectiveness of linked services and male involvement/sexual and reproductive health services for men.
- A multicountry study on unmet need for family planning among women living with HIV and on their fertility intentions.

**Policy and programmatic activities:**

- Development of policy and programmatic guidance to address the sexual and reproductive health of people living with HIV, with a focus on specific marginalized populations.
- Providing technical support for the implementation of the SRH–HIV rapid assessment tool in selected countries.
- Supporting regional and/or national meetings to catalyse scaling-up of SRH–HIV linkages policies and programmes.

## 5. Promoting family planning

### 5.1 Introduction

Addressing people's sexual and reproductive health needs and desires includes the provision of means for individuals and couples to achieve their desired fertility.

Implementation and utilization of contraceptive services and commodities is one of the success stories of the 20th century. Globally, contraceptive prevalence has reached 63%, the most remarkable change having taken place in the developing world, where it has increased from only 8% in the 1960s to 62% currently. Total fertility rates (TFRs) are decreasing in most regions – with the exception of sub-Saharan Africa. However, inter- and intra-regional differences are marked and still indicate great need; in 26 countries, contraceptive prevalence is still below 20%, and it is estimated that over 137 million women of reproductive age who are fecund but do not wish to become pregnant in the next two years, or want to limit childbearing altogether, are not using any form of contraception. Reasons for non-use are multiple, and include poor quality of available services, limited choice of methods, fear or experience of side-effects, cultural or religious opposition, gender-based barriers, and limited access, particularly for youth, the poorer segments of the population or those who are unmarried. Even when used, contraception frequently does not meet the preferences of users, as evidenced by high rates of method discontinuation and millions of contraceptive- or user-failures annually. It is estimated that lack of access to family planning services and information, together with contraceptive failure, lead to some 80 million unintended pregnancies annually. These form a large proportion of the 42 million induced abortions occurring worldwide every year.

Paradoxically, contraception is a victim of its apparent success. An increasing number of countries have a TFR below replacement level, and decreasing fertility rates have shifted concern to meeting the needs of ageing populations. Pressing and competing demands as well as donor fatigue have led to allocation of national and donor financing to other aspects of sexual and reproductive health, in particular HIV/AIDS. International funding for family planning, which accounted for half of donor expenditures on



population assistance activities in 1995, has decreased in absolute terms since 2003 and now represents only 5% of these funds. With continued population growth, in particular an increase in the numbers of young people entering their reproductive years, and increasing poverty, the gap between resources available and needs for contraceptives continues to widen. The effects of decreasing access to family planning and disengagement of the public sector are beginning to be documented in some countries where TFR is increasing, for example in Kenya. At the same time, many countries with consistently low contraceptive prevalence rates (e.g. many francophone West African countries) need to focus on creating demand.

Contraceptive commodity security – a secure supply and choice of quality contraceptives – remains a challenge, with cost limiting the choice of methods in the public sector and in the developing world, and with the spread of counterfeit drugs internationally. Contraception has also been the target of active misinformation from opposition groups, spreading confusion and frustration among providers, users and potential users, and highlighting the need for counter dissemination of evidence-based information.

A comprehensive approach to family planning must include attention to infertility. Success at childbearing touches upon cultural values and gender issues which are manifested, depending upon the country or community, through the woman's or man's place within society. Infertility, as unwanted conception, often leads to domestic violence, marital distress, social stigma, community ostracism and economic hardship, which drive the woman, man or couple to resort to clandestine or unsafe medical interventions.

Worldwide, developing countries bear the highest burden of infertility with the most recent figures showing more than 186 million couples (excluding China) estimated to be infertile, mostly due to secondary infertility. The prevalence varies greatly between and within countries, particularly as correct diagnostic process and registration modalities are often not present. Assisted reproductive technologies (ART) are required to solve male factor infertility and female tubal occlusion infertility, yet complete and equitable access to infertility management is not available or affordable for the majority of the infertile couples in low-resource settings. Thus, simplification of diagnostic materials for use and

adaptation throughout the primary health-care system, in addition to the simplification of assisted reproductive practices and interventions without a compromise on quality, are key activities which will help to address the infertility burden in low-resource settings.

## 5.2 Vision

Substantial reduction in the unmet need for contraception and improved access to infertility prevention and care services have been achieved, allowing people to realize their fertility goals.

## 5.3 Strategic directions and actions

Over the period 2010–2015, the Department's work on family planning will focus on supporting countries to meet the needs of their population, ensuring universal access to contraception and infertility services, with special attention to previously underserved groups, namely adolescents, people living in poverty, individuals with disabilities, people living with HIV, migrants and those who are trafficked or in conflict situations. As in the past two to three decades, emphasis will not only be given to improving women's access to contraception and infertility services, but also will address men's shared responsibility for sexual and reproductive health behaviour and their need for contraception and related sexual and reproductive health services.

### 5.3.1 Research

A multidisciplinary research agenda will aim at quality improvement in family planning methods and services, and better sexual and reproductive health generally. This will include:

- Social, behavioural and operations research aiming to expand access to quality contraception and infertility services among underserved groups by: documenting the unmet need among these groups; identifying sociocultural barriers to services and testing approaches to reduce them; identifying health systems' constraints that limit access to services, and testing approaches to mitigate them; and assessing the role of midlevel providers in improving access to services.



- Social, behavioural and operations research to promote dual protection among sexually active people, especially in countries with a generalized HIV epidemic, and to promote the use of appropriate but underused contraceptive methods.
- Epidemiological research on the safety and efficacy of existing methods, particularly for individuals with chronic diseases receiving long-term treatment (e.g. antiretrovirals), and systematic reviews of the evidence for the creation and continuous updating of evidence-based guidance.
- In partnership with other organizations, development of new and improved contraceptive methods, including pre-coital methods, post-coital methods, dual protection methods, long-acting hormonal and non-hormonal methods for women, and long-acting hormonal methods for men.
- Simplification, with subsequent adaptation, of existing infertility diagnosis tools for country- and community-level primary care, midlevel providers and tertiary care providers.
- Clinical investigations to identify safe and efficacious methods of infertility interventions for couples in low-resource settings.
- Supporting health systems research on effective interventions related to the management of family planning programmes.

WHO will continue to ensure that results of research are widely disseminated, not only to the scientific community through peer-reviewed scientific journals, but also as technical and policy material available on the Internet and through meetings and workshops with policy-makers and programme managers. In addition, HRP will continue to provide support to countries to strengthen their capacity for undertaking research.

### 5.3.2 Guideline development, adaptation and application

Sexual and reproductive health services are still not sufficiently integrated at either the planning or the implementation level, so that opportunities to provide comprehensive sexual and reproductive health services to the women, men

and couples who need them are frequently missed. Too often, appropriate family planning information and services are not provided during antenatal care, postabortion and postpartum or when providing care for sexually transmitted infections. Similarly, HIV/AIDS services are most often operated separately from sexual and reproductive health services. Forging strong linkages between them can ensure that the sexual and reproductive health needs of HIV-positive individuals are met, and that sexual and reproductive health services, including family planning programmes, can contribute effectively to HIV diagnosis and prevention. Programmatic activities aimed at improving access to quality services will include:

- Provision of evidence-based guidelines that focus explicitly on ensuring a high quality of accessible, acceptable and affordable family planning services. Specifically, these guidelines include: the *Medical eligibility criteria for contraceptive use* (with the MEC wheel version), the *Selected practice recommendations for contraceptive use*, the *Decision-making tool for family planning clients and providers* and the *Family planning: global handbook for providers*. This requires continuous monitoring and critical appraisal of new evidence to assure that these guidelines remain current and based on the best-available science.
- Adaptation of these guidelines to different levels of health care, and to use in non-family-planning services (e.g. stand-alone STI/HIV/AIDS, postpartum, postabortion, immunization) to increase their relevance to a variety of settings and populations.
- Development and update of guidance and training materials in andrology.
- Development and update of guidance and training materials in infertility.
- Technical support to countries in the adoption, adaptation and introduction of guidelines, in collaboration with WHO regional and country offices, United Nations agencies and nongovernmental organizations.
- Regular evaluation of the impact of these guidelines on provider practices and policy changes, with attention to their gender and human rights implications.



### 5.3.3 Advocacy

Advocacy is needed for increased international commitment to sexual and 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 development of advocacy materials for contraceptive and infertility services, based on evidence, and aimed at a variety of audiences including policy-makers, programme managers, providers, civil society, traditional and community leaders and clients. Attention will be paid to counteracting active disinformation with scientific evidence.

### 5.3.4 Health systems strengthening

Characteristics of the health system – in particular financing, human resources and task shifting and engagement with the private sector in support of national health goals – will strongly influence the provision of family planning services. Much of WHO's work in strengthening health systems to promote and provide sexual and reproductive health services, including family planning programmes, will be conducted through application of the WHO Strategic Approach, health-systems evaluation research, and research capacity strengthening support carried out in the Department under Research Capacity Strengthening and Programme Development (see Section 10). Work will continue to include contraceptive technologies in WHO's essential medicines list, as appropriate, and in WHO's prequalification programmes, thus contributing to the improvement of commodity security. Likewise, WHO will collaborate with professional organizations worldwide to ensure optimal quality control of infertility services.

Supportive national environments are imperative for the success of family planning programmes and plans. The analysis of the legal and policy framework of contraception and infertility care is best addressed in the broader context of sexual and reproductive health and this work is carried out in the Department under Gender, Reproductive Rights, Sexual Health and Adolescence (see Section 9). Collaboration with the many partners active in this area will continue to be facilitated through the Implementing Best Practices initiative (see Section 10.3.5).

## 6. Improving maternal and newborn health

### 6.1 Introduction

Global disparities in women's reproductive health continue to represent one of the starkest health inequities of our times. Each year approximately 530 000 women die due to complications related to pregnancy and childbirth; 99% of these deaths occur within the most disadvantaged population groups living in the poorest countries of the world. These figures indicate that while women in developed countries can generally expect to experience safe pregnancies and positive birth outcomes, women in low-resource nations still face a high risk of dying during pregnancy, delivery, and the postpartum period. This unacceptable discrepancy must be addressed if the world is to achieve Millennium Development Goal 5 (MDG 5), which calls for a reduction in the 1990 maternal mortality levels by three quarters by 2015. Likewise, in many developing countries, while the under-five mortality rate and the infant mortality rate have dropped considerably, the rates for newborns (babies in the first four weeks of life), and in particular early neonatal mortality (babies in the first week of life), have declined much more slowly and in some regions have remained static. An estimated 4 million babies die during the first four weeks, of which 3 million die in the first week. The persistent gap in newborn health between rich and poor nations can also be considered a major social injustice long overdue for international attention.

Although research in maternal and perinatal health has significantly progressed in recent years, most of this progress has been driven by the needs of health systems in the richest countries. This bias has resulted in the production of interventions which translate poorly into low-resource settings, exacerbating the inequalities in women's reproductive health conditions around the world. The paucity of research efforts targeted at conditions disproportionately affecting women in the developing-country context has simultaneously prevented the development of effective, affordable, and feasible preventive and treatment strategies with wide applications that could potentially narrow the existing disparities.



There are three specific challenges that HRP's programme of work will address over the next six years. Firstly, the etiologies of many of the conditions that detract from the health of mothers and infants worldwide are still poorly understood – a major obstacle to the development of effective interventions with universal application. This situation calls for a change of focus to promote innovation in the study and development of interventions and technologies targeted at screening, prevention and treatment at the point-of-care. This vision fits with the priority of the WHO to promote a stronger emphasis on primary health care.

Secondly, several interventions consistently proven to be effective at improving survival are poorly implemented, especially in resource-constrained settings (e.g. magnesium sulfate for the treatment of eclampsia/pre-eclampsia, and corticosteroids for the prevention of mortality in pre-term babies). There is growing interest in the international scientific community in developing new methodologies for the translation of research findings into practice, and the monitoring and evaluation of such translation efforts. This rapidly expanding area of work – often referred to as translational, scaling-up or implementation research – will also potentially result in the production of valuable tools to test the effectiveness of service integration efforts. These efforts are being implemented as a strategy for optimizing available resources within the context of the new aid environment to improve access to sexual and reproductive health services.

Thirdly, the inequities that are pervasive in every aspect of maternal and newborn health are able to persist in part because of continued lack of awareness of the dangers associated with pregnancy and childbirth in low-resource countries. Advocacy efforts targeted at maternal and newborn health, and sexual and reproductive health issues more generally, are needed because this area has been largely neglected given that the general public, the media and politicians have focused their attention on addressing the health and social implications of HIV/AIDS, malaria and tuberculosis. Fortunately, reproductive health is emerging as a global priority as high-level politicians become progressively interested in accelerating efforts to achieve MDGs 4 and 5. The team on Improving Maternal and Perinatal Health (MPH) is developing innovative advocacy activities to help foster this trend towards increasing interest in

improving maternal and newborn health, and to reach wider audiences.

## 6.2 Vision

Universal access for all women and newborns to appropriate preconception, antenatal, childbirth and postpartum care has been achieved.

## 6.3 Strategic directions and actions

The strategic directions and actions proposed are based on the three major challenges described above. These challenges are best addressed through collaborative processes, making the convening power of the organization a significant comparative advantage. Work in this area will build on the extensive collaboration HRP has built with prestigious institutions and individuals worldwide.

### 6.3.1 Knowledge generation

To address the first challenge, HRP initiated a long-term collaborative agreement with the Perinatal Research Branch of the National Institute of Child Health and Human Development (PRB/NICHHD), USA, to advance knowledge on the causes and pathophysiology of major conditions responsible for maternal and newborn ill health. This agreement represents an unprecedented interagency research effort with far-reaching implications in terms of its potential for new discoveries with universal application. In the context of the agreement, PRB/NICHHD will assume the costs of performing laboratory analyses on biological samples collected prospectively in large cohorts of women and infants with the twin objectives of: (1) studying the etiology of complications of pregnancy and childbirth; and (2) developing feasible screening, preventive and treatment interventions on the basis of this research. HRP's role will be to collect biological samples and other relevant information from large cohorts of women and infants worldwide according to well-defined methodological protocols. This collaboration will allow HRP and PRB/NICHHD to respond immediately to new hypotheses without having to repeatedly establish ad hoc research protocols and infrastructures as knowledge progresses. The network of collaborating centres will be continuously expanded to ensure geographic representation and generalizability of the results, as well as to promote capacity-building at new centres. HRP is also



centrally involved in a multicentre study for the development of fetal growth standards for universal application. This study has the potential to significantly impact clinical practice and basic knowledge about normal and abnormal fetal growth patterns.

### 6.3.2 Design and assessment of interventions

In relation to the second challenge, HRP is strongly committed to contributing to the process of translating research results into clinical practice. Future plans include participating in the design and implementation of programmes focused on scaling-up, or introducing at the population level, interventions shown to be effective in randomized clinical trials.

Plans for scaling-up interventions in particular locations could be better designed if evidenced-based information on potential barriers and constraints were readily available. HRP is actively contributing to efforts to identify the factors that facilitate or detract from the successful implementation of interventions in specific settings, by developing new methodologies for assessing the impact of such interventions. This work is presently being conducted in collaboration with the National Institutes for Health Global Network for Women's and Children's Health, and the Canadian Institute for Health Research. Plans have begun for a population-based intervention targeted at the prevention and treatment of hypertensive disorders of pregnancy. The intervention will be based on two strategies proven to be effective in randomized clinical trials: calcium supplementation/fortification for prevention of hypertensive disorders of pregnancy; and magnesium sulfate for the treatment of pre-eclampsia.

### 6.3.3 Advocacy

In order to address the third challenge, HRP is planning to expand its advocacy activities to engage larger and more diversified audiences. Several activities initiated in the past few years have begun to produce concrete results, including functioning as a catalyst for new initiatives. Several organizations have expressed their appreciation for HRP's innovative and diversified approach to advocacy, and have agreed to collaborate with the Programme on future activities. These activities include: art exhibits to increase awareness of women's health issues; the publication of articles

on sexual and reproductive health in literary magazines; evaluations of how sexual and reproductive health issues are presented to the general public; the use of existing Internet-based platforms such as Facebook and Second Life to target the younger generation; and dialogue with faith-based organizations.

Finally, HRP is participating in global initiatives aimed at tracking country progress towards MDGs 4 and 5 and parts of 1, 6 and 7 such as the "Countdown to 2015" effort. The Programme worked in partnership with the ministries of health of the Republic of Chile and Mongolia to document their success in improving maternal, newborn, and child survival. The team will continue to document and disseminate widely similar cases of successful achievements by countries.

All ongoing and planned activities address maternal and perinatal health issues according to the "principle of the continuum of care" which incorporates a holistic approach to the pre-pregnancy, pregnancy, childbirth and postnatal periods. The proposed programme of work is based on a multidisciplinary framework that emphasizes collaborative efforts and research with wide-scale applications that are expected to benefit women and children around the world.

## 7. Controlling sexually transmitted and reproductive tract infections

### 7.1 Introduction

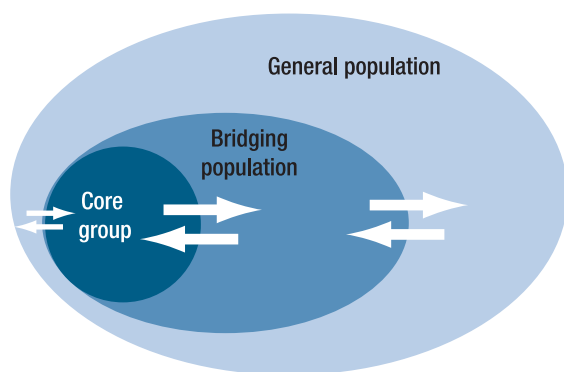
The burden of STIs and their complications remains high. Based on recent estimates, there are more than 457 million incident cases of curable STIs each year. It is estimated that 23.6 million new cases of Herpes simplex virus type 2 (HSV-2) were acquired in 2003, with 536 million prevalent cases, and that at any one point in time 10% of women with normal cytology have HPV infection, indicating that HPV is one of the most common STIs. The presence in a person of STIs other than HIV, such as syphilis, chancroid ulcers or genital herpes simplex virus infection greatly increases the risk of acquiring or transmitting HIV infection.

STIs occur with the highest frequency among marginalized populations who have particular problems in accessing health-care services and populations with high-risk



sexual behaviours and with frequent changes of sex partner or with multiple concurrent sex partners (*core groups*). Although sexual networks vary from setting to setting, in general, sex partners of core groups (sometimes referred to as bridging populations), in turn, infect other sex partners, such as their spouses or other regular sex partners within the general population. Figure 7 is a simplified representation of the population transmission dynamics for STIs, and any intervention to break the chain of transmission needs to take these population interactions into account.

Figure 7. Transmission dynamics of sexually transmitted infections at the population level.



Controlling bacterial and viral STIs within most-at-risk populations should have a broad impact on overall community transmission of STIs/reproductive tract infections (RTIs), by addressing the sexual networks often accounting for much of the total burden of STIs, especially in settings in which STIs and/or HIV are clearly more prevalent in such populations (concentrated epidemics of HIV and STIs). In some geographical settings and countries, rates of STIs in the general population are also high. Therefore, targeting interventions for STIs does not preclude the provision of good access and quality STI services for the general population.

## 7.2 Vision

Gender-sensitive and non-stigmatizing responses to prevention and control of STIs and RTIs and their complications have been expanded and their implementation accelerated, and congenital syphilis has been eliminated.

## 7.3 Strategic directions and actions

Work on STI/RTI is guided by the Global Strategy for the Prevention and Control of Sexually Transmitted Infections adopted by the Fifty-ninth World Health Assembly in May 2006 (WHA59.19). The subsequent Global Action Plan for the Implementation of the Global Strategy for the Prevention and Control of Sexually Transmitted Infections will continue to be used by RHR as a catalyst in the elaboration of regional strategies, action plans, frameworks and other activities at global and national levels to respond to the burden of STIs and RTIs.

### 7.3.1 Surveillance, monitoring and analysis of data

Appropriate balancing of services for STI prevention and care must be guided by good surveillance and analysis of data. RHR will assist countries to strengthen their information systems to gather good national data on STIs. It will develop guidelines and provide support for the training of health-care providers and epidemiologists to conduct periodic surveys to understand their respective STI epidemics at the national level and implement interventions based on the prevailing epidemiology of STIs and the populations affected. This will also require working with national and regional laboratories so that they can be strengthened sufficiently to provide support to national STI programmes and monitor multidrug resistance of *Neisseria gonorrhoeae* and other sexually transmitted pathogens. This support for surveillance will be done in collaboration with WHO regional and country offices and other international partners.

### 7.3.2 Strategies, guidelines and tools

Implementation of the Global Strategy for the Prevention and Control of STIs will be reinforced by a wide range of evidence-based guidance on effective interventions to prevent, control and care for sexually transmitted infections and other important non-sexually transmitted reproductive-tract infections. RHR will document opportunities and mechanisms for effective integrated implementation of prevention and control interventions within services for HIV prevention and care, maternal and neonatal health, family planning and other primary health-care services, including those within the private health sector. It will advocate the adoption, adaptation and utilization of these tools by countries and other international partners.



In collaboration with other partners, RHR will continue to develop and/or update evidence-based guidelines in key areas such as the management of STIs and non-sexually transmitted RTIs, the prevention and early detection of cervical cancer; the acceleration and scaling-up of the control of congenital syphilis towards the goal of eliminating the infection in newborns, the development of technical manuals and guides on enhancing safe male circumcision for the prevention of HIV infection, and the prevention of MTCT of HIV and other STIs.

### 7.3.3 Congenital syphilis

Regional meetings will be conducted to discuss epidemiological peculiarities and situations and to develop regional action plans and targets for the elimination of congenital syphilis as part of maternal, newborn and child health within the framework of health services strengthening. The Investment Case document for the elimination of congenital syphilis will be finalized and technical support will be provided to countries, in collaboration with the WHO regional offices, in the implementation of their plans for the elimination of congenital syphilis.

### 7.3.4 Cervical cancer

Vaccines against HPV, which have the potential to prevent 70% of cervical cancers, are now available, as are preliminary results from trials evaluating the “see-and-treat” approach to cervical cancer prevention based on visual inspection with acetic acid (VIA) and cryotherapy. A newly developed HPV DNA-based rapid diagnostic test is also showing potential benefit. RHR will continue to provide training and support operational research to introduce and scale-up the implementation of these new and other emerging technologies for the detection and prevention of cervical cancer.

### 7.3.5 Microbicides

RHR will assist with development and implementation of plans and programmes to make safe and effective microbicide products available to trial participants and trial communities after completion of effectiveness trials, and to facilitate product registration and introduction in countries.

### 7.3.6 Male circumcision

RHR will provide technical support to countries to monitor the quality and acceptability of male circumcision services as they expand in the African Region and elsewhere, and catalyse research to ensure their quality and sustainability. Guidance will be issued to countries, national research teams and product developers on the essential steps in the evaluation of medical devices for circumcision in resource-limited settings. Research will be initiated to assess the safety, effectiveness and acceptability of medical devices to facilitate expansion of male circumcision services, as well as other innovative approaches to improve the quality and safety of services.

### 7.3.7 Prevention of mother-to-child transmission of HIV

RHR will complete the analysis and publication of the Kesho Bora multicountry project on the safety and effectiveness of using combination antiretroviral drugs to reduce the risk of HIV transmission during late pregnancy and the breastfeeding period. While key results from the study will be published in 2009 and 2010, additional analyses on secondary study endpoints will be undertaken. These include determinants of different infant feeding practices, the feasibility of exclusive breastfeeding in different study populations, determinants of transmission during breastfeeding and drug resistance profiles in mothers receiving combination or short-course antiretroviral (ARV) prophylaxis.

### 7.3.8 Training

Training of health-care providers is a key component in developing individual skills needed to carry out specific service tasks in the areas of clinical diagnosis and treatment, case detection, counselling, notification and treatment of sex partners and monitoring and evaluating programmes. To establish and maintain a scaled-up, community-wide, population-oriented STI prevention and control plan, managers and health-care providers will need good skills for their roles as trainers, implementers, technical resource persons and advocates for STI control and the other interventions outlined above. Materials to facilitate training at global, regional and national levels will be disseminated, and support for training will be provided.



### 7.3.9 Condoms

Activities will be undertaken, in collaboration with UNFPA, to support the dissemination and use of resource materials designed to improve access to and the use of quality condoms to prevent unplanned pregnancy and the transmission of STIs, including HIV.

### 7.3.10 Research on new technologies and interventions

RHR will also promote selected priority areas for research, including the development and deployment of safe and effective new technologies, such as microbicides, vaccines and barrier methods, and operational research to guide the implementation and scaling-up of effective interventions.

Since the staff capacity at the global and regional levels of WHO is insufficient to meet the demand for country support, RHR will continue to promote and support regional Technical Networks of Excellence in STI prevention and control to serve as knowledge hubs, and a pool of experts to provide technical support to countries. In addition, RHR will continue to build coalitions of international partners and relevant agencies of the United Nations to support the development and implementation of the WHO Global Reproductive Health Strategy within the campaigns for universal access to sexual and reproductive health services, making pregnancy safer, and HIV prevention and care. Furthermore, stronger collaboration with other partner agencies is needed to secure funds to strengthen access to STI/RTI medicines and commodities, and condoms.

## 8. Preventing unsafe abortion

### 8.1 Introduction

Each year 42 million of an estimated 205 million pregnancies end through induced abortion, 20 million of them unsafely. Induced abortion continues to be one of the most controversial and emotive issues today, overshadowing the public health implications of unsafe abortion. Every minute, 38 women undergo unsafe abortions and one woman dies every eight minutes due to a botched abortion. In addition to the 65 000–70 000 deaths, close to 5 million women are estimated to suffer temporary or permanent disability every year due to unsafe abortion. Of these, almost 1.7 million will have secondary infertility, and more than 3 million

will suffer from the effects of RTIs. While unsafe abortions account for 13% of maternal deaths globally, they account for 20% of the total mortality and disability burden due to pregnancy and childbirth. Nearly all unsafe abortions and related deaths and disability occur in developing countries. While the number of safe, legal abortions has declined in the recent years, the high incidence of unsafe abortion and its related mortality and morbidity continue unabated.

While the public-health impact of unsafe abortion has long been recognized, little has been done to remove the legal, regulatory and policy barriers to saving women's lives from this entirely preventable cause of death. As early as 1967, the World Health Assembly identified unsafe abortion as a serious public health problem. The 1994 International Conference on Population and Development (ICPD) highlighted the concept of reproductive rights and established goals and targets, including universal access to reproductive health (services) by 2015. The ICPD Programme of Action called for all parties to deal with the health impact of unsafe abortion and improve family planning services, calling for abortion to be safe in circumstances where it is not against the law, and for women to have access to quality services for the complications arising from abortion. The Special Session of the United Nations General Assembly in 1999 went further by urging that:

*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 such abortion is safe and accessible.*

In Africa, where a high proportion of both unsafe abortions and deaths from unsafe abortions occur, the Special Session of the African Union Conference of Ministers of Health held in September 2006 in Maputo, agreed on a Plan of Action to: enact policies and legal frameworks to reduce the incidence of unsafe abortion; prepare and implement national action plans to reduce the incidence of unwanted pregnancies and unsafe abortion; provide safe abortion services to the fullest extent of the law; educate communities on available safe abortion services as allowed by national laws; and train health providers in preventing and managing unsafe abortion.

Preventing unsafe abortion is central to achieving the Millennium Development Goal 5 (MDG 5) on improving mater-



nal health and for attaining the Target 5B on universal access to reproductive health services. In addition, prevention of unsafe abortion alleviates the inequity in access to quality health services highlighted in the work of the WHO Commission on the Social Determinants of Health, for when access to safe abortion is restricted, women with low education and poor socioeconomic segments suffer most while the more affluent groups can obtain safe abortions. However, reducing legal restrictions on access to safe abortion services remains a highly contentious issue.

Identifying reducing maternal mortality as a public health priority but failing to prevent unsafe abortion that kills tens of thousands each year is paradoxical. Much emphasis is placed on providing postabortion care, but little or no progress has been made in preventing unwanted pregnancy and unsafe abortion.

## 8.2 Vision

Substantial reductions in the incidence of unsafe abortion have been achieved.

## 8.3 Strategic directions and actions

HRP has continued to enjoy an unwavering financial and political support of the European bilateral donor countries and a number of foundations. While political support is anticipated to increase, the global financial crisis may cause funds to decrease, especially from private foundations. The most critical element to the future success of work in this area is, however, support by WHO senior management.

HRP's work on preventing unsafe abortion is unique and is not addressed by other departments within WHO, or by its cosponsors. A jointly agreed and signed "WHO–UNFPA–UNICEF–World Bank Joint Country Support for Accelerated Implementation of Maternal and Newborn Continuum of Care" delegates WHO as the focal agency for prevention of unsafe abortion and for postabortion care.

HRP'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. HRP is well suited to conduct multidisciplinary research on preventing unsafe abortion, to develop evidence-based tools

and guidelines, and to provide technical assistance on abortion-related issues.

Given that HRP has an unrivalled advantage in the area of preventing unsafe abortion and that both scientists and policy-makers look to it for guidance, the thematic area outlines a systematic and coherent strategy for preventing unsafe abortion. HRP has developed and pursues vigorously several interrelated activities, namely: mapping and generating scientifically sound information on abortion-related issues for policies and programmes; developing and testing new and improved methods of induced abortion; developing norms, tools and guidelines; and providing technical support to countries, professional associations and international agencies for the promotion of best practices in the provision of high-quality abortion services, including postabortion care. A number of countries and organizations routinely seek advice and support from HRP on issues related to induced abortion. HRP will continue to respond to such requests and provides guidance on the prevention of unsafe abortion, with the evidence and best practices available.

In addition, HRP collaborates with other organizations, such as the Concept Foundation, International Federation of Gynecology and Obstetrics (FIGO), the Guttmacher Institute, Gynuity, and Ipas. Regular exchange of information with these agencies enables HRP to address issues and undertake activities that complement and reinforce the overall aim of preventing unsafe abortion.

The proposed programme of work for 2010–2015 builds on the work undertaken so far by HRP, the recommendations from various advisory committees, the conclusions and recommendations of the recently completed case study on the "Impact of HRP research in medical (non-surgical) induced abortion", the review of literature and consultations with other collaborators.

The proposed products for 2010–2011 are summarized below.

### 8.3.1 Mapping and generating evidence

Estimates of unsafe abortion and related mortality will be updated and published. In addition, at least two studies will be supported to map and generate evidence on the determinants and consequences of unsafe abortion and on the



pathways to addressing unwanted pregnancy and seeking abortion. Data from the completed studies on medical abortion will be synthesized and meta-analyses produced.

### 8.3.2 Improving technologies

Four studies will be launched: (1) a multicentre trial on reducing bleeding after medical abortion; (2) a comparative study of medical abortion regimens in the second trimester; (3) a comparative study of medical abortion regimens in the late first trimester; and (4) a comparative study of regimens for treatment of non-viable pregnancy.

### 8.3.3 Testing interventions

Results from an ongoing comparative randomized equivalence trial will be available and disseminated, on the safety, efficacy and acceptability of providing medical abortion by trained nurse-midwives as compared with physicians. In addition, at least 10 studies investigating barriers to accessing medical abortion will be launched in developing countries. These studies will be part of an ongoing initiative to expand access to medical abortion by generating evidence for policies and programmes in developing countries.

### 8.3.4 Developing norms, tools and guidelines

A number of systematic reviews will be undertaken and completed. These reviews will be used in the updating of the *Safe abortion: technical and policy guidance for health systems* document, revisions to which began in 2008. A companion document, clinical guidelines for the provision of comprehensive abortion care, will be initiated and completed by the end of 2011, and selected practice recommendations on the use of misoprostol will be published.

### 8.3.5 Providing technical support

When requested, technical support to address issues related to induced abortion will be provided primarily by applying the Strategic Approach (see Section 10.3.1), sometimes together with the Human Rights Tool to strengthen laws, regulations, policies, and programmes (see Section 9.3.1) related to abortion and postabortion care. During 2010–2011, the following activities will be conducted: capacity-building will be supported through collaboration with regional and country offices and partner organizations; strategic assessments will be conducted in 2–3 new countries, at least one together with the Human

Rights Tool; follow-up interventions will be launched in selected countries; comprehensive abortion care will be scaled-up in selected countries; and support will be provided to the WHO Country Office on the initiative on Improving Quality of Menstrual Regulation in Bangladesh.

HRP will also continue to provide information on abortion and on human rights related to abortion to the United Nations Human Rights Treaty monitoring system.

Together, these activities aim to have an impact on reducing unsafe abortion and improving access to safe abortion and quality postabortion care.

## 9. Gender, reproductive rights, sexual health and adolescence

### 9.1 Introduction

Gender roles and power dynamics between women and men 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 social norms and inequalities that shape men's and women's relationships to each other. Often, for economic, political and sociocultural reasons, women have less power in relationships than do men and therefore may not be 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 social norms and gender dynamics 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. Health services have a potentially critical role to play in promoting sexual health through counselling and other ways of encouraging a positive approach to sexuality.

Violence against women is one of the key manifestations of gender inequality and in turn serves to perpetuate it. With an estimated prevalence of 15–71% across a variety



of countries, intimate partner violence in particular constitutes a major obstacle for women's empowerment and their ability to control their fertility, and presents a serious risk for a wide range of sexual and reproductive health problems such as unwanted pregnancy and unsafe abortion, sexually transmitted infections including HIV, chronic pelvic pain and inflammatory disease, fistulae and other gynaecological problems. Partner violence is also common during pregnancy and is associated with negative maternal, perinatal and infant health outcomes. The ways in which sexual and reproductive health services can contribute to identification and care for victims of violence and to prevention of violence need to be further explored.

For children and adolescents, gender roles are particularly important. Adolescence is the time when children start to mature and become interested in sexuality, among other things. How they experience this and what information and support they receive is critical to their health both during adolescence and in later life. For instance, for a substantial number of adolescents, particularly females, 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. Both non-consensual sex and sexual relations where young people are unable to protect themselves for whatever reason, can lead to high numbers of unintended pregnancies, unsafe abortions – where legal and safe abortions are restricted – and STIs, including HIV.

For adolescent girls, pregnancy-related causes are still the leading cause of death. Many unintended pregnancies end in induced abortion, and although data on abortion are notoriously incomplete, it is estimated that abortions per 1000 women aged 15–19 years range from 23 to 36 in selected countries for which data are available. The unsafe abortion rate in developing countries is estimated at 14 and 30 per 1000 women in the age groups 15–19 years and 20–24 years, respectively. Higher rates are estimated for adolescent women in Africa (24 per 1000) and Latin America (20 per 1000) as compared with Asia (8 per 1000). Unsafe abortions among women aged 15–24 years account for 40% of the estimated 19–20 million unsafe abortions that occur each year. In Africa, about 60% of all unsafe abortions are among women aged 15–24 years. About half of all people

infected with HIV are aged under 25 years, and in developing countries, up to 60% of all new infections are among youths – of these there are twice as many in females as in males. Understanding the determinants behind this situation is critical for the development of health policies and programmes that can address adolescents' sexual and reproductive health needs.

The respect, protection and fulfilment of human rights related to sexual and reproductive health for adult and adolescent women and men can only be achieved if national laws and policies reflect recognition of these rights. There is evidence to show that laws which violate human rights – for instance, restricting access to health services relating to pregnancy and childbirth – have a negative impact on health. The absence of laws and policies which protect human rights – such as those related to female genital mutilation or violence against women – can negatively impact women's health and well-being. Thus, taking concrete action to ensure that human rights are protected and promoted through appropriate laws and policies can promote public health.

Mandates for the work on gender, reproductive rights, sexual health and adolescence draw from the International Conference on Population and Development (ICPD, 1994) and the Fourth World Conference on Women (FWCW, 1995) as well as their five-year reviews, all of which clearly emphasized the need for promoting gender equity and equality in sexual and reproductive health policies and programmes, as well as the promotion and protection of human rights, including those of adolescents. In 1996, a World Health Assembly resolution recognized for the first time that the prevention of violence, including against women and children, is a public health priority requiring urgent action. The WHO Global Reproductive Health Strategy is also underpinned by the guiding principles of human rights. Among the actions proposed for accelerating progress towards the international development goals related to sexual and reproductive health is the creation of a supportive legal and regulatory framework which may involve the removal of unnecessary restrictions from policies and regulations. This aspect is highlighted further in the *World Health Report 2008* which draws attention to the significance of policies for achieving primary health-care objectives, including both those necessary to make health systems function properly and those beyond the health sector that contribute



to health. Also in 2008, the Sixty-first World Health Assembly adopted a resolution on female genital mutilation that called upon the Director-General to, among other things, increase support to Member States for implementing actions to advocate for the elimination of female genital mutilation and other forms of violence against girls and women, and to increase support for research on different aspects of female genital mutilation in order to achieve its elimination (WHA61.16).<sup>11</sup>

## 9.2 Vision

Substantial reductions in gender inequality, including the perpetration of violence against women and female genital mutilation, have been achieved; laws and policies are supportive of sexual and reproductive health; and universal access to information and appropriate services has been achieved for adolescents.

## 9.3 Strategic directions and actions

Universal access to sexual and reproductive health cannot be achieved without working towards gender equality and the promotion and protection of human rights. In 2010–2015 the Department will therefore contribute to the overall goal by supporting activities in which WHO has a strong comparative advantage through its convening power, its direct work with ministries of health, and HRP's particular research portfolio. The Department will focus on the following five topics areas, using a variety of approaches including research, legal and policy analysis, elaborating guidance, building capacity in regions and countries, and advocacy work.

### 9.3.1 Using human rights for advancing sexual and reproductive health

The objective of this area of work is to contribute to equipping health programme managers and policy-makers with the analytical tools and skills to integrate the promotion of gender equality and reproductive rights into their sexual and reproductive health policies and programmes. This will be done through: (1) working with regions to assist countries to assess and improve their policy/legal frameworks to better support sexual and reproductive health and ensure that they are in line with human rights commitments; (2) building capacity in regions/countries to use human rights to

advance sexual and reproductive health in different ways including through use of the United Nations Human Rights Treaty Monitoring mechanisms; and (3) documenting how human rights standards have been specifically applied to sexual health and sexuality in international, regional and national laws and jurisprudence, as a basis for developing international standards on sexual health, sexuality and human rights.

This work builds on more than a decade of experience with supporting regional training on gender and rights aspects of sexual and reproductive health, and fostering the application of a human rights tool for assessing laws, regulations and policies related to different aspects of sexual and reproductive health.

### 9.3.2 Sexual health and sexuality: research and indicators

The non-reproductive aspects of people's sexual health have only recently been the focus of information and interventions in the health and other sectors. Promotion of sexual health and sexual well-being is in its infancy and there is little evidence on how this can best be done. Where sexuality counselling has been integrated into services, evidence indicates that health outcomes (at least intermediate ones) improve, but experiences are few and far between. Indicators for monitoring sexual health are crucial for establishing baseline data and measuring improvements in this relatively uncharted area. The Department will contribute by: (1) continuing to develop, refine and test appropriate indicators for measuring sexual health; and (2) further evaluating health sector interventions which seek to integrate sexuality counselling into different kinds of service, and their content. Results are expected to lead to the development of promising principles of practice for health systems.

This work builds on the research and indicator work carried out in previous years. The value of having a WHO imprimatur on both indicators and any ultimate policy guidance is considered exceptionally important in this sensitive area.

### 9.3.3 Violence against women and its impact on sexual and reproductive health

The extent and nature of violence against women is now well documented for many countries. Despite this, reproductive health services have not addressed this issue sys-

11 Female genital mutilation. WHA61.16, May 2008.



tematically. Providers often feel they lack the knowledge and skills necessary to address this problem, and indeed solutions are not always evident in settings where limited support for women exists and gender inequality and violence against women are socially sanctioned. Stronger policies and programmes are needed to prevent and respond to violence against women.

In 2008, the work of WHO in this area was moved to the Department, which will contribute over the next six years through conducting research for policy, developing policy and technical guidance, and building capacity and providing technical support to countries and regions. Research will focus on evaluating health-system interventions in antenatal care settings to identify and support women suffering violence, leading to interventions that can be offered as part of the WHO Antenatal Care Model. WHO will also work with key partners to improve methodologies for collecting data on violence against women, including femicide. Two policy guidance documents will be produced, on the basis of evaluated experience to date: on appropriate health sector response to women suffering violence, including in HIV/AIDS programmes; and on primary prevention of intimate partner violence and sexual violence. At country level, support will be given to Member States wishing to conduct a survey on violence against women. Support will also be given to building capacity for addressing violence against women through advocacy, primary prevention, and policy and programmatic efforts. There will be continued collaboration with other United Nations agencies on a coordinated response to sexual violence in conflict situations, and to responding to the health needs of trafficked persons.

All of this work builds on nearly two decades of research and policy development on the health consequences of violence against women and how best to address them. WHO is, and must continue to be, a central pillar in this work.

#### **9.3.4 Eliminating female genital mutilation (FGM)**

In spite of decades of work for the elimination of FGM, overall declines in the practice have been very small, but cases of large-scale community abandonment of FGM indicate that change is possible within a limited timeframe. To succeed with this, however, more knowledge is needed to understand how change actually happens, as replication of similar interventions in other communities has not always

been successful. More knowledge is needed to inform the best ways of ensuring effective implementation of laws. A common approach to promote the abandonment of FGM is the provision of information about the health risks of the practice. The efficacy of health interventions is mixed, and new knowledge is needed both on undocumented areas of health complications and on how to use this knowledge to promote change, as well as to improve health care for girls and women who have already been subjected to FGM.

The Department will contribute by supporting research on the psychological consequences of FGM to generate new knowledge about this almost unexplored dimension of the practice, and also to contribute to health-sector interventions to address such consequences for girls and women, and for advocacy purposes. The association between FGM and obstetric fistula will also be investigated. Together with partners, RHR will document cases where laws banning FGM have been successfully implemented, and practical guidance for health-care providers will be elaborated in the form of training videos, both for promoting prevention of the practice and for treating the consequences (physical and psychological, immediate and long term) of FGM. This will be done as part of intensive advocacy to counteract the increasing trend towards the medicalization of FGM.

All of this work builds on research and advocacy undertaken over the past two decades. The role of WHO in elaborating guidance for the health sector is clearly central in this issue, while also fostering continued close collaboration with other United Nations agencies and partners active in the global movement to eliminate FGM within a generation.

#### **9.3.5 Promoting adolescents' sexual and reproductive health**

RHR/HRP has been supporting the largest research initiative generating evidence on sexual and reproductive health needs and perspectives of adolescents and young people and the potential ways to address these needs. Evidence is also coming to light from other studies which are not part of this initiative. Therefore, it is proposed to collate and synthesize the evidence on the sexual and reproductive health needs and perspectives of adolescents and young people and how best to address them. At the same time, additional research will be undertaken to address the critical knowledge gaps that remain and for the emerging sexual



and reproductive health issues. RHR has a unique role to play given its large network of researchers in developing countries and the established mechanisms for review and support of such research.

During the next six years, the Department will focus on consolidating and further analysing results from research by WHO and others with the purpose of drawing out policy guidance at global and regional levels, particularly as it relates to subgroups of adolescents. It will conduct further research into key topics such as non-consensual sexual experience and its implications for adolescents' sexual and reproductive health, unintended pregnancy and induced abortion in adolescents, and barriers to adolescents' access to information and services. All results will be used as a basis for providing policy and programme guidance on adolescent sexual and reproductive health.

## 10. Research capacity strengthening and programme development

### 10.1 Introduction

International commitment to achieving universal access to sexual and reproductive health has been strengthened through the World Health Assembly resolution on the Global Reproductive Health Strategy, MDG Target 5B and the renewal of primary health care as described in the introduction. However, efforts to elevate national sexual and reproductive health programmes to a key position for contributing to the achievement of MDGs face a wide range of challenges, of which the following are just a few examples.

Advances in global sexual and reproductive health depend on innovations in technology, services and interventions designed to change the motivation and behaviour of individuals and communities. Innovations must be effectively introduced and scaled-up to benefit large numbers of people and to affect policy and programme development on a lasting basis. Although the need for scaling-up is widely discussed, the evidence base for how to address this challenge remains limited. Systematic approaches to understanding the determinants of successful scaling-up are needed to facilitate the uptake of health innovations.

Progress towards delivering comprehensive and integrated sexual and reproductive health services has been slow, whereas fragmented and competing programmes remain the rule. This is further exacerbated by a multiplicity of arguably well-meaning but narrowly focused strategies, partnerships and initiatives whereby those components that attract less attention tend to fall by the wayside. Redressing this imbalance will take time. **Sectoral planning** such as Sector Wide Approaches (SWAPs) and some national planning processes, in particular Poverty Reduction Strategies, while effective in many aspects, have not yet benefited comprehensive sexual and reproductive health programmes. The new push towards partnerships among governments, donors, private sector and civil society to achieve sustainable development may improve the situation, depending on how quickly in-country capacity can be built to help stakeholders involved in sexual and reproductive health deal with the issues related to the new aid environment.

Despite the urgency for accelerated action, many countries indicate that they are not aware of the new MDG Target 5B and thus do not have sectoral policies or plans of action for mobilizing all stakeholders, including the private sector, civil society and communities. More specifically, there is a compelling need for widespread recognition of the important role the private sector will play to ensure quality, equity and support for universal access to sexual and reproductive health services, given its rapid expansion across all regions.

### 10.2 Vision

Strategic planning and research capacity has been strengthened to develop and implement national plans, policies, programmes, and clinical and managerial practices for achieving universal access to sexual and reproductive health.

### 10.3 Strategic directions and actions

This area of work covers a wide range of activities involving direct technical support to regions and countries in policy and programmatic issues, but also monitoring and evaluation, knowledge synthesis and transfer, implementing best practices, and capacity strengthening at country level. All of this work is done in close collaboration with the WHO regional and country offices, direct partners such as UNFPA, and other international and bilateral agencies.



### 10.3.1 Ensuring policy and programmatic support for sexual and reproductive health services in health systems

All countries continue to face challenges in implementing the WHO Global Reproductive Health Strategy. The challenge is deciding how best to implement equitable, quality services that address the full range of needs of individuals, families and communities within countries' own political, social and economic contexts, and within the constraints of available human and financial resources. To this end, it is incumbent on WHO to provide evidence-based policy and programmatic support to countries in the strategic planning and management of sexual and reproductive health services, in both the public and private sectors. One of the tools developed and promoted by RHR/HRP for use by countries to address this challenge is the WHO Strategic Approach to Strengthening Sexual and Reproductive Health Policies and Programmes.

The Strategic Approach is a three-stage process to assist countries in strengthening their sexual and reproductive health policies and programmes. The first stage is a strategic assessment to identify national programmatic needs and priorities. The second stage involves testing policy and programmatic interventions to improve equitable access, utilization and quality of care in service delivery. In the third stage, findings from the first two stages are used to scale-up interventions for wider impact. The strategic assessment embodies "beginning with the end in mind" as the key first step to successful scaling-up.

To address the need for systematic approaches to understanding the determinants of successful scaling-up, and to facilitate the uptake of health innovations, the Department, together with external colleagues, has been instrumental in organizing and promoting the work of ExpandNet, an informal global network of health professionals dedicated to advancing the science and practice of scaling-up. This work grew out of the implementation of the Strategic Approach, which from its initiation in the early 1990s recognized that the scaling-up of locally tested health innovations requires systematic attention and support.

Strengthening health systems is essential to increasing utilization of sexual and reproductive health services. RHR/HRP supports this area by filling gaps in the evidence base on

the effectiveness of different types of health-sector reforms and providing strategic technical support on leading-edge policy and programmatic interventions targeting impacts on universal coverage. This area of work is characterized by a high degree of collaboration and coordination with other clusters and departments within WHO (notably Health Systems Strengthening, and Evidence and Information for Policy) and with external partners (e.g. the World Bank and UNFPA). Implementation research is undertaken to assist countries to design and evaluate large-scale changes in health systems (e.g. financing, human-resources capabilities) to improve sexual and reproductive health outcomes and bridge gaps in health inequities. Evidence on the functioning of the non-state, private health sector is a key element of this research programme. Policy guidance and capacity strengthening is also undertaken to ensure that sexual and reproductive health is appropriately prioritized in sectoral planning and national development processes (e.g. poverty-reduction strategies and sector-wide approaches).

Promoting sexual and reproductive health in the new aid environment, to achieve greater aid effectiveness, as described in the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action, represents a shift towards sector support and away from projects, or earmarked funding. Sexual and reproductive health programmes are increasingly competing for funding, requiring new skills to ensure that prominence is given to national and sectoral plans, that budgets include items for sexual and reproductive health, and that expenditures follow budgets. RHR/HRP plans include the development of country office capacity to work in this new aid environment in coordination with other United Nations agencies (e.g. UNFPA) and civil society organizations.

RHR/HRP plans for the coming years, and more specifically for the biennium 2010–2011, are to assist countries in: conducting strategic assessments and testing interventions on selected national sexual and reproductive health priority issues; increasing capacity for scaling-up strategy development and strategic management at the country level; and generating evidence and increasing knowledge on the determinants of successful scaling-up. Capacity-building activities for WHO country offices and civil society organizations, will be conducted in order to enhance the prominence and value given to sexual and reproductive health



within the context of the new aid environment. Evaluation research will be supported to increase the understanding of the effects of different aspects of health-sector reforms on universal access to sexual and reproductive health, and the relation between improvement of sexual and reproductive health and poverty reduction.

### **10.3.2 Support to research and technical capacity strengthening**

In the WHO Research Strategy for Health, research for development has been underscored, and resulted in the call for increased capacity in research on service delivery and on health systems more broadly, focusing on weaknesses that hinder the equitable, efficient and safe delivery of proven low-cost interventions. There is also a call for increased interest in research related to the social determinants of health, i.e. the social factors such as gender, language, education, residence or wealth that are related to the exclusion of various groups. The ultimate goal is primarily to support individual Member States in the development of sustainable research capacity in areas of greatest need.

In accordance with this Strategy, the Department assists developing countries to become self-sufficient in meeting their needs in research and technical capacity strengthening, through institutional capacity development grants, which are a technical support package covering the development of infrastructures and human resources essential for conducting research in sexual and reproductive health. Research training grants provide support to individual staff from these institutions to spend a period of time training in an appropriate host institution, and re-entry grants allow these individuals to apply knowledge, skills and other abilities acquired during training through the conduct of a specific research project. Short-term training includes: support for monitoring and evaluation, data management, and biostatistics; regional workshops for research proposal development, data analysis and report writing for multicountry projects; and workshops in operations research to improve service delivery and programme performance. Arrangements for mentoring of researchers is especially critical for least-developed countries and mentoring grants promoting south–south collaboration between “developing” and more established institutions in the region are provided.

In collaboration with WHO regional and country offices, RHR/HRP will continue to use the mechanisms described above to identify new collaborating institutions in developing countries and assist in strengthening capacities among institutions, ministries of health and other key country-level stakeholders for conducting research and programmatic activities in sexual and reproductive health. This will involve identifying and reviewing priority research and programme needs in countries and further developing the capacities to plan, commission, conduct, manage and sustain research and programme activities that are responsive to national and regional needs and priorities. The Department will continue to develop a critical mass of individuals at the country level capable of conducting improved research and programme activities, including operations/health services research. It will also facilitate the dissemination and utilization of new knowledge to inform national policies and practices in sexual and reproductive health.

As a contribution to bridging the knowledge-to-practice gap, stronger emphasis will be placed on translational research, including the need to improve the writing and communication skills of researchers, and on increasing dialogue among researchers, policy-makers, programme managers and other stakeholders in identifying and implementing evidence-based solutions.

### **10.3.3 Improving global information and backstopping regional and national efforts in monitoring and evaluation of sexual and reproductive health**

Monitoring progress in sexual and reproductive health-related goals and targets, and particularly in achievement of universal access to reproductive health has proven to be difficult, given the comprehensive nature of sexual and reproductive health, difficulties in measuring health outcomes and the multiple dimensions of the concept of access.

Universal access to sexual and reproductive health can be achieved only if all dimensions of access for receipt of effective health care by those who need it are in place (i.e. “equal services for equal needs”). These elements relate not only to physical access or to costs (both financial and operational) incurred by the consumer of health care but also to the social determinants and information about, and quality of, services. Thus, measuring access to sexual and



reproductive health requires an approach that considers indicators of physical access, financial resources, and constraints, as well as documenting quality, which influences utilization. Such indicators, developed by WHO in collaboration with partners, can also be used as interventions to accelerate progress in achievement of universal access and thus can guide prioritization of actions at national/sub-national levels.

As we approach the year 2015, the target date set for the MDGs, there is a pressing need to provide reliable and up-to-date information that is comparable over time and across countries and regions. This not only requires assessment, validation and synthesis of available information for reliable estimates of the situation, but also entails improving methods and tools for the generation and interpretation of data. In addition, decision-makers need support to make informed choices about processes and areas on which to focus for an accelerated progress in improving sexual and reproductive health outcomes.

The Department's work on monitoring and evaluation in the coming years, and more specifically for the biennium 2010–2011, is designed to respond to these needs and its pledge to monitor the implementation of the WHO Global Reproductive Health Strategy. It will: (1) generate global and regional summary estimates and support national surveillance of key measures of sexual and reproductive health; (2) standardize definitions and measurement methodologies for sexual and reproductive health indicators on the basis of evidence and scientific consensus; and (3) support development and implementation of national frameworks for assessing the needs, defining interventions, and monitoring progress in achievement of MDG Target 5B and implementation of the WHO Global Reproductive Health Strategy. Collaboration with internal and external partners is a key aspect of these monitoring and evaluation activities.

#### 10.3.4 Knowledge synthesis and transfer (Mapping Best Practices)

In recent years, the health research community, especially donors, has called on all stakeholders in health care to speed up the introduction of evidence-based health-care interventions into practice. In response to this call, the Department has strengthened its efforts to reduce impediments in the process of conversion of research knowledge

into practice in the field of sexual and reproductive health.

A key example of the Department's resolve in this context is *The WHO Reproductive Health Library* (RHL). Published since 1997, RHL is a product of close collaboration between the Department and relevant review groups of the Cochrane Collaboration. The RHL project strives to ensure that up-to-date synthesized research knowledge on high-priority topics for low- and middle-income countries is available via the Cochrane systematic reviews. A decade after its launch, RHL has established itself as a well-known and trustworthy source of reliable knowledge in the area of sexual and reproductive health. The use of RHL as an educational tool for health-care practitioners has grown steadily, and this is helping to build a critical mass of scientists and clinicians trained in evidence-based medicine and with skills to appraise critically research knowledge. Such knowledge and skills are key to effective decision-making related to the introduction of research knowledge into practice. The latest (2008) CD-ROM issue of RHL contains 137 systematic reviews and related expert commentaries and eight educational videos. A wide network of individuals and institutions contribute to RHL.

Knowledge synthesis involves critical and pooled analysis (as per a predefined protocol) of all research on a specific topic. All Cochrane systematic reviews rely on this process to synthesize research knowledge. Although originally research synthesis was used for clinical interventions studied mainly in randomized controlled trials, the knowledge-synthesis process is now being applied also to research findings on diagnostic tests. Additionally, even observational studies on, for example, burden of disease, are being pooled to synthesize their findings. Furthermore, the process has been extended to analyses of guidelines and evidence-informed policy summaries as well as basic science research.

The increase in emphasis on evidence-based knowledge in health care in general has also stimulated interest in making health-care implementation strategies more evidence based. An increasing number of studies have identified barriers to implementation of evidence-based knowledge in health-care practice. These studies have prompted fur-



ther research to develop evidence-based implementation strategies.

In the coming years, more specifically during the biennium 2010–2011, the Mapping Best Practices unit will focus its efforts on: synthesis and transfer of knowledge via the preparation and updating of systematic reviews on priority topics; building capacity in low- and middle-income countries for critical analysis and knowledge synthesis and communication of research findings; developing derivative products such as evidence-based guidelines and evidence-informed policy summaries; and using RHL as a primarily vehicle for disseminating all up-to-date knowledge synthesis products in sexual and reproductive health.

#### **10.3.5 Catalysing change through collaborative action to support knowledge management and knowledge exchange/transfer and action: the Implementing Best Practices initiative**

The Department has worked for nearly 10 years in this area through the Implementing Best Practices (IBP) initiative, which is a consortium of global partners working collaboratively to improve sexual and reproductive health. IBP's key objective is to create and sustain effective networks of international and national reproductive health organizations working at the global, regional and country level and willing to maximize resources, avoid duplication of effort and support the identification, introduction, application and scaling-up of best practices to improve reproductive health.

The IBP initiative aims to harmonize approaches and maintain coherence and consistency of guidelines, messages and practices recommended for use in both the private and public sectors. It contributes to building effective coordination mechanisms within ministries of health to identify and scale-up proven, effective practices, particularly at the community level, and to analyse the skill level of staff involved in service delivery, build capacity as needed and develop plans for more effective use of staff skills and training within the concept of providing a primary health-care approach.

Also under the consortium, and in collaboration with other departments within WHO, RHR has developed an electronic communication system, branded as the IBP Knowledge Gateway. It is an adapted web-based technology aimed at building virtual communities of practice to support the

sharing and exchange of knowledge in and among countries. This system has recently undergone the necessary enhancements in order to enable partners to manage independently their own global communities. By the end of 2008, over 18 000 users in 190 countries had become members of the IBP Knowledge Gateway global community and they participate in a wide range of topic-specific online discussions on sexual and reproductive health and other related issues.

The IBP partners will use the IBP Knowledge Gateway to create virtual information pathways by continuing to enhance the capacity of this system to develop blended educational and knowledge transfer opportunities through the innovative use of technology. In 2010–2011 the IBP partners will enhance the virtual educational capacity of the IBP Knowledge Gateway and expand the user base to support the sharing and exchange of knowledge across countries within both civic society and private and public sector professional groups.

#### **10.3.6 Reproductive health essential medicines and commodities**

Essential medicines save lives, reduce suffering and improve health, but only if they are of good quality and safe, available, affordable and properly used. In many countries these conditions are not being met. Improving access to medicines must address their cost and availability, as well as the quality of medicines currently being sold in both the public and private sector. To achieve universal access to sexual and reproductive health, individuals must have access to essential reproductive health medicines and commodities. The barriers to access are well documented: commodities may not be available; medicines including contraceptives are unaffordable to many; health-financing systems may not be equitable, with the poorest unable to meet the cost of medicines and contraceptives; medicine supply systems are unreliable; and quality can vary considerably.

The Reproductive Health Essential Medicine and Commodity project has just touched the "tip of the iceberg" of needs that must be addressed if access to essential reproductive health medicines and commodities is to be improved. A review of recent needs assessments and every country-specific activity undertaken by the IBP partnership and the UNFPA–WHO Strategic Partnership Programme over the



past two years identified the lack of a secure supply of essential medicines, contraceptives and commodities as a major barrier to the provision of effective sexual and reproductive health care. RHR will therefore work in collaboration with the Department of Making Pregnancy Safer and key organizations involved in both programmatic activities and reproductive health commodity security to:

- Provide support to *The WHO Reproductive Health Library* to include a specific component that provides the evidence to support both policy and practice guidelines to improve access to quality, reproductive health essential medicines and commodities.
- Support the Strategic Approach to include an assessment of access to reproductive health essential medicines and commodities and develop country-specific strategies to improve access within the framework of the reproductive health commodity security.
- Ensure that the IBP partnership includes improved access to reproductive health essential medicines and commodities within all country-specific activities undertaken by the partnership.
- Ensure the list of reproductive health essential medicines and commodities is updated at regular intervals.
- Support activities that enhance the function of regulatory bodies and national laboratories to ensure accessible essential medicines, particularly contraceptives.
- Develop further the electronic resource centre on “Improving access to reproductive health essential medicines” and other knowledge-management activities.



## Annex 1

# Monitoring and evaluation

### Performance indicators

In line with the recommendations of the past two external evaluations of HRP, concluded in 2003 and 2008 respectively, a monitoring framework was developed to link inputs and outputs and further strengthen the accountability of RHR and HRP. It includes 15 indicators divided into three groups:

1. Indicators of outputs on priority sexual and reproductive health (SRH) issues guided by the WHO Global Reproductive Health Strategy.
2. Indicators on the extent to which the produced outputs are introduced and implemented in countries.
3. Indicators on the extent to which universal access to SRH is promoted.

A description of these indicators is given below, followed by a table of targets of achievement for January 2010–December 2011.

Progress in the achievement of these indicators will be monitored on a continual basis using GSM, WHO's Oracle-based corporate management system. Within teams, progress is monitored and assessed on a periodic basis, and six-monthly and annual reporting is carried out across the Organization. The achievement values for these indicators will be routinely included in future biennial reporting.

### Definitions of Medium-term Strategic Plan Indicators

#### 1. Indicators of outputs on priority SRH issues guided by the WHO Global Reproductive Health Strategy.

##### 1.1 Completed studies with new or updated evidence.

Completed studies will be included if final reports are available on findings of data analyses from either primary studies or secondary analyses of existing data sets. The focus

of this indicator is on the generation of new and updated evidence.

##### 1.2 New or updated systematic reviews on best practices, policies and standards of care in SRH.

Number of Cochrane and non-Cochrane systematic reviews that were conducted to define best practices or inform standards of care to improve SRH, that may be published or not.

##### 1.3 New or updated evidence-based guidelines for SRH programmes and services.

Number of published new or updated guidelines (policy, managerial, clinical) that followed the WHO process of guideline development.

##### 1.4 New or updated evidence-based tools or briefs for SRH programmes and services.

Number of evidence-based tools (i.e. documents which establish norms or standards, or which are derived from a guideline) or provider or policy briefs, published as WHO documents, in print or on the RHR/HRP web site.

##### 1.5 Externally published, peer-reviewed papers.

Number of peer-reviewed articles resulting from work conducted by or in collaboration with RHR/HRP published outside of WHO, electronically or in print.

##### 1.6 New partners entering formal collaboration for SRH.

Number of new organizations with whom RHR/HRP has signed a formal collaborative partnership agreement (e.g. memorandum of understanding, letter of agreement).

##### 1.7 Centres (new) strengthened to conduct research to contribute to the achievement of universal access to SRH.

Number of institutions receiving at least one type of research capacity strengthening grant (long-term institutional development grant (LID); resource maintenance, service guidance and capital grants (RMG); small supplies grant (SSG); programme capacity strengthening grant (PCS); competitive intraregional grant (CIR); research mentoring grant).



### **1.8 Training activities and grants provided to promote SRH.**

Number of courses, workshops or seminars (CWS) supported by RHR/HRP through a CWS grant or other mechanisms) and grants to individual researchers (research training grant, re-entry grant).

## **2. Indicators on the extent to which the produced outputs are introduced and implemented in countries.**

### **2.1 Events to introduce WHO guidelines and tools for SRH services and programmes.**

Number of events organized that are targeted to active introduction of guidelines and tools developed by RHR. Events refer to interregional or international activities where representatives of more than one country participate. Active introduction refers to presentation of guidelines/tools and their use (e.g. training workshops, capacity-building activities).

### **2.2 Countries (new) supported to test WHO guidelines on SRH.**

Number of (new) countries where WHO guidelines on SRH were tested with RHR support within the context of health programmes. Guidelines refer to clinical or programmatic recommendations developed following the WHO process of guideline development. Testing refers to evaluation of guidelines in a programme setting prior to finalization.

### **2.3 Countries (new) supported to implement WHO guidelines on SRH.**

Number of (new) countries where WHO guidelines on SRH were implemented with RHR support within the context of health programmes. Guidelines refer to clinical or programmatic recommendations developed following the WHO process of guideline development. Implementation refers to the use of guidelines within health-care services, training programmes or policy-making.

### **2.4 Countries (new) supported to test WHO strategies for SRH.**

Number of (new) countries where WHO strategies or tools on SRH were tested with RHR support within the context of

health programmes. Testing refers to evaluation of guidelines in a programme setting prior to finalization.

### **2.5 Countries (new) implementing WHO strategies for SRH.**

Number of (new) countries where WHO strategies or tools on SRH were implemented with RHR support within the context of health programmes. Implementation refers to the use of tools/strategies within health-care services, training programmes or policy-making.

### **2.6 Countries implementing interventions based on research conducted or supported by RHR/HRP to improve SRH.**

Number of countries where key interventions based on research conducted or supported by RHR/HRP are introduced as part of country programmes. Introduction of an intervention refers to the inclusion of the intervention in health-care plans or health-service protocols and/or development or updating of policies to reflect the intervention. Examples include: magnesium sulfate for treating pre-eclampsia; emergency contraception within a contraceptive method-mix; medical abortion (in postabortion or abortion care according to the legal status of abortion in the country); WHO focused-antenatal-care model.

## **3. Indicators on the extent to which universal access to SRH is promoted.**

### **3.1 Advocacy events/initiatives supported to promote universal access to SRH.**

Number of high-profile advocacy events on SRH supported by RHR that will contribute to the MDG target on universal access to reproductive health. Events include activities (such as those for senior programme managers and/or policy-makers) focusing on the links of universal access to reproductive health with development, its place within the MDG and other international development frameworks, or introduction of key interventions to accelerate its achievement.

## **4. Indicators to show the contribution of RHR in improving reproductive health outcomes**

The indicators specified above, are linked to RHR's performance and identified targets. However, within the con-



tinuum of improving sexual and reproductive health, RHR 's work contributes directly and indirectly to improving health as measured by MDG outcome indicators, although its actual work is confined to that described in this document, which includes direct support to the achievement of universal access (see Sections 1 and 4), and overall contribution to its attainment.

**4.1 The core indicators on universal access to reproductive health, on which countries must report on within the MDG framework, target 5B 'achieve, by 2015, universal access to reproductive health' are:**

- contraceptive prevalence rate;
- adolescent birth rate;
- antenatal care coverage (at least one visit; at least four visits);
- unmet need for family planning.

These indicators, inter alia, reflect a contribution to the outcomes for improving maternal health alongside the other indicators for reduction of maternal mortality, MDG target 5A "reduce by three quarters, between 1990 and 2015, the maternal mortality ratio" as measured by:

- maternal mortality ratio;
- proportion of births attended by skilled health personnel.

Within the MTSP, RHR, will work in partnership with countries, other WHO departments, in particular the Department of Making Pregnancy Safer, WHO, regional and country offices, UN agencies such as UNFPA and others, to contribute to the overall attainment of sexual and reproductive health including maternal health. The indicators outlined above are conceptually aligned to the goal of achieving universal access to sexual and reproductive health services. Progress in this work is monitored at various levels using core additional or extended indicators (see WHO publication: *National-level monitoring of the achievement of universal access to reproductive health – conceptual and practical considerations and related indicators*). Countries are supported and encouraged to use these indicators as input, process or outcome indicators, as necessary, to ensure improvement in sexual and reproductive health.



## Targets of achievement for the period January 2010–December 2011

INDICATORS	TARGETS												Total
	UA	PHC	Link-ages	PFP	MPH	STI	PUA	GRR	TCC/ PPI	TCC/ RCS	TCC/ M&E	TCC/ MIBP	
1.1 Number of completed studies with new or updated evidence				6	2	3	8	4	6	24	3	1	57
1.2 Number of new or updated systematic reviews on best practices, policies and standards of care in SRH				12	4		7	3				6	32
1.3 Number of new or updated evidence-based guidelines for SRH programmes and services		2		4	1	3	2	3				2	17
1.4 Number of new or updated evidence-based tools or briefs for SRH programmes and services	2			4	1		2	3	3		3	2	20
1.5 Number of externally published, peer-reviewed papers			2	10	10	14	6	6	4		4	10	66
1.6 Number of new partners entering formal collaboration for SRH			2	2	2		2		8		1	1	18
1.7 Number of centres (new) strengthened to conduct research to contribute to the achievement of universal access to SRH								1		8			9
1.8 Number of training activities and grants provided to promote SRH					5			1	8	30			44
2.1 Events to introduce WHO guidelines and tools for SRH services and programmes	6	3	3	4		8	2		2	10			38
2.2 Countries (new) supported to test WHO guidelines on SRH		3		3		8		1		5			20
2.3 Countries (new) supported to implement WHO guidelines on SRH		3		4	3		2			5			17
2.4 Countries (new) supported to test WHO strategies for SRH				2				3	2	4			11
2.5 Countries (new) supported to implement WHO strategies for SRH	12					10				5	4		31
2.6 Countries implementing interventions based on research conducted or supported by RHR/HRP to improve SRH			1		2			1	4	5			13
3.1 Advocacy events/initiatives supported to promote universal access to SRH	3	3	5	4	8	8		8	10	10			59

UA – Universal Access; PHC – Primary Health Care; PFP – Promoting Family Planning; MPH – Improving Maternal and Perinatal Health; STI – Controlling Sexually Transmitted and Reproductive Tract Infections;  
 PUA – Preventing Unsafe Abortion; GRR – Gender, Reproductive Rights, Sexual Health and Adolescence; TCC – Technical Cooperation with Countries for Sexual and Reproductive Health; PPI – Policy and Programmatic Issues;  
 RCS – Research Capacity Strengthening; M&E – Monitoring and Evaluation; MIBP – Mapping and Implementing Best Practices.

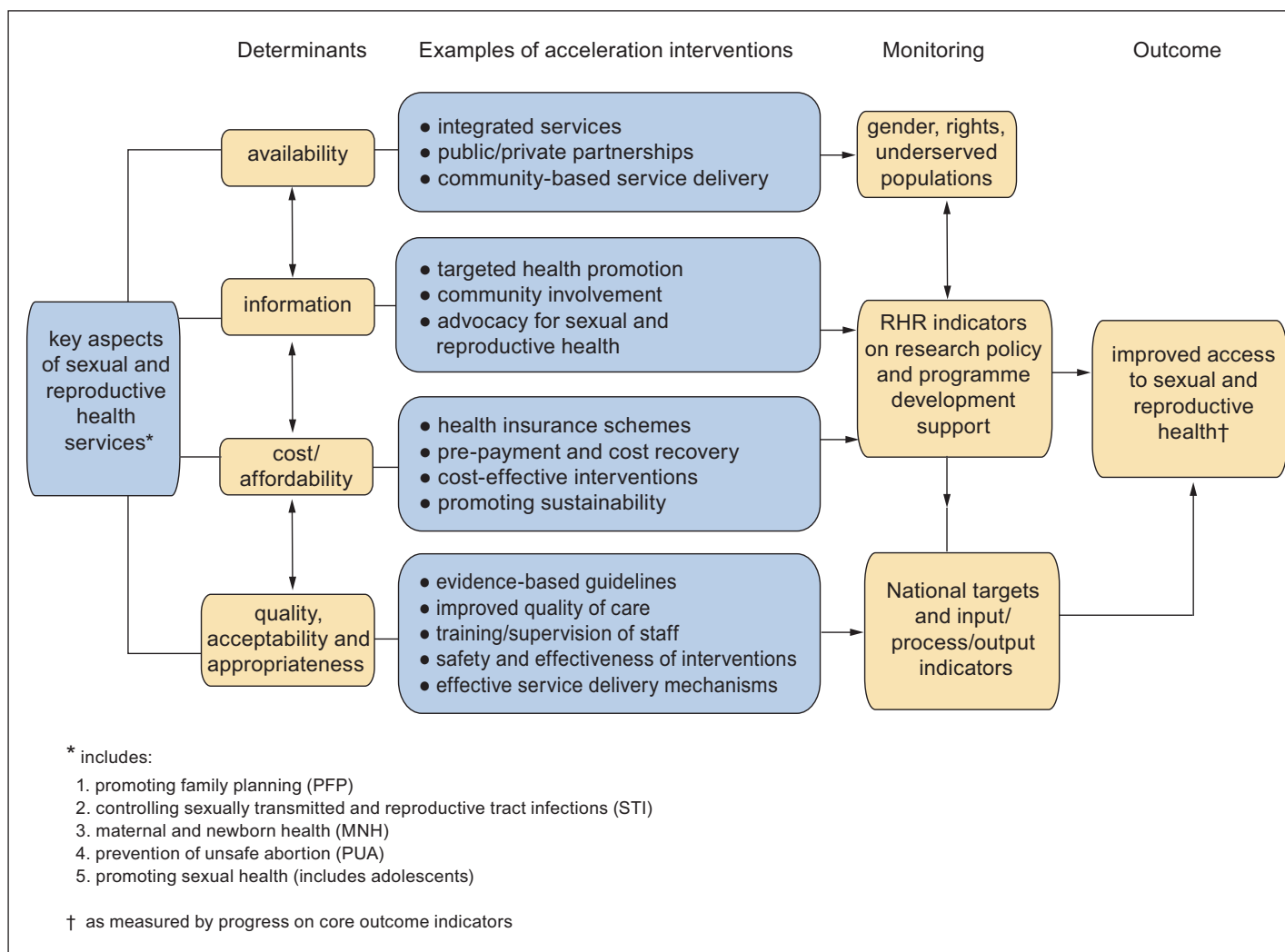


## Annex 2 Conceptual framework

Universal access to reproductive health means the ability of all persons to achieve full potential of their health as it relates to sexuality and reproduction. The work of RHR in: (1) research and development; (2) development of norms, tools and guidelines; and (3) research and technical capacity strengthening, which includes support towards formulation of policies and development of programmes, places it in a strong position to strengthen health systems to improve sexual and reproductive health. This work contributes to the identification and implementation in countries of necessary interventions to accelerate progress.

RHR will also collaborate with countries through advocacy and development of evidence-based materials to address the identified determinants of universal access to sexual and reproductive health, within key areas, as outlined above. This will be done through either developing or promoting effective interventions to build/strengthen each of the determinants as exemplified in the conceptual framework. Support will be provided towards the identification and operationalization of country-level indicators that will serve as entry points for actions, as well as contributing to measuring progress towards achievement of universal access to reproductive health.

Figure 8. Conceptual framework for contributing towards achieving universal access to sexual and reproductive health



# Part II

## Sexual and Reproductive Programme Budget, 2010–2011

### 1. WHO headquarters

The Sexual and Reproductive Health 2010–2015 Medium-term Strategic Plan aims to address, most comprehensively, the call to achieving sexual and reproductive health for all, which is now Target 5B under MDG 5, to improve women's health. In addition, this work has a direct impact on three other MDGs: MDG 3 to promote gender equality and empower women; MDG 4 to reduce child mortality; and MDG 6 to combat HIV/AIDS, malaria and other diseases. As part of the overall reporting on achievement of the health-related MDGs, WHO reports annually on the status of progress made on the target of universal access to reproductive health. Within WHO, the Department of Reproductive Health and Research at WHO headquarters and the network of Regional Advisers in WHO regional and country offices are charged with responding to these international calls to action.

In order to contribute optimally to the achievement of the MDGs and other international goals in sexual and reproductive health, and taking into account the comparative advantages of WHO, a results-oriented biennial budget and operational plan for 2010–2011 was drawn up in the context of the 2010–2015 Medium-term Strategic Plan.

#### 1.1 WHO'S Strategic Objectives and Organization-wide expected results

At the Sixtieth World Health Assembly in May 2007, a six-year WHO Medium-term Strategic Plan was considered and approved by WHO Member States. The plan covers three biennial budget periods and forms the basis of WHO's results-based management for the coming years. Specifically, the plan: (1) provides the strategic direction for the Organization for the six-year period in advancing the health agenda established in the 11th General Programme of Work; (2) defines medium-term objectives and approaches for the entire Organization, providing a multi-biennial framework to guide and ensure continuity in preparation of biennial programme budgets and of operational plans for each biennium; (3) provides a programme structure that better reflects how regional and country offices function, thereby facilitating more effective coordination and collaboration at all levels of the Organization; and (4) results in a simpler budget process, freeing many of the technical

units from the work of strategic planning every two years. The expected results in the field of sexual and reproductive health are shown in Table 1. These were also included in the WHO programme budget 2010–2011, which was approved at the Sixty-second World Health Assembly in May 2009. In order to achieve the Organization-wide expected results (OWERs) shown in the table, a consolidated, product-oriented work plan has been drawn up that includes explicit products, budget information and clear operational plans, including defined activities. These products are described in the tables at the end of this section.

#### 1.2 WHO'S Sexual and Reproductive Health Budget 2010–2011

As in the past, the budget represents WHO's work in sexual and reproductive health at both headquarters and regional levels. WHO's Organization-wide work in support of programme development for sexual and reproductive health is included under OWER 4.7, which covers "Guidelines, approaches and tools made available, with provision of technical support to Member States for accelerated action towards implementing the Reproductive health strategy to accelerate progress towards the attainment of international development goals and targets, with particular emphasis on ensuring equitable access to good-quality sexual and reproductive health services, particularly in areas of unmet need, and with respect for human rights as they relate to sexual and reproductive health". The Organization-wide budget is shown in Table 2.

As in the previous biennium, a list of products is presented for headquarters that specifies which resources are required. While the work of HRP is integrated into the headquarters department of Reproductive Health and Research, the activities of HRP, which is a Special Programme cosponsored by UNDP, UNFPA, WHO and the World Bank, are clearly identified throughout this document, in accordance with HRP's special administrative and financial accounting requirements. On the basis of guidance from HRP's Standing Committee in April 2009, both a full budget level and a contingency level were estimated; similarly, for products in the area of PDRH, full and contingency-level budgets are presented. The HRP budget was approved by HRP's Policy and Coordination Committee in June 2009. The budget priority levels and totals are shown in Table 3.



The breakdown of the full budget by section is shown in Figure 9, which includes both the specific sexual and reproductive health areas of work, as well as direct contribution to our work in the overarching themes of (a) universal access; (b) primary health care; and (c) linkages with HIV/AIDS as a means for achieving health equity.

Each section of this budget document includes a detailed product listing, describing each of the products scheduled for implementation during the biennium and the activities planned for its achievement. The tables also show the source of funding (HRP or PDRH), the WHO strategic objec-

tive and the OWER to which the product contributes (see Table 1).

### 1.3 Overarching themes, 2010–2011

A number of thematic areas of work cut across several budget sections. For example, RHR’s work relating to linkages between sexual and reproductive health and HIV/AIDS relates to work in controlling sexually transmitted infections, family planning, and others. The budget levels for products contributing to these overarching themes are shown in Figure 10.

Table 1. Organization-wide expected results (OWERs) in the field of sexual and reproductive health

OWER 3.3	Improvements made in Member States’ capacity to collect, analyse, disseminate and use data on the magnitude, causes and consequences of chronic non-communicable conditions, mental and behavioural disorders, violence, injuries and disabilities.
OWER 4.1	Support provided to Member States to formulate a comprehensive policy, plan and strategy for scaling-up towards universal access to effective interventions in collaboration with other programmes, paying attention to reducing gender inequality and health inequities, providing a continuum of care throughout the life course, integrating service delivery across different levels of the health system and strengthening coordination with civil society and the private sector.
OWER 4.2	National research capacity strengthened as necessary and new evidence, products, technologies, interventions and delivery approaches of global and/or national relevance made available to improve maternal, newborn, child and adolescent health, to promote active and healthy ageing, and to improve sexual and reproductive health.
OWER 4.7	Guidelines, approaches and tools made available, with provision of technical support to Member States for accelerated action towards implementing the Reproductive health strategy to accelerate progress towards the attainment of international development goals and targets, with particular emphasis on ensuring equitable access to good-quality sexual and reproductive health services, particularly in areas of unmet need, and with respect for human rights as they relate to sexual and reproductive health.
OWER 6.6	Evidence-based and ethical policies, strategies, interventions, recommendations, standards and guidelines developed and technical support provided to Member States to promote safer sex and strengthen institutions in order to tackle and manage the social and individual consequences of unsafe sex.
OWER 7.4	Ethics and rights-based approaches to health promoted within WHO and at national and global levels.
OWER 10.1	Management and organization of integrated, population-based health-service delivery through public and non-public providers and networks improved, reflecting the principles of integrated primary health care, scaling-up coverage, equity and quality of health services, and enhancing health outcomes.
OWER 10.3	Coordination of the various mechanisms (including donor assistance) that provide support to Member States in their efforts to achieve national targets for health-system development and global health goals improved.



Table 2. WHO Organization-wide budget for programme development in sexual and reproductive health, excluding HRP (Organization-wide expected result 4.7)

Major WHO Office	Budget US\$ million		Per cent change
	2008–2009	2010–2011	
Africa	11.2	6.5	-41.7
Americas	4.5	3.5	-21.9
South-East Asia	5.8	5.7	-2.5
Europe	2.5	1.1	-55.5
Eastern Mediterranean	6.0	8.1	+35.6
Western Pacific	2.9	2.5	-13.2
Headquarters	15.3	13.0	-14.8
<b>Grand total</b>	<b>48.1</b>	<b>40.4</b>	<b>-15.9</b>

Source of data: *WHO Proposed Programme Budget 2010–2011* (approved by World Health Assembly in May 2009 and *WHO Proposed Programme Budget 2008–2009* (approved by World Health Assembly in May 2007). Figures may not add up to total due to rounding.

Table 3. Headquarters proposed programme budget, 2010–2011

Priority level	Budget (US\$ million)		
	HRP	PDRH	Total RHR
Full budget level	47.8	22.4	70.2
Contingency plan	40.1	18.8	58.9

Figure 9. Headquarters programme budget for 2010–2011, by budget section

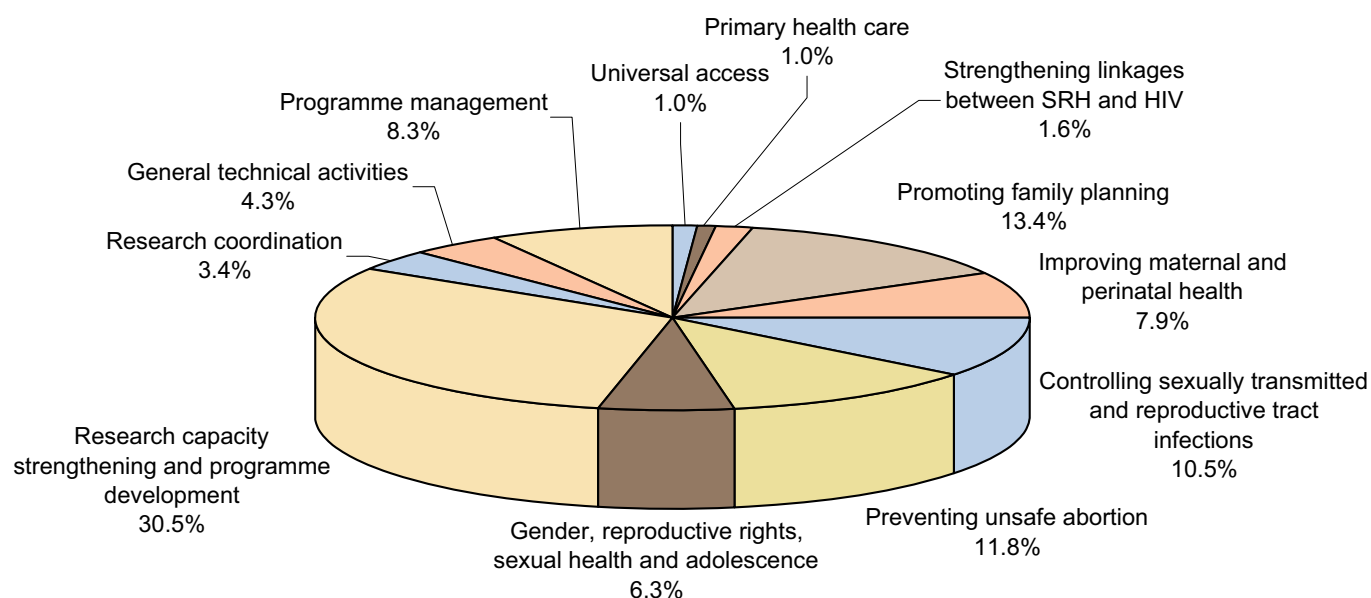
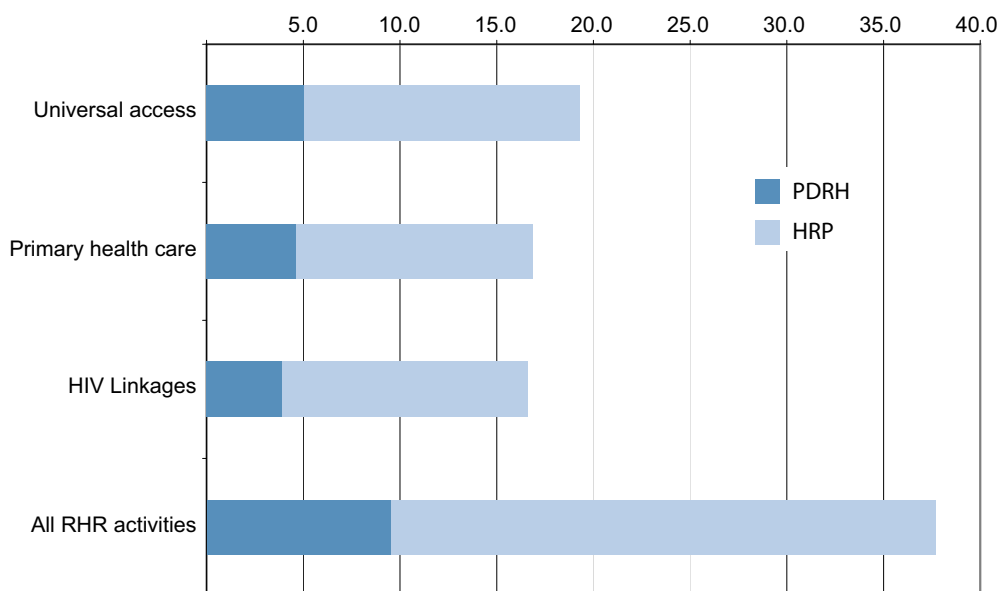




Figure 10. RHR Headquarters 2010–2011 programme budget contribution to cross-cutting areas (US\$ million)



#### 1.4 Monitoring and accountability

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 priorities in sexual and reproductive health in countries, particularly developing countries. This is monitored by a number of complementary advisory and governing bodies:

- The Scientific and Technical Advisory Group (STAG) meets annually to review progress, to recommend priorities and to advise on the allocation of resources.
- The Gender and Rights Advisory Panel (GAP) reviews the work from the perspective of gender and reproductive rights.
- The Regional Advisory Panels (RAP) monitor and evaluate the work in their respective geographical regions. At an annual meeting of relevant staff from headquarters and regional offices, progress is reviewed and evaluated, and joint plans for the coming year are made for headquarters and for each region.
- The Scientific and Ethical Review Group (SERG) provides an independent ethical assessment of research proposals submitted.
- HRP is evaluated further at the annual meetings of the Policy and Coordination Committee and triannual meetings of the Standing Committee and through periodic external independent evaluations (see below).

Each of the above bodies is in a position to assess, from differing points of view, the achievement of the programme objectives and expected results. Furthermore, WHO's work in sexual and reproductive health is rigorously managed and monitored by WHO's Oracle-based global management system, which was launched in July 2008.

#### 1.5 External evaluation of the Special Programme of Research, Development and Research Training in Human Reproduction

HRP is also evaluated in periodic independent external evaluations, most recently in 2007. This evaluation, covering the period 2003–2007, was conducted by staff of Manage-



ment Sciences for Health, a private nongovernmental organization in the USA, and the Swiss Centre for International Health of the Swiss Tropical Institute in Basel, Switzerland, and presented to the Policy and Coordination Committee in 2008.

The focus of the external evaluation was on the impact of the Programme on Global Public Goods, in accordance with a proposal of the Policy and Coordination Committee "... to strengthen and monitor follow-up actions to the recommendations of the 1990–2002 external evaluation". The evaluation included five technical case-studies, including: (1) promoting family planning: long-term safety and effectiveness of copper-releasing intrauterine devices; (2) promoting family planning: improving the quality of care in family planning in China; (3) medical (non-surgical) induced abortion; (4) improving maternal and newborn health; and (5) knowledge synthesis and transfer. In addition, a study of HRP's governance and management was carried out.

The evaluation concluded that "HRP remains a global leader in sexual and reproductive health research and capacity-building with particular relevance to the needs of populations in resource-poor settings. The evidence base resulting from this research has been translated effectively into health policy changes and improved practice standards and has ultimately improved health outcomes. The case-studies indicate that HRP is in a good position to continue advancing global public goods in a cost-effective way".



Table 4. RHR Products and activities planned for implementation in 2010–2011

Activities dependent on the full programme budget are indicated in bold, italic text. Many of the other activities will go ahead, but be down-scaled if only the contingency-level budget is received.

ID	Product	Product description	Funding source, budget section, team, Organization-wide expected result
01	Implementing the Global Reproductive Health Strategy	Supporting the implementation of the Global Reproductive Health Strategy in countries and regions	PDRH, UA, TCC, OWER 4.7
	<i>Activities</i>		
1	Organizing workshops at national and subregional levels for programme managers and other stakeholders to identify problems, set priorities and formulate strategies for accelerated action as set out in the Strategy		
2	Strengthening capacity for setting national targets and the use of appropriate indicators for achieving access to sexual and reproductive health		
3	Supporting policy formulation and the development and implementation of policy frameworks for the achievement of MDG 5B target on universal access to reproductive health		
4	Coordinating annual meetings of Regional Advisers in RH and STI to review and develop joint work plans towards the implementation of the Global Reproductive Health Strategy and other RHR-supported global strategies		
5	Contributing to improving the policy environment for sexual and reproductive health and achievement of universal access through high-level advocacy		
02	Introduction and adoption of evidence-based guidelines in countries	Collaborating with countries and regions to improve the quality of sexual and reproductive health care through the systematic introduction of guidelines	PDRH, UA, TCC, OWER 4.7
	<i>Activities</i>		
1	Supporting country programmes with the dissemination, adaptation and adoption of evidence-based guidelines		
2	Promoting the proactive introduction of guidelines in additional countries, using the Strategic Partnership Programme (SPP)-developed model with the objective of improving the quality of sexual and reproductive health care, a core SPP expected outcome		
3	Institutionalizing the systematic introduction of guidelines in countries, using the SPP-developed model with the objective of improving the quality of sexual and reproductive health care, a core SPP expected outcome		
4	Organizing regional and subregional workshops to monitor progress and share experience on implementation of practices to improve sexual and reproductive health using WHO/RHR evidence-based guidelines		
03	MDG Target 5B (universal access to reproductive health) systematic implementation and monitoring	Support development and implementation of national frameworks for assessing the needs, defining action points and interventions, and monitoring progress in achievement of MDG Target 5B	PDRH, UA, TCC, OWER 4.7
	<i>Activities</i>		
1	Providing guidance in identification of needs and priorities for appropriate action plans to accelerate achievement of Target 5B, and to monitor progress		
2	Strengthening country capacity in prioritization and development of action plans and monitoring progress in achievement of Target 5B		
3	Monitoring progress in implementation of Global Reproductive Health Strategy		
4	Disseminating/promoting MDG 5B-relevant information through participating/organizing regional/global events		
04	Guidelines for delivering sexual and reproductive health in primary health care	Model package to design programmes and deliver services for sexual and reproductive health within primary health care	PDRH, PHC, PFP, OWER 4.7
	<i>Activities</i>		
1	Continuing development of sexual and reproductive health pre-service and in-service competency-based curricula, and costing for new model of sexual and reproductive health care in primary health		
2	Convening meetings of expert groups for guidance and recommendations		



ID	Product	Product description	Funding source, budget section, team, Organization-wide expected result
3	Co-organizing workshops at national and regional levels for managers and stakeholders to identify gaps and formulate strategy for the implementation of the model		
4	Developing and implementing a dissemination strategy for the plan		
5	Field-testing the guidelines to show their practicality in the field		
6	<i>Documenting the process of adaptation and implementation in regions and countries</i>		
05	Supporting improvement of quality of care in sexual and reproductive health	Improving quality of care of sexual and reproductive health services in primary health care through Member States, regional and country offices and partners in health	PDRH, PHC, PFP, OWER 4.7
	<i>Activities</i>		
1	Bridging the “evidence to practice” gap, ensuring that research results done at global level are known to national and international policy-makers		
2	Collaborating with regional and country offices to facilitate the introduction of new guidelines to professional organizations, universities and institutions		
3	Coordinating with other WHO offices to harmonize different priorities for the best provision of sexual and reproductive health in primary health care		
06	Expanding access to sexual and reproductive health among underserved groups	Improving the quality of and access to sexual and reproductive health services among such underserved groups as adolescents; the poor; people with disabilities; people living with HIV; those trafficked or in conflict situations	PDRH, PHC, PFP, OWER 4.7
	<i>Activities</i>		
1	<i>Expanding access by supporting training institutions to update curricula for underserved groups</i>		
2	<i>Identifying barriers within the health system that reduce access to primary health care, and test approaches to mitigate these barriers</i>		
3	Collaborating with regional and country offices to support national governments to develop effective public–private partnerships to expand sexual and reproductive health provision in primary health care		
07	Advocacy for improving sexual and reproductive health care	Advocacy at international and national levels for increased sexual and reproductive health care with various audiences including policy-makers, programme managers, providers, civil society, traditional and community leaders and clients	PDRH, PHC, PFP, OWER 4.7
	<i>Activities</i>		
1	<i>Producing advocacy material for strengthening access to and quality of sexual and reproductive health services within primary health care</i>		
2	Participating in meetings, workshops, and conferences to advocate access to sexual and reproductive health within primary health-care services, particularly for underserved populations and people with special needs		
08	Strengthening linkages between sexual and reproductive health services and HIV services and programmes through research	Coordinate research to strengthen the evidence base for SRH–HIV linkages to drive sound national responses	HRP, HIV, RHR, OWER 4.2
	<i>Activities</i>		
1	Developing papers and research related to reproductive intentions for women living with HIV		
2	Conducting operational research on evaluating models of care for family planning needs of women living with HIV		
3	Conducting research activities on key gaps outlined in the SRH–HIV systematic review		



ID	Product	Product description	Funding source, budget section, team, Organization-wide expected result
09	Strengthening linkages between sexual and reproductive health services and HIV services and programmes through advocacy	Coordinate communications and advocacy activities and manage partnerships with key stakeholders	PDRH, HIV, RHR, OWER 4.7
	<i>Activities</i>		
	1 Managing and coordinating the Interagency Working Group on Sexual and Reproductive Health/HIV Linkages		
	2 Collaborating with the RH/HIV initiative to support integration of sexual and reproductive health within HIV proposal submission to the Global Fund to Fight AIDS, Tuberculosis and Malaria		
	3 Supporting establishment of national sexual and reproductive health/HIV working groups		
	4 Supporting interregional meetings to share evidence and best practices on sexual and reproductive health/HIV linkages		
10	Strengthening linkages between sexual and reproductive health services and HIV services through policy and programmatic issues	Maintaining a strong focus on sexual and reproductive health in HIV prevention and care and responding to the sexual and reproductive health needs and rights of people living with HIV	PDRH, HIV, RHR, OWER 4.7
	<i>Activities</i>		
	1 Developing guides to the guidance package on sexual and reproductive health needs of people living with HIV, focusing on the needs of specific vulnerable populations		
	2 Developing an intervention-based guidance on sexual and reproductive health for support to HIV proposal submissions to the Global Fund to Fight AIDS, Tuberculosis and Malaria		
	3 Developing tools and indicators to support implementation of comprehensive national prevention of mother-to-child transmission (PMTCT) of HIV policies and programmes		
	4 Supporting development, implementation and dissemination of sexual and reproductive health/HIV tools in selected countries		
11	Stationery, supplies, postage, communications	Coded articles, stationery, office supplies, telephone, postage, etc.	PDRH, HIV, RHR, OWER 4.7
	<i>Activities</i>		
	1 Ensuring adequate office supplies and miscellaneous services		
	2 Communications and postage		
12	Expanding access to family planning among underserved groups	Improving the quality of and access to family planning services among underserved groups, e.g. adolescents; the poor; people with disabilities; people living with HIV; those trafficked or in conflict situations	HRP, PFP, PPF, OWER 4.2
	<i>Activities</i>		
	1 Expanding access by assessing the role of midlevel providers for family planning, including infertility		
	2 Identifying and describing barriers to accessing family planning methods and services and testing approaches to addressing these barriers		
13	Promoting dual protection and underused methods	Promote dual protection among sexually active people especially in countries with generalized HIV epidemic and promote the use of underused methods to expand the method mix	HRP, PFP, PPF, OWER 4.2
	<i>Activities</i>		
	1 Promoting condom use within marriage, especially in countries with generalized HIV pandemic		
	2 Identifying barriers to the use of specific contraceptive methods and testing approaches to expand their use and improve the method mix		
	3 Identifying the pattern of contraceptive uptake following emergency contraception use and promoting consistent use of contraceptives		



ID	Product	Product description	Funding source, budget section, team, Organization-wide expected result
14	Research on the safety and efficacy of existing methods of contraception	Longitudinal studies of the safety and efficacy of hormonal contraceptive methods for women	HRP, PFP, PFP, OWER 4.2
	<i>Activities</i>		
	1 Continuing the multicentre comparative study of the safety and efficacy of two implantable contraceptives, Jadelle and Implanon, and a control group of IUD users		
	2 Carrying out a multicentre comparative study of the effect of injectable contraceptives (Cyclofem, DMPA) on bone metabolism		
15	Development of new and improved methods of fertility regulation for women	Widening the range of family planning products and technologies through the development of new methods of pre-coital contraception for women	HRP, PFP, PFP, OWER 4.2
	<i>Activities</i>		
	1 <i>Continuing study of levonorgestrel as a pre-coital contraceptive – initiated</i>		
	2 <i>Continuing study of novel injectable progestogen (levonorgestrel butanoate) – ongoing</i>		
	3 <i>Studying human chorionic gonadotropin (hCG)-based immunocontraception</i>		
	4 Studying a generic levonorgestrel intrauterine system – initiated		
	5 <i>Carrying out basic science on bleeding associated with the use of progestin-only family planning methods</i>		
16	Development of special use (non-regular) methods of fertility regulation for women	Research and development of improved methods for post-coital contraception	HRP, PFP, PFP, OWER 4.2
	<i>Activities</i>		
	1 Improving emergency contraceptive regimens		
	2 Investigating regular contraception following use of emergency contraception		
17	Development of fertility regulation methods for men	Basic and clinical investigations to identify and evaluate regimens for male contraception	HRP, PFP, PFP, OWER 4.2
	<i>Activities</i>		
	1 Continuing multicentre Phase IIb clinical trial of the combination of testosterone undecanoate (TU) + norethisterone enantate (NetEn)		
	2 Convening meeting of research group, and supporting meetings on biomedical research and product research and development		
	3 Setting-up a new initiative on basic science research to identify novel targets for male fertility regulation		
18	Development of infertility methods for couples in low-resource settings	Clinical investigations to identify safe and efficacious methods of infertility diagnosis and interventions in low-resource settings	HRP, PFP, PFP, OWER 4.2
	<i>Activities</i>		
	1 Providing meeting and technical assistance for multicentre trials on low-cost assisted reproductive technology interventions		
	2 Providing technical assistance for monitoring and evaluation of ART outcomes (focus on low-resource settings)		
	3 Convening a meeting on ethical and social considerations of integration of ART infertility interventions within SRH/family planning (FP) services		
	4 Carrying out country profile assessments (Stage 1)		
19	STI and infertility	Literature and expert review	HRP, PFP, PFP, OWER 4.2
	<i>Activities</i>		
	1 Convening meeting of expert group to review evidence on impact of STI long-term sequelae of infertility and to provide guidance and recommendations		



ID	Product	Product description	Funding source, budget section, team, Organization-wide expected result
20	Stationery, supplies, postage, communications in support of research	Coded articles, stationery, office supplies, telephone, postage, etc.	HRP, PFP, PFP, OWER 4.2
	<i>Activities</i>		
	1	Ensuring adequate office supplies and miscellaneous services	
	2	Communications and postage	
21	Evidence base for clinical family planning guidance	Continuous identification of research evidence to update medical eligibility criteria for contraceptive use, practice recommendations for contraceptive use and other family planning guidelines	PDRH, PFP, PFP, OWER 4.7
	<i>Activities</i>		
	1	Carrying out continuous identification of research evidence and preparation or updating of systematic reviews. Interim guidance issued as necessary	
	2	Convening meeting of the Guidelines Steering Group to review new evidence and guidance as needed	
	3	Publishing of family planning guidance updates	
	4	Conducting complete evaluation of system for continuous identification of research evidence	
22	Family planning evidence-based guidelines and tools	Development of guidance and training materials and evaluation of use of existing tools in order to improve quality of services and increase access to services	PDRH, PFP, PFP, OWER 4.7
	<i>Activities</i>		
	1	<b>Evaluating impact of guidelines on provider practices and policy changes/outcomes and documenting the process</b>	
	2	Implementing at country level of community-level materials (field-testing, finalization and production)	
	3	Continuing development of family planning training materials and curricula, including pre-service competency-based training and in-service training	
	4	Developing/updating guidance for provision of family planning in non-family planning services (postpartum, post-abortion, immunization)	
	5	Printing and translating guidelines and tools	
	6	Continuing work to update the WHO <i>Manual for standardized investigation and diagnosis of the infertile couple</i> (focus on tertiary care)	
	7	Infertility prevention, management and interventions within the primary health-care setting	
23	Strengthening linkages between family planning services and HIV services and programmes	Development of evidence-based guidelines and tools available for provider-initiated testing and counselling in primary health care and other settings providing STI and family planning services	PDRH, PFP, PFP, OWER 4.7
	<i>Activities</i>		
	1	Assessing the use/integration of existing tools for linkages between family planning and HIV programmes. Disseminating tools	
	2	Continuing work on guidance for programmatic linkages, between services for HIV+ people and family planning services, and family planning provision in PMTCT services	
	3	Developing evidence-based guidelines for achieving a desired pregnancy for a discordant or an HIV+ couple including access to infertility (assisted reproductive technology) interventions	



ID	Product	Product description	Funding source, budget section, team, Organization-wide expected result
24	Supporting improvement of quality of care in family planning	Improving quality of care in family planning services and programmes through regional and country offices	PDRH, PFP, PFP, OWER 4.7
	<i>Activities</i>		
	1 Supporting the introduction and adaptation of guidelines and training strategies (pre-service and in-service) in countries		
24 bis	Expanding access to family planning among underserved groups	Improving the quality of and access to family planning services among underserved groups, e.g. adolescents; the poor; people with disabilities; people living with HIV; those trafficked or in conflict situations	PDRH, PFP, PFP, OWER 6.6
	<i>Activities</i>		
	1 Collaborating with Family Health International PROGRESS (Program Research for Strengthening Services) project in expanding access to contraceptives		
25	Advocacy for improving family planning	Advocacy for family planning at the international and national levels with various audiences including policy-makers, programme managers, providers, civil society, traditional and community leaders and clients	PDRH, PFP, PFP, OWER 4.7
	<i>Activities</i>		
	1 Continuing work on strengthening international and national commitment to family planning through advocacy toolkit, international meetings, etc.		
	2 Advocacy for family planning element of the prevention of mother-to-child transmission of HIV		
	3 Promoting use of dual protection and underutilized methods, including the intrauterine device (IUD), and male and female condoms to various audiences		
	4 Carrying out advocacy for universal access for family planning services, particularly for underserved populations and people with special needs, and in settings such as post-abortion care and postpartum services		
	5 Carrying out advocacy for infertility as a special needs and underserved group within family planning programmes		
26	Stationery, supplies, postage, communications in support of programme development	Coded articles, stationery, office supplies, telephone, postage, etc.	PDRH, PFP, PFP, OWER 4.7
	<i>Activities</i>		
	1 Ensuring adequate office supplies and miscellaneous services		
	2 Communications and postage		
27	Prevention/treatment of hypertensive disorders of pregnancy	Coordination of biomedical, clinical, epidemiological, health system and operation research focusing on activities to decrease the burden of disease of hypertensive disorders of pregnancy	HRP, MPH, MPH, OWER 4.2
	<i>Activities</i>		
	1 Continuing the multicentre trial on prediction of pre-eclampsia		
	2 Continuing the multicentre trial on prediction of maternal and perinatal outcomes in women with pre-eclampsia		
	3 Continuing the clinical trial of treatment of hypertension		
	4 Preparing guidelines for management of pre-eclampsia		
	5 Establishing and maintaining a biobank based on longitudinal data collection in several cohorts of pregnant women and infants (in collaboration with National Institute of Child Health and Human Development (NICHD))		
	6 Preparing new proposals		
	7 Synthesizing research		



ID	Product	Product description	Funding source, budget section, team, Organization-wide expected result
28	Improving perinatal health	Research on major conditions responsible for perinatal morbidity and mortality (birth asphyxia, intrauterine growth restriction, preterm birth)	HRP, MPH, MPH, OWER 4.2
	<i>Activities</i>		
	1 Establishing and maintaining a biobank based on longitudinal data collection in several cohorts of pregnant women and infants (in collaboration with NICHD)		
	2 Continuation of a multicentre study to develop standards of fetal growth for international applications		
	3 Continuation of Preterm Birth Genome Project		
	4 Conducting a clinical trial to increase the use of antenatal corticosteroids for prevention of neonatal mortality both at community and health facility level		
	5 Preparing new proposals		
	6 Synthesizing research		
	<b>7 Developing a diagnostic tool for birth asphyxia at community level</b>		
29	Labour, delivery and postpartum care	Research to develop, test and implement strategies, practices and technologies to prevent and treat maternal and perinatal complication of labour, delivery and postpartum care	HRP, MPH, MPH, OWER 4.2
	<i>Activities</i>		
	1 Continuing the trial for treatment of postpartum haemorrhage (anti-shock garment)		
	2 Continuing the clinical trial on management of third stage of labour		
	3 Carrying out product development of a device for fetal extraction in cases of prolonged delivery		
	4 Continuing the multicentre study to develop an international classification for obstetric fistula (including establishing an international classification consortium)		
	5 Synthesizing research		
30	Nutrition	Research to study nutritional determinants of maternal and perinatal health	HRP, MPH, MPH, OWER 4.2
	<i>Activities</i>		
	1 Carrying out a multicentre study on obesity and maternal and perinatal health outcomes		
	2 Synthesizing research		
	<b>3 Developing recommendations for micronutrient use in pregnancy and infancy</b>		
31	Country research focus	Conduct topic-specific surveys at country level on maternal and perinatal health conditions (rates, risk factors, management options) - The Multi-country Study on Maternal and Perinatal Health	HRP, MPH, MPH, OWER 4.2
	<i>Activities</i>		
	1 Collecting data on rates and management options for preterm birth and near misses		
	2 Conducting secondary analysis of the WHO Global Survey		
	3 Collaborating with Ministries of Health to highlight success stories related to the implementation of national policies to improve maternal and newborn health		
	4 Synthesizing research		
	<b>5 Developing a community-based component (Nepal)</b>		



ID	Product	Product description	Funding source, budget section, team, Organization-wide expected result
32	Operations research	Conduct operation research in relation to topics relevant to the improvement of maternal and perinatal health	HRP, MPH, MPH, OWER 4.2
	<i>Activities</i>		
	1	Continuing the study on methods to increase referral of pregnant women with severe anaemia	
	2	Developing protocols and conducting studies for the evaluation of large interventions at district and population level (implementation research)	
	3	Continuing study on birth plans in the United Republic of Tanzania	
	4	Designing and implementing a survey of management component for maternal and newborn health projects (faith-based organizations)	
	5	Antenatal care in Southern Africa (integration of maternal and newborn health with HIV/malaria and other health system issues) (2 000 000 additional)	
	6	Studying caesarean section (international classification, sociocultural determinants)	
	7	Synthesizing research	
33	Capacity-building, advocacy and new areas of work	Activities to strengthen and expand the Maternal and Perinatal Health Research Network and expand beyond public health to reach politics and culture	HRP, MPH, MPH, OWER 4.2
	<i>Activities</i>		
	1	Developing a postgraduate course in sexual and reproductive health	
	2	Exploring innovative schemes for funding maternal and newborn health activities	
	3	Using innovative platforms (e.g. Second Life) for teaching modules (t and dissemination (persons with disabilities, adolescents)	
	4	Continuing and expanding Art for Health Project (new focus: Linking differences – equal opportunities, social justice and access to services)	
	5	Reaching political leaders and parliamentarians to stimulate action to improve sexual and reproductive health	
	6	Developing and maintaining an Advisory Group for RHR on Maternal and Perinatal Health	
	7	Participating in meetings and global initiatives to maintain RHR centre stage in the international community	
	<b>8 Establishing a Collaborating Centre on Management and Human Resources</b>		
33 bis	Development and dissemination of evidence base on maternal and perinatal health in support of programme development for sexual and reproductive health		PDRH, MPH, MPH, OWER 4.7
	<i>Activities</i>		
	1	Support to studies	
	2	Dissemination of evidence base	
34	Stationery, supplies, postage, communications in support of research	Coded articles, stationery, office supplies, telephone, postage, etc.	HRP, MPH, MPH, OWER 4.2
	<i>Activities</i>		
	1	Ensuring adequate office supplies and miscellaneous services	
	2	Communications and postage	



ID	Product	Product description	Funding source, budget section, team, Organization-wide expected result
35	Development, evaluation and introduction of safe and effective methods to prevent vertical and sexual transmission of HIV infection	Assessment of safety and effectiveness of drugs to prevent vertical transmission of HIV and other STIs from mother to child, and to prevent the sexual transmission of HIV and other STIs	HRP, STI, STI, OWER 4.2
	<i>Activities</i>		
	1 Assessing the safety and effectiveness of antiretroviral drugs to prevent mother-to-child transmission of HIV		
	2 Assessing the safety, efficacy, acceptability and feasibility of different techniques of male circumcision		
	3 Assessing the practicality and impact of different programmatic approaches to male circumcision		
36	Research to support and improve programmes and interventions for prevention and control STIs/RTIs, including cervical cancer	Assessment of burden of RTIs and STIs, review of barriers to implementation and advocate and promote scaling-up of appropriate interventions as well as research on outstanding issues	HRP, STI, STI, OWER 4.2
	<i>Activities</i>		
	1 Promoting and coordinating operational research to improve the performance of cervical cancer prevention vaccines		
	2 Collaborating with other departments to collate evidence for the impact of HPV vaccination in boys		
37	Research to establish new evidence for the elimination of congenital syphilis	Assessment and validation of the best combination of implementing new diagnostic tests and other technologies to improve intervention to prevent and control RTIs and STIs	HRP, STI, STI, OWER 4.2
	<i>Activities</i>		
	1 Determining the acceptability and characteristics of different combinations of rapid on-site diagnostic tests		
	2 Developing and validating indicators for global monitoring of stillbirths, with a particular focus on syphilis-related stillbirths		
38	Stationery, supplies, postage, communications in support of research	Coded articles, stationery, office supplies, telephone, postage, etc.	HRP, STI, STI, OWER 4.2
	<i>Activities</i>		
	1 Ensuring adequate office supplies and miscellaneous services		
	2 Communications and postage		
40	Evidence-based tools, guidelines and strategies for prevention and care of STIs targeted for key populations to accelerate HIV prevention	Work in collaboration with HIV Department on development and implementation of guidance to identify and reach most-at-risk populations such as sex workers and men who have sex with men, and update training tools for use at country level	PDRH, STI, STI, OWER 4.7
	<i>Activities</i>		
	1 Collaborating with HIV Department on development and implementation of guidance to identify and reach most-at-risk populations for the prevention and control of STI including HIV		
	2 Providing technical support to strengthen and promote STI prevention interventions and guidance, targeting persons living with HIV infection		
	3 Advocate and support scaling-up access to high-quality comprehensive STI prevention and control within the context of universal access to HIV prevention		



ID	Product	Product description	Funding source, budget section, team, Organization-wide expected result
41	Enhanced STI surveillance including antimicrobial resistance surveillance and strengthened monitoring and evaluation of STI programmes	Creation and maintenance of global, regional and national coalitions and partnerships to provide technical and financial support for STI surveillance at national level and monitor antimicrobial resistance (AMR) surveillance	PDRH, STI, STI, OWER 4.7
	<i>Activities</i>		
	1 Developing global database and providing technical support to countries and regions on STI surveillance including congenital syphilis, behavioural studies and assessment of health-care-seeking trend		
	2 Revising or developing and disseminating global guidance on optimal epidemiological and microbiological methods for detection of the emergence and spread of AMR in relevant STI pathogens		
	3 Maintaining and enhancing global AMR monitoring network with focus on <i>Neisseria gonorrhoeae</i> , recognizing the potential of emerging technologies		
	4 Collaborating with appropriate departments to produce laboratory manuals to enhance the capacity of laboratories to conduct STI-related analyses including AMR monitoring, quality assurance and guidance for capacity of different levels of laboratory		
42	Development, evaluation and introduction of safe and effective methods to prevent vertical and sexual transmission of HIV infection	Assessment of safety and effectiveness of drugs to prevent vertical transmission of HIV and other STIs from mother to child, and to prevent the sexual transmission of HIV and other STIs	PDRH, STI, STI, OWER 4.7
	<i>Activities</i>		
	1 Supporting the development, assessment and introduction of microbicides to prevent HIV infection		
43	Effective approaches to deliver scaled-up integrated STI, RTI and sexual and reproductive health services	Compilation and dissemination of experiences with STI/RTI prevention and control interventions with primary health care and sexual and reproductive health services	PDRH, STI, STI, OWER 4.7
	<i>Activities</i>		
	1 Compiling and disseminating experiences with STI/RTI prevention and controlling interventions within key health programmes such as reproductive health, maternal and child health, and primary health care and HIV		
	2 Providing technical support for implementation of integrated approaches for STI and RTI prevention and control		
44	Global and regional-level support to strengthen interventions for prioritized public health problems related to RTI/STI and their complications	Mobilization of global partnerships, including the private sector, for creating awareness and building capacity for the genital ulcer diseases, cervical cancer prevention, and congenital syphilis elimination initiative within the context of mother and child health programmes	PDRH, STI, STI, OWER 4.7
	<i>Activities</i>		
	1 Mobilizing global partnerships, nongovernmental organizations (NGOs), the private sector, for creating awareness and for capacity-building about the genital ulcer diseases (GUDs), cervical cancer prevention, and congenital syphilis elimination initiative within the context of mother and child health programmes		
	2 Supporting implementation of appropriate regional or country interventions aimed at eliminating congenital syphilis, controlling genital ulcers, preventing cervical cancer		
	3 Collating and disseminating experiences of integrated interventions to eliminate congenital syphilis		
45	Evidence-based tools, guidelines and strategies for prevention, care and management of STIs/RTIs that address the needs of the general population	Collation of evidence from operational research and development and dissemination of guidance for effective STI/RTI prevention and control interventions	PDRH, STI, STI, OWER 4.7
	<i>Activities</i>		
	1 Updating the <i>STI/RTI guide to essential practice</i> and promote and accelerating its use		
	2 Finalizing and disseminating guidance for programmes specifically aimed at GUD control and elimination of congenital syphilis		



ID	Product	Product description	Funding source, budget section, team, Organization-wide expected result
46	Development and updating of guidelines and tools related to cervical cancer prevention	Update of guidelines and collation and dissemination of evidence on best approaches to prevent, screen and detect cervical cancer	PDRH, STI, STI, OWER 4.7
	<i>Activities</i>		
	1 Updating <i>Comprehensive cervical cancer control: a guide to essential practice on topical cervical cancer issues</i> , and accelerating implementation, monitoring and evaluation of cervical cancer prevention programmes		
	2 Collating evidence on see-and-treat approach and the use of new screening tests for cervical cancer		
	3 Developing quality assurance tool and standards for cervical cancer screening and treatment, including cryotherapy		
47	Development and updating of guidelines and tools related to introduction of HPV vaccines	Update of guidelines and collation and dissemination of approaches to introduce vaccines against HPV infection	PDRH, STI, STI, OWER 4.7
	<i>Activities</i>		
	1 Developing and testing decision-making tools on approaches to implement cervical cancer prevention interventions, including introduction of HPV vaccines		
	2 Updating technical and policy documents on HPV vaccines		
47 bis	Advocacy for implementation of strategies and interventions for prevention and control of STIs, including congenital syphilis	Development of advocacy tools, strategies and communication packages to accelerate implementation of effective STI control intervention and elimination of congenital syphilis interventions	PDRH, STI, STI, OWER 4.7
	<i>Activities</i>		
	1 Collaborating with HIV Department, UNFPA and other partners to enhance commodity security, including SRH medicines and condoms		
	2 Updating technical and policy documents on HPV vaccines and cryotherapy including specifications and prequalification		
	3 Promoting and strengthening the STI/RTI Networks of Excellence (multisectoral and multidisciplinary) for prevention and control of STIs		
48	Stationery, supplies, postage, communications in support of programme development	Coded articles, stationery, office supplies, telephone, postage, etc.	PDRH, STI, STI, OWER 4.7
	<i>Activities</i>		
	1 Ensuring adequate office supplies and miscellaneous services		
	2 Communications and postage		
49	Mapping and generating evidence	Generate or map research evidence on the magnitude, determinants, and consequences of unsafe abortion and how best to address needs related to unwanted pregnancy and induced abortion	HRP, PUA, PUA, OWER 4.2
	<i>Activities</i>		
	1 Updating the incidence of unsafe abortion and related morbidity and mortality		
	2 Documenting the needs and access to safe abortion by underserved groups (e.g. adolescents, internally displaced people, refugees, women living with HIV/AIDS)		
	3 Mapping and generating evidence on the determinants and consequences of unsafe abortion		
	4 Generating evidence on pathways to addressing unwanted pregnancy and seeking abortion		
	5 Synthesis and meta-analyses of completed medical abortion trials		



ID	Product	Product description	Funding source, budget section, team, Organization-wide expected result
50	Improving technologies	Improve technologies for medical abortion	HRP, PUA, PUA, OWER 4.2
	<i>Activities</i>		
	1 Developing medical abortion regimen(s) for the late first trimester		
	2 Developing medical abortion regimen(s) for the second trimester		
	3 Identifying safe methods for pain alleviation during medical and surgical abortion		
	4 Identifying safe methods for reducing the duration of bleeding related to medical abortion		
	5 Identifying safe methods for medical treatment of non-viable pregnancy and of incomplete abortion		
	6 Evaluating and improving abortion technologies for special groups such as women with FGM; women living with HIV/AIDS; adolescents		
51	Testing interventions of global relevance	Test interventions to expand access to medical abortion	HRP, PUA, PUA, OWER 4.2
	<i>Activities</i>		
	1 Comparing the safety, efficacy and acceptability of providing medical abortion by trained non-physicians compared to physicians in resource-poor settings		
	2 Expanding access to medical abortion		
	3 Comparing the safety, efficacy and acceptability of providing abortion procedures in special contexts such as among refugees		
52	Developing norms, tools, and guidelines	Update and develop guidelines on safe abortion	HRP, PUA, PUA, OWER 4.2
	<i>Activities</i>		
	1 Updating <i>Safe abortion: technical and policy guidance for health systems</i>		
	2 Developing clinical guidelines for the provision of comprehensive abortion care by level of service provision		
	3 <i>Developing selected practice recommendations on medical abortion and on the use of misoprostol</i>		
53	Providing technical support	When requested by countries, HRP would provide technical support to address issues related to induced abortion	HRP, PUA, PUA, OWER 4.2
	<i>Activities</i>		
	1 Developing new technical support capacity through collaborations with regional/country offices and partner organizations		
	2 Conducting strategic assessments in 2–3 new countries, at least one together with the human rights tool		
	3 Launching follow-up interventions in selected countries		
	4 Scaling-up comprehensive abortion care in selected countries		
	5 Providing support to WHO Country Office on the initiative on Improving the Quality of Menstrual Regulation in Bangladesh		
54	Stationery, supplies, postage, communications in support of research	Coded articles, stationery, office supplies, telephone, postage, etc.	HRP, PUA, PUA, OWER 4.2
	<i>Activities</i>		
	1 Ensuring adequate office supplies and miscellaneous services		
	2 Communications and postage		



ID	Product	Product description	Funding source, budget section, team, Organization-wide expected result
55	Human rights for advancing SRH – research	The human rights tool for assessing laws, policies and regulations related to SRH will be further tested in several countries with partners and capacity built at regional level. Human rights related to sexual health and sexuality will be mapped, and guidance produced for use at different levels	HRP, GRR, GRR, OWER 4.2
	<i>Activities</i>		
	1 Testing tool for assessing laws and policies and building capacity for its use in countries		
	2 Mapping human rights applied to sexual health and sexuality		
	3 Assessing the impact of laws and policies on different aspects of sexual and reproductive health		
56	Sexual health and sexuality: research and indicators	Evaluation of health sector interventions to integrate sexuality counselling in SRH services and continued development and testing of indicators for measuring sexual health	HRP, GRR, GRR, OWER 4.2
	<i>Activities</i>		
	1 Sexuality counselling: testing a model intervention for integration into public health services		
	2 Sexuality education initiatives: mapping and review for elaborating best practices		
	3 Indicators for measuring sexual health: testing and refinement		
57	Violence against women (VAW) – research	Research to further elucidate, and provide guidance on, the risk and protective factors for VAW, interventions for prevention and response to VAW including violence related to HIV, and to improve data-collection methods for national surveys and other research on VAW	HRP, GRR, GRR, OWER 4.2
	<i>Activities</i>		
	1 Continuing a multicountry study on women's health and domestic violence – further analysis		
	2 Antenatal care: developing the opportunity to address VAW		
	3 Measuring VAW and its consequences – improving methods		
	4 Health sector response to intimate partner and sexual violence: developing guidance for an appropriate health sector response		
58	Violence against women, HIV and conflict	Collaboration with other agencies on addressing VAW in HIV/AIDS programmes; and addressing violence against girls and women in conflict situations	HRP, GRR, GRR, OWER 4.2
	<i>Activities</i>		
	1 VAW+HIV: documenting promising and/or successful interventions and developing a research agenda		
	2 Sexual violence in conflict: building the evidence (with UNFPA and UNICEF)		
	3 Carrying out surveys on VAW in post-conflict countries		
	4 Participating in UN Action against Sexual Violence in Conflict to strengthen programmes and evidence on responding to SV in emergencies		
59	Female genital mutilation (FGM) – research	Research on psychological consequences of FGM, on the impact of implementing laws banning FGM, and on the best ways of dealing with the health complications	HRP, GRR, GRR, OWER 4.2
	<i>Activities</i>		
	1 Psychological consequences of FGM: carrying out a multicountry study		
	2 FGM and obstetric fistula: carrying out a case-control study		
	3 Assessing best practices for treating health complications of FGM		



ID	Product	Product description	Funding source, budget section, team, Organization-wide expected result
60	Adolescents' sexual and reproductive health (ASRH)	Generating and synthesizing evidence on ASRH needs and best practices in addressing these needs	HRP, GRR, GRR, OWER 4.2
	<i>Activities</i>		
	1 Identifying social, cultural and programme barriers to adolescents' access to sexual and reproductive health information and services		
	2 Assessing best practices in addressing adolescent sexual and reproductive health needs		
	3 Investigating determinants and consequences of unsafe sex		
	4 Investigating non-consensual sexual experiences and implications for adolescent sexual and reproductive health		
	5 Investigating the situation and needs of vulnerable populations of adolescents		
	6 Studying condom use and dual protection among adolescents		
	7 Studying unintended pregnancy and induced abortion among adolescents		
61	Stationery, supplies, postage, communications in support of research	Coded articles, stationery, office supplies, telephone, postage, etc.	HRP, GRR, GRR, OWER 4.2
	<i>Activities</i>		
	1 Ensuring adequate office supplies and miscellaneous services		
	2 Communications and postage		
62	Human rights for advancing SRH – policy and programme development	Using human rights for policy and programme development in SRH and adapting existing tools to specific aspects of SRH	PDRH, GRR, GRR, OWER 4.7
	<i>Activities</i>		
	1 Adapting human rights tool for assessing laws and policies to focus on HIV and other specific aspects of sexual and reproductive health		
	2 Applying human rights for policy and programme development in sexuality and sexual health		
	3 Contributing to, and collaborating with, the UN Human Rights Monitoring System		
62 bis	Human rights for advancing SRH – policy and programme development	Using human rights for policy and programme development in SRH and adapting existing tools to specific aspects of SRH	PDRH, GRR, GRR, OWER 7.4
	<i>Activities</i>		
	1 Adapting human rights tool for assessing laws and policies to focus on HIV and other specific aspects of sexual and reproductive health		
	2 Applying human rights for policy and programme development in sexuality and sexual health		
	3 Contributing to, and collaborating with, the UN Human Rights Monitoring System		
63	Advocacy for human rights in sexual and reproductive health	Advocating for using human rights to advance sexual and reproductive health	PDRH, GRR, GRR, OWER 7.4
	<i>Activities</i>		
	1 Carrying out advocacy for using human rights undertaken at different levels		
	2 Promoting tools for sexual and reproductive health and rights		



ID	Product	Product description	Funding source, budget section, team, Organization-wide expected result
64	Sexual health and sexuality: programme development and advocacy	Guidance to health sectors on integrating sexuality counselling into SRH services, and advocacy to promote sexual health	PDRH, GRR, GRR, OWER 4.7
	<i>Activities</i>		
	1 Elaborating guidance for health systems on sexuality counselling		
	2 Developing and disseminating advocacy materials at global, regional and national levels		
65	Violence against women – policy and programmes	Guidance on primary prevention of intimate partner violence and sexual violence; capacity-building for research on VAW, and advocacy for its elimination	PDRH, GRR, GRR, OWER 6.6
	<i>Activities</i>		
	1 Primary prevention of intimate partner violence: developing guidance for countries		
	2 Building capacity for countries on research and appropriate responses to VAW		
	3 Supporting advocacy for the elimination of VAW		
65 bis	Violence against women – technical support to data collection	Collecting data on intimate partner and sexual violence	PDRH, GRR, GRR, OWER 3.3
	<i>Activities</i>		
	1 Primary prevention of intimate partner violence: developing guidance for countries		
66	Female genital mutilation – policy and programme development, and advocacy	Documenting best practices and providing guidance to health systems on the prevention and management of FGM in girls and women, and advocating for its elimination	PDRH, GRR, GRR, OWER 4.7
	<i>Activities</i>		
	1 Providing guidance for health systems on prevention and management of FGM		
	2 Supporting advocacy and technical support to countries for eliminating FGM		
67	Adolescents' sexual and reproductive health (ASRH) – policy and programme development and advocacy	Building capacity in research for conducting studies on ASRH in developing countries; and advocating for the promotion of ASRH	PDRH, GRR, GRR, OWER 4.7
	<i>Activities</i>		
	1 Building and sustaining adolescent sexual and reproductive health research capacity in developing countries		
	2 Supporting advocacy for adolescent sexual and reproductive health (meetings, materials)		
68	Stationery, supplies, postage, communications in support of programme development	Coded articles, stationery, office supplies, telephone, postage, etc.	PDRH, GRR, GRR, OWER 4.7
	<i>Activities</i>		
	1 Ensuring adequate office supplies and miscellaneous services		
	2 Communications and postage		
69	Indicator development and implementation	Provision and synthesis of evidence on measures of sexual and reproductive health, and conduct of related methodological/operational research	HRP, TCC, TCC, OWER 4.2
	<i>Activities</i>		
	1 Conducting or commissioning systematic reviews of evidence on emerging topics in relation to indicators		
	2 Conducting or supporting studies and/or capacity-building efforts on implementing key sexual and reproductive health indicators within health information systems		



ID	Product	Product description	Funding source, budget section, team, Organization-wide expected result
70	Provision of estimates of the burden of sexual and reproductive health including maternal and perinatal health	Provide summary estimates for global/regional and national monitoring of the burden of sexual and reproductive health conditions, including causes of maternal deaths	HRP, TCC, TCC, OWER 4.2
	<i>Activities</i>		
	1 Conducting or facilitating systematic reviews of observational studies on both short-term and long-term reproductive morbidities		
	2 Undertaking methodological work on methods of estimation of burden		
71	Implementation of the Strategic Approach	Dissemination and promotion of utilization of the <i>Strategic approach to strengthening sexual and reproductive health policies and programmes</i>	HRP, TCC, TCC, OWER 4.2
	<i>Activities</i>		
	1 Disseminating and promoting utilization of the <i>Strategic approach to strengthening sexual and reproductive health policies and programmes</i>		
	2 Carrying out strategic assessments of sexual and reproductive health needs and priorities		
	3 Undertaking operations research and policy and programme interventions to strengthen equitable access to and the quality of sexual and reproductive health services		
	4 Scaling-up tested policy and programme interventions		
	5 Undertaking dissemination activities including regional workshops and development of School of Public Health curriculum modules		
	6 Providing technical support		
72	Support for scaling-up	Improved strategies for scaling-up pilot, experimental or demonstration projects	HRP, TCC, TCC, OWER 4.2
	<i>Activities</i>		
	1 Providing global-, regional- and country-level workshops for dissemination of guidance		
	2 Scaling-up strategy development exercises		
	3 Providing technical support		
73	Research on scaling-up	Generating evidence on the determinants of successful scaling-up	HRP, TCC, TCC, OWER 4.2
	<i>Activities</i>		
	1 Undertaking research on the determinants of successful scaling-up		
	2 Providing technical support		
74	Increased understanding of health system strengthening/health sector reforms' effects on sexual and reproductive health and HIV/AIDS policy and programmes	Gaps in evidence base on public and non-public sexual and reproductive health programme effectiveness, coverage and quality identified and addressed through evaluation research	HRP, TCC, TCC, OWER 4.2
	<i>Activities</i>		
	1 Identifying gaps in the evidence base on government and private sector sexual and reproductive health programme effectiveness; identifying and addressing coverage and quality through evaluation research		
	2 Publishing policy briefs, guidance notes and other technical documents for evidence based policy formation on the effects of health sector reform on sexual and reproductive health		
	3 Providing technical support to regions and countries on design and analysis of health system research and evaluation studies		



ID	Product	Product description	Funding source, budget section, team, Organization-wide expected result
75	Increased understanding of the impact of improved reproductive health on poverty reduction	Gaps in evidence base on poverty reduction impact of improved sexual and reproductive health, and SRH programme effectiveness of bridging equity gaps and reducing poverty	HRP, TCC, TCC, OWER 4.2
	<i>Activities</i>		
	1 Undertaking research on the household economic impact of maternal deaths in rural China		
	2 Evaluating research studies on reproductive health policies and programmes that work to bridge equity gaps and reduce poverty		
	3 Providing analytic and technical advisory services on reproductive health policies and programmes that work to bridge equity gaps and reduce poverty		
76	Enhancing sexual and reproductive health research and programme development capacities in countries and regions	Provision of institutional development grants for strengthening capacity for research, evaluation and programme development activities at national and regional levels	HRP, TCC, TCC, OWER 4.2
	<i>Activities</i>		
	1 Enhancing institutional capacity in WHO African Region and Eastern Mediterranean Region		
	2 Enhancing institutional capacity in WHO Region of the Americas		
	3 Enhancing institutional capacity in WHO South-East Asia Region and Western Pacific Region		
	4 Enhancing institutional capacity in WHO European Region		
	5 Providing interregional support to institutional capacity-building		
77	Individual capacity at country level to conduct research in support to improved SRH programme activities	Training grants awarded for researchers, regional networks, programme staff and relevant group learning activities	HRP, TCC, TCC, OWER 4.2
	<i>Activities</i>		
	1 Enhancing individual capacity and group learning activities in African Region and Eastern Mediterranean Region		
	2 Enhancing individual capacity and group learning activities in WHO Region of the Americas		
	3 Enhancing individual capacity and group learning activities in WHO South-East Asia Region and Western Pacific Region		
	4 Enhancing individual capacity and group learning activities in WHO European Region		
78	Stationery, supplies, postage, communications in support of research	Coded articles, stationery, office supplies, telephone, postage, etc.	HRP, TCC, TCC, OWER 4.2
	<i>Activities</i>		
	1 Ensuring adequate office supplies and miscellaneous services		
	2 Communications and postage		
79	Development of norms and tools through research synthesis	Annual core support to the Cochrane Fertility Regulation Review Group, hosting of annual editorial board meetings of the Pregnancy and Childbirth Group; conduct systematic reviews and evidence-based guidelines including methodological work	HRP, TCC, TCC, OWER 4.2
	<i>Activities</i>		
	1 Providing support to Cochrane entities		
	2 Supporting individuals to prepare and maintain systematic reviews on high-priority topics for low- and middle-income countries		
	3 Developing guidelines on high-priority topics		



ID	Product	Product description	Funding source, budget section, team, Organization-wide expected result
80	Global monitoring of sexual and reproductive health	Development of estimates and management of databases for important sexual and reproductive health targets and indicators. Includes the official monitoring of MDG 5 Targets 5A and 5B and their indicators, participation and representation of WHO in related international fora and determination of priorities in this area	PDRH, TCC, TCC, OWER 4.7
	<i>Activities</i>		
	1 Developing and reporting, in partnership with other UN agencies, to UN Statistics Division, global estimates on relevant MDG targets and indicators		
	2 Establishing and maintaining databases on other key sexual and reproductive health indicators, conduct/commission analytical work on emerging topics and facilitate development of global estimates		
	3 Organizing routine and ad hoc meetings of the maternal and perinatal health research and reproductive epidemiology advisory group and following-up with the recommendations		
	4 Participating in international groups and events on global targets and indicators related to sexual and reproductive health, including interagency group on MDG indicators		
81	Standardization of definitions and measurement methodologies for sexual and reproductive health measures	Generation of international consensus on standardization of definitions and classification systems (input to International Classification of Diseases (ICD))	PDRH, TCC, TCC, OWER 4.7
	<i>Activities</i>		
	1 Continuing work on ICD-10 revision including facilitating topic advisory group and its subgroups		
82	Sexual and reproductive health surveillance (including determinants and consequences of unsafe sex)	Sexual and reproductive health surveillance (including determinants and consequences of unsafe sex)	PDRH, TCC, TCC, OWER 6.6
	<i>Activities</i>		
	1 Supporting countries in implementation (and analysis) of unsafe sex module within WHO STEPS (stepwise approach to risk factor surveillance) survey		
	2 Supporting implementation of surveillance systems for conditions related to other various aspects of sexual and reproductive health		
83	Enhanced prominence and value given to sexual and reproductive health programming in national and sectoral planning processes (Poverty Reduction Strategy Papers [PRSPs], SWAps)	Support to Member States provided to align and harmonize foreign assistance with national development and health sector goals that support universal access to reproductive health	PDRH, TCC, TCC, OWER 10.3
	<i>Activities</i>		
	1 Convening joint UNFPA and WHO country office capacity-strengthening workshops and technical assistance related to advancing sexual and reproductive health in the new aid environment		
	2 Convening civil society organization capacity-strengthening workshops and technical assistance to promote sexual and reproductive health in the new aid environment, specific to national and local health sector budgets		
	3 Publishing policy briefs, guidance notes and other technical documents for evidence-based national and sectoral planning processes that support reproductive health		
84	Stationery, supplies, postage, communications in support of programme development	Coded articles, stationery, office supplies, telephone, postage, etc.	PDRH, TCC, TCC, OWER 4.7
	<i>Activities</i>		
	1 Ensuring adequate office supplies and miscellaneous services		
	2 Communications and postage		



ID	Product	Product description	Funding source, budget section, team, Organization-wide expected result
85	Improving dissemination and use of research evidence for informed policies, practices, and programmes	Collaboration among researchers, policy-makers and programme managers to enhance the translation of evidence and knowledge into practice	PDRH, TCC, TCC, OWER 4.7
	<i>Activities</i>		
	1 Improving the dissemination and use of research evidence in WHO African Region and Eastern Mediterranean Region		
	2 Improving the dissemination and use of research evidence in WHO Region of the Americas		
	3 Improving the dissemination and use of research evidence in WHO South-East Asia Region and Western Pacific Region		
	4 Improving the dissemination and use of research evidence in WHO European Region		
	5 Providing interregional support to improving dissemination and use of research evidence		
86	Accelerating the implementation of the Global Reproductive Health Strategy in support to the attainment of international goals and targets related to reproductive health	Disseminate the Global Strategy and other related tools and frameworks and promote their use for updating policies and improving the performance of national programmes on sexual and reproductive health	PDRH, TCC, TCC, OWER 4.7
	<i>Activities</i>		
	1 Accelerating the implementation of the Global Strategy in WHO African Region and Eastern Mediterranean Region		
	2 Accelerating the implementation of the Global Strategy in WHO Region of the Americas		
	3 Accelerating the implementation of the Global Strategy in WHO South-East Asia Region and Western Pacific Region		
	4 Accelerating the implementation of the Global Strategy in WHO European Region		
	5 Providing interregional support to accelerating implementation of the Global Strategy		
87	Improved access to up-to-date knowledge on effective practices in sexual and reproductive health	Publication, management and promotion of <i>The WHO Reproductive Health Library</i> (RHL); translation projects in Chinese, French, Russian, Spanish, Vietnamese; expansion of content to include new commentaries, guidelines, methodological and educational documents	PDRH, TCC, TCC, OWER 4.7
	<i>Activities</i>		
	1 Convening RHL Editorial Board meetings annually		
	2 Developing and preparing RHL content (including RHL videos and critically appraised guidelines)		
	3 Promoting RHL (production of promotional materials, presentations at meetings, conferences, etc. )		
88	Capacity-building in research and research synthesis	The multicountry study implemented in 27 countries through 3 regional hubs; third stage of labour research conducted; an innovative educational tool developed and implemented in partnership with Member States and professional organizations; capacity-building activities in scientific writing, communication and research methods	PDRH, TCC, TCC, OWER 4.7
	<i>Activities</i>		
	1 WHO multicountry study on maternal and perinatal health		
	2 Active management of the third stage of labour without controlled cord traction trial		
	3 Clinically integrated e-learning programme of evidence-based medicine		
	4 Running training activities in scientific writing and communication for effective dissemination of research knowledge		
	5 Developing a postgraduate course in research methods in sexual and reproductive health		



ID	Product	Product description	Funding source, budget section, team, Organization-wide expected result
89	Implementing Best Practices (IBP) Knowledge Gateway	Further develop and maintain the Knowledge Gateway (KG) to respond to virtual learning needs of the membership. Expand the use of the system to international and nongovernmental organizations; identify synergies and collaborative strategies to support the management and expanded use of the Knowledge Gateway and leading to shared ownership	PDRH, TCC, TCC, OWER 4.7
	<i>Activities</i>		
	1 Carry out 8th phase of enhancements to establish e-learning and virtual learning facilities		
	2 Technical management and expansion of Knowledge Gateway management/training of facilitators		
	3 Launching and managing of communities of practice		
	4 Capacity-building to devolve the management of the Knowledge Gateway to one regional centre		
	5 Organizing meetings of the management and oversight committee and shared ownership initiative		
90	Strengthening knowledge transfer, sharing and translation	Develop, implement and evaluate new approaches to virtual collaborative learning and knowledge sharing to improve practice. Develop tools and training materials to support this process	PDRH, TCC, TCC, OWER 4.7
	<i>Activities</i>		
	1 Establishing networks supporting knowledge transfer and virtual continuing educational opportunities		
	2 Creating interactive resource centres focused on improving access to evidence-based information and practice		
	3 Conducting country-specific activities focused on using appropriate technology to support knowledge exchange, transfer and application		
91	Strengthening partnerships	Continue to support the functionality and growth of the IBP partnership at global, regional and country levels. Identify approaches to collaboration and support for the implementation of the annual programme of work focused on reducing duplication, harmonizing approaches and supporting the introduction, implementation and scaling-up of proven effective practices at the regional and country level	PDRH, TCC, TCC, OWER 4.7
	<i>Activities</i>		
	1 Organizing IBP Consortium and Steering Committee meetings		
	2 Expanding membership to the partnership		
	3 Working with regional entities to actively participate in IBP activities (West Africa Health Organization (WAHO), East, Central and Southern Africa Health Community (ECSA), Centre Régional de Formation et de Recherche en Santé de la Reproduction (CEFOREP))		
	4 Implementing the IBP annual programme of work		
92	Strengthening capacity for introduction, documentation, adaptation, implementation and scaling-up of effective practices	Building on past activities and experiences, the IBP secretariat and partners will support countries to strengthen capacity in translating research and best practices into policy and programmatic action for improved access and quality of RH care	PDRH, TCC, TCC, OWER 4.7
	<i>Activities</i>		
	1 Utilizing <i>Fostering change guide</i>		
	2 Conducting regional (Africa) workshop for <i>Family planning handbook</i> and fostering change and follow-up in selected countries		
	3 Supporting countries to integrate documentation, sharing and scaling-up of local practices into national planning processes in at least six countries		



ID	Product	Product description	Funding source, budget section, team, Organization-wide expected result
4	Developing and testing generic guide for documentation, sharing and scaling-up. Working with Expandnet model in five countries		
5	Evaluating follow-up efforts to post-abortion care workshop		
6	Supporting follow-up to Strategic Partnership Programme activities (South-East Asia, West and Central Africa). Supporting follow-up to Asia and Near-East meeting		
7	Collaborating with partners to develop an integrated approach to the provision of maternal health, neonatal health, family planning and child health. Supporting activities to reposition family planning		
93	Addressing common, cross-cutting RH issues	Identify and strategize to ensure that cross-cutting issues either previously not recognized (i.e. disability) or currently high priority issues for all partners (i.e. advocacy, management, task-shifting, climate change) are dealt with in a well-coordinated manner to harmonize approaches and reduce duplication of effort	PDRH, TCC, TCC, OWER 4.7
	<i>Activities</i>		
1	Disseminating guidance on RH and persons with disabilities		
2	Working within Family and Community Health cluster, with partners and with countries to integrate disability issues		
3	Conducting community based RH-lessons learned		
4	Task shifting (community injectables)		
5	Supporting strategies to strengthen an integrated approach in poor urban areas and vulnerable and rural populations		
6	Disseminating advocacy materials. Collaborating with partners to identify effective practices to prepare champions, leaders and advocates in reproductive health		
7	Collaborating with partners to strengthen managerial capacity-building at county level		
94	Providing a coordinated response to crisis conflict and displaced populations	Work in coordination with Health Action in Crises (HAC) and the Interagency Working Group (IAWG) on Crisis, Conflict and Displacement to publish jointly technical and managerial materials and build capacity within organizations to apply these guidelines in practice	PDRH, TCC, TCC, OWER 4.7
	<i>Activities</i>		
1	Coordinating activities with the interagency working group on reproductive health in crisis, conflict and displacement		
2	Coordinating activities with the Health Action in Crises Department		
3	Finalizing the Interagency Working Group Field Manual and preparing guidelines/fact sheets for the management of reproductive health and rights in migrant populations		
4	Revising and updating the <i>Programme manager's guide</i>		
5	Working with partners to prepare a capacity-building training programme for organizations responding to reproductive health in crisis, conflict and displacement		
6	Responding in a timely manner to requests for assistance in crisis, conflict and displaced populations		
95	Reproductive health essential medicines	Supporting activities that harmonize approaches, reduce duplication and build managerial and technical capacity at the regional and country level to improve access to quality reproductive health essential medicines and commodities	PDRH, TCC, TCC, OWER 4.7
	<i>Activities</i>		
1	Establishing networks supporting knowledge transfer and virtual continuing educational opportunities focused on improving access to quality reproductive health medicines		



ID	Product	Product description	Funding source, budget section, team, Organization-wide expected result
		2 Maintaining the normative role of preparing specifications and procurement guidelines for reproductive health commodities and medical devices	
		3 Expanding the use of interactive media and resource centres to improve the transfer and exchange of knowledge and access to and the use evidence-based information on improved access and use of essential reproductive health medicines and commodities	
		4 Conducting collaborative country-specific activities focused on building capacity to use appropriate technology to support the implementation and scaling-up of effective practices to improve access to and the use of reproductive health commodities and medicines	
96	Scientific and ethical rigour of HRP research assured	Meetings of scientific and ethical review bodies organized	HRP, RC, PMR, OWER 4.2
	<i>Activities</i>		
	1 Convening specialist panel meetings on: (1) Social Science and Operations Research in Reproductive Health; (2) Basic and Biomedical Research in Reproductive Health; (3) Country Programme Development in Reproductive Health; and (4) Epidemiological Research in Reproductive Health		
	2 Convening Scientific and Ethical Review Group (SERG) meeting		
97	Informatics support for HRP clinical research	Computer equipment upgraded as necessary, supplies made available, licences for software renewed, other support services	HRP, RC, SIS, OWER 4.2
	<i>Activities</i>		
	1 Providing support to clinical trials		
	2 Providing informatics support for HRP research		
98	Technical support for HRP clinical research	Data management and statistical support for HRP clinical research	HRP, RC, SIS, OWER 4.2
	<i>Activities</i>		
	1 Providing statistical support to clinical trials		
98 bis	Stationery, supplies, postage, communications in support of programme development	Coded articles, stationery, office supplies, telephone, postage, etc.	HRP, RC, SIS, OWER 4.2
	<i>Activities</i>		
	1 Ensuring adequate office supplies and miscellaneous services		
	2 Communications and postage		
99	Informatics support for the Department	Computer equipment upgraded as necessary, supplies made available, licences for software renewed, other support services	PDRH, RC, PMR, OWER 4.7
	<i>Activities</i>		
	1 Informatics support for PDRH		
100	External collaboration with and advice provided to Member States	Provision of advice to Member States on methodologies, findings and implications of research in reproductive health	HRP, GT, PMR, OWER 4.2
	<i>Activities</i>		
	1 Providing information in response to enquiries from individual, Member States, UN agencies, nongovernmental and other organizations on issues related to sexual and reproductive health		
	2 Convening meetings as and when needed to formulate guidance for Member States on interpretation, of and making operational, SRH research findings		



ID	Product	Product description	Funding source, budget section, team, Organization-wide expected result
101	Scientific and Technical Advisory Group (STAG) and Gender and Rights Advisory Panel (GAP) meetings	Funded in alternate years by HRP and PDRH	HRP, GT, PMR, OWER 4.2
	<i>Activities</i>		
	1 Convening Scientific and Technical Advisory Group (STAG) meeting		
	2 Convening Gender and Rights Advisory Panel (GAP) meeting		
102	Advocacy and promotion for HRP	Advocacy and promotional materials and activities for sexual and reproductive health	HRP, GT, PMR, OWER 4.2
	<i>Activities</i>		
	1 Developing and maintaining HRP web site		
	2 Producing newsletters		
	3 Producing <i>Biennial technical report</i>		
103	Translation, reprinting and dissemination of existing HRP scientific and technical materials	Translation, reprinting and dissemination of existing HRP scientific and technical materials	HRP, GT, PMR, OWER 4.2
	<i>Activities</i>		
	1 Dissemination of existing materials to centres, Member States, partners and collaborators		
	2 Reprints of articles and other materials		
104	External collaboration with and advice provided to Member States	Provision of advice to Member States on standards, guidelines, policies and programmatic issues in reproductive health	PDRH, GT, PMR, OWER 4.7
	<i>Activities</i>		
	1 Providing information in response to enquiries from individual, Member States, UN agencies, nongovernmental and other organizations on issues related to sexual and reproductive health policies, programmes and services		
	2 Convening meetings as and when needed to formulate guidance for Member States on interpretation and making operational findings from the implementation of sexual and reproductive health policies and programmes		
105	STAG and GAP meetings	Funded in alternate years by HRP and PDRH	PDRH, GT, PMR, OWER 4.7
	<i>Activities</i>		
	1 Convening STAG meeting		
	2 Convening GAP meeting		
106	Advocacy and promotion for sexual and reproductive health	Advocacy and promotional materials and activities for research	PDRH, GT, PMR, OWER 4.7
	<i>Activities</i>		
	1 Developing and maintaining RHR web site		
	2 Publishing <i>Biennial report</i>		
	3 Producing promotional materials		
107	Translation, reprinting and dissemination of existing PDRH technical materials	Translation, reprinting and dissemination of existing PDRH technical materials	PDRH, GT, PMR, OWER 4.7
	<i>Activities</i>		
	1 Disseminating existing materials to centres, Member States, partners and collaborators		
	2 Reprinting existing standards, guidelines and technical materials		



ID	Product	Product description	Funding source, budget section, team, Organization-wide expected result
108	HRP programme planning, governance, management, evaluation and staff development	Planning and evaluation for HRP programme management (consultants, duty travel)	HRP, PM, PMR, OWER 4.2
	<i>Activities</i>		
	1 Convening HRP Standing Committee meeting		
	2 Convening HRP Policy and Coordination Committee (PCC) meetings		
	3 Supporting HRP external evaluation		
	4 Organizing HRP staff development and training activities		
	5 Supporting HRP resource mobilization activities		
	6 Supporting HRP research management computer system		
109	Administrative support for HRP	Direct and indirect administrative support cost budgeted for and incurred by HRP (budget, finance, HR, office rental, legal services, etc.)	HRP, PM, PMR, OWER 4.2
	<i>Activities</i>		
	1 Providing direct support		
	2 Providing indirect support		
110	Stationery, supplies, postage, communications for HRP	Coded articles, stationery, office supplies, telephone, postage, etc.	HRP, PM, PMR, OWER 4.2
	<i>Activities</i>		
	1 Ensuring adequate office supplies and miscellaneous services		
	2 Communications and postage		
111	PDRH programme planning, governance, management, evaluation and staff development	Planning and evaluation for PDRH programme management (consultants, duty travel)	PDRH, PM, PMR, OWER 4.7
	<i>Activities</i>		
	1 Supporting RHR evaluation		
	2 Organizing staff development and training activities		
112	Stationery, supplies, postage, communications for PDRH	Coded articles, stationery, office supplies, telephone, postage, etc.	PDRH, PM, PMR, OWER 4.7
	<i>Activities</i>		
	1 Ensuring adequate office supplies and miscellaneous services		
	2 Communications and postage		

GRR – Gender, Reproductive Rights, Sexual Health and Adolescence; GT – general technical activities; MPH – Improving Maternal and Perinatal Health; OWER – Organization-wide expected result; PDRH – Programme Development in Reproductive Health; PFP – Promoting Family Planning; PHC – Primary Health Care; PM – Programme Management; PMR – Programme Management Team; PPI – Policy and Programmatic Issues; PUA – Preventing Unsafe Abortion; RC – research coordination; RHR – Department of Reproductive Health and Research; SIS – Statistics and Informatics Services; STI – Controlling Sexually Transmitted and Reproductive Tract Infections; TCC – Technical Cooperation with Countries for Sexual and Reproductive Health; UA – Universal Access.

Activities that are dependent on the full programme budget are indicated in bold, italic text. Many of the other activities will go ahead, but be down-scaled if only the contingency level budget is received.



## 2. WHO regional offices

### 2.1 Regional Office for Africa

#### 2.1.1 Issues and challenges

The 46 Member States of the WHO African Region face major sexual and reproductive ill health, accounting for a crucial part of the global burden of diseases in the region. Maternal and infant mortality and morbidity, unsafe abortion, STIs including HIV/AIDS, cervical cancer, harmful practices and violence against women and children, and sexual and reproductive health problems affecting young people are among the most pressing issues in sexual and reproductive health. Of the estimated 529 000 maternal deaths occurring every year, 48% are in the African Region. Studies show that in 2005 in the sub-Saharan Africa Region, there were 900 maternal deaths per 100 000 live births. The lifetime risk of maternal death from pregnancy-related complications is 1 in 26. The causes that contribute heavily to maternal death include the following factors: pregnancies are too early, too closely spaced, too late and/or too many. In addition, the contraceptive prevalence among married women in sub-Saharan Africa (estimated at 13%) is very low and the fertility rate (which is 5.5 children per woman) is very high. Furthermore, the population grows faster than the economy, and the level of poverty is rising.

Africa has the highest rate of unsafe abortion in the world. Every year, more than 4.5 million unsafe abortions occur. About 25% of these are among teenagers aged from 15 to 19 years. In 2003, complications due to unsafe abortion procedures accounted for an estimated 650 maternal deaths per 100 000 unsafe abortions. Additional consequences of unsafe abortion include loss of productivity, economic burden on public health systems, stigma, infertility and long-term health problems. Of girls and women who have an unsafe abortion, 10–50% suffer complications that need medical attention. Thus, the key challenge will be to determine unsafe abortion prevalence and practices, to produce norms, tools and guidelines on preventing unsafe abortion, and to assist countries in reducing unsafe abortion by preventing unwanted pregnancies and improving access to quality post-abortion care.

As the first pillar of safe motherhood – an essential component of primary health care – family planning could play

a major role in reducing maternal and newborn morbidity and mortality. However, traditional beliefs, religious barriers and lack of male involvement have weakened family planning interventions. Access to and use of contraceptives has not been widely successful. Yet research has confirmed high “unmet needs” for family planning: for married women aged 15–49 years this ranges from 13% to 38%. In recognition of the importance of family planning, in 2004 the Ministers of Health in the Region adopted a 10-year framework for accelerated action to reposition family planning on their agendas and in national reproductive health services. The framework, developed by the WHO Regional Office for Africa, in collaboration with its partners, calls for increasing efforts to advocate the recognition of the pivotal role of family planning in achieving health and development objectives at all levels, as targeted by MDGs 4, 5 and 6.

Cervical cancer is the most common cancer among sub-Saharan African women. It accounts for 22% of cancer deaths and affects the youngest age groups as a result of early sexual activity, multiplicity of sexual partners and history of STIs, mainly related to HPV. It is one of the leading causes of death among women. Although 80% of deaths from cervical cancer can be prevented if detected in time, 50% of cases are diagnosed at a later stage. One way to prevent cervical cancer is through screening and early treatment programmes. However, this requires political and technical input. Since 2006, a pilot project has been conducted at the primary health-care level in six African countries (Madagascar, Malawi, Nigeria, Uganda, the United Republic of Tanzania, and Zambia) to strengthen national cancer control programmes. The final review of the project concluded that screening and early treatment have been effective in preventing cervical cancer. However, the main issue is the sustainability of the interventions, which continue to depend to a large extent on external assistance. Despite their usefulness and the possibility of adequate national responses, these interventions are threatened when partners stop providing financial assistance.

With regard to HIV/AIDS infection in the Region, heterosexual transmission is the driving force of the epidemic. The majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding. In 2008, 55% of the 28 million people infected by HIV were women. Among youth, there are four infected women for



every man infected with HIV. Mother-to-child HIV transmission is estimated at 5–20% where there is no intervention. Programmes on prevention and management of HIV/AIDS must take into consideration not just poverty but also the gender dimension, gender inequality and social marginalization of the most vulnerable populations. The situation is aggravated by poor access to antiretroviral (ARV) therapy in most countries, although significant progress has been made during the past five years.

### 2.1.2 WHO Region for Africa Plan for Reproductive Health in 2010–2015

According to the 2010–2011 Biennial Plan, the WHO African Region Plan for Reproductive Health for the period 2010–2015 will be developed in line with the WHO Sexual and Reproductive Health Medium-term Strategic Plan. It will encompass the following main themes: (1) universal access to reproductive health; (2) renewal of primary health care that includes reproductive health services at its centre; and (3) promotion of service linkages within/between reproductive health and other relevant programmes.

### 2.1.3 Universal access to reproductive health

Lack of access to and poor use of sexual and reproductive health services and information contributes to high levels of morbidity and mortality for largely preventable sexual and reproductive health problems, in particular STIs including HIV infection. This situation compromises the MDG target of achieving universal access to reproductive health services. Strategic planning will be the key to address the epidemiological burden of sexual and reproductive illnesses through:

- Awareness and commitment raised at government/political levels.
- National and regional capacity-building to develop/strengthen comprehensive sexual and reproductive health policies, programmes and strategies.
- Adaptation, dissemination and implementation of norms, standards and tools for scaling-up universal access to sexual and reproductive health services including family planning.
- Improvement of the quality of sexual and reproductive care to ensure effectiveness, acceptability and use of services.

- Establishment of an efficient integrated surveillance system with a special emphasis on sexual and reproductive health.
- Collection of evidence-based information on sexual and reproductive health.
- Documentation and dissemination of best practices on sexual and reproductive health for advocacy, policy and programme development, monitoring and evaluation.
- Strengthening coordination and networking on research development on key issues related to sexual and reproductive health.

### 2.1.4 Renewal of primary health care that includes reproductive health services at its centre

In most African countries, the magnitude of reproductive health problems is due to weak and fragile health systems. Human resource shortage in terms of skills and numbers, competition with other health-related issues including the emergence of noncommunicable diseases alongside communicable diseases, and poor health information systems and research, compromise tremendously the chance of men and women enjoying reproductive health well-being throughout the life-cycle. In 2008, the Ouagadougou Declaration on Primary Health Care and Health Systems renewed the urgent need for the governments of the African Region to implement appropriate mechanisms in achieving nationally and internationally agreed health targets, including MDGs 4, 5 and 6.

Improving sexual and reproductive health will be a long-term investment. Strategic actions for the renewal of primary health care placing reproductive health at its centre will include:

- Advocacy in high-level arenas with governments, universities, nongovernmental organizations, and other UN agencies to develop and support the provision of essential reproductive health services in primary health care, particularly at the district level.
- Support to countries to achieve their reproductive health objectives.



- Advocacy for adequate resources for implementation of core components of reproductive health, funded through national budget and stakeholders' support.
- Resources mobilization and support to countries to explore other options for partnership with the private sector, donors and other key players under the leadership of the government.
- Community-financing schemes to support reproductive health interventions at community level.
- Establishment of institutional mechanisms involving all stakeholders to ensure sustainability in the provision of sexual and reproductive health care throughout the life-cycle.
- Capacity-building for managers and service providers to form a holistic response to reproductive health issues.
- Research and use of research findings for development of integrated services.
- Appropriate reproductive health monitoring and evaluation.

#### **2.1.5 Promotion of service linkages within/between reproductive health and other relevant programmes**

Based on the WHO Global Reproductive Health Strategy, the work of WHO in the African Region is to strengthen the capacity of Member States for accelerated action to uphold the principles of human dignity, equality and equity for the reproductive health rights of all individuals – women and men, young and old. Service linkages between the components of the sexual and reproductive health programme, as well as with other relevant programmes, is critical to ensure universal coverage of interventions through: control of STIs and HIV/AIDS, prevention and control of cervical cancer, prevention of unsafe abortion, repositioning of family planning, and mainstreaming gender in sexual and reproductive health. Further support will be given to countries, according to their national and specific needs.

It is therefore critical that public health actors are able to identify the factors that put women and men at risk, and address these factors through effective and comprehensive interventions. The support to countries will focus on:

- Effective partnerships among reproductive health stakeholders, including policy-makers, private sector, training institutions, professional associations, nongovernmental organizations, and community and religious leaders.
- Setting up of coordination mechanisms among partners.



## 2.2 Regional Office for the Americas

### 2.2.1 Problems and challenges

The Pan American Health Organization (PAHO) is the WHO Regional Office for the Americas; it cooperates with its 48 Member States, which have a total population of approximately 921 420 million people. Reproductive health continues to be an important challenge and, although progress has occurred during recent decades, there still remain major challenges to resolve in the Region, as demonstrated by indicators such as the maternal mortality ratio, which is 67.5 per 100 000 live births (according to reports of the ministries of health to PAHO). The Regional Office uses the official reports of the ministries of health, although there are other sources of information. Among these, WHO estimates are higher than those reported by countries.

Regardless of the source, the figures hide enormous inequities in a Region that is characterized by being the most inequitable; where the gap between poor and wealthy women is the highest of the world. Of these poor women, the indigenous population, those who live in rural areas, young women and those who receive less education, form the most vulnerable groups in which the risk of becoming ill or dying is the highest.

Of the total maternal deaths, in South America 1 in every 5 is due to unsafe abortion, while in Central America it is 1 in 10 and in the Caribbean 1 in 8. The incidence of unsafe abortion in the region of Latin America and the Caribbean for 2000 was estimated at 29 per every 1000 women aged between 15 and 44. Unsafe abortion persists as a public health problem, and if abortion could be eliminated as a cause of maternal death, several countries would fulfil the MDG 5 target.

The antenatal levels of care in Latin American countries are high (approximately 94%), although quality of care is lacking, which means work in improvement is needed. In this regard, inequities are also visible; for example, in the Plurinational State of Bolivia, according to the National Survey of Demography and Health 2003, nearly 98% of the women with higher education were seen by a physician during pregnancy, while less than 40% of women without education received this type of care. Similarly, the regional average of delivery care by skilled personnel is higher than

91%, although countries such as Haiti barely reach 28%. In Honduras, only 33% of deliveries of women in the poorest quintile are attended by a physician or nurse, while 99% of the women of the richest quintile receive this care (Encuesta Nacional de Demografía y Salud (ENDESA) 2005–2006).

The Caribbean is the second subregion of the world most affected by HIV, after Africa, with a prevalence of infection from 0.1 to 2.2%.<sup>1,2,3</sup> In Latin America the average prevalence of HIV infection is 0.5%.<sup>4</sup> During 2007 there were more than 11 million births in the region, but fewer than 55% of the pregnant women were tested for HIV, with a great disparity among the different countries of the region. In 2007, prophylaxis with ARVs for the prevention of mother-to-child transmission (PMTCT) in pregnant women infected with HIV did not exceed 36% in the Region.<sup>5</sup> The estimates for 2007 indicated that 55 000 children under 15 years were living with HIV,<sup>6</sup> of which 6000 died.<sup>7</sup> The majority of these children contracted the infection by MTCT, which can occur during pregnancy, childbirth or breastfeeding.

Syphilis continues to be a severe public health problem; it is calculated that every year there are more than 12 million new *Treponema pallidum* infections, of which more than 2 million are in pregnant women. It should be noted that Latin American countries have a higher estimated rate of maternal syphilis than any other region, estimated by WHO to be 3.9% between 1997 and 2003. With such a rate it is calculated that there could be approximately 459 100 cases of gestational syphilis in the Region of the Americas (excluding the United States of America and Canada)

1 UNICEF Statistics, 2006. [http://www.unicef.org/infobycountry/cuba\\_statistics.html#55](http://www.unicef.org/infobycountry/cuba_statistics.html#55)

2 EMMUS IV. *Encuesta de Mortalidad, Morbilidad y Utilización de Servicios*, Port au Prince, Haiti, Ministerio de Salud, 2006.

3 Caribbean HIV/AIDS statistics. <http://www.avert.org/caribbean.htm>

4 PAHO, WHO, UNAIDS. HIV and AIDS in the Americas 2007 Report. *The evolving epidemic, response and challenges ahead*. September 2007.

5 WHO, UNAIDS, UNICEF. *Towards Universal Access. Scaling up priority HIV/AIDS interventions in the health sector*, 2008. <http://www.int/hiv/pub/2008progressreport/en/index.html>

6 UNICEF. *The state of the world's children 2008*. <http://www.unicef.org/sowc08/docs/sowc08.pdf>

7 ONUSIDA. *Informe sobre la epidemia mundial de SIDA 2006. ANEXO 2: Estimaciones y datos sobre el VIH y el SIDA, 2005 y 2003*. [http://data.unaids.org/pub/GlobalReport/2006/2006\\_GR\\_ANN2\\_es.pdf](http://data.unaids.org/pub/GlobalReport/2006/2006_GR_ANN2_es.pdf)



with 164 222–344 331 cases of congenital syphilis (CS) every year.<sup>8</sup> In most of these cases, infection is generally transmitted to the fetus between weeks 16 and 28 of pregnancy, and is fatal in 30–50% of cases.<sup>9,10</sup> The prevalence of maternal syphilis varies considerably among the countries of the Region. For example, during 2005–2006, it was 1.4% in Argentina, 5.75% in Haiti<sup>11</sup> and 5% in Bolivia.<sup>12</sup>

Despite the existence of a resolution of the Governing Bodies of PAHO, signed by all the Ministers of Health in 1995 for the elimination of congenital syphilis, the achievements so far have been insufficient and require new action.

## 2.2.2 WHO Region of the Americas Plan for Reproductive Health in 2010–2015

The Strategic Plan of the Region of the Americas for the period 2010–2015 includes a Plan of Reproductive Health that was developed in accordance with the WHO Sexual and Reproductive Health Medium-term Strategic Plan 2010–2015. It includes the three main themes: (1) universal access to reproductive health; (2) renewal of primary health care that includes reproductive health services at its centre; and (3) promotion of service linkages within/between reproductive health and other relevant programmes.

The Regional Office for the Americas has a central role in providing country support to members in several technical areas, with particular attention to countries defined by WHO as priority (the Plurinational State of Bolivia, Guyana, Haiti, Honduras and Nicaragua).

8 Schmid GP, Stoner BP, Hawkes S, Broutet N. The need and plan for global elimination of congenital syphilis. *Sexually Transmitted Diseases* 2007;34(7 Suppl):S5–10.

9 Hira SK, Bhat GJ, Chikamata DM, Nkowane B, Tembo G, Perine PL, et al. Syphilis intervention in pregnancy: Zambian demonstration project. *Genitourinary Medicine* 1990;66(3):159–164.

10 Schulz KF, Cates W, Jr., O'Mara PR. Pregnancy loss, infant death, and suffering: legacy of syphilis and gonorrhoea in Africa. *Genitourinary Medicine* 1987;63(5):320–325.

11 WHO. *The global elimination of congenital syphilis: rationale and strategy for action*. 2007. [http://whqlibdoc.who.int/publications/2007/9789241595858\\_eng.pdf](http://whqlibdoc.who.int/publications/2007/9789241595858_eng.pdf).

12 Tinajeros F, Grossman D, Richmond K, Steele M, Garcia SG, Zegarra L, et al. Diagnostic accuracy of a point-of-care syphilis test when used among pregnant women in Bolivia. *Sexually Transmitted Infections* 2006;82 (Suppl 5):v17–21.

## 2.2.3 Universal access to reproductive health

### 2.2.3.1 Policies and plans to ensure access and universal health services coverage for sexual and reproductive health of mothers and neonates

The Regional Office of the Americas has been aligned with renewed involvement in 2007 to “achieve by 2015 universal access to reproductive health”. This requires major efforts to guarantee that reproductive health information and services reach the population in general and particularly those in marginalized and vulnerable populations. The identification of who is vulnerable is critical in Latin American countries. Strategic actions in order to achieve universal access to reproductive health are thus established:

- technical cooperation with priority countries to formulate plans for sexual and reproductive health within the framework of the Global Reproductive Health Strategy, and the position papers approved by the governing bodies of PAHO;
- advocacy for facilitating the implementation of strategies for the achievement of universal access to sexual and reproductive health;
- assistance in the preparation of guidelines with indicators for follow-up of the process of national implementation of the action plans on sexual and reproductive health;
- promotion at medical, nursing and obstetrics schools and through professional associations of the primary health-care strategy for delivery of quality services in maternal and neonatal sexual and reproductive health;
- support for activities in sexual and reproductive health in the regional groups of countries and between countries;
- coordination of the principal lines of action of the Interagency Regional Working Group for Reduction of Maternal Mortality.



**2.2.3.2 Technical cooperation to strengthen capacity across surveillance systems to generate information and interventions on sexual and reproductive health of mothers, newborns, children, adolescents and older adults**

Strategies to achieve improvement of surveillance systems are established:

- Developing new formulas and programmes of the Perinatal Information System (PIS) for preconception, neonates and other relevant aspects of sexual and reproductive health.
- Capacity-building to use the PIS data in epidemiological surveillance and monitoring of the quality of care in health services and the community.
- Setting up formulas and programmes of the abortion module of the PIS at country level.
- Interprogrammatic and interagency coordination for definition of the monitoring and progress indicators.

The objective is that, by 2011, 17 countries will have implemented information systems, broken down by age, sex and ethnic group, for monitoring sexual and reproductive health of mothers, newborns and adolescents.

**2.2.4 Renewal of primary health care that includes reproductive health services at its centre**

**2.2.4.1 Promoting the development of norms and standards in sexual and reproductive health and making pregnancy safer within the framework of the strategy of primary health care and in respect of human rights**

By the end of 2011, 19 countries of the Region will have implemented interventions in order to ensure the skilled care of women during pregnancy, childbirth and puerperium, and of the newborn. They will have formulated, developed, adapted and implemented standards and guidelines based on the best evidence and perinatal technologies, in agreement with the primary health-care strategy in key aspects of sexual and reproductive health, based on a respect for human rights; these include contraception, maternal, perinatal and neonatal health, cervical cancer and gender violence, in coordination with WHO's departments including the Family and Community Health Cluster,

Noncommunicable Diseases Prevention and Control, and Transforming Health Systems (MDGs 3, 4, 5 and 6).

**2.2.5 Promotion of service linkages within/between reproductive health and other relevant programmes**

**2.2.5.1 Reduction of congenital syphilis in countries of the region**

PAHO, together with other organizations, proposes to promote a regional initiative for the elimination of MTCT of HIV and congenital syphilis in Latin America and the Caribbean. It presents as principal strategies: coordinating development and implementation of national plans and activities for eliminating congenital syphilis and PMTCT of HIV; strengthening the capability of services for maternal and child health, newborns, and family and community care for the early detection, care and treatment of HIV and syphilis in pregnant women, children, and partners; disseminating the clinical guide on diagnosis and treatment of the Joint Initiative of PMTCT of HIV/Congenital Syphilis; intensifying surveillance of HIV and syphilis in maternal and child health services; and integrating HIV care in sexual and reproductive health care, newborn care and family and community health. At the end of 2011, 15 countries will have achieved the regional objective for the elimination of congenital syphilis, and at the end of 2013, 11 more countries should reach this goal.



## 2.3 Regional Office for South-East Asia

### 2.3.1 Issues and challenges

The WHO South-East Asia Region with its 11 Member States is home to approximately a quarter of the world's population. Reproductive health is a major challenge among other health-related challenges in the Region. Significant progress has been made during the past few decades; however much more still needs to be achieved.

The entire WHO South-East Asia Region countries showed significant decline in total fertility rate (TFR) during the period 1975–2005, except Timor-Leste which had a significant increase during the last five years of this period, to 7.8 in 2005. Although the global total fertility declined from an average of 4.5 births per woman in 1970–1975 to 2.6 births in 2000–2005, Bangladesh, Bhutan, India, Maldives, and Nepal still have TFRs ranging from 3.1 to 4.4. The teenage fertility rate was high in Bangladesh, Nepal, India and Timor-Leste, and in 2005 ranged from 80 to 182 per 1000 women aged 15–19 years. Accordingly, the incidence of teenage pregnancy is high in these countries.

The challenges of improving maternal and newborn health and the quality of family planning services and reducing unsafe abortion continue to be major issues for the Region. The WHO South-East Asia Region accounts for 171 000 maternal and 1.1 million neonatal deaths every year, which are about a third of the global figures for 2005. In addition, 1 million stillbirths occurred in the Region. More than 80% of maternal and neonatal deaths in the Region occurred in Bangladesh, India, Indonesia, Myanmar and Nepal.

Although most South-East Asian countries have improved access to modern contraceptive methods with contraceptive prevalence rates (CPRs) ranging from 24% to 70% (except Timor-Leste at 9%) in 2005, there was a tendency of stagnating CPR in some countries, and a large proportion of births are unplanned, mistimed or unwanted. The unmet need of contraception is high, ranging from 8.6% in Indonesia in 2003 to 28% in Nepal in 2001, and 37% in Maldives in 2004. Unsafe abortion accounts for approximately 13% of all pregnancy-related deaths and half of the unsafe abortions in the world occur in Asia.

There are very limited data on STIs in most countries of the Region if compared with data on HIV infection, which

indicates the need for more attention to reproductive tract infections and STIs. Indonesia and Sri Lanka received support in their efforts to eliminate congenital syphilis. The HIV prevalence among pregnant women remains relatively low in many South-East Asian countries; however, it has been increasing for several years. In Asia, in 2004, there were an estimated 155 400 pregnant women infected with HIV and 46 900 children became infected with HIV, while about 31 000 children developed AIDS.

The Global Reproductive Health Strategy that was endorsed by the World Health Assembly in 2004, and its framework for implementation provide guidance on the overall direction for improving sexual and reproductive health and programmatic approaches for addressing reproductive health problems in countries. The regional adaptation of the framework is being utilized for facilitating countries to implement accelerated actions in addressing key reproductive health priority issues in each country of the Region. The key challenge remains that of achieving universal coverage of reproductive health, especially in the areas of maternal and newborn health, family planning, preventing unsafe abortion and prevention and treatment of STIs. WHO continues to assist countries in addressing key issues in reproductive health.

### 2.3.2 WHO South-East Asia Region Plan for Reproductive Health in 2010–2015

The WHO South-East Asia Region Plan for 2010–2015 for Reproductive Health will be developed in line with the WHO Sexual and Reproductive Health Medium-term Strategic Plan 2010–2015. It has three overarching themes: (1) universal access to reproductive health; (2) renewal of primary health care that includes reproductive health services at its centre; and (3) promotion of service linkages within/between reproductive health and other relevant programmes.

The themes will be shaped around the following reproductive health components:

- improving antenatal, perinatal, postpartum and newborn care;
- providing high-quality services for family planning, including infertility services;



- eliminating unsafe abortion;
- combating STIs, including HIV, reproductive tract infections, cervical cancer and other sexual and reproductive health morbidities;
- promoting sexual health;
- research capacity strengthening.

### 2.3.3 Universal access to reproductive health

In 2007, the United Nations General Assembly agreed to integrate a new target to “achieve, by 2015, universal access to reproductive health” as Target 5B under MDG 5.<sup>13</sup> This will require extensive efforts to ensure that reproductive health information and services reach marginalized and vulnerable populations. The identification of who is vulnerable is a critical part of the work, and this will vary within and between countries.

#### 2.3.3.1 Strategic actions for achieving universal access to reproductive health:

- Strengthen country capacity to identify priority reproductive health interventions and set national targets for monitoring inputs, processes and outcomes.
- Promote and assist countries in implementing effective interventions for addressing key reproductive health issues according to country situation and needs.
- Improve the quality of reproductive health care, including adoption/adaptation of guidelines, to ensure effectiveness, acceptability, and use of services.
- Promote operations research to guide reproductive health programme development/strengthening.

### 2.3.4 Renewal of primary health care that includes reproductive health services at its centre

The *World Health Report 2008* focuses on the renewal of primary health care (PHC), which proposes a series of reforms that include: (1) universal coverage to improve health equity; (2) service delivery reforms to make health systems people centred; (3) leadership reforms to make health authorities more reliable; and (4) public policy reforms to promote and protect the health of communities.

The report also emphasizes what is needed for an effective response to the health challenges of today’s world, the values of equity, solidarity and social justice, and the growing expectations of the population in modernizing societies. This renewal provides a new platform for achieving MDG Target 5B, i.e. by placing key components of reproductive health services at the centre of primary health care.

#### 2.3.4.1 Strategic actions for the renewal of PHC that includes reproductive health at its centre:

- Strengthen health system capacity related to reproductive health services.
- Advocate in high-level political arenas with ministries of health and other ministries, partners in health, professional organizations, training institutions and academics, nongovernmental organizations and other stakeholders for the provision of essential reproductive health services in PHC.
- Assist countries in priority-setting, mobilize political will, create supportive legislative and regulatory frameworks, and strengthen monitoring, evaluation and accountability.
- Improvement of pre-service training for primary health-care providers to ensure obtaining the competencies needed for essential care and people-centred service.
- Advocate for adequate resources for reproductive health programmes to be delivered within primary health-care systems, so that programmes and services are funded through budget and sector-support mechanisms.
- Support countries to develop effective partnerships with the private sector, to ensure that quality reproductive health services are provided in primary care settings in an equitable way.
- Conduct operational research or piloting of key issues, such as implementation of people-centred service, and approaches to reach the poor and the marginalized.

<sup>13</sup> Report of the Secretary-General on the Work of the Organization. Official Records, Sixty-second session, Report A/62/1. New York, United Nations General Assembly, 2007.



### **2.3.5 Promotion of service linkages within/between reproductive health and other relevant programmes**

Service linkages among reproductive health components, such as maternal and newborn health, family planning, STIs/HIV, as well as between reproductive health and relevant programmes, such as Nutrition, Malaria, Health Systems, and Human Resources for Health, will be strengthened in order to maximize results and to share resources. This would improve the quality of care by improving the comprehensiveness of reproductive health care, which would also reduce missed opportunities and costs for services.

The cross-cutting issues of gender-based violence, human rights, and male involvement are linked to many components of reproductive health services. Strengthening linkages within/between reproductive health services and other programmes is therefore an important way to help build cost-effective and sustainable national health-care systems for achieving universal access to reproductive health.

#### ***2.3.5.1 Strategic actions for promoting service linkages within/between reproductive health and other relevant programmes:***

- Identify missed opportunities among reproductive health services and resources available for reducing them.
- Promote development of effective approaches for service linkages among reproductive health service components – taking into consideration the necessary skills, equipment, logistics, organization of services and use of resources, for provision of an integrated service.
- Conduct operational research on the cost-effectiveness of reproductive health services with various types of service integration.



## 2.4 Regional Office for Europe

### 2.4.1 Issues and challenges

The WHO European Region unites 53 Member States with a broad diversity of historical, economic and social backgrounds that directly or indirectly influence the health of the population, including sexual and reproductive health. During recent years, the WHO Regional Office for Europe has been trying to find the best way to assist countries to improve sexual and reproductive health by strengthening health systems in general. The Regional Office faces a number of challenges. Significant differences in health outcomes exist among and within countries. The maternal mortality ratio ranges from 210 deaths per 100 000 live births in Central Asia to 4–5 /100 000 live births in several western European countries. In 27 countries in the WHO European Region, the perinatal death rate per 1000 births is 6.48, whereas in the remaining 25 countries where child and adult mortality is higher, the perinatal death rate is 11.55 per 1000 births. However, pilot studies demonstrate that these numbers are an underestimation, and that the real figures can, in some cases, be several times higher; even in this Region where vital registration systems are considered complete, in many countries, maternal deaths still go underreported, and the real burden of maternal mortality is considered to be much higher.

Antenatal care is an essential safety net for monitoring the health and well-being of both the prospective mother and her offspring. Socioeconomic determinants of health, including rural living and education level, also have an influence on antenatal care coverage in the European Region. In several countries, maternal and child health is prioritized; however, integration of maternal health services into a broader package of sexual and reproductive health care or health of women before and after the pregnancy remains a challenge.

On average, the fertility rates in the European Region are low, which has influenced the actions of policy-makers of several countries to decrease access to contraception and safe abortion services. The influence of the church is increasing in many countries including the Russian Federation and Ukraine.

Reliable and internationally comparable data on contraceptive prevalence in many countries of the Region is missing, as well as evidence (results of operations research) on best practices that may influence the use of contraception in countries with different cultural backgrounds or multicultural countries. Cross-border mobility is increasing. There are countries in the Region where the percentage of migrant population is over 15% and some with a very diverse migrant population.

Globally, between 9% and 39% of married women (including women in union) have unmet need for family planning. However, data on unmet need for family planning and contraceptive prevalence are missing in many countries globally as well as in the WHO European Region. Reliable data are collected during demographic and health surveys or reproductive health surveys that have recently been carried out in only a few Member States of the European Region. The estimated unmet need for family planning is up to 20% of women in union. The indicator is much higher if unmet need for modern contraception is estimated.

Unintended pregnancy is one of the negative consequences of sexual risk behaviour. The number of unintended or unwanted pregnancies is decreasing in most countries of the WHO European Region; however, in some countries of Eastern Europe and Central Asia, where abortion is legal and services available, unsafe abortion still causes up to 20% of all pregnancy-related deaths. This requires more detailed research on the causes as well as on actions to be taken.

In many countries in the European Region, adolescents have no access to reproductive health education and/or cultural and socioeconomic factors influence their ability to seek services. Multicultural Europe has a large diversity of sexuality education and indicators of sexual health of young people. The adolescent birth rate (or births to women aged 15–19 years, expressed per 1000 women) declined from 52.1 in 1990 to 28.4 in 2005 in the Commonwealth of Independent States, and from 48.2 to 29 during the same period in the transition countries of South-Eastern Europe; however, the level of unwanted pregnancies as well as STIs



among this age group remains high in many Member States and in some is even increasing.

Interventions that could save the lives of women, men and young people and decrease negative outcomes are known, including appropriate use of interventions and rational drug use, but they are not fully implemented and are often outdated. Dangerous practices are still widespread in many countries of the European Region.

Adequate support to implement basic benefit packages should include regular monitoring of their effectiveness in providing key services, reducing out-of-pocket payment for reproductive health services, as well as reducing catastrophic expenses for complications in childbirth or abortion, infertility or cancer cases. New financing mechanisms are to be explored to facilitate access to services by adolescents, poor people, migrants and other disadvantaged groups.

Every year, more than 30 000 women die in Europe from a preventable disease – cervical cancer. Integration of prevention of cervical cancer into the existing health system and obtaining high-quality cost-effective screening is a challenge for many countries in the WHO European Region.

The highest rates of mortality from cervical cancer are in Romania, Lithuania and Serbia (the standardized detection ratio in Romania is 14/100.00 vs 0.9 in Italy).<sup>14</sup>

In almost all of the countries, issues of quality of reproductive health services are of concern. Improving maternal health, which is declared a priority in many countries of Eastern and Central Europe, is a medium to long-term investment. It requires additional commitment from Member States to provide appropriate strengthening of specific services as well as of health systems as a whole, and investment in broader areas of society which includes improvement in gender issues, education and socio-economic factors, among many others.

#### 2.4.2 WHO European Region Plan for Reproductive Health in 2010–2015

The WHO European Region Plan for 2010–2011 and beyond in reproductive health will be developed in line with the

WHO Medium-term Strategic Plan 2008–2013, and in close collaboration with colleagues working in the area of child and adolescent and maternal health, gender mainstreaming, healthy ageing, sexually transmitted diseases and HIV, noncommunicable diseases, and health systems specialists, especially experts in primary health care, public health, human resources and health financing. Actions to be taken to achieve the goals set were discussed and agreed upon during the family and community health focal points meeting in late 2008 where most of the Member States were represented.

The main objectives are: to support the update of policies, strategies, standards and regulations; to collect new evidence on interventions and delivery approaches in improving sexual and reproductive health; and to improve the quality of sexual and reproductive health care through capacity-building of health professionals.

##### 2.4.2.1 Governance/stewardship

The main focus is on monitoring of implementation of the WHO Global Reproductive Health Strategy, the European Regional Sexual and Reproductive Health Strategy (2001–2010) and other global and regional strategic documents directly linked to sexual and reproductive health (*WHO European Strategy on Child and Adolescent Health and Development* (2005), *European Strategy on Non-communicable Diseases* (2006), *European Strategic Framework on Improving Maternal and Perinatal Health* (2007), etc.) and assistance to Member States in development of national policies and strategies in sexual and reproductive health and building capacity in monitoring their implementation.

National and multicountry meetings on achieving the MDGs 3, 4 and 5 are planned, to assist countries most in need to clarify the main barriers to using the health-systems approach and to find ways to overcome them. A human-rights-based approach will be further promoted and countries will be assisted to use available WHO tools. Gender perspectives will be integrated in the newly developed national sexual and reproductive health strategies, and gender analysis will be carried out to understand gaps in services and to develop policies that address them.

<sup>14</sup> WHO. *European Health for All database* <http://www.euro.who.int/hfad>



#### **2.4.2.2 Health information**

Due to the lack of reliable and comparable data on sexual and reproductive health in the European Region, several activities are focusing increasing national capacity in developing and implementing operations research, improving surveillance systems, carrying out reproductive health surveys, and carrying out analyses of available information. Sharing of data between sectors will be encouraged.

#### **2.4.2.3 Services**

Activities of the WHO Regional Office for Europe will be focused on the renewal of PHC (*World Health Report 2008*) which includes reproductive health services at its centre, as well as promotion of integration of different sexual and reproductive health services such as family planning, STIs and cervical cancer prevention; maternal health; and prevention of gender-based violence. This would improve the quality of care by improving the comprehensiveness of reproductive health care, which would also reduce missed opportunities and costs for services.

The European Region is planning to do this by improving access to and quality of sexual and reproductive health services, including adoption/adaptation of guidelines, to ensure effectiveness, acceptability, and use of services, as well as by addressing the social, environmental and economic determinants of sexual and reproductive health

Several Member States have asked for WHO assistance in assessment of the quality of sexual and reproductive health services at primary health-care level, and activities started in the previous biennium and requiring development of the basic package of competencies, indicators and assessment tools.

Several capacity-building activities are planned to assist primary health-care providers in delivering basic reproductive health-care services using WHO tools developed for this level of care.

There is still limited knowledge in linking improvement of sexual and reproductive health with health system reforms including health financing. Several joint activities with health system specialists have been planned to assist countries.

Countries are urged to define, implement and monitor a system of continuum of care, including family planning,

antenatal care, appropriate diagnosis of complications, and referral to the right level of care. There is lack of knowledge in providing quality sexual health care for different age (youth and elderly) and population (those with disability, migrants, people living with HIV) groups. As sexual health is one of the five core aspects of the WHO Global Reproductive Health Strategy, several activities are planned in the European Region to assist further improvement of the sexual health of the population.

Special focus will be on the needs of the health and development of young people, finalizing the standards of sexuality education, strengthening school health services and ensuring scaling-up of youth-friendly services.

#### **2.4.2.4 Human resources**

Deployment of professionals in key areas (for example rural) is to be improved, and an environment created that enables health-care providers to use their skills to the full. WHO is planning to assist countries in the development and implementation of pre-service curricula for all health professionals, to ensure competencies are obtained that are needed for essential sexual and reproductive health care and people-centered service. Special focus is on family doctors and general practitioners as well as midwives and medical nurses, whose role and responsibilities have changed in many countries with the health system reform from specialized services to primary health care.

#### **2.4.2.5 Financing**

Adequate funding for sexual and reproductive health services for all population groups remains a challenge. The Regional Office for Europe is starting closer collaboration with health-financing specialists to discover existing financial barriers and their solutions. Costing of the national sexual and reproductive health action plans is one more area where WHO assistance is requested and should be provided in the nearest future.

#### **2.4.2.6 Strengthening partnerships**

Achievement of international development goals is impossible without building new and strengthening existing partnerships. There are several long-existing partnerships in the WHO European Region, but much more needs to be done to assist in development collaboration in the countries with



broad international assistance and many donor organizations present in the field.

The Regional Office for Europe has planned several joint activities in the area of sexual and reproductive health with the United Nations Population Fund (UNFPA), the International Planned Parenthood Foundation (IPPF), European Network, John Snow, Inc. (JSI), the United States Agency for International Development (USAID), and professional organizations such as the European Society of Contraception and Reproductive Health, and the European Society of Sexology.

The Regional Office for Europe together with UNFPA is planning to continue publication of the European Magazine on Sexual and Reproductive Health, *Entre Nous*, to discuss the global, regional and national best practices and challenges in the area of sexual and reproductive health.



## 2.5 Regional Office for the Eastern Mediterranean

### 2.5.1 Issues and challenges

Although there is no universal formula for programmes to achieve reproductive health, two basic principles are considered by the WHO Regional Office for the Eastern Mediterranean: building on existing successful experiences; and avoiding the creation of vertical programmes.

Guided by the Global Reproductive Health Strategy, the WHO Regional Office for the Eastern Mediterranean pays special attention to the five aspects of reproductive health. Nonetheless, safe motherhood – maternal and neonatal health, and family planning – is still the priority component of reproductive health in almost all countries of the Region. In 2007, it was estimated that 57 000 women and 510 000 newborns died of maternal- and neonatal-related complications in the Region. Meanwhile, the average contraceptive prevalence rate is still around 37% and the total fertility rate is as high as 4.2 children per woman. As a result, only an 18% reduction in maternal mortality has been achieved in the Region since 1990.

Of these deaths, 95% take place in six countries in the Region: Afghanistan, Morocco, Pakistan, Somalia, Sudan and Yemen. Unless extensive efforts are made in these countries, they are unlikely to achieve MDG 5. Nonetheless, the necessary financial and human resources have been dramatically shifted from health-protection and health-promotion programmes, especially those for sexual and reproductive health. The lack of necessary resources in some Eastern Mediterranean countries has been coupled with the current global financial crisis, which further aggravates the quality and coverage of reproductive health services, especially where they are most needed in both remote and scattered urban areas characterized by high turnover of health workers, inadequate supplies and equipment, and poor health services. Competing health priorities, vertical programme approaches and lack of coordination between the concerned national health authorities and international and local development partners have resulted in working with different plans of action rather than one concrete national workplan, programme fragmentation, missed opportunities, and inefficient use of the limited resources that are currently available.

Information on major determinants of reproductive health throughout the lifespan is still insufficient to enable evidence-based programme development and implementation in countries of the Region. Poor health information systems and research capacities in several countries have resulted in ineffective monitoring and evaluation of programmes that aim at improving sexual and reproductive health. Moreover, lack of accurate information on health throughout the life-cycle has led to insufficient political recognition of relevant programmes on the national-priority public health agenda.

### 2.5.2 WHO Eastern Mediterranean Region Plan for Reproductive Health in 2010–2015

The Sexual and Reproductive Health Plan in the Eastern Mediterranean Region aims at providing technical support to countries to build national capacities for developing gender-responsive policies and strategies and implementing and monitoring programmes for improving sexual and reproductive health and achieving health-related MDGs.

The plan is aimed at strengthening the core service components of primary health care that address an enormous burden of disease, intensifying action towards reaching key health-related MDGs (especially MDGs 4, 5 and 6) and other international commitments, such as universal access to reproductive health care. However, in some countries of the Region, the situation is worsening due to unfavourable conditions such as increased incidence of STIs among adolescents and a proportionate increase of neonatal mortality. Stagnating challenges such as maternal and neonatal mortality, and newly emerging ones such as the increase in STIs, along-with inadequate human and financial resources in several countries of the Region, require application of an integrated approach that aims at: scaling up towards universal access to effective interventions; paying attention to gaps in health and gender equity; and ensuring synergy and coordination between programme areas, service delivery levels, civil society and the private sector.

Political will to make a difference in these areas is flagging, and resources are insufficient. Unfortunately, those who are most affected, have the most limited influence on decision-makers and are often left out from the health care they most need. Some issues are politically and culturally sensitive and do not draw the attention that they should, given the burden placed on public health. Efforts to improve



the quality of health care needed and to increase coverage are insufficient. Lack of attention to gender inequality and gaps in health equity undermine ongoing efforts to decrease mortality and morbidity globally. This pattern can be changed through concerted action of all involved.

Recognizing the need to accelerate the reduction of morbidity and mortality and improve health during key stages of life, WHO has re-emphasized the continuum of care approach that covers the support that individuals, families and communities are able to receive from all levels of the health-care system, including the appropriate actions of skilled health workers both in the community and in health facilities, and good-quality services at both the primary health-care level and in hospitals. Critically, the continuum of care requires a functioning referral system with the necessary linkages between the different levels of health care, to ensure that complications, especially life-threatening emergencies, are well and quickly managed.

Technical knowledge and programme experience indicate that effective interventions exist for most of the health problems covered by this strategic objective, and that basic interventions are feasible and affordable even in resource-constrained settings. This implies the need for strengthening research, studies, surveillance and other data-collecting activities to enable evidence-based planning and implementation in accordance with the real health needs of the public. There is general agreement that what is required is action towards reaching universal access to and coverage by key interventions.<sup>15</sup> To this end, adopting a life-course approach which recognizes the influence of early life events and of intergenerational factors on future health outcomes will serve to bridge gaps and build synergies between programme areas, and will also provide an effective support to ensure active and healthy ageing.<sup>16</sup>

Improving maternal and neonatal health has been endorsed as a key development target by Member States. The 51st and 54th sessions of the Regional Committee for the Eastern Mediterranean passed resolutions EM/RC51/R.4 – Moving towards the Millennium Development Goals: investing in maternal and child health; and EM/RC54/R.2 – Neonatal

mortality in the Eastern Mediterranean Region: determinants and strategies for achieving Millennium Development Goal no. 4. Moreover, the Regional Committee for the Eastern Mediterranean endorsed in its 55th session in October 2008 a Regional Strategy for the Prevention and Control of Sexually Transmitted Infections 2009–2015.

In order to guide and support national efforts aimed at monitoring and evaluating the performance of country reproductive health programmes, the Regional Office has developed the necessary tools that are based on the global reproductive health indicators. Reproductive health country profiles, and frameworks for monitoring and evaluation of reproductive health programmes, have been developed to facilitate national activities in this context.

Emphasizing an evidence-based approach for strategic planning for promoting reproductive health, in 2004 the Regional Office completed the first phase of setting up a reproductive health research directory, in collaboration with RHR Headquarters. The second stage was focused on gathering information about the conducted research activities in the identified research institutes over a specified period. This stage was initiated and completed in Lebanon, Oman and Syria in 2007. The Regional Office expanded this directory to cover all Member States, and it currently provides information on 3713 articles on reproductive health research conducted in the Region that were published from 1990 to 2007.

An adaptation workshop on transforming health systems: Gender and Rights in Reproductive Health, was established at the Institute for Women, Gender and Development Studies, Ahfad University for Women, Khartoum, Sudan, in order to ensure that training tools and standards used in the curriculum are in line with the sociocultural norms and values prevailing in countries of the Region. The workshop has been conducted on an annual basis since 2004, and was attended by national health staff from Afghanistan, Ethiopia, Morocco, Nigeria, Sudan, the United Republic of Tanzania, and Yemen.

In support of building national capacity in reproductive health operations research, a five-year project with the American University of Beirut has been initiated in close communication with RHR Headquarters. Logistic preparations were completed in 2008, and the first year academic

<sup>15</sup> *Working towards universal coverage of maternal, newborn and child health interventions.* WHA 58.31, May 2005.

<sup>16</sup> *Strengthening active and healthy ageing.* WHA 58.16, May 2005.



training covering Jordan, Lebanon, Palestine and Syria is planned to start in 2009. Training on report writing of operations research projects is planned to support the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) operations research project, but Afghanistan and Yemen have not yet submitted a project proposal in this field.

Support to sexual and reproductive health and research will focus on:

- Providing technical guidance for the formulation and implementation of effective, evidence-based policies and interventions, aiming for universal access to care, with due attention to gender inequality and gaps in health equity; supporting countries to build their capacity for service delivery, with a particular attention on the strengthening of human resources for health, and the provision and rational use of essential medicines, safe blood, health technologies and commodities.
- Aligning the technical content of programmes and developing synergies between programme areas (including nutrition, HIV, tuberculosis and malaria), addressing the specific needs of females and males, while ensuring continuum of care from the home to the first-level health facility and referral facilities, and through the life stages.
- Supporting the necessary research and development of technologies and interventions, and providing the necessary evidence on determinants and causes of sexual and reproductive ill health, and on the effectiveness of programmes.
- Supporting countries to monitor their health situation, by age and sex, and assess progress towards internationally agreed goals and targets relevant to this objective, and to monitor and evaluate programmes to ensure optimal coverage with effective services.
- Working through partnerships to mobilize political leadership and resources for improving the sexual and reproductive health of both sexes and working towards reproductive health for all.

## 2.6 Regional Office for the Western Pacific

In the WHO Western Pacific Region, the countries are quite diverse in terms of population size, and health and development levels. For example, a country such as China had a population of 1.3 billion in 2005 while 13 Pacific Island Countries have populations of fewer than 100 000 per country. The sexual and reproductive health situation in many Western Pacific Region countries has significantly improved; however, there is still a lot to be achieved.

### 2.6.1 Issues and challenges

In the WHO Western Pacific Region, there is a low CPR in many countries and high unmet need for family planning services. In countries such as Cambodia, Kiribati, the Lao People's Democratic Republic, Papua New Guinea, the Philippines, Palau and Solomon Islands, the CPR is still below 50%. Such low rates are surprising because in many countries there are policies in place that support family planning. Despite the existence of these policies, low rates of use persist. This is because many of the policies remain on paper due to a lack of resources to implement the programmes. In many countries, the lack of accessibility to family planning services of acceptable quality and the lack of information about the services available remain obstacles to family planning use.

Unsafe abortions continue to be a major public health issue contributing to high maternal death and morbidities. There are about 14 million abortions per year and the rate of unsafe abortions in the age group 15–49 years is 20 per 1000 women. Many countries in the region do allow abortions, but indications for legal abortions vary from country to country. Despite the existence of these laws in many countries, many providers are wary about providing the service because of concerns about retribution and stigma, and also lack of training for providers of safe abortion services, and thus abortion services may not be easily accessible even where they are within the law.

There is a high incidence of unprotected sex particularly among adolescents in the Region. The adolescent population is now increasing, especially in Pacific Island Countries, such as Fiji, Solomon Islands, Vanuatu and other countries such as Cambodia, Papua New Guinea and the Philippines, causing an increase in the adolescent birth rate, contribut-



ing to an increase in unsafe abortions, which leads to high maternal mortalities. Teenage birth rates range from more than 100 per 1000 women aged 15–19 years in Nauru and the Lao People's Democratic Republic, to below 5 per 1000 in the Republic of Korea and 4 per 1000 in Hong Kong Special Administrative Region.

There has been an increase in STIs, cervical cancer and other gynaecological morbidities, especially in countries such as Cambodia, Mongolia, Papua New Guinea and Viet Nam. The highest estimated prevalence rates for gonorrhoea, of 3% or more, are found in Cambodia and Papua New Guinea, whereas in other countries such as China, Malaysia, the Philippines and Viet Nam, the prevalence was estimated to be less than 1%.

Many STIs are untreated because they are difficult to diagnose and because competent, affordable services are lacking. It is estimated that more than 10% of new HIV infections each year are caused by MTCT of the virus. MTCT can occur during pregnancy or labour or through breastfeeding. Services to prevent mother-to-child transmission (PMTCT) of HIV are important entry points for HIV/AIDS prevention, treatment, counselling, information and care services for women, their children and families. Many countries have made attempts to integrate PMTCT into antenatal care services. Most require one of the four antenatal visits to cover HIV/STI screening and counselling. However, it is estimated that only about 1 in 10 pregnant women with HIV in East Asia and the Pacific are offered services to prevent MTCT.

Adolescent sexual health has received most attention because of the vulnerability of young people regarding sexual matters and the prevalence of premarital sexual activity among young people. Young unmarried adolescents are often denied reproductive health services, whether by laws or by the attitudes of health personnel and attitudes of parents and others in the direct environment of adolescents. Thus, they often engage in unprotected sex and unsafe sex. They are denied counselling and services for preventing pregnancy and STIs and negotiating sex. They also lack access to resources for access to services, and lack mobility in some situations where socioeconomic and cultural barriers exist. Where services do exist, they are often ill-equipped to deal with issues related to adolescent sexual and reproductive health. Moreover, the most vulnerable

adolescents are hard to reach, such as those not in school and those who are impoverished. Adolescents need services not only from the formal health sector but also from schools, outreach programmes and other sources, often through nongovernmental organizations, for information and life-skills coaching on sexual and reproductive health.

Sexual violence can be an important factor in unwanted pregnancy, in acquiring an STI, and in sexual dysfunction. Forced sex can increase the risk of HIV transmission through abrasions and cuts if the partner is infected with HIV. The widespread availability and use of reproductive health services (including antenatal care, family planning services and services dealing with STIs) in most countries give those services a potential advantage for identifying women in abusive relationships and offering them referrals or support services. Sexual coercion at young ages affects later sexual behaviour of girls, leading to an increased likelihood of having multiple sexual partners, and feeling less empowered to use a condom. A multicountry study undertaken by WHO on women's health and domestic violence found that in 10 of the 15 settings in which the study took place (two are in the Region: Samoa and Japan [one city]), over 5% of women reported their first sexual experience as forced, with more than 14% in some settings. The study also found that the range of lifetime prevalence of sexual violence by an intimate partner was between 6% and 59%, with most sites falling between 10% and 50%. The proportion of ever pregnant women physically abused during at least one pregnancy exceeded 5% in 11 of the 15 settings.

Socioeconomic inequities play a large role in the poor standard of reproductive health in many countries of the Region, with poverty and gender being the most important factors. Data have shown that the proportions of births attended by skilled health professionals and contraceptive prevalence among couples vary by income quintiles, with poor women less likely to have births attended by skilled professionals and less likely to use contraception. Poverty also limits access to available sexual and reproductive health services, in particular antenatal care. Moreover, in some countries, women and girls are more likely to have restricted access to education, economic resources and decision-making for better health outcomes.



More direct causes of poor reproductive health care lie in: delay in recognizing problems and deciding to seek care; delay in transportation to reach appropriate care, because of the distance and travel time to reach the facility; delay of care in the facility; lack of appropriately trained staff; negative attitudes of health workers; and lack of essential drugs and equipment. There may be out-of-pocket expenses for services, in addition to the need to feed and care for family members. Sociocultural barriers to providing information and services to unmarried young people are a factor in the lack of progress in getting access to family planning services.

Universal access to formal health care is limited in many settings. In some large countries, China for instance, geographically remote areas may be underserved. Groups of people, such as sex workers; migrant populations; mobile populations such as sailors, fishermen and truck drivers; adolescents; rural populations; and the urban poor may also be left out of the services available for the general population. In some countries, especially in poor ones, political commitment to reproductive health may be subsumed under other competing development priorities; thus, the health systems may be weakened from a lack of human and financial resources.

Many of the challenges to universal access to sexual and reproductive health involve health systems. Weak primary health-care systems impede the provision of quality health care. In many countries, especially low-income ones, the lack of resources, both financial and human, contributes to poor health systems. Indeed, one of the key weaknesses of the implementation of sexual and reproductive health programmes is the severe lack of resources allocated to their execution. Finding sufficient financial resources to sustain quality services and also to scale-up new interventions is a significant challenge for countries that have many development priorities. For example, in many countries there does not appear to be a clear commitment to sustainable funding of essential sexual and reproductive health commodities. WHO-compiled data show that at the global level, countries spent 9.8% of their gross domestic product (GDP) on the health sector in 2006, of which 60% was general government expenditure and 40% private expenditure.

Part of the difficulty of attaining universal access to sexual and reproductive health is that the progressive assessment of access has not been conceptualized. Scaling-up of successful programmes often runs into problems of logistics and funding, thus affecting sustainability. Moreover, scaling-up of programmes should take into account country-specific challenges and advantages. Optimal ways of linking (or integrating as appropriate) sexual and reproductive health and HIV/AIDS (or other services) are necessary to avoid duplication, increase efficiency and maximize the use of scarce resources.

Because health systems vary greatly between countries, the use of research evidence for policy formulation and programme strengthening is essential. Investments in necessary research for improving health remain inadequate. In particular, approaches to sexual and reproductive health need special attention because elements of sexual and reproductive health continue to be sensitive. Some governments are reluctant to undertake unpopular yet necessary programmes because of a fear of community disapproval. Thus, many such programmes are undertaken by nongovernmental organizations.

## 2.6.2 WHO Western Pacific Region Plan for Reproductive Health in 2010–2015

In order to achieve universal access to sexual and reproductive health, the Western Pacific Regional Office has the following workplan for 2010–2011.

1. Technical support provided to build capacity of Member States for the accelerated implementation of the Global Reproductive Health Strategy and the Framework for implementing the Global Reproductive Health Strategy.

1.1 Support to countries and areas for the implementation of the Global Reproductive Health Strategy and the Regional Strategy and action plans towards the attainment of reproductive health goals and MDG 5 targets.

1.1.1 Review, analysis and updating of regional and national strategies for strengthening universal access to, and availability of, high-quality family planning and reproductive health services.



1.1.2 Technical support provided to countries and areas for the adaptation and implementation of evidence-based guidelines and manuals on family planning and reproductive health developed by WHO.

1.1.3 Support for translation, printing and publication of updated evidence-based guidelines and manuals of family planning and reproductive health.

1.1.4 Capacity-building in countries and areas for the implementation of global and regional evidence-based guidelines and manuals on sexual and reproductive health.

2. Technical support provided to Member States for the promotion of safe sex and strengthening institutions to address and manage consequences of unsafe sex.

2.1 Technical support to countries and areas to initiate and implement new or improved interventions for promoting safe sexual behaviours and preventing unintended pregnancy and infectious diseases.

2.2 Development of evidence-based and ethical policies, strategies, interventions, recommendations, standards and guidelines for promoting safe sex and addressing the consequences of unsafe sex.

3. Assistance provided to countries for mobilizing and securing political will, priority setting, and creating a supportive and enabling environment for sexual and reproductive health.

4. Strengthening of country capacity on monitoring and evaluation in order to collect, analyse and use information on sexual and reproductive health.



### 3. Financial tables

**Table 5. WHO Organization-wide budget for programme development in sexual and reproductive health (excluding HRP), 2010–2011**

Major office	Budget US\$		
	2008-2009	2010-2011	Change
Africa	11,154,000	6,500,000	-41.7%
The Americas	4,479,000	3,500,000	-21.9%
South-East Asia	5,844,000	5,700,000	-2.5%
Europe	2,472,000	1,100,000	-55.5%
Eastern Mediterranean	5,972,000	8,100,000	+35.6%
Western Pacific	2,879,000	2,500,000	-13.2%
Headquarters	15,264,000	13,000,000	-14.8%
<b>Grand total</b>	<b>48,064,000</b>	<b>40,400,000</b>	<b>-15.9%</b>

Note: This table consolidates budget figures across major WHO offices for Organization-wide expected result 4.7: 'Guidelines, approaches and tools made available, with provision of technical support to Member States for accelerated action towards implementing the strategy to accelerate progress towards the attainment of international development goals and targets related to reproductive health, with particular emphasis on ensuring equitable access to good-quality sexual and reproductive health services, particularly in areas of unmet need, and with respect for human rights as they relate to sexual and reproductive health'.

Source of data: *WHO Proposed Programme Budget 2010-2011* (approved by World Health Assembly in May 2009) and *WHO Proposed Programme Budget 2008-2009* (approved by World Health Assembly in May 2007).

**Table 6. RHR consolidated budget for 2010–2011, by budget section**

Budget section	Full budget level		Contingency budget level	
	Budget US\$	per cent of total	Budget US\$	per cent of total
Universal access	725,000	1.0%	593,000	1.0%
Primary health care	725,000	1.0%	593,000	1.0%
Strengthening linkages between SRH and HIV	1,148,000	1.6%	931,000	1.6%
Promoting family planning	9,379,000	13.4%	7,700,000	13.1%
Improving maternal and perinatal health	5,675,000	8.1%	4,685,000	8.0%
Controlling sexually transmitted and reproductive tract infections	7,389,000	10.5%	6,074,000	10.3%
Preventing unsafe abortion	8,267,000	11.8%	6,760,000	11.5%
Gender, reproductive rights, sexual health and adolescence	4,395,000	6.3%	3,573,000	6.1%
Research capacity strengthening and programme development	21,308,000	30.3%	17,408,000	29.5%
Research coordination	2,422,000	3.4%	1,970,000	3.3%
General technical activities	3,014,000	4.3%	2,832,000	4.8%
Programme management	5,797,000	8.3%	5,798,000	9.8%
<b>Grand total</b>	<b>70,244,000</b>	<b>100.0%</b>	<b>58,917,000</b>	<b>100.0%</b>
WHO Programme Support Cost (PSC) (see note)	2,755,000		2,282,000	
<b>Total including PSC</b>	<b>72,999,000</b>		<b>61,199,000</b>	

Note: In accordance with standard WHO procedures, a programme support cost of 13% is charged on expenditures against all extrabudgetary contributions to RHR, except those to HRP.


**Table 7. RHR Programme Development for Reproductive Health budget summary for 2010–2011, by budget section**

Budget section	Full budget level		Contingency budget level	
	Budget US\$	per cent of total	Budget US\$	per cent of total
Universal access	725,000	3.2%	593,000	3.2%
Primary health care	725,000	3.2%	593,000	3.2%
Strengthening linkages between SRH and HIV	948,000	4.2%	776,000	4.1%
Promoting family planning	2,950,000	13.2%	2,413,000	12.8%
Improving maternal and perinatal health	150,000	0.7%	150,000	0.8%
Controlling sexually transmitted and reproductive tract infections	3,806,000	17.0%	3,114,000	16.6%
Preventing unsafe abortion	-	-	-	-
Gender, reproductive rights, sexual health and adolescence	648,000	2.9%	530,000	2.8%
Research capacity strengthening and programme development	9,232,000	41.2%	7,525,000	40.1%
Research coordination	91,000	0.4%	74,000	0.4%
General technical activities	2,201,000	9.8%	2,069,000	11.0%
Programme management	945,000	4.2%	945,000	5.0%
<b>Grand total</b>	<b>22,421,000</b>	<b>100.0%</b>	<b>18,782,000</b>	<b>100.0%</b>
WHO Programme Support Cost (PSC) (see note)	2,755,000		2,282,000	
<i>Total including PSC</i>	<i>25,176,000</i>		<i>21,064,000</i>	



Table 8. RHR consolidated budget for 2010–2011, detailing staff and product costs

	Full budget level		Contingency budget level	
	Budget US\$	Per cent of total	Budget US\$	Per cent of total
<b>UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP)</b>				
Products	28,694,000	60.0%	21,006,000	52.3%
Staff positions	19,129,000	40.0%	19,129,000	47.7%
<i>Sub-total HRP</i>	<i>47,823,000</i>	<i>100.0%</i>	<i>40,135,000</i>	<i>100.0%</i>
<b>Programme Development in Reproductive Health (PDRH)</b>				
Products	9,050,000	40.4%	5,411,000	28.8%
Staff positions	13,371,000	59.6%	13,371,000	71.2%
<i>Sub-total PDRH</i>	<i>22,421,000</i>	<i>100.0%</i>	<i>18,782,000</i>	<i>100.0%</i>
<b>Grand total RHR Department</b>				
Products	37,744,000	53.7%	26,417,000	44.8%
Staff positions	32,500,000	46.3%	32,500,000	55.2%
<b>Grand total RHR</b>	<b>70,244,000</b>	<b>100.0%</b>	<b>58,917,000</b>	<b>100.0%</b>

Note: The UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) is part of the Department of Reproductive Health and Research (RHR). Separate accounts are kept for HRP and the remaining part of the Department devoted to programme development in reproductive health (PDRH).


**Table 9. RHR consolidated income requirements and sources of funds for 2010–2011**

	Full budget level		Contingency budget level	
	Budget US\$	Per cent of total	Budget US\$	Per cent of total
<b>UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP)</b>				
WHO Assessed contributions	1,343,000	2.8%	1,343,000	3.3%
Voluntary contributions	46,480,000	97.2%	38,792,000	96.7%
<i>All sources HRP</i>	<i>47,823,000</i>	<i>100.0%</i>	<i>40,135,000</i>	<i>100.0%</i>
<b>Programme Development in Reproductive Health (PDRH)</b>				
WHO Assessed contributions	1,232,000	5.5%	1,232,000	6.6%
Voluntary contributions	21,189,000	94.5%	17,550,000	93.4%
<i>All sources PDRH</i>	<i>22,421,000</i>	<i>100.0%</i>	<i>18,782,000</i>	<i>100.0%</i>
<b>Grand total RHR Department</b>				
WHO Assessed contributions	2,575,000	3.7%	2,575,000	4.4%
Voluntary contributions	67,669,000	96.3%	56,342,000	95.6%
<b><i>All sources RHR</i></b>	<b><i>70,244,000</i></b>	<b><i>100.0%</i></b>	<b><i>58,917,000</i></b>	<b><i>100.0%</i></b>
WHO Programme Support Cost (PSC) (see note)	2,755,000		2,282,000	
<i>Total income requirement, including PSC</i>	<i>72,999,000</i>		<i>61,199,000</i>	

Note: In accordance with standard WHO procedures, a programme support cost of 13% is charged on expenditures against all extrabudgetary contributions to RHR, except those to HRP. HRP pays for administrative costs in the form of direct charges, infrastructure charges, rent, and support to WHO administrative posts, which are not included in this PSC figure.



WHO combines ground-breaking research and the implementation, especially in developing countries, of new solutions to sexual and reproductive health problems. The Organization aims to strengthen the capacity of countries to enable people to promote and protect their own health as it relates to sexuality and reproduction and to have access to, and receive, sound sexual and reproductive health care when needed. To achieve this, WHO:

- conducts research to identify sexual and reproductive health problems and to find evidence-based solutions to them;
- uses new research knowledge to develop norms, guidelines, tools and interventions for sexual and reproductive health programmes in countries;
- develops mechanisms for the delivery and implementation at the country level of the new tools and interventions;
- undertakes advocacy work to promote a rights-based approach to sexual and reproductive health and the social and other changes needed for sound sexual and reproductive health for all.

The specific thematic areas of work of the Organization, selected on the basis of its comparative advantage, include: promoting family planning; improving maternal and perinatal health; controlling sexually transmitted and reproductive tract infections; preventing unsafe abortion; advancing gender equality, reproductive rights, sexual health and sexual and reproductive health of adolescents; and monitoring and evaluating sexual and reproductive health.

**For more information, please contact:**

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