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Preface

Those familiar with the Department’s annual technical reports will have noticed that the present report is considerably shorter than the ones in previous years. This is because we have decided to adopt a new pattern of reporting on the Department’s activities.

As you may be aware, hitherto each year the Department has issued an annual technical report aimed primarily at scientists and researchers, and every even-numbered year two biennial reports (one for the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction, and a second for the Programme Development in Reproductive Health component of the Department) aimed at a broader audience, including lay readers. This year (an even-numbered year) the Department is issuing a composite biennial report, covering both the research and programme development components of the Department, entitled Sexual and reproductive health – laying the foundation for a more just world through research and action; biennial report 2004–2005. In order to make the reporting more efficient, it has also been decided to issue a shorter, more focused annual technical report in even-numbered years, i.e. in years in which the biennial report will be issued. And, next year (an odd-numbered year), the Department will issue a comprehensive biennial technical report. This pattern of a composite, non-technical biennial report plus a shorter annual report in even-numbered years, and a biennial technical report in odd-numbered years, will be followed henceforth.

The present report contains summary reports of all activities undertaken in 2005 without details of the background for each ongoing activity. For such information, readers are referred to the Annual technical report 2004 and the biennial report 2004–2005.

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Director
June 2006
Department of Reproductive Health and Research

Highlights

The Department of Reproductive Health and Research (RHR) has set itself the mission of helping people to lead healthy sexual and reproductive lives. In pursuit of this mission the Department endeavours to strengthen the capacity of countries to enable people to promote and protect their own health and that of their partners as it relates to sexuality and reproduction, and to have access to and receive high-quality sexual and reproductive health services when needed. The Department of Reproductive Health and Research was established in November 1998 by bringing together the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) and the former WHO Division of Reproductive Health (Technical Support) (RHT). The purpose of joining these two entities was to facilitate integration of research and programme development in sexual and reproductive health within WHO.

ABOUT UNDP/UNFPA/WHO/WORLD BANK SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION (HRP)

The Programme was established in 1972 by WHO. In 1988, the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), and The World Bank joined WHO as the Programme’s cosponsors. The four cosponsoring agencies, together with the major financial contributors and other interested parties, make up the Programme’s governing body, the Policy and Coordination Committee (PCC), which sets policy, assesses progress, and reviews and approves the Programme’s budget and programme of work. Broad strategic advice on the Programme’s work is provided by the Scientific and Technical Advisory Group (STAG). In 1999, STAG assumed the responsibility for reviewing, and advising on, the work of the whole Department. The Scientific and Ethical Review Group (SERG) Panel reviews all projects involving human subjects and research in animals and contributes to ethical debate on matters relating to sexual and reproductive health. The Toxicology Panel is a complementary review body to the SERG Panel. It provides expertise in the evaluation of pharmacokinetic, metabolic, endocrinological, toxicological, teratogenicity, carcinogenicity and mutagenicity studies of drugs or devices developed or studied by the Programme or referred to it for advice. In addition, the Programme has several strategic review committees and specialist panels that advise on detailed research strategies.

- Work was under way in the Department to help WHO Member States implement the Reproductive health strategy to accelerate progress towards the attainment of international development goals and targets developed by the Department and approved by the World Health Assembly in May 2004. Data collected from countries during 2005 showed that, among other things, many were using the Strategy to integrate sexual and reproductive health further into their national development policies and to identify problems, set priorities and monitor progress towards sexual and reproductive health goals. To support countries in their efforts, an implementation framework and four policy-briefs (on creating supportive legislative and regulatory environment, sexual and reproductive health financing, integration of sexual and reproductive health services and adolescent sexual and reproductive health) were prepared. In addition, a progress report on implementation of the Strategy was prepared and submitted for review by WHO’s Executive Board in January 2006.
PROMOTING FAMILY PLANNING

- The conclusions of a consultation to assess the evidence on the association between the use of hormonal contraceptives and bone health (convened in June 2005) were published in the WHO Weekly epidemiological record and widely disseminated. Experts agreed that the benefits of these contraceptives (including progestogen-only methods) generally outweigh the risks of bone loss.

- New data from an initiative on pregnancy prevention in the era of HIV/STIs among married/cohabiting couples found that in KwaZulu-Natal, South Africa, a woman’s desire to avoid future childbearing is the strongest determinant of contraceptive use.

- A study among migrants in China indicated that greater condom use can be promoted through peer education.

- The Phase III study of testosterone undecanoate (TU) as a once-a-month contraceptive method for men was progressing according to schedule in China. In a study of the acceptability of TU, carried out in China in conjunction with the previous Phase II study, the participating men and their wives reported satisfaction with the method.

- A series of review articles summarizing the work supported by the WHO/Rockefeller Foundation joint initiative on implantation research was published in the journal Contraception, marking the end of this highly successful initiative.

- An HRP-sponsored study in Mexico on the safety of hormonal contraceptives in women with systemic lupus erythematosus established for the first time that hormonal contraception is safe for use by women with this condition.

- The long-term study of safety and efficacy of two IUDs (Multiload 375 and TCu 380A) was concluded with the completion of 10 years of follow-up of users. A second, 7-year follow-up study, comparing users of the levonorgestrel-releasing IUD and users of the TCu 380A has also been completed.

- A meeting of experts, convened by RHR and partners, concluded that no changes were warranted to the current guidelines for use of hormonal contraception among women at high risk of HIV infection, but that communication strategies need to be developed to avoid alarmist and sensational reports suggesting a possible association between use of certain hormonal contraceptives and risk of acquiring HIV infection.

- In response to a 2005 statement of the International Agency for Research on Cancer regarding the carcinogenicity of combined hormonal oral contraceptive preparations and combined hormone replacement therapy, the Department’s Guidelines Steering Group issued a statement explaining that, for most healthy women, the health benefits of combined oral contraceptives clearly exceed any health risks. The statement was posted on the Department web site and shared with partners and key players in sexual and reproductive health.

- The Decision-making tool for family planning clients and providers was published. An evaluation of its impact in Nicaragua found that it improved counselling and increased client satisfaction. Work was also completed on an implementation CD-ROM, which contains an adaptation guide for the tool and a training video on how to use the tool.

- As part of the ongoing work on the Global handbook for family planning providers, two consensus meetings were held and pretests were conducted in five countries.

- The CIRE (Continuous Identification of Research Evidence) system was used to identify and critically appraise new evidence (relevant to WHO family planning guidance) on several medical conditions, which led to the updating of six systematic reviews. New evidence related to seven contraceptive practice recommendations was also identified, leading to the updating of five systematic reviews.

- Medical eligibility criteria for contraceptive use (MEC) or Selected practice recommendations for contraceptive use (SPR) have been translated into seven languages; they were introduced in 60 countries through six regional workshops.

IMPROVING MATERNAL AND PERINATAL HEALTH

- The WHO trial on calcium supplementation for the prevention of pre-eclampsia in women with low calcium intake was completed. The trial found that calcium supplementation has a moderately protective effect on the risk of severe pre-eclampsia and early and total preterm delivery among women less than 20 years old, reducing maternal and neonatal morbidity and mortality.

- Three major trials were ongoing: vitamins C and E supplementation in pregnancy for the prevention of pre-eclampsia; multicentre randomized placebo-controlled trial to evaluate the effectiveness of one-day versus 7-day course of nitrofurantoin for the treatment of asymptomatic bacteriuria; a multicentre randomized placebo-controlled trial to evaluate the effectiveness of misoprostol to treat postpartum haemorrhage in addition to injectable uterotonic.

- The epidemiological characteristics and risk factors for different subgroups of cases of preterm delivery,
impaired fetal growth and pre-eclampsia, as well as the cut-off points for anaemia during pregnancy, were evaluated using the expanded data set of the "WHO antenatal care trial" (which involved over 40,000 women) and a paper was published. This research showed that neonatal outcomes differ among preterm deliveries according to clinical presentation, pregnancy complications, gestational age at delivery and its association with small-for-gestational-age.

- The first part of the "WHO Global survey on maternal and perinatal health" was completed in the WHO regions of Africa and the Americas; it included some 250 hospitals and 180,000 deliveries.

- A collaboration between HRP and the Chilean Ministry of Health on maternal and newborn mortality in Chile began with the documentation of the factors related to the reduction in maternal and newborn mortality which occurred in Chile between 1990 and 2000.

**CONTROLLING SEXUALLY TRANSMITTED INFECTIONS (STIs) AND REPRODUCTIVE TRACT INFECTIONS (RTIs)**

- The multicentre nested case-control study on incidence and risk factors for pelvic inflammatory disease (PID) following induced abortion was implemented with the aim of measuring the incidence of postabortion PID, identifying risk factors for the development of postabortion PID, and assessing the relative contribution of the identified risk factors to the overall risk of postabortion PID.

- A meeting of experts reviewed new evidence on the safety and efficacy of different antiretroviral drugs to prevent mother-to-child transmission of HIV infection and updated the guidelines for optimal use of antiretroviral drugs in resource-limited settings.

- The draft *Global strategy for the prevention and control of sexually transmitted infections* was prepared for presentation to the WHO Executive Board in January 2006.

- *Sexually transmitted and other reproductive tract infections: a guide to essential practice* was published and translations into Chinese and French were completed. In Kenya, operations research was started to evaluate the impact of the introduction of the guide on the integration of STIs/RTIs into sexual and reproductive health and primary health-care settings.

- Translations of the *Guidelines for the management of sexually transmitted infections* into French, Portuguese and Spanish were completed.

- A document entitled *Action for the global elimination of congenital syphilis: rationale and strategy* was developed in collaboration with the WHO Departments of Making Pregnancy Safer and HIV/AIDS. The strategy was being implemented in Bolivia, China and Peru.

- A manuscript for *Comprehensive cervical cancer control: a guide to essential practice* was prepared and was undergoing final editing.

- Applications for the inclusion of cefixime for the treatment of uncomplicated anogenital infections caused by *Neisseria gonorrhoeae* and for the retention of spectinomycin in the WHO Model List of Essential Medicines were submitted and accepted.

**PREVENTING UNSAFE ABORTION**

- A two-country study in South Africa and Viet Nam found that first-trimester abortions by manual vacuum aspiration provided by trained midwives were comparable in safety and efficacy to those provided by physicians.

- With a view to identifying the lowest effective dose of mifepristone to improve the safety of the medical abortion regimen and to reduce its cost, a randomized controlled trial of two doses of mifepristone (100 mg and 200 mg) involving 2184 women was carried out. Since a shorter interval between mifepristone and misoprostol is more practical, this trial also studied whether the 36–48 hour interval between mifepristone and misoprostol administrations could be shortened to 24 hours.

- A randomized trial comparing sublingual and vaginal administration and 3-hour and 12-hour intervals of three doses of 0.8 mg of misoprostol for the termination of pregnancy of up to 63 days was completed. The results showed that vaginal and sublingual administration of three doses had similar efficacy if given at 3-hour intervals. However, if the interval was 12 hours, vaginal administration was significantly more effective than sublingual administration.

- As a follow-up to previously conducted national strategic assessments of abortion-related issues in Mongolia, Romania and Viet Nam, scaling-up of interventions for comprehensive abortion care, including the introduction of medical abortion, was under way in Mongolia and Viet Nam. In Romania, a project to test the feasibility and acceptability of the provision of sexual and reproductive health services in factory settings was started and a project to strengthen the provision of postabortion contraception was ongoing.

- A strategic assessment focusing on the prevention of unintended pregnancy and quality of abortion and postabortion services was conducted in Moldova, and technical support was provided to a similar strategic assessment in Ghana. A rapid assessment was con-
ducted in Bangladesh in December to guide expansion and strengthening of the national menstrual regulation programme.

- Estimates of the incidence of unsafe abortion for the year 2002 were developed and the related burden of ill-health due to unsafe abortion was estimated.

- A practical guide for service providers entitled *Frequently asked questions on medical abortion* was finalized, and is scheduled for publication in 2006.

- A Memorandum of Understanding was signed with the Concept Foundation to expand the availability of medical abortion in developing countries wishing to introduce this technology. The Concept Foundation has negotiated a preferential, low public-sector price for the mifepristone–misoprostol regimen with a pharmaceutical company.

- Financial and technical input was provided to the “Asia intercountry workshop on reducing unsafe abortion”, which was conducted in collaboration with the WHO regional offices for South-East Asia and the Western Pacific, as well as Ipas. Stakeholder teams from Bangladesh, Bhutan, Cambodia, India, Indonesia, Maldives, Mongolia, Myanmar, Nepal, the Philippines, Sri Lanka, Thailand and Viet Nam, and representatives from five WHO country offices participated in the workshop.

**GENDER ISSUES, REPRODUCTIVE RIGHTS AND SEXUAL HEALTH**

- To understand the pathways to the practice of female genital mutilation (FGM) and what elements are needed to effect abandonment of the practice, a study on the decision-making dynamics related to FGM in areas on the Senegal–Gambia border was started. Preliminary results showed that the driving factor behind the persistence of FGM has been a powerful convention of female peer pressure.

- A multicountry study on gender, sexuality and vaginal practices was launched in Indonesia, Mozambique, South Africa and Thailand. Qualitative data on the meaning of, and reasons behind, various vaginal practices were collected from women and men aged 18 years and older. Preliminary findings from this first phase revealed that vaginal practices were more common and more varied than expected.

- Continuing support was provided to Al Ahfad University, Umm Durman, Sudan, for running the two-week WHO gender and rights course (*Transforming health systems: gender and rights in reproductive health*) for health programme managers from selected countries in the WHO African and Eastern Mediterranean regions. A one-week version of the course focusing more specifically on maternal health was conducted in Malaysia. An adapted version of the full course for French-speaking African countries was elaborated.

- Three field-tests of *Using human rights for maternal and neonatal health: a tool for strengthening laws, policies and standards of care* were undertaken. In Mozambique, the Government has made significant progress in reducing maternal and neonatal mortality, but coverage continues to be limited and localized in some regions of the country. Results of the field-tests in Brazil and Indonesia will be available during the first half of 2006.

**PROMOTING THE SEXUAL AND REPRODUCTIVE HEALTH OF ADOLESCENTS**

- A project in China evaluated the long-term sustainable impact of a youth-friendly intervention for promoting safe sex behaviour (contraception and condom use) among sexually active, unmarried young people aged 15–24 years in the Shanghai municipality. The study found that, compared with the control group (which received no intervention), the intervention group continued to exhibit significantly higher rates of safe sex practices three years following the intervention. Another project, also in Shanghai, China, found that the Internet has a high potential for providing sexual and reproductive health information to young people.

- An edited volume entitled *Sex without consent: young people in developing countries* was published. It is based on a 2003 consultative meeting jointly organized by the Population Council (Delhi), Family Health International/YouthNet and HRP. The 23 chapters in the book document evidence from a number of studies which reveal that sexual coercion is more widespread (1%–32% for girls and boys depending on population and question asked) than previously considered and that perpetrators are often well-known to the victims. A study in Ibadan, Nigeria, involving face-to-face interviews with 600 boys from four high schools, showed that 44% of them reported perpetrating coercive sexual behaviour, ranging from unwanted touching to tricking someone into having sex and rape.

**TECHNICAL COOPERATION WITH COUNTRIES**

**Africa and Eastern Mediterranean**

- Results became available from an ongoing study entitled “Obstetric sequelae of female genital mutilation” in 28 obstetric units in Burkina Faso, Ghana, Kenya, Nigeria, Senegal and Sudan. Overall, compared with women who had not undergone the procedure, women with FGM were significantly more likely to have complicated deliveries, with the risk increasing with more extensive
mutilation. Perinatal mortality was also increased, and the authors estimated from the results of their study that FGM was responsible for some 10–20 additional perinatal deaths per 1000 births in the study areas.

- A generic proposal was developed for a study on “Prevention of cervical cancer through screening using visual inspection with acetic acid: a demonstration project” in Madagascar, Malawi, Nigeria, Tanzania, Uganda and Zambia.

- With support from HRP, the Department of Obstetrics and Gynaecology, University of Nairobi, Nairobi, Kenya, held a stakeholders’ meeting to review the new WHO antenatal care model. At this meeting, an implementation plan was developed for the model to be introduced at the Kenyatta National Hospital and thereafter in the provincial hospitals.

- The fourth annual research methods course run by the Effective Care Research Unit in East London, South Africa, was held in August 2005. Due to limited funding, all ten participants were from South Africa.

- A course on “Research methods in sexual and reproductive health and HIV” was organized by the Reproductive Health Research Unit, Johannesburg, South Africa, with 22 participants.

- HRP provided support to an M.Sc. course in biostatistics organized by the University of Ibadan, Ibadan, Nigeria, where five professional biostatisticians were trained. HRP also supported five individuals from Nigeria, Senegal, Uganda and Zimbabwe to attend courses in sexual and reproductive health and statistics.

The Americas

- A total of 109 research studies were conducted in the six centres receiving research capacity strengthening support from HRP. Funding for these projects came from the following sources: five (5%) from HRP’s capacity building grants; 63 (58%) from national sources; 18 (17%) from thematic groups of RHR; and 23 (21%) from international agencies other than WHO.

- A subregional workshop was jointly organized by UNFPA, PAHO and WHO to discuss ways of promoting greater use of research findings and evidence-based guidelines in sexual and reproductive health programmes and services. This event brought together 96 participants from Argentina, Bolivia, Brazil, Chile, Honduras, Paraguay, Peru and Uruguay who included policy-makers, researchers, representatives of civil society and of professional organizations as well as country officers from UNFPA and PAHO/WHO.

- To continue building country-level capacity in research ethics, two workshops were jointly organized with Family Health International in Peru. Guidelines developed by the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases were adapted for the assessment and monitoring of research ethics committees and used in working meetings with the full membership of three research ethics committees in Guatemala, Panama and Peru.

- The level of utilization of the Health InterNetwork Access to Research Initiative (HINARI) by seven universities, three research centres and two maternity teaching hospitals located in 12 countries in the Americas showed a total number of 100,625 log-ins to the system from November 2004 to October 2005, 20% more than during the previous 12 months. WHO Library statistics show that the subscriptions covered by HRP allowed users in these twelve libraries to download a total number of 237,176 articles during the reporting period.

Asia and Western Pacific

- Proposals from new centres in Cambodia, Myanmar and Sri Lanka were reviewed by the Regional Advisory Panel (RAP) and endorsed for support.

- Support was provided to three RTI/STI research projects in Indonesia and Myanmar, and to one project on infertility in Mongolia. Two re-entry grants were provided to scientists in China and India to conduct implantation research. Some 300 studies were ongoing in centres collaborating with HRP.

- A regional dissemination seminar was held in Ho Chi Minh City, Viet Nam, at which findings from multicentre research, two regional research capacity strengthening initiatives and national research supported by HRP were presented.

- At a regional training workshop, 12 participants from the six countries of the Greater Mekong region developed operations research proposals addressing sexual and reproductive health information and service provision for selected populations of young migrants in their respective countries.

- A multicountry workshop enabled 15 participants to develop research proposals on the impact of health-care reform on the quality of emergency obstetric care (Bangladesh, Indonesia, Sri Lanka, Thailand and Viet Nam) and on STI services (China and Mongolia).

- Two national workshops on ethical issues in sexual and reproductive health research were held in Cambodia and Myanmar and two scientific writing workshops were conducted in Sri Lanka and Viet Nam.
Policy and programmatic issues in sexual and reproductive health

- The Strategic Approach\(^1\) was used to assess family planning service delivery in Afghanistan. It was found that most people were keen to plan their families, and the authorities and community and religious leaders were generally in favour of family planning. However, family planning services were not easily accessible and the country’s health personnel had very limited knowledge of family planning counselling and method delivery.

- In Rajasthan, India, a proposal to implement and evaluate adolescent sexual and reproductive health services was developed.

- Following the recommendations of a previous strategic assessment in China, the National Commission for Population and Family Planning decided to discontinue the provision of less effective, and potentially unsafe, contraceptive methods.

- An operations research study to develop sexual and reproductive health services for female factory workers began in Romania.

- In Yunnan, China, a participatory action research project was started to develop and test strategies to increase access to good-quality sexual and reproductive health services for urban migrants or “floating people”.

- In Zambia, a Stage III project “Pilots to regional programmes” has scaled up innovative strategies to strengthen family planning services in the Copperbelt region over the last two years.

- As part of a new initiative to promote sexual and reproductive health through national health and development planning processes—including sector-wide approaches (SWAps) and poverty reduction strategy papers (PRSPs)—case-studies of country experiences related to the promotion of sexual and reproductive health in SWAps and PRSPs were developed for Mongolia, Nicaragua, Senegal and Yemen. A consultation meeting reviewed and synthesized the results from the case-studies, and technical assistance was provided in selected countries to facilitate WHO and UNFPA involvement in these processes.

MAPPING AND IMPLEMENTING BEST PRACTICES IN SEXUAL AND REPRODUCTIVE HEALTH

- A paper based on a cluster-randomized trial to improve obstetric practices using an intensive method of promoting evidence-based knowledge (specifically the WHO reproductive health library) was submitted for publication. This study found that a multifaceted educational intervention comprising three workshops improved the knowledge of and use of RHL but did not have a consistent and clinically meaningful effect on changing practices. Papers on magnesium sulfate use and qualitative evaluation of the experiences of hospital staff with this drug were being prepared.

- A survey of WHO and UNFPA country representatives and sexual and reproductive health programme managers found that the WHO reproductive health library (RHL) was the most widely known RHR/HRP guidance document and received the highest grading as a high-quality publication.

- RHL 8 was launched on the Internet (www.rhlibrary.com) with a new design.

- Over 30,000 copies of RHL 8 in English and Spanish were produced and distributed, with subscriptions exceeding 15,000.

- Two training workshops were held in Fiji and South Africa on “Evidence-based decision-making in reproductive health” within the framework of the WHO/UNFPA Strategic Partnership Programme (SPP).

- All 23 partners in the Implementing Best Practices (IBP) Consortium signed a two-year extension to the IBP Memorandum of Understanding.

- In Ethiopia, strategies were developed to support the integration of family planning into services for voluntary counselling and testing and prevention of mother-to-child transmission of HIV.

- The IBP/Electronic Communication System (ECS) Knowledge Gateway grew to include over 3000 members; 83 “communities of practice” were supporting their own knowledge-sharing activities and those of the IBP Consortium.

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\(^1\) The Strategic Approach is a three-stage process to assist countries to assess sexual and reproductive health needs and priorities, test interventions to increase access to and the quality of sexual and reproductive health services, and then scale up successful models for wider implementation.
MONITORING AND EVALUATING SEXUAL AND REPRODUCTIVE HEALTH

- Work was under way to complete the systematic review of maternal mortality and morbidity. Two papers—one on the effectiveness of different databases in identifying studies for systematic reviews, and a second on a systematic review of the prevalence of uterine rupture—were published and three papers were in the process of publication/submission.

- Regional, subregional and country estimates for the proportion of births attended by skilled personnel were updated and estimates of the proportion of newborns with low birth weight (<2500 g) were developed and published.

- A technical consultation of experts reviewed the revisions to the Millennium Development Goals (MDGs) monitoring framework, examining specifically the target of “achieving universal access to reproductive health” and its suggested indicators proposed by the Millennium Project. The consultation recommended the inclusion of the following indicators: contraceptive prevalence (CPR), unmet need for family planning (UMN), and age-specific fertility rate (ASFR) in the 15–19 years age group. The recommendations were submitted to the “Inter-Agency Expert Review Group on MDG Indicators”.

COMMUNICATION, ADVOCACY AND INFORMATION

- Forty-six information products were produced and disseminated in 2005. These included books in various languages, newsletters, electronic publications, reports, fact sheets and videos.

- During the period 1 December 2004–30 November 2005, an estimated 1,645,894 visitors (number of sessions) downloaded a total of 1,367,481 documents (PDFs) from the RHR web site. During the same period, some 810,000 pages were viewed by visitors to the HRP web site, with about 202,000 items downloaded.

- A new electronic newsletter entitled HRP/RHR News was launched to strengthen communication with partners.

- Three scientific writing workshops were conducted in: Islamabad, Pakistan; Ho Chi Minh City, Viet Nam; and Colombo, Sri Lanka. A total of 57 researchers were trained.

STATISTICS AND INFORMATICS SERVICES

- The Statistics and Informatics Services Team provided support to a total of 32 multicentre research projects.

- HRP Standard Operating Procedures (SOPs) were reviewed with the help of a consultant and 14 reviewed SOPs were distributed to HRP staff.

- The Team provided on-site training of staff in collaborating centres participating in international multicentre trials. Two workshops were conducted in Kenya to implement the decentralization of data management for the study on the impact of highly active antiretroviral therapy (HAART) on the prevention of mother-to-child transmission (MTCT) of HIV and on mothers’ health (the Kesho Bora study).
Chapter 1
Promoting family planning

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1. INTRODUCTION

In order to meet the goals set out in the Programme of Action of the 1994 International Conference on Population and Development (ICPD), the Department is implementing a programme of work aimed at improving the quality of family planning care globally. This includes the development and dissemination of evidence-based family planning guidelines and tools, research into users’ perspectives on family planning services and technologies, the development of improved or new methods of contraception, the evaluation of the long-term safety of existing methods, and technical assistance to country programmes in the adaptation and implementation of technical and managerial guidance.

2. OBJECTIVE: TO BROADEN THE PROVISION OF HIGH-QUALITY SERVICES

2.1 Progress

2.1.1 Guideline development

The Decision-making tool for family planning clients and providers was completed and published during 2005. The tool has been, or is being, translated into 15 languages. National adaptations have been undertaken, or are planned, in 13 countries. An impact evaluation was completed in Nicaragua, with results showing that use of the tool improved counseling and increased client satisfaction.

Development of the Global handbook for family planning providers was continued with Johns Hopkins University/Center for Communication Programs (JHU/CCP) and in collaboration with over 20 partner organizations. Two consensus meetings were held, in addition to work with subgroups, to develop recommendations on issues where guidance is inconsistent or controversial. Pretests were conducted in five countries and a draft for final review was completed.

The Department uses the Internet-based Continuous Identification of Research Evidence (CIRE) system to identify and critically appraise new evidence relevant to WHO family planning guidance. A detailed description of the CIRE methodology can be found in Mohllajee AP et al. (American Journal of Preventive Medicine, 2005, 28:483–490).

In 2005, new evidence was identified in relation to the following factors: age; high risk of HIV infection; menorrhagia; high risk of sexually transmitted infection; taking drugs that affect liver enzymes; endometriosis; diabetes; obesity; family history of breast cancer; and known thrombogenic mutations.

Six systematic reviews were updated, and updates for six more reviews are ongoing. New evidence related to seven contraceptive practice recommendations was identified; five systematic reviews were updated, and two reviews are being prepared. Recommendations from peer reviewers did not result in any changes to the guidance contained in the Medical eligibility criteria for contraceptive use or Selected practice recommendations for contraceptive use. These two publications were translated into seven languages and were introduced to 60 countries through six regional workshops.

The Medical eligibility criteria wheel – a job aid for providers – was completed. The job aid was field-tested in three countries and found to be very useful to providers to help them to use the Medical eligibility criteria for contraceptive use.

In collaboration with JHU/CCP, the Department developed and pretested a two-day training course and a job aid on
Reproductive choices and family planning for people living with HIV. This course, which is part of the Integrated Management of Adult and Adolescent Illness (IMAI) of the WHO Department for HIV/AIDS, is aimed at strengthening the health sector for the scale-up of HIV prevention, care and treatment.

A consultation to assess the evidence on the association between use of hormonal contraceptives and bone health was convened in June 2005. It concluded that the benefits of hormonal contraceptive use generally outweigh the risks of bone loss; women in specific age groups may be at greater risk of bone loss and fracture. The resulting WHO statement was published in the Weekly epidemiological record, posted on the Department’s web site and shared with partners and key players in sexual and reproductive health.

In response to a 2005 statement of the International Agency for Research on Cancer (IARC) regarding the carcinogenicity of combined hormonal oral contraceptive (COC) preparations and combined hormone replacement therapy, the Department’s Guidelines Steering Group issued a statement explaining that, for most healthy women, the health benefits of COCs clearly exceed any health risks. The statement was posted on the Department’s web site and shared with partners and key players in sexual and reproductive health.

The editorial group to develop the fifth edition of the WHO laboratory manual for the examination of human semen and sperm-cervical mucus interaction met in March 2005 to present and discuss proposed evidence-based revisions to the manual. The revised edition of this widely requested gold-standard manual will include several new sections, revised and clarified descriptions of existing procedures, and evidence-based reference values of semen parameters in fertile men. The manual will be published in the first half of 2006 and will include a CD-ROM intended for technician training.

2.1.2 Users’ perspectives on family planning and sexual and reproductive health services

New findings from an initiative on pregnancy prevention in women at risk of human immunodeficiency virus (HIV) infection and other sexually transmitted infections (STIs) showed that, for women in KwaZulu-Natal, South Africa, a wife’s desire to avoid future childbearing was the strongest determinant of contraceptive use, taking into account her husband’s characteristics, attitudes and fertility desires. Other publications from this research initiative covered: condom use in marital and cohabiting partnerships; integration of sexual and reproductive health services; and consensus, power and trust in the use of family planning and condoms by couples in eastern and southern Africa.

Studies supported by an initiative on quality of care in sexual and reproductive health covered: improving access to family planning by using a pregnancy checklist in Mali and Senegal; providers’ perspectives on quality of family planning provision in Peru and Uganda; and the quality of services in Cameroon.

A study among migrants in China indicated that greater condom use can be promoted through peer education.

2.1.3 New initiatives and partnerships

HRP, together with international partners, convened an African regional meeting on “Hormonal contraception and the risk of HIV Infection”, in Nairobi, Kenya, in September 2005. This consultation concluded that, based on the currently available evidence, no changes to current guidelines for use of hormonal contraception among women at high risk of HIV infection were warranted, but that communication strategies should be developed to avoid alarmist and sensational reports. Further research in this area is urgently needed, as the potential impact of an increased risk on individual and public health is large in southern and eastern Africa.

2.2 Planned activities

2.2.1 Guideline and curriculum development

An adaptation of the Decision-making tool for family planning clients and providers is planned for use in areas with high HIV prevalence. This will include additional information related to HIV and reproductive choices, as well as testing and counselling.

Development of a training curriculum on contraceptive technology, including the most up-to-date guidance, is planned as a collaborative activity with partner agencies. The text for the course would be the Global handbook for family planning providers; it is intended to fulfil a need in both pre-service and in-service curricula.

The development of managerial and service delivery guidelines, to help strengthen the quality of services and address health system issues, is planned as a collaborative activity with partner agencies. Many guidance documents have been published on these issues, and development would begin with a review of existing materials.

The Department will continue to use the CIRE system, with supplemental search strategies, to ensure that WHO family planning guidance remains up to date. Consensus statements from peer reviewers and the Department’s Guidelines Steering Group will be available on the Department’s web site. When appropriate, systematic reviews will be included in the WHO reproductive health library or published elsewhere.

2.2.2 Users’ perspectives on family planning and sexual and reproductive health services

Two new studies are planned to begin in 2006: (1) sexual and reproductive health services for men in Argentina: needs,
availability and quality; and (2) users’ perspectives on reproductive choices among HIV-positive women receiving highly active antiretroviral therapy in Brazil.

Future research on users’ perspectives will explore the potential for greater condom use among married couples and during the postpartum period in contexts with a tradition of prolonged postpartum abstinence. In addition, it is envisaged to revisit the research sites in three countries (Kenya, South Africa and Uganda) included in the initiative on prevention of pregnancy when at risk of HIV infection or other STIs. Changes since the earlier studies will be examined, especially in strategies used by couples to avoid the twin risks of unintended pregnancy and infection with HIV or other STIs.

3. OBJECTIVE: TO WIDEN THE RANGE OF PRODUCTS OR TECHNOLOGIES

3.1 Progress

3.1.1 Methods of fertility regulation for women

Funds were made available from CG Therapeutics, an American company established for the sole purpose of developing and bringing to market an immunocontraceptive preparation based on, and directed against, human chorionic gonadotrophin (hCG). Evaluation of the stability, immunogenicity and safety of the hCG immunocontraceptive formulation is ongoing.

HRP arranged for the production (under Good Manufacturing Practice) of levonorgestrel butanoate and purchased 3.5 kg. Levonorgestrel butanoate is a long-acting progestogen that offers promise as an alternative to depot medroxyprogesterone acetate (DMPA) and as a component of a combined androgen/progestogen method of contraception for men. The Programme will continue to collaborate with the CONRAD programme and the United States National Institutes of Health’s National Institute of Child Health and Human Development (NICHD) in the formulation and testing of this compound.

A systematic review of the evidence for the efficacy of various therapies in the treatment or prevention of progestogen-induced endometrial bleeding irregularities is ongoing.

3.1.2 Methods of contraception for men

The Programme’s flagship Phase III study in China on the safety and efficacy of testosterone undecanoate (TU) as a method of hormonal contraception for men is progressing according to schedule, with the majority of study participants having completed follow-up. Data collection will be completed in mid-2006.

A study of the acceptability of TU as a once-a-month male contraceptive method was carried out in China in conjunction with the previous Phase II study. Men participating in the clinical trial and their wives reported positive opinions, while providers favoured long-acting methods. The investigators concluded that a proven safe, rapid-onset, long-acting injectable method for men would have potentially wide use in China.

Data were collected in a Programme-supported study to pilot test instruments to assess the acceptability of, and mood and behavioural changes attributable to, the administration of TU combined with norethisterone enantate (NET-EN) as a potential contraceptive. Analysis revealed that sexual behaviour and mood are not altered as a result of the administration of this steroid hormonal regimen. A manuscript describing the results of the acceptability component of the trial has been submitted for publication; additional analyses are ongoing. The information gathered will be used to develop a standard instrument for data collection in conjunction with clinical trials of male hormonal methods.

3.1.3 Basic science research related to reproduction and fertility regulation

In 2005, a series of review articles summarizing the work in implantation research supported by the Rockefeller Foundation and the Programme was published in Contraception, marking the end of this highly successful joint initiative. The publications were distributed to all the constituents of the Department, as well as to WHO regional offices and country offices.

A two-centre collaborative study on the role of progestogen in endometrial breakthrough bleeding is ongoing until the end of 2006. This study is investigating the cellular and molecular mechanisms of bleeding irregularities in women using progestogen-only methods of contraception.

3.1.4 Safety of existing methods of fertility regulation: long-term safety and efficacy studies

A randomized comparative study to assess the clinical performance and contraceptive efficacy of the implantable contraceptives Jadelle® and Implanon® is continuing successfully. Extended recruitment at selected centres will compensate for the inability of Chinese centres to participate in the study. An interim analysis was conducted in late 2005. The study is expected to be completed in early 2010.

The results were published of a study in Mexico sponsored by the Programme on the safety of hormonal contraceptives in women with systemic lupus erythematosus. Contraceptive choices for such women are severely limited as exogenous hormones are usually contraindicated, there is a need to plan pregnancy carefully, and the women are at increased risk of thromboses and infections. This study is the first to establish that hormonal contraception is safe for use by women with this special, rare condition.
Follow-up of the cohorts of women in Kenya, Thailand and Zimbabwe with HIV infection and using different methods of contraception was discontinued at the end of 2005, because of lack of funds.

Long-term follow-up of safety and efficacy of the use of intrauterine devices (IUDs) has been concluded. Ten years of follow-up in a randomized trial of users of two copper-bearing IUDs—the Multiload 375 and the TCu 380A—have been completed, and a manuscript will be submitted for publication early in 2006. A second study, including up to seven years of follow-up of users of the levonorgestrel-releasing IUD and users of the TCu 380A, has also been completed, and the manuscript is in preparation.

The sixth and final year of follow-up to monitor changes in bone mineral density in South African women using hormonal and non-hormonal contraceptive methods was completed. A paper on baseline characteristics of the women aged 40–49 years at enrolment to the cohort was published in 2005.

3.2 Planned activities

3.2.1 Emergency contraception

Studies on the mechanism of action of emergency contraceptives that could not be launched in 2005 because of lack of funds will be started in 2006.

3.2.2 Research and development of products and technologies

The Programme continues to provide support to the development and review of a protocol for Phase III evaluation of the Population Council’s combined vaginal ring; the Programme will fund two centres in the trial, scheduled to begin in 2006.

A Phase I trial of an hCG-based immunocontraceptive preparation will be initiated in mid-2006.

In collaboration with the CONRAD programme and Schering AG, the Programme plans to initiate in 2006 a Phase IIb safety and efficacy trial of TU combined with NET-EN as a method of male fertility regulation. This will be the largest efficacy trial of a combined method conducted to date.

4. OBJECTIVE: TO STRENGTHEN HEALTH MANAGEMENT AND SUPPORT SYSTEMS

4.1 Progress

The implementation CD-ROM for the Decision-making tool for family planning clients and providers was completed. The CD-ROM supports the introduction of the tool into national programmes. It includes adaptation and training guides, the electronic files of the tool, additional material for adapting the tool and other background resources.

The WHO/United Nations Population Fund (UNFPA) Strategic Partnership Programme (SPP) continues and has been extended for another two years by UNFPA. The programme will become stronger in 2006 with the involvement of the International Labour Office. In 2005, it expanded geographically: 20 countries from all six WHO regions are now active participants. These countries are at different stages of adapting various WHO sexual and reproductive health guidelines and incorporating them into their national policy and/or service delivery guidelines and training curricula.

5. OBJECTIVE: TO ENSURE EFFECTIVE INTERNATIONAL EFFORTS AND COLLABORATION

5.1 Progress

A meeting on family planning advocacy in the WHO African Region was held in November 2005, bringing together partners from the WHO Regional Office for Africa (AFRO), the United States Agency for International Development (USAID), UNFPA, the Policy Project, and Johns Hopkins University/Center for Communication Programs. The group revised an outline of a draft advocacy tool kit to support programme managers in the implementation of the regional strategy Repositioning family planning in reproductive health services: framework for accelerated action, 2005–2014. AFRO plans to revise and publish the tool kit in 2006.
Annex 1

PUBLICATIONS, GUIDELINES AND TOOLS IN 2005

Users’ perspectives


Cooper D, Bracken H, Myer L et al. Reproductive intentions and choices among HIV-infected individuals in Cape Town, South Africa. Cape Town, Women’s Health Research Unit, University of Cape Town, 2005 (policy brief).


CIRE system


**Post-ovulatory methods for fertility regulation**

Devoto L, Fuentes A, Palomino A et al. Pharmacokinetics and endometrial tissue levels of levonorgestrel after administration of a single 1.5 mg dose by the oral and vaginal route. *Fertility and Sterility*, 2005, 84:46–51.


**Long-acting methods of fertility regulation**


Chapter 1—Promoting family planning

WHO/Rockefeller Foundation Initiative on Implantation Research


**Methods for the regulation of male fertility**


**Long-term safety and efficacy**


**Guidelines and tools**

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* Translation by national or international partners.
Chapter 2
Improving maternal and perinatal health
J Villar, M Merialdi, A Shah, M Widmer

1. INTRODUCTION

The Programme’s maternal and perinatal research component aims to contribute to the reduction of maternal and newborn morbidity and mortality by implementing a research programme that is innovative, feasible, collaborative and, most importantly, focused on research conducted in developing countries to meet their needs and to improve programmatic efforts to strengthen health systems. Figure 1 shows the countries in the WHO maternal and perinatal research network.

Unlike the Annual Technical Report 2004, the present report does not include a report on programme development work in this area. The technical support activities in this area were transferred in January 2005 to the new WHO Department of Making Pregnancy Safer.

2. OBJECTIVE: TO WIDEN THE RANGE OF PRODUCTS OR TECHNOLOGIES

The Programme promoted research activities in maternal and perinatal health to support its objective to broaden the range of effective and evidence-based preventive and therapeutic interventions to reduce the major causes of maternal and newborn morbidity and mortality. Maternal and perinatal research activities conducted or planned during 2005 aimed at:

- generating evidence of effectiveness of interventions;
- stimulating fundamental research on outstanding obstetric problems of global importance;
- improving knowledge of the magnitude and burden of leading causes of maternal and newborn mortality and morbidity;
- promoting the implementation of research results to make programmatic strategies operational in countries.

2.1 Progress

2.1.1 Generating evidence of effectiveness of interventions

2.1.1.1 Prevention of pre-eclampsia

In the context of the implementation of the Global Programme to Conquer Pre-eclampsia/Eclampsia, several systematic reviews on etiological theories, screening methods and treatment options for pre-eclampsia have been published. This evidence is compiled and widely distributed through the WHO research to practice series and the WHO reproductive health library. In addition, several major multicentre studies are at different stages of development.

The WHO trial of calcium supplementation for the prevention of pre-eclampsia in women with low calcium intake was conducted in populations from Argentina, Egypt, India, Peru, South Africa and Viet Nam. Data on 8338 pregnant women
and their offspring have been collected and analysed. The results of the trial suggest that calcium supplementation has a moderate protective effect on the risk of severe pre-eclamptic conditions and on early and total preterm delivery rates and that it had an effect in reducing maternal and neonatal morbidity and mortality in this trial.

The WHO trial of vitamins C and E supplementation in pregnancy for the prevention of pre-eclampsia is still ongoing. At present more than 900 women, representing half of the total sample size, have been recruited in India, Peru, South Africa and Viet Nam. The United Kingdom component of the trial has been completed and data are being analysed.

2.1.1.2 Other multicentre studies

The multicentre randomized placebo-controlled trial to evaluate the effectiveness of a 1-day versus 7-day course of nitrofurantoin for the treatment of asymptomatic bacteriuria in pregnancy started in 2004. Almost 15,000 women have been screened until now and almost 400 cases were recruited. Results to date indicate that up to 5% of normal pregnant women have asymptomatic bacteriuria in pregnancy.

The multicentre randomized placebo-controlled trial to evaluate the effectiveness of misoprostol to treat postpartum haemorrhage in addition to injectable uterotonics started in July 2005. A total of 1400 women will be recruited in five collaborating centres during 18 months.

2.1.2 Stimulating research on obstetric problems of global importance

Recognizing that research in maternal and newborn health has been driven during the last decades by the needs of the richest countries, new collaborative research initiatives have been started with the aim of designing and implementing research activities that have the potential to benefit maternal and newborn health systems globally. The following two initiatives are based on international collaboration and have been implemented so far at no cost to the Programme.

Preterm Birth and Genetics International Alliances aims at identifying gene variants related to the risk of preterm birth that could potentially lead to novel approaches to develop methods for the identification of women at risk, for their appropriate and timely care and for the prevention and treatment of preterm birth.

The Initiative for Research and Development to Improve Maternal and Newborn Health has the objective of engaging investigators, donors and key stakeholders in a collaborative decision-making process aimed at developing a new focus on research to improve maternal and newborn health systems globally. The initiative focuses on all the aspects of research that could strengthen and improve programmatic efforts, thus including biomedical, clinical, operational and health system research.

Figure 1. Countries in the WHO maternal and perinatal research network
2.1.3 Improving knowledge of the burden of leading causes of maternal and newborn morbidity and mortality

The epidemiological characteristics and risk factors of different subgroups of cases of preterm delivery, impaired fetal growth and pre-eclampsia, as well as the cut-off points for anaemia during pregnancy, have been evaluated using the expanded data set of the “WHO antenatal care trial” including over 40 000 women. A paper was published during 2005 in the American Journal of Obstetrics and Gynecology. This is a very important component of the research agenda because it maximizes the use of large data sets collected within randomized trials.

The Programme collaborated with the Ministry of Health, Chile, to document the factors related to the reduction in maternal and newborn mortality which occurred in Chile between 1990 and 2000. Data on approximately 3 000 000 pregnancies and deliveries were collected by the Ministry of Health; they were analysed and the results were published in Pediatrics. The study found that the neonatal mortality rate decreased between 1990 and 2000 from 8.3 to 5.7 per 1000 live births. The authors concluded that it is possible to reduce newborn mortality in developing countries by implementing effective neonatal care interventions.

As a collaborative venture between the Programme, the United Kingdom Institute for Cancer Research, and the Scientific Research Institute for Radiation Medicine and Ecology, Kazakhstan, an assessment of reproductive health in relation to radiation exposure around the nuclear test site in Semipalatinsk in Kazakhstan, was launched in 2001 to investigate the consequences for reproductive health of exposure to radiation. The Semipalatinsk area was a nuclear weapons testing site from 1947 to 1989, resulting in considerable radioactive contamination of large territories and radiation exposure of the inhabitants. The study is now completed and data are being analysed.

The first part of the pilot phase of the “WHO global survey of maternal and perinatal health” was completed in Africa and the Americas, including close to 250 hospitals and 180 000 deliveries representing the most up-to-date data available. Several presentations have already been made and papers are under preparation.

2.1.4 Promoting the implementation of research results

Dissemination of research results is a high priority that has to complement the publication of study results in major medical journals. Specifically designed dissemination materials are produced in the context of the series From research to action and actively distributed worldwide to facilitate the translation of research results into clinical and public health practice. During 2005, two new packages, Nutrition in pregnancy and Pre-eclampsia/eclampsia, were added to the series.

The papers in the WHO discussion paper series Moving towards universal coverage aim to provide reviews and discussions of current evidence regarding progress in achieving universal coverage. Emphasis is given to the implications for health programmes and health systems of expanding coverage of health services for women, babies and children. One Programme member is on the series’ editorial board. The first six papers will be published in mid-2006.

2.2 Planned activities

2.2.1 Prevention of pre-eclampsia

The multicentre prospective observational study to evaluate the predictive ability of angiogenic factors for pre-eclampsia will start in March 2006 to determine if angiogenic markers, measured in blood or urine, could predict pre-eclampsia weeks prior to overt disease. If these markers prove to be predictive, this will be a major step in the care of women at high risk for pre-eclampsia.

2.2.2 Ongoing studies

A 9-country study of caesarean section techniques, with 4000 women, and a 4-country study of gene–environment interactions and risk of preterm birth, involving 3200 women, are in preparation.

3. OBJECTIVE: TO ENSURE EFFECTIVE INTERNATIONAL EFFORTS AND COLLABORATION

The Programme started the second 5-year period 2004–2009 by continuing with the same high output of projects, publications and dissemination activities that characterized the implementation of the first 1998–2003 programme of work. Collaboration has been extended in both developed and developing countries, and these efforts are recognized by frequent invitations to meetings and requests for opinions and publications. Importantly, new large collaborative fund-raising activities have been started to help mobilize resources for maternal and newborn health research. In the current climate of reduced funding for sexual and reproductive health activities, resource mobilization and generation of public awareness will progressively become more important for the maintenance and expansion of the research programme. Efforts should be targeted to reach potential donors outside the boundaries of public health agencies and traditional partners.
Annex 1

PUBLICATIONS AND GUIDANCE MATERIAL IN 2005

Publications


Guidance material


Chapter 3
Controlling sexually transmitted and reproductive tract infections
TMM Farley, N Broutet, I de Vincenzi, S Dludlu, F Ndowa, J Samuelson

1. INTRODUCTION

The work of the Department in the control of sexually transmitted infections (STIs) and reproductive tract infections (RTIs) includes development of strategies, guidelines and tools for policy, programme planning, training and implementation. The work also includes promoting dissemination and utilization of these tools in regions and countries and establishing evidence for new and improved STI and RTI control strategies. Another area of work includes research on the prevention of mother-to-child transmission of HIV and other STIs, and advocating for and conducting research on the development and deployment of safe and effective microbicides. The Department also conducts operations research on the introduction of interventions aimed at controlling STIs and their complications. At regional and national levels, areas of work include advocacy for STI/RTI control interventions and promotion of linkages and, where appropriate, integration between STI prevention and management, and other relevant areas such as family planning, HIV/AIDS, adolescent services and maternal and newborn health.

2. OBJECTIVE: TO BROADEN THE PROVISION OF QUALITY SERVICES

2.1 Progress

2.1.1 Guideline development

A meeting was held in June 2005 to review new evidence on the safety and efficacy of different antiretroviral drugs to prevent mother-to-child transmission of HIV infection, and the guidelines for optimal use of antiretroviral drugs in resource-limited settings were updated.

The draft Global strategy for the prevention and control of sexually transmitted infections was finalized for presentation to the 117th session of the WHO Executive Board in January 2006. The draft strategy is currently being translated into Arabic, Chinese, French, Russian and Spanish. An advocacy brochure was developed, summarizing the key elements of the strategy, the main reasons to invest in STI control and the opportunities for synergies between STI control, sexual and reproductive health and HIV prevention and care programmes.

The Programme guidance tool and country experience kit is being prepared for printing. This set of tools assists country programme managers to prioritize and implement interventions for STI prevention and control based on a comprehensive strategic approach.

Sexually transmitted and other reproductive tract infections: a guide to essential practice was published. Translations into Chinese and French were completed; the Portuguese, Russian and Spanish versions will soon be available. This document is intended to assist health-care managers and practitioners in resource-limited settings to meet the needs of individuals who may be at risk of reproductive tract infections, in an integrated sexual and reproductive health-care approach.

Guidelines for the management of sexually transmitted infections, published in 2004, provides treatment protocols and flowcharts for STI care. The publication has been translated into French, Portuguese and Spanish; printing and distribution are expected in the first quarter of 2006.

The Training modules for the management of sexually transmitted infections has been finalized and translated into
French and Spanish. An interactive self-learning CD-ROM is being compiled. Printing and distribution of the English version will commence in the first quarter of 2006, followed shortly after by the other language versions.

**Action for the global elimination of congenital syphilis: rationale and strategy** was developed in collaboration with the Departments of Making Pregnancy Safer and HIV/AIDS. The strategy is being implemented in Bolivia, China and Peru. An advocacy brochure on eliminating congenital syphilis has been published and distributed.

**Comprehensive cervical cancer control: a guide to essential practice** has been developed as a collaborative effort with the Department of Chronic Diseases and Health Promotion and the participation of country representatives and international agencies working on the prevention of cervical cancer. It is currently undergoing final editing and will be printed and translated in 2006.

The **STI.PAC—Framework and tools for prevention and care** has been elaborated. This is a package of tools for implementing and monitoring STI prevention and care services in settings where they have been identified as a priority. The tools are targeted primarily at national programme managers and other implementing agencies and partners. The final versions are being processed for clearance and publication.

The report of a WHO Consultation on the "Development of strategies for the control of curable genital ulcer diseases", held in November 2004, was finalized and disseminated. The report is now under review for approval for publication on the Department’s web site. An implementation strategy for curable genital ulcer diseases has been drafted as an outcome of the meeting.

A consultative meeting on periodic presumptive treatment as an option for STI control among specific populations at high risk of STIs was held in London in September 2005. A draft report has been produced, with proposed recommendations that target mainly sex workers. The report will be finalized and distributed, and discussions are continuing to produce and submit a journal article on the role of, and appropriate settings for, periodic presumptive treatment interventions for STI control.

**2.1 New initiatives and partnerships**

Throughout 2005, within the context of the WHO/UNFPA Strategic Partnership Programme (SPP), financial and technical support was provided to 20 countries of intensified focus in all six WHO regions. The emphasis was on sexually transmitted infections and family planning. WHO staff from headquarters and regional and country offices participated in advocacy and adaptation workshops related to the STI/RTI care guidelines.

**2.2 Planned activities**

The draft **Global strategy for the prevention and control of sexually transmitted diseases** will be presented to the WHO Executive Board in January 2006, with a draft resolution for consideration; the Executive Board is expected to refer the strategy to the World Health Assembly in May 2006 with a recommendation for endorsement. A shorter advocacy document has been finalized and cleared for translation and printing.

A document that will outline the role and use of each of the new or revised publications for STIs and RTIs will be prepared. This short matrix will serve to clarify the purpose of each document as well as to publicize their existence to the target audiences.

The SPP has been renewed for 2006–2007, and plans include regional implementation review workshops with the countries of intensified focus and more detailed work in countries towards adoption and use of the recommended practices. Other STI documents, such as the training modules and adaptation tools, will be shared in the process with country and regional staff. The Department, together with the regional partners, will guide monitoring and evaluation of proposed implementation processes at country level.

**3. OBJECTIVE: TO WIDEN THE RANGE OF PRODUCTS AND TECHNOLOGIES**

**3.1 Progress**

**3.1.1 Microbicides**

Two protocols were developed, one for men and one for women, to assess the safety of VivaGel, a dendrimer-based vaginal microbicide under development by Starpharma PLC, Melbourne, Australia. The studies were planned to start in late 2005 in Belgium (male penile safety), Kenya, Nigeria and the USA (female Phase I expanded safety among sexually abstinent and sexually active women). They have not progressed because Starpharma secured a grant from the United States National Institute of Allergy and Infectious Diseases (NIAID) to test the product in Australia, Thailand and the USA. Depending on the outcome of the new studies, collaboration may be envisaged in the future to implement effectiveness trials of the product.

**3.1.2 Kesho Bora**

Recruitment is ongoing in three sites (Bobo-Dioulasso in Burkina Faso, Mombasa and Nairobi in Kenya) in the Kesho Bora study ("A better future" in Swahili) on prevention of mother-to-child transmission of HIV. This multicentre research project aims to optimize antiretroviral drug use during preg-
nancy, delivery and breastfeeding in order to strengthen maternal care by linking maternal access to HIV treatment and prevention of mother-to-child transmission. The project also aims to increase efficacy of mother-to-child prevention in low-resource settings (currently with rates of transmission around 25% compared with 1–2% in developed countries), especially where breastfeeding cannot be avoided without putting infants at major risk of death from malnutrition and non-HIV infectious diseases.

3.1.3 Pelvic inflammatory disease

The multicentre nested case–control study on the incidence of and risk factors for pelvic inflammatory disease (PID) following induced abortion was implemented in conjunction with the study on “Pretreatment with misoprostol before vacuum aspiration for first-trimester abortion: a multicentre double-blind randomized controlled trial”, with the objectives of: (i) measuring the incidence of postabortion PID; (ii) identifying risk factors for the development of postabortion PID; and (iii) assessing the relative contribution of the identified risk factors to the overall risk of post-abortion PID. Recruitment was completed and vaginal and cervical samples were collected from 3149 women from 10 centres in eight countries. Analysis is under way.

3.1.4 Cervical cancer prevention

Implementation of a feasibility and acceptability trial for cervical cancer prevention, based on visual inspection with acetic acid performed at the primary health-care level and followed by cryotherapy, when necessary (in some centres at the secondary level), has begun in six African countries: Madagascar, Malawi, Nigeria, Uganda, United Republic of Tanzania and Zambia.

3.1.5 Inclusion of drugs for STI treatment in the WHO model list of essential medicines

Applications for the inclusion of cefixime for the treatment of uncomplicated anogenital infections caused by Neisseria gonorrhoeae and the retention of spectinomycin in the WHO Model List of Essential Medicines were submitted and accepted. The high efficacy, single-dose oral therapy and limited side-effects of cefixime, as well as its safety in pregnancy, mean that the drug is an important addition to the list of medications for STI treatment.

3.2 Planned activities

3.2.1 Elimination of congenital syphilis

The Department has prepared a global strategy for the elimination of congenital syphilis. In 2006, the Department expects several countries to begin implementing the strategy. Countries considering to do so include Madagascar, Mozambique, the United Republic of Tanzania and some countries in Europe. An international meeting with technical experts, regional advisers and country representatives is envisaged in 2006 to explore mechanisms for making congenital syphilis one of the key interventions of the new Department of Making Pregnancy Safer. It is anticipated that a research proposal will be developed to evaluate new indicators to monitor progress in the implementation of the strategy to eliminate congenital syphilis.

3.2.2 Cervical cancer prevention

Cervical cancer prevention programmes will be strengthened in additional countries by the introduction of the new guide on cervical cancer management in resource-constrained settings. Further discussions are planned to define the role of sexual and reproductive health services in the introduction of the human papilloma virus vaccine.

3.2.3 Genital ulcer disease

For genital ulcer disease control, a two-stage approach will be followed. First, the strategy will be finalized to tackle bacterial causes of genital ulcers, namely Haemophilus ducreyi (chancroid) and Treponema pallidum (syphilis), with emphasis on high-risk populations. The second phase will elaborate strategies for the control of herpes simplex virus type 2 (HSV-2) transmission as preliminary results from ongoing research on interventions for HSV-2 control become available. This task will need to be approached in conjunction with plans to make anti-HSV-2 treatments more available. As an additional implementation tool for the control of genital ulcer diseases, a training module for STI services for sex workers will be finalized. The focus on sex workers is based on accumulated evidence of some infections being perpetuated in circumstances of poor access to health-care services and frequent changes in sexual partners.

3.2.4 Other technical assistance

Technical guidance will be developed for the provision of safe male circumcision services, and assistance will be provided for the development and implementation of operations research on the safety and acceptability of male circumcision.

Technical support will be provided to the Departments of Making Pregnancy Safer and HIV/AIDS for implementation of a strategy for the elimination of HIV infection in infants, and to accelerate HIV prevention, particularly in the WHO African Region.

Technical review of the new synthetic latex female condom will be undertaken to assess its suitability for inclusion in the UNFPA condom procurement system.
4. OBJECTIVE: TO STRENGTHEN HEALTH MANAGEMENT AND SUPPORT SYSTEMS

4.1 Progress

4.1.1 Capacity building

Sponsorship was arranged for a trainee from Ethiopia to conduct research in the safety and effectiveness of microbicides by on-site training in Durban, South Africa, where he is participating in the field implementation of a randomized Phase IIIB study of the product PRO 2000. Following training in South Africa – which includes working within a very experienced research team – the trainee will return to his home institution to lead a centre for microbicide assessment.

The Department continued its technical support to countries through production and updating of guidelines and tools to support countries in the development of high-quality programmes and services for STI/RTI control. This work is implemented mainly through the SPP. In Kenya, operational research has begun to evaluate the impact of the introduction of Sexually transmitted and other reproductive tract infections: a guide to essential practice on the integration of STIs/RTIs into sexual and reproductive health and primary health-care settings. In China, evaluation of the implementation of the Programme guidance tool and its impact on integration linked to STI/RTI control programmes has been initiated.

The Department continued to provide technical support to five small-scale, health-services based studies on STI prevalence in the South-East Asia and Western Pacific Regions. A manuscript from one of these studies from the Lao People’s Democratic Republic has been submitted for publication.

As a mechanism to strengthen national and regional capacities and to provide technical support to countries, STI technical networks of excellence were set up in the African and Eastern Mediterranean Regions. Efforts will be made to pursue a request for the establishment of a similar technical network for the Western Pacific Region.

5. OBJECTIVE: TO FOSTER A SUPPORTIVE ENVIRONMENT

The Department participated in national meetings with ministries of health to advocate for the elimination of congenital syphilis, particularly in Bolivia and Peru. The visits resulted in a strong commitment from the ministries.

6. OBJECTIVE: TO ENSURE EFFECTIVE INTERNATIONAL EFFORTS AND COLLABORATION

6.1 Progress

In June 2005, a workshop was held in Muldersdrift, South Africa, for national drug regulatory authorities from the Southern African Development Community. The country participants discussed progress in microbicide research and in developing regional harmonized guidelines for drug regulation.

In November 2005, staff from the Department participated in the review of the current state of microbicide research and development and identification of high-priority activities for the field over the next five years, particularly with respect to the issues of commercialization and access. Though there are several Phase III studies currently under way, there has been little preparation in the microbicide field for marketing and distribution of products shown to be safe and effective. The review, which also covered basic science, manufacturing and formulation and clinical trials, will lead to a comprehensive Microbicide Development Strategy, expected to be released at the Microbicides 2006 conference in Cape Town, South Africa.

The Department sponsored participation of a staff member and the organization of a round table discussion at the International Conference on AIDS and STIs in Africa (ICASA), in Abuja, Nigeria, in December 2005. The subject of discussion was the current status and challenges in microbicide research and development, particularly with regard to implementation of Phase III effectiveness studies and the clinical assessment of new, highly potent microbicides containing low doses of antiretroviral drugs.

An international technical meeting was organized in November 2005 with technical and country partners to discuss the feasibility of evaluating a new indicator for monitoring elimination of congenital syphilis within Mother and Child Health programmes.

6.2 Planned activities

Plans are under way to hold an international consultation, in collaboration with the WHO Department of Child and Adolescent Health and Development, to discuss the implications of results from recent interventions for STI and HIV prevention and control for adolescents.
Annex 1

PUBLICATIONS AND GUIDELINES IN 2005

Publications


Guidelines


Chapter 4
Preventing unsafe abortion

IH Shah, J Cottingham, P Fajans, R Johnson, H von Hertzen, IK Warriner

1. INTRODUCTION

Preventing unsafe abortion continues to be a major public health challenge. There are an estimated 19 million unsafe abortions each year, resulting in the deaths of 68,000 women worldwide. In 1994, the Programme of Action of the International Conference on Population and Development (ICPD) urged countries and organizations “to deal with the health impact of unsafe abortion as a major public-health concern” and to ensure that, in circumstances where abortion is not against the law, the provision of abortion is safe. WHO’s first Global Reproductive Health Strategy, adopted by the 57th World Health Assembly in May 2004, notes, “As a preventable cause of maternal mortality and morbidity, unsafe abortion must be dealt with as part of the MDG [United Nations Millennium Development Goal] on improving maternal health and other international development goals and targets”.

The Programme’s work on preventing unsafe abortion responds to these recommendations. The overall strategy is to map and generate scientifically sound evidence on the prevalence and practice of unsafe abortion and its related morbidity and mortality; to translate the available research evidence into norms, tools and guidelines; to improve technologies and interventions to make abortion safe; and to assist in the development of programmes and policies that reduce unsafe abortion and improve access to safe abortion and quality post-abortion care. This work forms an integral part of WHO’s efforts to improve sexual and reproductive health and to reduce maternal morbidity and mortality.

2. OBJECTIVE: TO BROADEN THE PROVISION OF QUALITY SERVICES

With the aim of expanding the provision of quality abortion services, the Programme supports research and activities that: (i) evaluate interventions for preventing unsafe abortion and improving access to safe abortion within the legal context; (ii) seek to understand the sociocultural and service barriers to eliminating unsafe abortion; (iii) assess sexual and reproductive health services in general and the quality of abortion services in particular; and (iv) develop evidence-based norms, tools and guidelines.

2.1 Progress

2.1.1 Improving access to medical abortion

Significant progress was made in improving access to medical abortion for women in developing countries in circumstances in which abortion is legal. A Memorandum of Understanding was established between the Concept Foundation and WHO on collaboration to expand the availability of medical abortion. The Concept Foundation negotiated a preferential low price for the mifepristone–misoprostol regimen with a pharmaceutical company. Using data from WHO clinical trials, the pharmaceutical company has already begun negotiations with drug regulatory authorities and plans to register the medical abortion regimen in a large number of developing and developed countries.
2.1.2 Assessing the safety, efficacy and quality of abortions performed by mid-level providers

As there had previously been no assessment in developing countries that compared the safety of first-trimester abortions performed by mid-level providers with those performed by physicians, studies were undertaken in South Africa and Viet Nam to fill this gap. The studies tested the hypothesis that the rate of abortion complications among women having first-trimester abortions using manual vacuum aspiration (MVA) performed by trained mid-level abortion providers was the same as the rate for abortions performed by physicians. A second objective was to assess the quality of abortion care provided by the mid-level providers compared with that provided by physicians. Results from Viet Nam were reported in a policy brief entitled Mid-level health providers in Viet Nam provide first-trimester abortion by manual vacuum aspiration (MVA) as safely as physicians, and were presented at one international and one national meeting in Viet Nam. The results from South Africa became available in 2005 and a paper has been drafted on the comparative findings. Both studies found that first-trimester abortion by manual vacuum aspiration provided by trained midwives were comparable in safety and efficacy to those provided by physicians.

2.1.3 Assessing and improving abortion care

National strategic assessments of abortion-related issues were previously undertaken in Mongolia, Romania and Viet Nam. In Viet Nam, scaling-up of interventions for comprehensive quality of care, including the introduction of medical abortion, is under way. In Romania, a project to test the feasibility and acceptability of the provision of sexual and reproductive health services in factory settings has begun, and a project to strengthen the provision of postabortion contraception is also ongoing.

Support was provided to the ongoing comprehensive abortion care (CAC) project in Mongolia. The project is strengthening all aspects of quality of care including facility infrastructure, the technical competence of providers, and the provision of information and counselling and postabortion contraception. National norms and standards for abortion care have been approved with national dissemination planned for January 2006. Manual vacuum aspiration (MVA) has been widely introduced for early abortion. Following the registration of mifepristone and misoprostol, providers have been trained in the use of medical abortion for both first- and second-trimester termination of pregnancy. To date the project has trained over 100 gynaecologists, nearly one third of those in the country, and three regional, model CAC-training centres are currently being established.

A strategic assessment focusing on the prevention of unintended pregnancy and the quality of abortion and postabortion services was conducted in Moldova. A proposal for implementing recommendations is under development. This will include a project to test interventions for comprehensive abortion care in the public sector, including the introduction of MVA and medical abortion technologies.

Technical support was provided to a strategic assessment of issues related to unintended pregnancy, abortion and post-abortion care in Ghana. Following the dissemination workshop, the Programme is collaborating with Ipas to support a range of recommended follow-up activities. These include, among others, the development of national abortion standards and guidelines and the development and testing of a package of interventions for safe, comprehensive abortion care in the public sector, including training of both specialists and mid-level providers.

2.1.4 Asia workshop on reducing unsafe abortion

Financial and technical input was provided to the “Asia Intercountry Workshop on Reducing Unsafe Abortion”, which was implemented in collaboration with the South-East Asia Regional Office, the Western Pacific Regional Office and Ipas. Stakeholder teams from Bangladesh, Bhutan, Cambodia, India, Indonesia, Maldives, Mongolia, Myanmar, Nepal, the Philippines, Sri Lanka, Thailand and Viet Nam and representatives from five WHO country offices participated in the workshop. Each country team provided information on the prevalence of unsafe abortion and associated morbidity and mortality, and shared experiences in preventing unsafe abortion and strengthening abortion services within their existing legal context. The WHO document Safe abortion: technical and policy guidance for health systems was used as a framework for developing country action plans. Teams from Nepal, Sri Lanka and Thailand have developed proposals for follow-up activities.

2.2 Planned activities

The results of the study comparing the safety, efficacy and quality of first-trimester abortions performed by mid-level providers and physicians in South Africa and Viet Nam will be published. A meeting of experts is planned in Geneva to review the implications for programmes and policies as well as for future research.

Strategic assessments will be conducted related to contraception and abortion in the Russian Federation and the Ukraine, and related to the introduction of medical abortion in India. In collaboration with Ipas, a workshop will be held in Africa to plan future national strategic assessments and follow-up activities related to the prevention of unsafe abortion.

A strategic assessment is being planned in Bangladesh to guide expansion of the national menstrual regulation programme, after a rapid assessment conducted in December 2005.
3. OBJECTIVE: TO WIDEN THE RANGE OF PRODUCTS OR TECHNOLOGIES

The Programme’s clinical research is directed at simplifying and improving regimens for medical abortion (including the development of misoprostol-only regimens), assessing the benefits of routine cervical priming prior to vacuum aspiration in reducing complications, and identifying the best treatment for terminating a non-viable pregnancy.

3.1 Progress

3.1.1 An optimal sequential regimen (mifepristone, misoprostol) for first-trimester abortion

A trial was completed that aimed to identify the lowest effective dose of mifepristone in the medical abortion regimen and to reduce its cost, given that mifepristone is the more expensive drug of the two components. In this randomized double-blind trial, doses of 100 mg and 200 mg were compared among 2184 women. If, in the final analysis, 100 mg shows an efficacy similar to 200 mg, it will be the optimal final dose of mifepristone, and data from the study will be used to register the 100 mg dose with drug regulatory authorities.

The WHO recommended regimen for medical abortion is 200 mg of oral mifepristone followed 36–48 hours later by a prostaglandin (misoprostol or gemeprost given vaginally). A shorter interval between mifepristone and prostaglandin would be more practical. Hence, the trial also evaluated whether the 36–48-hour interval between mifepristone and misoprostol administration can be shortened to 24 hours. To this end, women were randomly allocated to receive 0.8 mg of misoprostol either 24 hours or 48 hours after mifepristone. The 24-hour window will be recommended if, in the final analysis, the efficacy is similar to the 48-hour interval.

3.1.2 An optimal misoprostol-only regimen for first-trimester abortion

A randomized trial comparing sublingual and vaginal administration and 3-hour and 12-hour intervals of three doses of 0.8 mg of misoprostol for termination of pregnancy up to 63 days was completed. The results show that vaginal and sublingual administration of three doses have similar efficacy if given at 3-hour intervals, but if the interval is 12 hours, vaginal administration is significantly more effective than sublingual administration. The efficacy seemed to decline with the duration of pregnancy. Women reported more side-effects after sublingual administration. The findings suggest that, if women prefer to use misoprostol sublingually, administration intervals need to be short, i.e. 3 hours, otherwise continuing pregnancy and incomplete abortion rates are significantly higher compared to vaginal administration. Thus, the efficacy of sublingual administration is sensitive to the duration of the administration interval, while the administration interval did not influence efficacy in the vaginal groups. The rate of side-effects was lowest in the vaginal 12-hour group. Analysis of the data on women’s perceptions of the four regimens is in progress.

This study is the first ever to compare sublingual and vaginal administration as well as to compare two alternative intervals between repeated doses of misoprostol. The efficacy of misoprostol-alone regimens is not as robust as the sequential mifepristone–misoprostol regimen. However, where mifepristone is not available, the three misoprostol regimens (excluding the sublingual 12-hour administration) can be recommended.

3.2 Planned activities

The results will be published of four recently completed multicentre trials: (i) comparing two mifepristone doses and two intervals of misoprostol; (ii) comparing two routes and two intervals of misoprostol; (iii) evaluating pretreatment with misoprostol prior to vacuum aspiration; and (iv) comparing two misoprostol regimens for termination of pregnancy in the second trimester.

Most side-effects of medical abortion regimens are related to misoprostol and, therefore, it is important to evaluate lower doses. Although preferred by women, the oral route of administration of misoprostol is not sufficiently effective in termination of pregnancies beyond seven weeks, even after pretreatment with mifepristone. If the tablets are allowed to dissolve under the tongue, however, instead of being swallowed, uterine contractility is improved and pilot studies show high efficacy. A four-arm, randomized double-blind study will be launched to compare two doses of misoprostol (0.4 mg and 0.8 mg) and two routes of administration (sublingual and vaginal) among 2880 women in 15 centres. This study is expected to yield the optimal dose and route of administration of misoprostol for termination of pregnancies up to nine weeks.

A multicountry randomized trial will be implemented to assess means of reducing postabortion bleeding after medical abortion. Another trial will be launched comparing medical and surgical methods to evacuate the uterus in women with a non-viable pregnancy of up to 12 weeks’ gestation.

New estimates of the incidence of unsafe abortion and related burden of ill-health will be published and disseminated. Estimates of the overall incidence of abortion will be jointly published and disseminated with the Guttmacher Institute.

4. OBJECTIVE: TO STRENGTHEN HEALTH MANAGEMENT AND SUPPORT SYSTEMS

In 2005, the sequential medical abortion regimen was included in WHO’s Model List of Essential Medicines. This is of major significance, as the independent Expert Committee on the Selection and Use of Essential Medicines made the
recommendation after assessing the scientific data on the regimen and found it to be safe and effective.

A practical guide for service providers, entitled *Frequently asked questions on medical abortion*, was finalized. The guide resulted from a consensus conference held in November 2004 and includes 21 questions and answers based on existing scientific evidence. It is expected that the guide will be published in 2006 and that the background papers prepared for the consensus conference will appear in a special issue of *Contraception*.

5. OBJECTIVE: TO PROMOTE SOUND NATIONAL POLICIES AND LAWS

The Programme’s contribution to the development of evidence-based national policies and laws related to abortion involves generating, collating and synthesizing evidence on the incidence of unsafe abortion and its determinants and consequences. Estimates of the incidence of unsafe abortion for the year 2003 were being developed and the related burden of ill-health attributable to unsafe abortion estimated. Collaboration continued with the Guttmacher Institute in estimating the overall incidence of abortion (safe and unsafe). These estimates will be available after review in 2006.

The Programme organized a session on induced abortion at the XXV International Population Conference of the International Union for the Scientific Study of Population (IUSSP), held in Tours, France, in July 2005. Four papers from the 67 submissions were presented and a further session on abortion was added to the conference programme for the presentation of five additional papers.

Publications on preventing unsafe abortion have continued to be in great demand: almost 4000 printed copies of *Unsafe abortion: global and regional incidence of unsafe abortion and associated mortality in 2000* were distributed and over 9000 copies were downloaded from the Department’s web site since it became available in September 2004. Of the 30 000 printed copies of *Safe abortion: technical and policy guidance for health systems*, over 26 000 were sold or distributed. This document is available in English, French, Russian and Spanish and can be downloaded from the web site; by December 2005, the number of downloads exceeded 16 000. In addition, results from the Programme’s studies on abortion were widely disseminated through 11 publications and several presentations at national and international meetings.

6. OBJECTIVE: TO ENSURE EFFECTIVE INTERNATIONAL EFFORTS AND COLLABORATION

In 2005, collaboration continued with United Nations Human Rights Treaty Bodies, the International Consortium on Medical Abortion (ICMA), the Concept Foundation, the Guttmacher Institute and Ipas. Collaboration with Gynuity Health Projects on medical abortion trials is under discussion.
Annex 1

PUBLICATIONS IN 2005


Chapter 5
Gender issues, reproductive rights and sexual health

J Cottingham, A Fahmy, E Kismodi, A Martin Hilber

1. INTRODUCTION

The Department aims to develop and evaluate strategies and mechanisms for promoting gender equality and human rights in sexual and reproductive health research, programming and technical support to countries to ensure that sexual and reproductive health programmes and policies respect, protect and fulfil human rights and promote gender equity and equality; and to ensure that the promotion of gender equity and equality and human rights principles are integrated into its work. Activities are carried out through regional and country offices to: (i) increase capacity of health programme managers to integrate gender and rights dimensions into sexual and reproductive health policies and programmes; (ii) develop tools and processes for examining and ensuring that national laws and policies support universal access to sexual and reproductive health information and services; (iii) generate evidence on the meaning, context and effects of harmful sexual practices to help eradicate these practices; and (iv) use the international human rights machinery for the promotion of sexual and reproductive health.

2. OBJECTIVE: TO BROADEN THE PROVISION OF QUALITY SERVICES

2.1 Progress

2.1.1 Generating evidence for health services

Two aspects of providing quality services for sexual and reproductive health are the focus of this work: sexuality counselling and dealing with sexual violence. The aims are to: (i) identify projects or programmes where sexuality counselling has been integrated successfully into some aspect of sexual and reproductive health services or where treating victims of sexual violence has been integrated successfully into a programme; (ii) discover and examine the elements of success; and (iii) develop health systems guidance on the basis of these good practices. In 2005, a systematic literature review was undertaken to identify primary studies which show or measure the effect of counselling programmes on sexual health improvements.

2.2 Planned activities

2.2.1 Generating evidence for health services

In 2006, three or four of the programmes identified in the literature review will be selected for further evaluation of the factors that may have facilitated the successful sexuality counselling component in the programme (such as training, management style, outside financial support, and legal and policy dimensions), and the lessons learned will be distilled into an overall guidance document. This project is carried out in collaboration with the Royal Tropical Institute of the Netherlands. The same procedure (literature and project review to identify successful programmes, selection of 3–4 programmes for further evaluation, and articulation of good practices for guidance to health systems) will be undertaken related to treating victims of sexual violence, but this part will be done in collaboration with the Department of Gender, Women and Health and in conjunction with the London School of Hygiene and Tropical Medicine. Both arms of this study will be completed during 2006–2007.

3. OBJECTIVE: TO STRENGTHEN HEALTH MANAGEMENT AND SUPPORT SYSTEMS

The objective in this area of work is to contribute to equipping health programme managers with the analytical tools...
and skills to integrate the promotion of gender equity and equality and reproductive rights into their sexual and reproductive health policies and programmes.

3.1 Progress

3.1.1 Training programmes on gender and rights

Continuing support was provided to Al Ahfad University in Sudan for running the WHO two-week gender and rights in reproductive health course for health programme managers from selected countries in the African and Eastern Mediterranean Regions. Financial support was provided through the WHO/UNFPA Strategic Partnership Programme for participants from Afghanistan, Morocco, Nigeria, Sudan, the United Republic of Tanzania and Yemen. Participants from Ethiopia were supported through the WHO Country Office. A one-week version of the course, focusing more specifically on maternal health, was conducted in Malaysia in collaboration with the Western Pacific Regional Office and the Malaysian Ministry of Health for participants from 10 countries of the Region. Both courses were evaluated very highly by participants, and follow-up activities and projects are anticipated at country level.

3.2 Planned activities

3.2.1 Training programmes on gender and rights

An adapted version of the two-week course to be run for French-speaking African countries was elaborated. This course will be organized in collaboration with two training centres in Burkina Faso in 2006, with technical and financial support from the Institut Universitaire d’Études sur le Développement, Geneva, Switzerland. By the end of 2006, the original English-language training curriculum will have been translated and published in Chinese, French, Russian and Spanish, and further support of the Department in this area will be discontinued.

4. OBJECTIVE: TO FOSTER A SUPPORTIVE ENVIRONMENT

4.1 Progress

4.1.1 Research to support the abandonment of female genital mutilation

The Department is supporting a series of research studies aimed at understanding the pathways to the practice of female genital mutilation (FGM) and identifying the elements needed to support abandonment of the practice. A study on the decision-making dynamics related to FGM in areas on the border between Senegal and the Gambia was started in 2005. In these study sites, women stated “circumcision has nothing to do with a woman finding a husband”, and preliminary results show that the driving factor behind the persistence of FGM is a powerful convention of female peer pressure. A growing fear of contracting HIV/AIDS through contaminated razors appears to be contributing to the decrease of some forms of FGM, but a dramatic increase in the medicalization of the practice. The second, quantitative phase of the study aims to elicit more information on these findings and ultimately make recommendations for interventions to encourage people to abandon the practice.

4.1.2 Research on harmful vaginal practices

The multicountry study on gender, sexuality and vaginal practices was launched in Indonesia, Mozambique, South Africa and Thailand. Qualitative data on the meaning and reasons behind various vaginal practices are being collected from women and men aged 18 years and older. Preliminary findings from this first phase reveal that vaginal practices are more common and more varied than expected. In all study sites, a variety of herbal medicines—inserted in the vagina or swallowed—are used for both hygienic and sexual performance purposes. In general, these substances are perceived by women to contribute, not to “drying” the vagina, but rather to tightening, cleansing and “closing” the vagina with the aim of increasing friction during sexual intercourse. The purpose is to enhance the “skin-to-skin” contact during intercourse, implying lack of condom use. The most important reason behind such vaginal practices appears to be women’s anxiety over the potential loss of a marital or sexual partner who is often the source of their social and economic security. Other reasons for using such medicines include the alleviation of itching, the reduction of white discharge, or the alteration of the size and colour of the genitals.

4.2 Planned activities

4.2.1 Research to support the abandonment of female genital mutilation

An operations research study has been developed to introduce a combination of elements of community-based interventions directed towards the abandonment of FGM that have been successful. An extensive review of interventions to date shows that aspects such as community awareness raising, using “positive deviants”, inter-generational dialogue and other social mobilization activities all contribute positively to behaviour change. The study will start in Burkina Faso and Djibouti in 2006. A further study, to examine the role that FGM plays in women’s sexuality and how both positive and negative elements could be used to affect abandonment of the practice, is currently being developed and will be launched in 2006.

4.2.2 Research on harmful vaginal practices

Results from the first phase of the multicountry study are being used to guide the design of the quantitative survey (phase 2) to assess the prevalence of such practices and their association with STI prevalence, to be carried out in 2006. Final analysis of the data from both phases will assist programme managers and policy-makers better to target health services and health information and prevention messages to improve sexual health.
5. OBJECTIVE: TO PROMOTE SOUND POLICIES AND LAWS

5.1 Progress

5.1.1 Health and human rights tool

Three field tests of *Using human rights for maternal and neonatal health: a tool for strengthening laws, policies and standards of care* were undertaken in 2005. In Mozambique, the findings will be presented to a stakeholders meeting in early 2006. They suggest that, although the Government has made significant progress in reducing maternal and neonatal mortality, coverage continues to be limited and localized in some regions of the country; antenatal care coverage, though high, often does not include screening for congenital syphilis, a leading cause of neonatal mortality; and, because of logistic and organizational issues, the essential drug package does not include a number of maternal and neonatal lifesaving drugs, such as oxytocics. These findings will be used to make priorities for focusing resources in the next five-year plan and to change policies to help resolve some of the problems.

In Brazil and Indonesia, the field tests were launched with the involvement of a wide spectrum of stakeholders from different government ministries, civil society organizations, professional associations and university institutions. Results from both these tests will be available and presented to the stakeholders for their priority-setting exercise during the first half of 2006.

5.1.2 Reproductive rights and choices for women and men living with HIV: policy and programmatic guidance

Review of available evidence of policies and programmes specifically designed to uphold the reproductive rights of people living with HIV has been undertaken through six commissioned papers covering: sexual health; contraception, abortion and fertility; parenthood; perspectives of health providers; perspectives of the users of services; and the challenges and obstacles at the legal, policy and service delivery levels. The policy implications emerging from these reviews will be compiled and discussed at an international consultation taking place in March 2006 in collaboration with UNFPA and EngenderHealth. Participants will include people living with HIV, policy-makers, health programme managers, the donor community and other concerned agencies.

5.2 Planned activities

5.2.1 Health and human rights tool

In 2006, results of all three field tests of *Using human rights for maternal and neonatal health: a tool for strengthening laws, policies and standards of care* will be reviewed through an external expert meeting. The instruments and processes will be refined and all relevant documents are expected to be published in 2007. Interest has been expressed by WHO regional offices and other partners to use the tool in Georgia, Viet Nam and one country from French-speaking West Africa. Possible adaptations of the tool to examine laws and policies related to adolescent sexual and reproductive health, and to HIV and sexual health, are being pursued.

5.2.2 Reproductive rights and choices for women and men living with HIV: policy and programmatic guidance

The product of the international consultation in March 2006 will be a policy and programmatic guidance document. Guidance will be offered to health systems on ways to ensure access to sexual and reproductive health services for women and men living with HIV and that the services help them realize their reproductive goals while ensuring the respect, protection and fulfilment of their human rights. A dissemination process will be developed to promote regional debate and adaptation.

6. OBJECTIVE: TO ENSURE EFFECTIVE INTERNATIONAL EFFORTS AND COLLABORATION

6.1 Progress

6.1.1 Human rights treaty monitoring bodies

During 2005, the Department continued to prepare reports on the sexual and reproductive health situation in selected countries reporting to the various treaty monitoring bodies, with special focus on the Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW). To assist in this process, which involves extensive consultation with country and regional offices, a handbook on CEDAW has been developed in collaboration with the Department of Gender, Women and Health. This provides practical information for WHO staff about how the right to health and other health-related rights are enshrined in the CEDAW Convention, what obligations governments have to implement these rights, and how WHO can both contribute to and use the process to support its work. Collaboration on this process with the United Nations Children’s Fund (UNICEF), UNFPA and the United Nations Development Fund for Women (UNIFEM) has been initiated, and in the coming biennium the Department will work with these United Nations agencies at country level on implementation of the concluding comments from CEDAW and other treaty monitoring bodies.

The Department continued to work with the United Nations Special Rapporteur on the Right to Health on the definition of “right to health” indicators to monitor the progressive realization of the highest attainable standard of sexual and reproductive health.
Annex 1

PUBLICATIONS IN 2005

Chapter 6
Promoting the sexual and reproductive health of adolescents

IH Shah and IK Warriner

1. INTRODUCTION

Although a decade has passed since the International Conference on Population and Development (ICPD), the observation made in its Programme of Action that “the reproductive health needs of adolescents as a group have been largely ignored to date by existing reproductive health services” remains largely applicable. The sexual and reproductive health needs of adolescents, numbering 1.2 billion in 2005, differ from those of adults and remain poorly understood and inadequately served in much of the world. The Programme addresses existing research gaps with the aim of promoting healthy sexual and reproductive development, maturation and behaviour of this underserved population and of increasing opportunities for adolescents to enter into equitable and responsible sexual relationships. It supports research of high policy and programmatic relevance, including testing of interventions for optimal provision of health information and services. The Department also addresses the special needs of adolescents in all its technical and managerial tools and advocacy materials.

2. OBJECTIVE: TO BROADEN THE PROVISION OF QUALITY SERVICES

2.1 Progress

The Programme’s social science research initiative on adolescent sexual and reproductive health, involving 45 projects in 29 countries, continued to yield information crucial for programmes and policies concerning adolescents and for increasing access to services by those who are most in need. Results became available on: (i) violence and non-consensual sex (Nigeria, South Africa); (ii) knowledge, attitudes and practices with regard to sexual and reproductive health (Iran, Kenya); (iii) poverty and social vulnerability during pregnancy among adolescents (Mexico); and (iv) the impact of community-based interventions and the feasibility of sex education programmes through the Internet (China).

2.1.1 Non-consensual sexual experiences and their implications for adolescent sexual and reproductive health

An edited volume was published, based on a 2003 consultative meeting that was jointly organized with the Population Council (New Delhi, India) and Family Health International (FHI)/YouthNet. The 23 chapters of the book document evidence from a number of pioneering studies, which reveal that sexual coercion is more widespread than previously considered and that perpetrators are often well-known to their victims. These studies have reported prevalence rates of non-consensual sex ranging from 1% to 32% for both boys and girls, depending on the study population, age group and the type of questions asked. Several chapters also highlight that programmes and policies have rarely taken into consideration the extent to which such experiences may contribute to the compromised sexual and reproductive health of adolescents and youth.

Results also became available from studies supported by the Programme in Nigeria and South Africa. In South Africa, 43% of study participants reported a personal experience of violence. The study in Ibadan (Nigeria), involving face-to-face interviews with 600 male students from four high schools, showed that 44% of participants reported perpetrating sexually coercive behaviours, ranging from unwanted touching to tricking someone into having sex and rape. Two background
papers were developed for further research on the experiences of boys as victims and perpetrators, and the consequences of sexual coercion on sexual and reproductive health outcomes among adolescents.

2.1.2 Services for particularly vulnerable populations of young people

Work is in progress on a book to document the results from the qualitative phase of the Mekong Delta research initiative on adolescent migrants and sexual and reproductive health, involving China, the Lao People's Democratic Republic, Thailand and Viet Nam. In addition, plans were developed for the quantitative phase of the initiative.

2.1.3 Guidelines

The Department's guidelines continue to address the special needs of adolescents. For example, guidance on contraceptive use by adolescents is contained in the Medical eligibility criteria for contraceptive use and in the Decision-making tool for family planning clients and providers.

2.2 Planned activities

2.2.1 Non-consensual sexual experiences and their implications for adolescent sexual and reproductive health

Three approved research projects on non-consensual sex and its consequences for sexual and reproductive health will be implemented. In addition, subject to the availability of funds, research will be launched on boys as victims and perpetrators of sexual coercion and on the consequences of non-consensual sex.

4. OBJECTIVES: TO FOSTER A SUPPORTIVE ENVIRONMENT, TO PROMOTE SOUND POLICIES AND LAWS AND TO ENSURE EFFECTIVE INTERNATIONAL EFFORTS AND COLLABORATION

4.1 Progress

The Programme continued to collaborate with WHO's Department of Child and Adolescent Health and Development and major international programmes such as FHI/YouthNet and the Population Council/Frontiers Project to foster a supportive environment and to promote evidence-based policies and programmes for the sexual and reproductive health of adolescents.

4.2 Planned activities

Plans have been developed, jointly with FHI/YouthNet and the Population Council/Frontiers Project, to hold in June 2006 an African regional forum on sexual and reproductive health and HIV in young people. The forum will involve policy-makers and programme managers and will focus on dissemination of evidence of promising interventions and utilization of research evidence in policy-making and programme development.
Annex 1

PUBLICATIONS AND DOWNLOADS IN 2005

Publications


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Chapter 7
Technical cooperation with countries: interregional activities
A Ntabona and MT Mbizvo

1. INTRODUCTION

Interregional activities offer an opportunity for close collaboration in the three major components of technical cooperation with countries—research capacity strengthening, mapping and implementing best practices, and policy and programmatic issues. In 2005, two initiatives were implemented in this context: the WHO/United Nations Population Fund (UNFPA) Strategic Partnership Programme (SPP) and a new project, also supported by UNFPA, on promoting sexual and reproductive health through national health and development planning processes, including sector-wide approaches (SWAs) and poverty reduction strategy papers (PRSPs). This chapter focuses on SPP activities; information on the second new initiative is provided in Chapter 12.

2. OBJECTIVE: TO STRENGTHEN HEALTH MANAGEMENT AND SUPPORT SYSTEMS

2.1 Progress

The SPP, the initial funding of which was approved in October 2003 by UNFPA, aims to foster collaboration between WHO and UNFPA at all structural levels, taking account of the collective strengths and comparative advantages of each partner agency. It currently focuses on improving the quality of sexual and reproductive health care through the adaptation, adoption and utilization of evidence-based guidelines in countries. The SPP uses a systematic process agreed upon in December 2003 by UNFPA Country Technical Services Teams’ Directors and WHO senior technical staff at WHO Headquarters and Regional Offices. The implementation of the key stages of the process across the regions was carried out as follows.

- Following a global meeting of relevant WHO and UNFPA technical staff, sexual and reproductive health programme managers, key partners and counterparts from WHO and UNFPA offices from 56 countries were introduced to a number of guidelines in the areas of family planning, sexually transmitted infections (STIs) and maternal and newborn health through six regional workshops. Of the 56 countries, 25 submitted follow-up proposals that were approved for catalytic financial and joint WHO/UNFPA technical support as countries of intensified focus in 2005 within SPP.

- These countries were requested to provide systematic baseline information on the current situation of family planning, STI and maternal health services before undertaking the revision of national guidelines and adaptation of relevant WHO guidelines. In some countries, the adaptation of the guidelines included their translation into local languages.

- The availability of the guidelines in the appropriate working languages was also identified as a critical factor in the adaptation and adoption process. Therefore, translations into Chinese, French, Russian and Spanish were completed, even though there were delays in printing some of them. Additional languages also available include Bahasa Indonesian, Burmese, Dari, Laotian, Mongolian, Portuguese and Vietnamese. Translation into Arabic is in progress.

- There has been flexibility in the adaptation process whereby the need for focusing on one particular area [family planning, STIs and reproductive tract infections (RTIs) or maternal and newborn health] was determined by each country according to their respective stages of...
development. In most countries, this entailed the establishment of expert working groups involving a wide range of stakeholders, including policy-makers, service providers, representatives of nongovernmental organizations, professional bodies and teaching institutions, and representatives of key collaborating partners.

**African Region.** Final products are available in Zambia in the form of a complete set of updated guidelines in these three thematic areas (family planning, STIs/RTIs, maternal and newborn health) ready for dissemination to regions. Similar work is near completion in Benin and the United Republic of Tanzania. Their particular emphasis is on enhancing the integration of services for family planning and STI management and on updating in-service training curricula, respectively. In Cameroon and Nigeria, stronger focus was placed on building consensus on STI management and training needs at all health-care levels.

**Americas Region.** The harmonization of national guidelines on family planning and STIs with WHO evidence-based guidelines is still at its initial stage in the three countries of intensified focus (Honduras, Paraguay and Peru) with plans to subsequently hold training-of-trainers workshops for the dissemination of updated guidelines to regions in 2006.

**South-East Asia and Western Pacific Regions.** Building on activities that were already in progress for updating the family planning and maternal and newborn health guidelines, work in Indonesia proceeded with the adaptation and field-testing of the STI guidelines. This will result in a complete set of six updated guidelines available for implementation at district level in 2006. In Myanmar, selected guidelines on family planning were translated into Burmese and adapted for use in the context of the new national 5-year strategic plan on reproductive health, and more specifically for use in updating the undergraduate and postgraduate training curricula. In China and Viet Nam, family planning and STI guidelines were translated, adapted and pilot-tested at provincial level; these countries also set up a system for translating the WHO reproductive health library. In the South Pacific, countries of intensified focus include the Solomon Islands, Tonga and Vanuatu. These countries gave priority to updating the family planning manuals and developed a rapid needs assessment tool to support the introduction of the guidelines at district level. Finally, plans have been approved for three additional countries, Bangladesh, Mongolia and Nepal, for intensified focus in 2006.

**Eastern Mediterranean Region.** The adaptation process has been initiated in Morocco and Sudan, with a focus on family planning and maternal and newborn health, following a workshop of stakeholders to introduce the guidelines to policy-makers and programme managers. For Afghanistan, Iraq and Pakistan, the plans that were approved could not be fully implemented in 2005 because of the security situation prevailing in these countries. Orientation workshops were conducted in Afghanistan and Iraq.

**European Region.** The availability in Russian of the guidelines on family planning and STIs facilitated their use in various ways, with UNFPA country offices taking the lead in most countries. For example, the guidelines were endorsed as part of the national reproductive health strategic plans in Tajikistan and Turkmenistan; the updated guidelines were translated into Turkmen for use by primary health-care providers; and new guidelines for the prevention, diagnosis and management of STIs were developed and field-tested in two regions of Uzbekistan. Plans have also been approved for supporting similar work in Kyrgyzstan.

Specific actions were also undertaken in other countries in 2005 within the SPP framework, with the view of drawing lessons for future application in countries of intensified focus. These include (i) field-testing of the implementation of the Decision-making tool for family planning clients and providers at the provincial level in South Africa (KwaZulu Natal); (ii) an experimental design for the adaptation and implementation of Sexually transmitted and other reproductive tract infections: a guide for essential practice in Kenya, bringing together the Division of Reproductive Health in the Ministry of Health and the national AIDS/STI control programme as implementers; and (iii) the involvement of training and research centres in Armenia and Romania in developing models for the dissemination of the family planning and STI guidelines to family doctors so as to improve the quality of care.

### 2.2 Planned activities

Financial support and technical back-up will be provided for the adaptation, adoption and use of WHO guidelines selected for improving sexual and reproductive health and for overall SPP implementation in countries of intensified focus. Efforts will continue to facilitate the involvement of partners and relevant national stakeholders in promoting utilization of SPP-supported guidelines, and assistance will be provided for the development and implementation of instruments to monitor and evaluate the introduction and utilization of SPP-supported guidelines in these countries.

Continued support will be given to updating national guidelines and policies and increasing the number of national products based upon WHO guidelines and complementary materials (job aides, pre-service and in-service curricula, brochures and wall charts) to reflect and strengthen best practices.

Technical guidelines will be disseminated, with technical back-up as necessary, to other countries of general focus, in collaboration with UNFPA and WHO country offices.
3. OBJECTIVE: TO ENSURE EFFECTIVE INTERNATIONAL EFFORTS AND COLLABORATION

3.1 Progress

In addition to bringing together all the structural levels of WHO and UNFPA, the SPP enabled a wide range of institutions to take part in the WHO guidelines adaptation process, which will be important for partners in the future promotion of the systematic introduction and utilization of updated national guidelines for the delivery of sexual and reproductive health services. These partners include teaching and research institutions, professional associations, members of the Implementing Best Practices Consortium, local and international nongovernmental organizations, a number of WHO Collaborating Centres, local affiliates of the International Planned Parenthood Federation (IPPF), and bilateral technical cooperation agencies. In all cases, national programme managers were empowered to take a leading role, and national ownership of the process was fostered.
Guidelines introduced and adapted in countries of intensified focus in 2005

Family planning


Sexually transmitted infections


Maternal and newborn health


Chapter 8
Technical cooperation with countries: 
African and Eastern Mediterranean Regions

H Bathija and D Chikamata

1. INTRODUCTION

The main objective of the Department’s technical cooperation with countries in the WHO African and Eastern Mediterranean Regions is to pursue the strengthening of research capacity of institutions in order to enhance their potential to implement sexual and reproductive health research relevant to national and regional needs and to facilitate their participation in the global research effort.

2. OBJECTIVE: TO WIDEN THE RANGE OF PRODUCTS OR TECHNOLOGIES

2.1 Progress

2.1.1 Identifying reproductive health research needs and priorities

At the request of the Ministry of Health of Afghanistan, a strategic assessment of family planning was carried out in 2005. It focused broadly on providing answers to the following questions: What are community needs in sexual and reproductive health and, in particular, family planning? How accessible are family planning services and what is their quality? How can community linkages with health service providers be developed?

The assessment was implemented by a team of 19 members representing the Ministry of Health, the Ministry of Women’s Affairs and relevant nongovernmental organizations, with the technical support of the Department. The findings highlighted the following issues:

- Most people are very interested in using family planning and, in general, the authorities, community leaders and religious leaders are in favour of having information provided through individual contacts with health workers and through mass media and schools.
- Services are not easily accessible and health personnel have very limited knowledge of family planning counseling and method delivery.

In March 2005, the Department participated in the joint mission of headquarters and the WHO Regional Office for the Eastern Mediterranean to assess the health work of the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) among the Palestinian refugees. One of the findings was that UNRWA is very effective in operating a large-scale sexual and reproductive health programme, covering the majority of the population. Recommendations included that WHO should support research training (group learning or individual training) and that the WHO evidence-based guidelines in all fields of sexual and reproductive health should be adapted and their use should be promoted.

2.1.2 Support to regional networks

In January 2005, support was given to a meeting of the interim steering committee of the African Reproductive Health Research and Training Network (REPRONET-Africa) held in Johannesburg, South Africa. At this meeting, the draft constitution was finalized and an Executive Group was elected.

2.1.3 Research capacity strengthening grants

The Department of Obstetrics and Gynaecology, University of Nairobi, Kenya, a recipient of a service guidance centre grant, held a meeting of stakeholders to review the new WHO antenatal care model. At this meeting, an implementation plan was developed for the model to be systematically introduced at the Kenyatta National Hospital and thereafter in the provincial hospitals.
2.1.4 Developing institutional research capacities in a holistic manner through workshops and training courses

The fourth annual research methods course run by the Effective Care Research Unit in East London, South Africa, was held in August 2005. As funding was limited, all 10 participants were from South Africa.

A course on research methods in sexual and reproductive health and HIV was organized by the Reproductive Health Research Unit, Johannesburg, South Africa, with 22 participants. An external evaluation of the course, funded by the Wellcome Trust, London, United Kingdom, scored it very highly.

The Programme provided support to a one-year M.Sc. course in biostatistics organized by the University of Ibadan, Nigeria, where five professional biostatisticians were trained to provide statistical expertise to biomedical research groups in Africa.

In addition, the Programme supported three candidates from Nigeria, Uganda and Zimbabwe to attend a postgraduate training course in research in reproductive health at the Geneva Foundation for Medical Education and Research, Geneva, Switzerland. A member of the Faculté de Médecine et de Pharmacie, Université de Dakar, Senegal, attended a statistics course in Belgium, and a programme manager from Senegal attended the World Bank Institute course on adapting to change, held in Bamako, Mali.

2.1.5 Enhancing the dissemination and utilization of research findings

The Programme supported two researchers from a collaborating institution in Uganda to make presentations at the East, Central, Southern African Obstetrics and Gynaecology Societies (ECSAOGS) Conference in Dar es Salaam, United Republic of Tanzania, in October 2005.

2.1.6 Regional research and programmatic initiatives

A study on obstetric sequelae of female genital mutilation (FGM) was conducted in 28 obstetric units in Burkina Faso, Ghana, Kenya, Nigeria, Senegal and Sudan. Its purpose was to estimate the incidence of obstetric complications among women with FGM giving birth in hospital and to evaluate the relationship between different types of FGM and obstetric complications. Data were available from a total of 28 393 women recruited between November 2001 and March 2003. Analysis was completed and a paper submitted for publication. Although detailed results cannot be disclosed yet, it can be said that deliveries to women with FGM are significantly more likely to be complicated than deliveries to women without FGM, and that risks appear to be greater with more extensive FGM.

The Programme supported the revision of the algorithm Prevention and management of infertility: a guide for reproductive health workers, describing the management of infertility in resource-poor settings. The revised flowchart will be evaluated in Uganda.

A generic proposal was developed in collaboration with the African Centre for Population and Health, Nairobi, Kenya, for a study on prevention of cervical cancer through screening using visual inspection with acetic acid (VIA). This demonstration project will be undertaken in Madagascar, Malawi, Nigeria, Uganda, the United Republic of Tanzania and Zambia. A meeting of project coordinators took place in Nairobi to finalize the project proposal, and a workshop was conducted in Harare, Zimbabwe, to train project coordinators and nurse managers in VIA and cryotherapy.

Recruitment to the randomized, double-blind study to compare two regimens of levonorgestrel in emergency contraception in Nigeria was completed in March 2005 with 3034 subjects recruited; data analysis began in April 2005.

WHO and its collaborating institutions in developing countries conducted a double-blind randomized controlled trial to evaluate the impact of calcium supplementation (started before the 20th week of pregnancy to nulliparous women with low calcium intake) on the incidence of pre-eclampsia. An ancillary study was undertaken to determine the effect of calcium supplementation on biochemical “markers” for pre-eclampsia. These markers reflect damage to organ systems thought to underlie the pathophysiology of pre-eclampsia, such as the endothelium, platelets and kidneys. Data from 1000 women enrolled in South Africa have been analysed and a manuscript is in preparation, pending the acceptance of the main trial paper for publication.

Training has been conducted for the recruitment of women to the retained placenta study to be carried out in Kampala, Uganda, in order to ensure that all women are recruited in accordance with principles of good clinical practice. The recruitment is ongoing.

2.2 Planned activities

Activities planned for 2006–2007 will: promote and further strengthen regional research networks working on key issues such as maternal and perinatal health, adolescent sexual and reproductive health, FGM, infertility, cervical cancer and HIV/AIDS; promote dissemination and utilization of tools developed by the Department through the SPP and the Implementing Best Practices initiative with collaborating centres; in collaboration with other partners, continue and increase efforts to institutionalize operations research training in French-speaking African countries; through institutional development grants, support and maintain institutions currently collaborating with the Department to enable them to undertake research projects relevant to their identified sexual and reproductive health needs and priorities; and, in collaboration with the Department of Health Action in Crises and other partners, continue to develop approaches for assisting countries in crisis address their sexual and reproductive health needs.
Chapter 9
Technical cooperation with countries:
Americas Region
E Ezcurra

1. INTRODUCTION

The main objectives of the Department for the Region of the Americas are to continue strengthening research capacity in Programme-supported collaborating institutions by promoting and supporting the implementation of well-designed and ethically sound research projects in topics relevant to national and regional sexual and reproductive health problems, and to promote the dissemination and utilization of relevant research findings and evidence-based guidelines in policy-making and planning to improve sexual and reproductive health.

2. OBJECTIVE: TO BROADEN THE Provision OF QUALITY SERVICES

2.1 Progress

2.1.1 Utilization of research findings and evidence-based guidelines

A subregional workshop jointly organized by the United Nations Population Fund (UNFPA), the Pan American Health Organization (PAHO) and WHO was held in Montevideo, Uruguay, in April 2005. This event brought together 96 participants comprising policy-makers, researchers, representatives of civil society and professional organizations, country officers from UNFPA and PAHO/WHO representatives from the MERCOSUR and associated countries (Argentina, Bolivia, Brazil, Chile, Paraguay, Peru and Uruguay) and Honduras. The objective of the workshop was to discuss ways to promote a greater utilization of research findings and evidence-based guidelines in sexual and reproductive health programmes and services in these countries.

Activities of the WHO/UNFPA Strategic Partnership Programme (SPP) began to be implemented in Honduras, Paraguay and Peru. Revision of national guidelines and training workshops for programme officers were among the first country-level activities to be undertaken.

Dissemination was conducted in Cuba of the local results of the regional research initiative on “Reality and beliefs in the sexual and reproductive decision-making process: men’s perceptions and behaviour”. The information was diffused at both national and provincial levels, to promote utilization of the results by programmes and services.

In coordination with staff from WHO’s Department of MDGs, Health and Development Policy, a case-study was conducted in Nicaragua as part of a joint WHO/UNFPA project to establish advisory guidance material based on actual country examples; this will be used to guide WHO and UNFPA in the development of institutional policy guidelines and capacity-building training related to mainstreaming sexual and reproductive health in poverty reduction strategy papers (PRSPs), sector-wide approaches (SWAs), the United Nations development assistance framework (UNDAF) and Millennium Development Goals (MDGs).

2.2 Planned activities

2.2.3 Utilization of research findings and evidence-based guidelines

Special emphasis will be placed on the appropriate follow-up, implementation and evaluation of the national SPP programmes of work in Honduras, Paraguay and Peru. Activities to promote the dissemination and utilization of research findings from the project on emergency contraception to be finalized in Barbados and Jamaica in 2006 will be given priority.
3. OBJECTIVE: TO WIDEN THE RANGE OF PRODUCTS OR TECHNOLOGIES

3.1 Progress

3.1.1 Research capacity strengthening

During 2005, of the 109 research studies conducted in the six centres receiving research capacity strengthening support, five projects (5%) were implemented with support from the Programme’s capacity-building grants, 63 (58%) with support from national sources, 18 (16%) were supported by thematic groups of the Department and 23 (21%) were funded by international agencies other than WHO. Six staff from regional centres underwent training outside their home countries, and centres trained in turn 30 professionals and technical staff from other local institutions. Participation in formal courses involved 119 fellows, and 649 fellows attended short, group-learning activities such as seminars and workshops organized by the centres. A total of 64 research articles (53 original papers and 11 review articles) were published, and nine books and 37 book chapters were authored by staff from the centres receiving support to strengthen their research capacity.

Fieldwork on the subregional research initiative on knowledge, attitudes and practices on emergency contraception among obstetrician–gynaecologists, general practitioners, family planning nurses and pharmacists in Barbados and Jamaica began in early 2005. As at November 2005, 172 interviews had been completed from a planned total of 297 in Barbados, and 90 out of 264 interviews had been conducted in Jamaica.

In spite of the funding constraints, five fellows from regional centres were awarded grants to participate in short courses in basic reproductive biology (2), communication with policy-makers (2) and health programme evaluation (1).

A grant was renewed to cover subscription fees to the Health InterNetwork Access to Research Initiative (HINARI) for seven universities, three research centres and two maternity teaching hospitals located in 12 countries in the Americas. An assessment of the level of utilization of this service showed 100 625 log-ins to the HINARI system in these institutions from November 2004 to October 2005, 20% higher than the figure for the previous 12-month period (81 840). WHO Library statistics show that HINARI was used in these 12 libraries to download a total of 237 176 articles during the reporting period.

3.1.2 Capacity building in research ethics

As part of the country-level capacity-building efforts in research ethics implemented jointly with Family Health International (FHI), two research ethics workshops were organized in Peru. More than 40 investigators, non-scientific personnel and members of ethical review committees of many of the most important research and academic institutions in the country took part in these workshops; from these, around 20 fellows also participated in a training-for-trainers workshop to be able to replicate the basic training modules. The second component of this initiative implied the adaptation of guidelines from the UNICEF/UNDP/World Bank/WHO Special Programme of Research, Development and Research Training in Tropical Diseases (TDR) for the assessment and monitoring of research ethics committees and their utilization in working meetings with the full membership of three research ethics committees in Guatemala, Panama and Peru.

3.2 Planned activities

3.2.1 Research capacity strengthening

3.2.1.1 Strengthening institutional research capacity

It is important to develop mechanisms to conduct research capacity strengthening activities in least-developed countries in the Americas. As part of this effort, priority will be given to the implementation of small grants awarded in 2004 to centres in El Salvador, Honduras and Nicaragua.

Similarly, if funding becomes available, a call for applications for a competitive regional grant could be launched on a topic relevant to regional needs. The implementation of the SPP also requires the identification of at least two institutions from the WHO Americas Region that could act as service guidance centres and the awarding of grants to them.

3.2.1.2 Strengthening human resources for research

Emphasis will continue to be placed on assisting the completion of the training cycle of fellows from institutions in the Region who have received research training grants from the Programme. This would mainly be done through an active pursuit of re-entry grant submission and approval. Support to researchers to take part in communication workshops is considered an essential part of the effort to foster a closer dialogue between researchers and policy-makers to facilitate the increased utilization of relevant research findings. Short-term and long-term research training grants could also be awarded if additional funds were to become available, with priority given to intraregional training.

3.2.2 Capacity building in research ethics

The Department’s joint initiative with Family Health International (FHI) to develop knowledge, skills and abilities in research ethics of investigators, non-scientific personnel and members of ethic review committees will continue to be undertaken. There are plans to hold training workshops in 2006 in Bolivia, Colombia, Honduras and Paraguay, and follow-up site visits to interact with specific research ethics committees in Guatemala, Panama and Peru.
Chapter 10

Technical cooperation with countries: South-East Asia and Western Pacific Regions

K Ba-Thike

1. INTRODUCTION

The strategic framework of the Department in supporting developing countries in the WHO South-East Asia Region and the WHO Western Pacific Region is to assist them to identify the major issues in sexual and reproductive health, as well as areas where research is required to address their needs for improving sexual and reproductive health; to build their capacity to participate in national, regional and global research in accordance with the highest scientific and ethical standards; to disseminate and apply the results of sexual and reproductive health research to policies and programmes; to adopt, adapt and implement new or updated norms, standards, tools and approaches; and to develop appropriate strategies to plan, implement, monitor and evaluate programmes to enhance sexual and reproductive health.

Collaborative activities were continued with 26 research and academic institutions in 10 countries in the South-East Asia and Western Pacific Regions through research capacity strengthening activities and support to sexual and reproductive health programmes. Technical cooperation was initiated with institutions in Cambodia and three Pacific Island countries.

2. OBJECTIVE: TO BROADEN THE PROVISION OF QUALITY SERVICES

2.1 Progress

2.1.1 Introduction, adaptation and implementation of evidence-based guidelines and tools

The WHO/United Nations Population Fund (UNFPA) Strategic Partnership Programme (SPP) provided support to sexual and reproductive health programmes through the systematic introduction and implementation of WHO guidelines and tools. Following the regional workshops held in 2004, activities for adaptation and implementation of guidelines for family planning and for sexually transmitted and reproductive tract infections (STIs/RTIs) were conducted in Indonesia and Myanmar in the South-East Asia Region and China, Solomon Islands, Tonga, Vanuatu and Viet Nam in the Western Pacific Region; and for the establishment of a translation system for the WHO reproductive health library in China and Viet Nam. These countries are designated as countries of intensified focus.

Partnerships were strengthened between the Department and research centres and academic institutions, and were established with the ministries of health and professional organizations in the countries of intensified focus for implementation of guidelines. Institutions that had already collaborated with the Programme played a significant role in the adaptation and introduction process, e.g. in China, two WHO Collaborating Centres: the National Research Institute of Family Planning in Beijing and the Shanghai Institute of Planned Parenthood Research. Former recipients of long-term institutional development grants—the Hung Vuong Hospital, Ho Chi Minh City, Viet Nam; the National Family Planning Coordination Board (BKKBN) of Indonesia; and four medical universities in Myanmar—played leading roles in the implementation of SPP activities in their respective countries.

2.2 Planned activities

Over the next two years the Pacific Island countries and Viet Nam are planning to translate and adapt the WHO Guidelines for the management of sexually transmitted infections and Sexually transmitted and other reproductive tract infections: a guide to essential practice. China and Indonesia
have already translated and field-tested these guidelines and have plans to implement them in selected districts. Similarly, Myanmar is planning to revise and update its national maternal and newborn care guidelines based on the guidance contained in *Pregnancy, childbirth, postpartum and newborn care: a guide for essential practice* and *Managing newborn problems: a guide for doctors, nurses and midwives*. China and Viet Nam are close to completing the translation and production of the *WHO reproductive health library*, No. 8; they have plans for institutionalizing the process of translation of future issues of RHL, and for its wide dissemination starting in 2006.

### 3. OBJECTIVE: TO WIDEN THE RANGE OF PRODUCTS OR TECHNOLOGIES

#### 3.1 Progress

**3.1.1 Strengthening human resources for research**

At a regional training workshop on expanding access to sexual and reproductive health information and services in the Greater Mekong subregion, 12 participants from Cambodia, China (Yunnan Province), Lao People’s Democratic Republic, Myanmar, Thailand and Viet Nam developed proposals addressing the sexual and reproductive health problems of selected populations of young migrants in their respective countries.

A multicountry workshop on health-care reform and sexual and reproductive health was conducted for 15 participants from seven countries. Research proposals were developed on the impact of health-care reform on the quality of emergency obstetric care (Bangladesh, Indonesia, Sri Lanka, Thailand and Viet Nam) and on STI services (China and Mongolia).

National workshops on ethical issues in sexual and reproductive health research were held in Yangon, Myanmar, and Phnom Penh, Cambodia. Scientific writing workshops were held in Beijing, China; Colombo, Sri Lanka; and Ho Chi Minh City, Viet Nam.

**3.1.2 Monitoring and evaluation**

Researchers from the South-East Asia and the Western Pacific Regions and WHO country office staff participated in monitoring and evaluation of the Maternal and Child Health Centre, Vientiane, Lao People’s Democratic Republic and Airlangga University, Surabaya, and the Western Indonesia Reproductive Health Development Centre, Medan, Indonesia. Collaboration with National Institutes of Public Health in the Lao People’s Democratic Republic and academic institutions in Indonesia was recommended to improve national research capacity.

**3.1.3 Identifying new institutions for research capacity strengthening**

In Cambodia, discussions were held with officials from the Ministry of Health, the director and staff of the National Institutes for Public Health and the Maternal and Child Health Centre. The institutional profiles of the new centres in Cambodia, of the Department of Medical Research, Upper Myanmar, and of the Universities of Kelaniya and Sri Jaya-wardene, Sri Lanka, were reviewed by the Regional Advisory Panel and endorsed for further support.

**3.1.4 Research activities**

Support was provided to three RTI/STI research projects in Indonesia and Myanmar, one on infertility in Mongolia and two re-entry grants in China and India on implantation research. There are approximately 300 studies ongoing in centres collaborating with the Programme.

**3.1.5 Regional projects**

In addition to research capacity strengthening, regional projects led to the establishment of collaborative networks and assisted in formulating sexual and reproductive health policies and programmes through filling in gaps in information.

- **3.1.5.1 Adolescent migrants and sexual and reproductive health in the Greater Mekong region**

  Studies were conducted in urban areas in Kunming (China), Vientiane (Lao People’s Democratic Republic), Bangkok (Thailand) and Ho Chi Minh City (Viet Nam) in different settings (slums, factory neighbourhoods, construction sites and dormitory/housing areas). The major findings are as follows:

  - Sexual norms. Adolescents’ desire to better themselves economically and the existence of a social support network served as behavioural control mechanisms. Men have more sexual freedom; for women, conventional norms that restrict their sexual relationships serve as a safeguard. When a couple agrees to marry, however, it is socially acceptable for them to have sexual relations. Indicators or signs of sexual risk for both sexes were also highlighted in the study.

  - Reproductive health information and services. Migrants lacked accurate information and did not perceive themselves to be at risk. Public sector services mainly target married women, so unmarried adolescents seek services at pharmacies and private clinics.
3.1.5.2 Patterns and predictors of caesarean section in South-East Asia

Data from 19,980 deliveries (12,590 vaginal deliveries, 3,062 elective caesarean sections and 4,328 emergency caesarean sections) were collected from 14 centres in nine countries. The maternal mortality ratios of the three modes of delivery were 50, 70 and 280 deaths per 100,000 live births, respectively. Eclampsia was found to be the most common cause of maternal death. Maternal complications followed the same pattern, i.e. they were least common in the vaginal delivery group and most often seen in the emergency caesarean section group. Severe birth asphyxia and early neonatal mortality rate were lowest in the elective caesarean section group, whereas other neonatal complications were least numerous among the vaginal delivery group.

The total cost of both types of caesarean section was approximately double that of vaginal delivery, whereas complications independently increased the total cost by 20%. Classic socioeconomic variables played relatively little independent role in determining the mode of delivery. Access to antenatal care, in either the private or public sector, increases the chance for both types of caesarean delivery. Health insurance coverage and fetal sex identified prenatally are other factors increasing elective use of caesarean section.

3.1.6 Dissemination of research results

Findings were presented from two regional research capacity strengthening initiatives, global research on maternal and perinatal health and global research on abortion, and national research supported by the Programme.

An international symposium on quality of care in family planning/reproductive health was held in Shanghai, China, in November 2005, jointly organized by the Shanghai Institute of Planned Parenthood Research, the Department, UNFPA and the Ford Foundation. Presentations included the results of research supported by the Programme (systematic reviews of intrauterine contraceptive devices and oral contraceptive pills and educational approaches for adolescents).

3.2 Planned activities

The recommendations made by the Regional Advisory Panel in March 2005 will be implemented, i.e. to maintain research capacity strengthening through long-term assistance but with an emphasis on strengthening human resources for research; to adopt different modalities of training; to foster twinning of centres receiving research capacity strengthening grants with centres of excellence; and to continue the shift in emphasis from biomedical and epidemiological research to policy and programmatic research.

Intercountry SPP implementation review and planning workshops are scheduled for the first quarter of 2006 for countries of intensified focus. The Department will provide support for country implementation to improve sexual and reproductive health programmes.
Chapter 11
Technical cooperation with countries: Central and Eastern Europe

A Ntabona

1. INTRODUCTION

In accordance with guidance from the Programme’s Policy and Coordination Committee, support provided to countries in the WHO European Region through the WHO Regional Office for Europe places particular emphasis on strengthening capacity in programmatic and operational research. The Regional Advisory Panel plays a significant role in guiding and monitoring the technical cooperation activities, including strengthening policy and programming capabilities in countries on regional priority issues. This report reflects the deliberations of, and guidance provided by, the 4th meeting of the Regional Advisory Panel held in Ankara, Turkey, on 21–22 April 2005.

2. OBJECTIVE: TO WIDEN THE RANGE OF PRODUCTS OR TECHNOLOGIES

2.1 Progress

The existing gap in gathering evidence for informed policy-making, evidence-based programming and resource allocation in countries of Central and Eastern Europe calls for continued efforts in capacity building for operational research. Regional training workshops were planned for 2005 but could not be held because securing funds for follow-up of former trainees capable of developing good-quality proposals and carrying out such research remains a challenge.

2.2 Planned activities

Continued support will be provided to the application of the WHO Strategic Approach in countries, especially with respect to the development of Stage II interventions in Moldova, the Russian Federation and Ukraine. Efforts will be made to access funding to organize at least one operations research training workshop (in collaboration with Population Council/FRONTIERS Project).

3. OBJECTIVE: TO STRENGTHEN HEALTH MANAGEMENT AND POLICY SUPPORT

3.1 Planned activities

Continued support is needed for refining indicators that have clear linkages with planned actions at regional and country levels. Current priority areas to be continued include: maternal and perinatal mortality and morbidity; prevention of unwanted pregnancies and ensuring safe abortion; improving sexual and reproductive health and rights among young people and emphasizing the needs of vulnerable and underserved groups; promoting the role of the health sector in addressing gender-based and domestic violence; and planning of the family in the “new Europe” (issues of low fertility, contraceptive use and reproductive rights).

Within this overall context, more attention is needed on the following cross-cutting issues.

- There is a growing interest in sexual and reproductive health of young people but the provision of youth-friendly services is generally inadequate, uncoordinated, over-medicalized and not based on evidence, with little input from young people themselves (e.g. Belarus). Strong emphasis on HIV prevention has not materialized.

- Although abortion is legal in most countries, it remains a very complex issue and a major contributor to mater-
nal mortality (e.g. the Russian Federation). Data on the underlying socioeconomic factors are also lacking. Ongoing and planned strategic assessments of relevant policies and programmes are very welcome (see Chapter 12).

- Awareness of the Millennium Development Goals (MDGs) is rather limited in Europe, not only among policy-makers but also among many partners in the field of sexual and reproductive health. MDG-related work, including mainstreaming sexual and reproductive health, has limited grounding in the development agenda in Europe. A multiple-entry strategy is needed to redress the situation.

- WHO Collaborating Centres constitute a major untapped resource for broadening the scope of research from biomedical to action-oriented research, including improved data collection. Networking among Collaborating Centres should be strengthened through regular meetings and cross-linkages via web sites.

- The magazine *Entre nous*, published by the European Regional Office, is one of the best advocacy tools for sexual and reproductive health in the Region, and its improved quality should be maintained. Mechanisms should be explored to secure shared funding sources on an annual basis. Support will be provided by the Department, if resources permit.

4. OBJECTIVE: TO ENSURE EFFECTIVE INTERNATIONAL EFFORTS AND COLLABORATION

4.1 Progress

The European Network of the International Planned Parenthood Federation (IPPF/EN) and the United Nations Population Fund (UNFPA) are the principal partners with whom a more systematized form of collaboration should be developed for better synergies and maximum impact in countries. They are represented on the Regional Advisory Panel *ex officio*. Examples of ongoing joint programmes include:

- Dissemination and adaptation of evidence-based guidelines through the UNFPA/WHO Strategic Partnership Programme (see Chapter 7).

- A project in partnership with IPPF/EN and the University of Lund, Sweden, on sexual and reproductive health and rights for young people. This project comprises three components undertaken by the partners: advocacy at ministry level (WHO); involving young people in developing and testing good practices in 26 countries (IPPF/EN); and carrying out action-oriented research (Lund University).
Chapter 12
Technical cooperation with countries: policy and programmatic issues in sexual and reproductive health

P Fajans and D Huntington

1. INTRODUCTION

The Department operates within two broad approaches in order to build health system capacity at national and subnational levels for strategic planning, development, implementation and evaluation of appropriate interventions for the provision of quality sexual and reproductive health services to all people. Both of these mechanisms—the Strategic Approach to sexual and reproductive health policy and programme development and a new initiative to strengthen the capacity of country offices of WHO and the United Nations Population Fund (UNFPA) to promote sexual and reproductive health through national development and health-sector planning processes—are discussed below. Work to foster sound national health policies and reforms that positively impact on sexual and reproductive health and related human rights and contribute to country initiatives to alleviate poverty includes the implementation of a research initiative to investigate the impact of health-sector reforms on sexual and reproductive health, as well as technical support to strengthen health systems for the provision of sexual and reproductive health services.

2. OBJECTIVE: TO STRENGTHEN HEALTH MANAGEMENT AND SUPPORT SYSTEMS

2.1 Progress and planned activities

2.1.1 The Strategic Approach

The Strategic Approach is a three-stage process to assist countries to: (i) assess their sexual and reproductive health needs and priorities; (ii) test interventions to increase access to and the quality of sexual and reproductive health information and services; and (iii) scale up successful models for wider implementation. Highlights of achievements in 2005 and activities planned for 2006 are as follows:

- A strategic assessment of family planning service delivery was implemented in Afghanistan, while strategic assessments of issues related to both contraception and abortion were conducted in Ghana and Moldova.

- Reprolatina, a nongovernmental organization that has been assisting countries to implement the Strategic Approach in Latin America, will conduct a training workshop on the Approach at the Universidad de Cayetano, Peru, in 2006. The organization has also provided technical support to the Ministry of Health in Paraguay for the finalization of the report on the strategic assessment conducted in 2004. A proposal for follow-up activities is being developed.

- Strategic assessments to guide future introduction of emergency contraception will be undertaken in 2006 in the Congo, Côte d’Ivoire, Guinea and Senegal in West Africa, with technical assistance provided by the Dakar office of the Population Council, the nongovernmental organization Equilibres & Populations, and ECafrique.

- Following the 2004 dissemination workshop for the strategic assessment of family planning services in Oman, technical support was provided to the Ministry of Health in developing a proposal for follow-up action research to investigate the feasibility of recommended approaches to strengthening services.

- In the State of Rajasthan, India, a proposal was formulated to develop and evaluate adolescent sexual and
reproductive health services delivered by nongovernmental organizations, based on recommendations from the strategic assessment of sexual and reproductive health needs conducted in 2004.

- The Ethiopian Ministry of Health adapted the strategic assessment process to provide stakeholder input to the development of its national reproductive health strategy. Ongoing activities introducing the female condom and emergency contraception in youth services have expanded into a broader effort to introduce emergency contraception in the public sector health services.

- In the Yunnan Province of China, a participatory action-research project to develop and test strategies to increase access to good-quality sexual and reproductive health services for urban migrants or “floating people” began in late 2005.

- A prior strategic assessment of the need for contraceptive introduction in China had led to the implementation of systematic reviews of the safety and efficacy of intrauterine devices (IUDs) and hormonal contraceptives provided in the Chinese National Family Planning Programme. Based on the outcome of these reviews, in 2005, the National Commission for Population and Family Planning took the policy decision to discontinue provision of the least effective (but most commonly provided) IUD (the MRCu165 ring), the potentially unsafe monthly combined oral contraceptive and one of the less effective varieties of “visiting pills”.

- In Zambia, a Stage III project of “pilots to regional programmes” has scaled up innovative strategies to strengthen family planning and contraceptive services in the Copper Belt region over the last two years. The Ministry of Health is now seeking funding from bilateral donors to support continued expansion into other regions of the country.

- In Myanmar, the Stage II project developing and testing innovations to strengthen reproductive health services at the township level ended with the implementation of a new management training module for district health staff. A training-of-trainers session was followed by training for staff in five districts, and the Department of Health plans on scaling up training in additional districts.

- Efforts to strengthen country capacity to scale up health innovations continued through the work of ExpandNet, a network of policy-makers, programme managers, researchers and technical experts established for this purpose.

  - A volume of papers, including a theoretical framework and a series of country case-studies, was finalized by the ExpandNet secretariat (composed of the Department and the University of Michigan School of Public Health).

  - A draft document entitled From pilot projects to policies and programmes: practical guidance for scaling up health service innovations was developed to provide guidance to policy-makers, programme managers and donor organizations. The draft will be field-tested in 2006.

  - A web site was developed (http://www.expandnet.net), containing a comprehensive bibliography of literature relevant to the determinants of successful scaling-up, the papers from the volume mentioned above, and information about ExpandNet partners, projects and activities related to the expansion and replication of pilot or demonstration projects.

- Collaboration with UNFPA on the “Stronger voices” quality of care project continued in 2005 with the Department providing technical assistance to the project in Kyrgyzstan. In 2006, the project will support the field-testing of the Department’s ExpandNet guidance document on scaling-up in Kyrgyzstan and Peru. In both countries, demonstration projects have proved successful in strengthening community demand and the improvement of quality services, and the governments have requested assistance in developing strategies for replicating and expanding activities.

Information about implementation of the Strategic Approach to the prevention of unsafe abortion in Ghana, Moldova, Mongolia, Romania and Viet Nam is provided in Chapter 4.

2.1.2 Promoting sexual and reproductive health through national development processes

The Department embarked on a new initiative of promoting sexual and reproductive health through national health and development planning processes, including sector-wide approaches (SWAs) and poverty reduction strategy papers (PRSPs). The genesis of this project were two high-level consultations between UNFPA and WHO in 2003 and 2004 which called for collaboration in advocating adequate investments in sexual and reproductive health and identified the importance of complementary efforts to include sexual and reproductive health in the mainstream of national and international planning processes, including SWAs, PRSPs and reporting on the Millennium Development Goals (MDGs). Subsequently, a WHO/UNFPA joint working group designed this project to contribute to the development of country office capacity for both agencies. The project has four work areas: research, knowledge management, training and in-country technical support; within WHO, it is being conducted by four departments in three clusters, under the leadership of the Department.
The following key results were achieved in 2005:

- Case-studies of country experiences with promoting sexual and reproductive health in SWAps and PRSPs were conducted by multidisciplinary teams using a standard methodology in Mongolia, Nicaragua, Senegal and Yemen. The findings were discussed during a technical consultation, the report of which will be released as a joint WHO/UNFPA publication, and will also be posted on the Department’s and UNFPA’s web sites.

- A poll of WHO and UNFPA country offices was conducted using a web-based questionnaire to collect feedback regarding the types of activities required for capacity building.

- Three-person teams of WHO, UNFPA and ministry of health staff from Ethiopia and Mongolia participated in the World Bank Institute course on poverty reduction, PRSPs and reproductive health in Turin, Italy. Follow-up activities planned in 2006 by the Ethiopia country team include adapting the course to the national context.

- Prototype knowledge management activities were developed that include establishing a web site with links to several communities of practice, each focusing on a different capacity-building need. Reference materials, guidelines and tools collected by the project are posted on these sites.

- In Nicaragua and Senegal, as follow-up to the case-studies, technical assistance was provided for the development of workplans for producing national health accounts for sexual and reproductive health.

This initiative will continue during 2006 with activities in each of the above areas. In addition, discussions were held with the United Nations Foundation about including additional actions related to developing country office capacity to engage civil society in PRSPs and SWAps in support of sexual and reproductive health.

Public–private partnerships receive a great deal of attention in contemporary health-sector reform initiatives, yet little is known about pathways to developing management skills for implementing such reforms. During 2005, the Department began a study in India that investigates district-level management capacity to contract out sexual and reproductive health services to the private sector. This study is being coordinated with the National Reproductive and Child Health Programme of the Indian Ministry of Health and Family Welfare.

3. OBJECTIVE: TO PROMOTE SOUND POLICIES AND LAWS

3.1 Progress and planned activities

The Department developed several activities during 2005 related to evaluating the impact of health-sector reform on sexual and reproductive health programme operations and outcomes. Linkages were developed with WHO’s broader support for strengthening health systems, as all measures involving reform operate through a health systems perspective. Policy and technical support activities included the following:

- collaboration with the Department of Health Systems Financing, UNFPA, USAID, Abt Associates and the Netherlands Interdisciplinary Demographic Institute (NIDI) on the production of guidelines for national health accounts on sexual and reproductive health;

- technical support to the Ministry of Health in China and the World Bank on the monitoring and evaluation of the China Ninth Maternal and Child Health and HIV/AIDS Project;

- technical support to the Philippines Department of Health and the World Bank on the design and conduct of impact evaluation and routine monitoring of the Women’s Health and Safe Motherhood Project;

- a technical consultation on the development of a WHO/UNFPA institutional policy on promoting sexual and reproductive health in national development and health sector planning processes, including SWAps and PRSPs; the results of the country case-studies described above were used in this context.

Two study proposals were developed:

- In the Philippines, a benchmarks of fairness project will use an evidence-based analytical process to assess the impact of a World Bank-supported Women’s Health and Safe Motherhood Project on the dimensions of equity, efficiency and accountability.

- In Egypt, a quasi-experimental controlled study will investigate the impact of performance-based salary payments on the quality of sexual and reproductive health services.
Annex 1

PUBLICATIONS IN 2005

Publications


Chapter 13
Mapping and implementing best practices in sexual and reproductive health
M Gülmezoglu, L Say, M Usher-Patel

1. INTRODUCTION

Improving the quality of sexual and reproductive health requires not only the production of evidence-based guidelines and programmatic tools, it is also necessary to reduce inequities in access to knowledge and to facilitate its application. Innovative communication and implementation strategies supported by partnerships complement research synthesis and dissemination efforts and enable better dissemination and implementation of evidence-based practices.

The partners of the Implementing Best Practices (IBP) initiative support countries to fulfill their sexual and reproductive health agendas by strengthening international and country cooperation to share experiences aimed at improving the introduction, adaptation, utilization and scaling-up of evidence-based and/or proven effective practices in sexual and reproductive health.

2. OBJECTIVE: TO INCREASE ACCESS TO THE EVIDENCE BASE IN SEXUAL AND REPRODUCTIVE HEALTH

2.1 Progress

2.1.1 Research synthesis

Systematic reviews were updated and two new Cochrane reviews are currently ongoing. The Department is represented on the editorial boards of the Cochrane Pregnancy and Childbirth and the Fertility Regulation groups.

2.1.2 Research

The main manuscript of the cluster-randomized trial to improve obstetric practices has been submitted. Papers on magnesium sulfate use and the qualitative evaluation of hospital staff experiences are being prepared. The Department is involved in an advisory capacity in the South-East Asia Optimising Reproductive and Child Health in Developing Countries (SEA-ORCHID) project that aims to improve obstetric practices in four countries in South-East Asia.

2.1.3 Dissemination of the WHO reproductive health library

In a survey conducted among WHO and United Nations Population Fund (UNFPA) country representatives and reproductive health programme managers, the WHO reproductive health library (RHL) was the most widely known departmental guidance document and received the highest number of scores as a “high quality” publication.

Over 30 000 copies of the latest edition, No. 8 (RHL-8) were produced in English and Spanish and distributed in 2005. To satisfy continuing demand, a further 1000 CD-ROMs were produced. In addition to the full text versions in English and Spanish, abridged Chinese, French and Vietnamese versions were initiated with support from the WHO/UNFPA Strategic Partnership Programme (SPP).

RHL-8 contains 101 Cochrane systematic reviews, and subscriptions exceed 15 000. It was launched on the Internet (http://www.rhlibrary.com) with a new design, and an exhibition of childbearing and childbirth in folk art marked the occasion in the WHO library.
RHL partner networks were expanded with the introduction of 15 RHL country focal points. Two RHL-8 user surveys were conducted: one in French-speaking countries and the other targeting all subscribers with an e-mail address. Results will be available in 2006. A third evaluation project is ongoing among hospital doctors in Argentina.

2.1.4 Capacity building in evidence-based decision-making

Two training workshops were held—in Fiji and South Africa—on evidence-based decision-making in sexual and reproductive health, within the framework of the SPP.

2.1.5 Other activities

The Lancet will publish a series of research articles in sexual and reproductive health edited by Secretariat staff and the chair of the Department’s Scientific and Technical Advisory Group.

Collaborative work within WHO included support to the Departments of Making Pregnancy Safer, Essential Drugs and Medicines Policy, and Research Policy and Cooperation. The WHO International Clinical Trials Registry Platform has been handed over to the Department of Research Policy and Cooperation, and the Programme continues to provide input in an advisory capacity.

2.2 Planned activities

The contents of RHL-9, in preparation, will be improved by: increasing the number of Cochrane reviews to 130; including a video on the management of breech presentation and a training package on a critical appraisal workshop; and developing quiz questions for RHL packages.

The number of country focal points for RHL will be increased to 17 active focal points at the beginning of 2006.

3. OBJECTIVE: TO STRENGTHEN HEALTH MANAGEMENT AND SUPPORT SYSTEMS

3.1 Progress

3.1.1 Implementing Best Practices initiative

The 22 partners in the Implementing Best Practices (IBP) Consortium continue to collaborate on specific assignments focused on creating knowledge-sharing strategies that build on experience, foster change and support the introduction, adaptation, utilization and scaling-up of proven effective practices. The partners approved the strategy for 2005–2007, contributed to the revision of the IBP strategic vision, objectives and approaches and revised the IBP Consortium Operating Guidelines. All partners signed a two-year extension to the IBP Memorandum of Understanding in October 2005.

3.1.1.1 Action by IBP partners

The IBP partners led a number of task teams involved in:

- preparing a series of joint publications. This entails initiating the preparation of a toolkit on the management of change, a literature review on “learning organizations”, the drafting of “How to” guidelines for the management of the IBP Technology Café, Mini University and Information Exchange Bazaars, and the revision and publication of the IBP advocacy brochure, the IBP electronic communication system (ECS) Knowledge Gateway insert and IBP bookmark.
- strengthening knowledge-sharing approaches within professional associations. Partners worked closely with the WHO Department of Nursing and Midwifery, WHO Nursing and Midwifery Collaborating Centres, and Knowledge Communities and Sharing to establish the Global Alliance of Nursing and Midwifery and Communities of Practice focused on five key health interventions.
- assisting with the organization of or providing technical inputs to eight international conferences, meetings of in-country professional associations and in-country planning meetings and workshops in Benin, Ghana, Nigeria, the Philippines, South Africa and the USA.

3.1.1.2 IBP country activities

All countries have advanced in the implementation of their action plans, and coordination between IBP, the SPP and Strategic Approach activities was strengthened. In Ethiopia, strategies were put in place to support the integration of family planning with services for voluntary counselling and testing (VCT) and prevention of mother-to-child transmission (PMTCT) of HIV. In Kenya, an advocacy plan and training materials are being developed to revitalize family planning programmes. In Uganda, the repositioning of family planning is focusing on advocacy and integration with other services. In the United Republic of Tanzania, efforts are being made to coordinate sexual and reproductive health services and, in Zambia, family planning guidelines are being updated and disseminated.

IBP partners, in collaboration with SPP, have supported missions to Benin and the Philippines to create country networks to support the updating and dissemination of guidelines on family planning and the prevention of sexually transmitted infections (STIs).
3.1.1.3 The IBP electronic communication system "Knowledge Gateway"

The IBP electronic communication system (ECS) "Knowledge Gateway" has adapted web-based technology to support virtual communities of practice focused on the sharing and exchange of knowledge within and between countries. Use of the system has spread to over 3000 members and 83 communities of practice supporting their own knowledge-sharing activities and those of the IBP Consortium.

An on-line discussion forum on adolescent sexual and reproductive health, supported by YouthNet/INFO and the Department, was held during June 2005 involving over 600 participants from 82 countries. A similar global forum supported by PATH was held on the female condom in November 2005.

A Steering Committee involving IBP partners and WHO departments oversee the management of the ECS, which is starting to be used by other departments in WHO. A joint programme of work prepared in collaboration with all IBP partners is being implemented.

3.2 Planned activities

- Launch the IBP initiative in two or three French-speaking countries, including establishing country-focused communities of practice on the ECS; support will be continued to countries implementing IBP activities in East Africa and to Jharkhand, India.
- Support efforts to "Repositioning Family Planning" through country-specific activities, field-test the repositioning advocacy kit and establish country-focused communities of practice.
- Develop implementation evaluation frameworks with partner agencies.
- Analyse the experience, practices and lessons learned concerning programmes using lower-level providers in maternal and newborn health, family planning and community-based distribution.
- Collaborate with the Strategic Approach to work with targeted countries to analyse practices and programmes that have the potential to be scaled up and field-test the "Management of change" toolkit.
- Work in collaboration with the SPP to support in-country adaptation and application of evidence-based guidelines.
- Continue to work in collaboration with professional groups.
- Develop further and expand the use of the ECS.
Annex 1

PUBLICATIONS IN 2005


Chapter 14
Monitoring and evaluating sexual and reproductive health

M Gülmezoglu and L Say

1. INTRODUCTION

Monitoring and evaluation are ways of tracking progress towards sexual and reproductive health-related goals and targets set at international conferences, including those agreed at the International Conference on Population and Development (ICPD) and the Millennium Summit. Monitoring and evaluation activities involve the provision and dissemination of timely and methodologically sound information on indicators.

2. OBJECTIVE: TO WIDEN THE RANGE OF PRODUCTS AND TECHNOLOGIES

2.1 Progress

2.1.1 Systematic review of maternal mortality and morbidity

Data analysis continued and the results were written up. In addition to the publications listed in Annex 1, an article was submitted on the causes of maternal mortality.

2.1.2 Global estimates

Regional, subregional and country estimates for the proportion of births attended by skilled personnel were updated and made available on the Department's web site (www.who.int/reproductive-health/publications/global_monitoring/data.html).

2.1.3 Measuring access to sexual and reproductive health services: an in-depth study

The project aims to develop and test an instrument to appraise the extent to which differential use of sexual and reproductive health services is attributable to demand or supply factors. A study protocol was prepared and approval was obtained from technical and ethical review groups; preparations were made for field activities.

2.2 Planned activities

Activities concerning global estimates will include planning and initiating development of 2005 maternal mortality estimates, updating of estimates of skilled attendance at birth, and updating of the database of sexual and reproductive health indicators.

3. OBJECTIVE: TO ENSURE EFFECTIVE INTERNATIONAL EFFORTS AND COLLABORATION

3.1 Progress

3.1.1 Sexual and reproductive health indicators

A technical consultation of experts on sexual and reproductive health indicators reviewed revisions to the Millennium Development Goals (MDGs) monitoring framework that are proposed in the field of reproductive health. The group,
meeting on 21–22 September 2005, specifically examined the target of "achieving access to reproductive health services" and its suggested indicators proposed by the Millennium Project. Indicators were reviewed in terms of their relevance to the respective goals, methodologies to measure or estimate each indicator, the availability of data and the periodicity of reporting. The group recommended that, under a target of "universal access to reproductive health", the following indicators should be included in the MDG monitoring framework: contraceptive prevalence (CPR), unmet need for family planning (UMN) and age-specific fertility rate (ASFR) 15–19 years.

The report of this consultation was submitted to the gender and health subgroups of the United Nations Inter-Agency and Expert Group (IAEG) on MDG indicators which reviews MDG indicators in terms of data availability, methodology and dissemination. The IAEG reviewed the proposal during its meeting on 24–25 October 2005 and tentatively accepted, in addition to the existing indicators of maternal mortality ratio and proportion of births attended by skilled health personnel, to include CPR, UMN and coverage of antenatal care (ANC) under MDG 5, and ASFR for 15–19 years under MDG 3, but did not discuss inclusion of the target of "universal access to reproductive health" in the MDG monitoring framework. A final decision will be made during the next meeting of the IAEG in March 2006.

3.2 Planned activities

A technical consultation will be convened to review and, if necessary, revise the indicator for emergency obstetric care and to discuss the definition of severe acute maternal morbidity (near-miss).

Follow-up of the development of the MDG monitoring framework in relation to sexual and reproductive health will continue.

The project on measuring access to sexual and reproductive health services in South Africa will be carried out.

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2 Contraceptive prevalence (CPR), proportion of desire for family planning satisfied (PDS), availability of emergency obstetric care (EmOC), and age-specific fertility rate (ASFR) 15–19 years.
Annex 1

PUBLICATIONS IN 2005


Chapter 15
Communication, advocacy and information

J Khanna, C Hamill, S Kolev

1. INTRODUCTION

With the aim of facilitating access to sexual and reproductive health information—within and outside the Organization—the Department’s communication, advocacy and information group:

- advises the Department in all matters related to the production and dissemination of information products (including audiovisual materials);
- provides editorial, desktop publication and dissemination support for the Department’s information products;
- manages the Internet web site of the Department and that of HRP;
- evaluates the impact of dissemination activities with a view to strengthening the Department’s dissemination/communication strategies;
- strengthens the capacity of the Department’s collaborating centres in writing and publishing scientific papers in peer-reviewed journals and communication of research findings to policy-makers and the public.

2. INFORMATION PRODUCTS PRODUCED IN 2005

A total of 46 information products were produced and disseminated in 2005, as shown in Annex 1.

3. INTERNET PUBLISHING

The Department’s web site continues to serve as a key tool for the dissemination of sexual and reproductive health materials and information. During the period 1 December 2004 to 30 November 2005, an estimated 1 645 894 visitors (number of sessions) downloaded a total of 1 367 481 documents (in pdf format) and some 7 796 110 pages were also viewed on screen (html and pdf). As in previous years, all indicators for the web site show approximately a doubling in visits and downloads compared with the previous year.

The web site was also made available on CD-ROM, allowing those who do not yet have good Internet services to access all information materials from the Department available in searchable electronic form. One of the main highlights for the web in 2005 has been the increasing number of documents being made available in languages other than English, in particular the number of documents and pages now available in Spanish.

4. SCIENTIFIC WRITING, CRITICAL APPRAISAL AND COMMUNICATION WORKSHOPS

A total of three scientific writing workshops were conducted in Islamabad, Pakistan; Colombo, Sri Lanka; and Ho Chi Minh City, Viet Nam. A total of 57 medical researchers were trained in these workshops. The workshop in Islamabad also included modules on critical appraisal of scientific papers, and the one in Ho Chi Minh City included training in communication skills in addition to scientific writing.
Annex 1

INFORMATION MATERIALS IN 2005

Newsletters
1. Progress in reproductive health research (three issues)
2. HRP/RHR News: a periodic newsletter for partners (electronic newsletter)

Electronic documents on CD-ROM
3. WHO reproductive health library, No. 8
5. HRP Policy and Coordination Committee, 2005—Presentation and poster session
6. Decision-making tool for family planning clients and providers: implementation guide

Printed documents
7. Annual technical report 2004
8. Decision-making tool for family planning clients and providers
10. High-level consultation on WHO–World Bank collaboration; summary report of a meeting
11. A strategy for strengthening technical capacity in reproductive health in developing countries; service guidance centres
12. Strategies for improving sexual and reproductive health through research and technical capacity strengthening; modalities for collaboration with centres or institutions to promote reproductive health
13. A strategy for research capacity strengthening in developing countries: research project mentoring (RPM)
14. Clinical management of rape survivors; developing protocols for use with refugees and internally displaced persons. Revised edition

Department/Programme documents
15. RHR Proposed programme budget 2006–2007
17. Seventeenth Meeting of the Policy and Coordination Committee (PCC), Geneva, 30 June–1 July 2004
18. Sexually transmitted and other reproductive tract infections: a guide to essential practice

Language versions other than English
21. Critères de recevabilité pour l’adoption et l’utilisation continue de méthodes contraceptives. Troisième édition
22. Criterios médicos de elegibilidad para el uso de anticonceptivos. Tercera edición
23. Une sélection de recommandations pratiques relatives à l’utilisation de méthodes contraceptives. Deuxième édition
24. Recomendaciones sobre prácticas seleccionadas para el uso de anticonceptivos. Segunda edición
26. Infecciones de transmisión sexual y otras infecciones del tracto reproductivo. Una guía para la práctica básica
27. Guide pour la prise en charge des infections sexuellement transmissibles
28. Guías para el tratamiento de las infecciones de transmisión sexual
29. Orientações para o tratamento de infecções sexualmente transmissíveis
30. Pour une grossesse à moindre risque : le rôle capital de l’accoucheur qualifié : une déclaration conjointe OMS, ICM, FIGO

Statements and promotional materials
32. Health and human rights: child and adolescent health, women’s health, sexual and reproductive health
33. Sexual and reproductive health and HIV/AIDS: a framework for priority linkages
34. Eliminating congenital syphilis
35. The female condom FC2. Joint WHO/UNAIDS/UNFPA statement
36. Implementing best practices in reproductive health: making good programmes even better
37. WHO statement on carcinogenicity of combined hormonal contraceptives and combined menopausal treatment
38. Hormonal contraception and HIV: science and policy
39. WHO statement on hormonal contraception and bone health
40. Déclaration de l’OMS concernant la contraception hormonale et l’état osseux

42. World Health Day 2005 facts and figures. Information sheets and folder issued in English, French and Spanish

**Videos**

43. *External cephalic version* (new shorter version, English)
44. *External cephalic version* (new shorter version, Spanish)
45. *Vacuum extraction: the technique* (Spanish)
46. *Decision-making tool for family planning clients and providers* (training video)
Chapter 16
Statistics and informatics services
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1. INTRODUCTION

The Statistics and Informatics Services Team provides support for the statistical analysis and data processing of the Programme’s research projects, for research capability strengthening of institutions in biostatistics, and data processing and informatics support for the administration and management of the Department.

2. OBJECTIVE: TO PROVIDE TECHNICAL SUPPORT TO RESEARCH ACTIVITIES

2.1 Progress

2.1.1 Technical support to research projects

Activities in support of research projects include technical advice on their development and review; statistical design; assistance with project organization; data processing, monitoring and management; data analysis and preparation of statistical reports; and participation in the writing of scientific papers resulting from the projects.

A total of 37 research projects were supported, though five were on hold because lack of funding. At the end of 2005, 18 completed studies were undergoing final analysis, with the manuscript in preparation or being published. In a further three studies, recruitment was finished and final data-cleaning was taking place, while recruitment was continuing in seven others. Four projects were in the planning stage or just starting, necessitating protocol preparation, design of forms and of data management systems and distribution of supplies. The following areas of work were covered: promoting family planning (6 studies), improving maternal and perinatal health (5), controlling sexually transmitted and reproductive tract infections (11), preventing unsafe abortion (8), gender issues, reproductive rights and sexual health (1) and technical cooperation with countries (4); two projects were supported for other departments or regions.

2.1.2 Technical collaboration

Statistical support continued to be provided to the Iraq 1999 Child and Maternal Mortality Survey, resolving issues related to the analysis, reviewing the survey report and drawing policy recommendations as well as formulating a plan for the replication of the 1999 Survey. One of the Department’s statisticians participated in UNICEF/WHO Multiple Indicator Cluster Survey Technical Consultation meetings in Amman, Jordan, a meeting at the London School of Hygiene and Tropical Medicine, London, United Kingdom, to discuss a study protocol on measuring equity of sexual and reproductive health-care use, and a meeting in Cape Town, South Africa, to finalize the protocol for a multicountry study on gender, sexuality and vaginal practices. Technical support was provided to two centres in Viet Nam participating in several abortion projects. A member of the Department continued to collaborate on the extension of guidelines for clinical trials with the group on Consolidated Standards of Reporting Trials (CONSORT), contributing to a manuscript on guidelines for the reporting of clinical equivalence trials.

2.1.3 Technical support to programme managers

Support was given to the Department’s programme managers with the technical review of projects submitted to them for funding and with the arrangements for logistic support to projects before launching. The technical review focused mainly on the biostatistical and data-processing aspects of
the protocol, while logistic support arrangements included site-visits to the proposed study and coordinating centres to review facilities and data collection mechanisms.

During the year, the Programme’s Standard Operating Procedures (SOPs) were reviewed with the collaboration of a consultant and 14 reviewed procedures were distributed to Programme staff in December 2005.

2.2 Planned activities

Data management for new studies will be conducted by purchasing an off-the-shelf data management system to be used in conjunction with a remote data entry facility, or by outsourcing it to a cost-effective contractor.

Work will continue on SOP review, to complete the procedures that were not reviewed in 2005. A training programme will be developed to familiarize the Department and Programme staff with the use of SOPs.

3. OBJECTIVE: TO PROVIDE SUPPORT TO INSTITUTION STRENGTHENING ACTIVITIES

3.1 Progress

Staff in collaborating centres participating in international multicentre trials were trained at workshops conducted in Mombasa and Nairobi, Kenya, to implement the decentralization of data management for the study on the impact of highly active antiretroviral therapy (HAART) on the prevention of mother-to-child transmission (MTCT) of HIV and on mother’s health. Data managers were trained in the supervision of data collection, data entry, management of data queries, assessment of data quality and monitoring of study progress.

A member of the Department’s Statistics and Informatics Team gave lectures at the 15th Postgraduate Course for Training in Reproductive Health organized in collaboration with the Geneva Foundation for Medical Education and Research and the International Association for Maternal and Neonatal Health in Geneva, Switzerland, and attended by 32 participants. Another member taught a course on Stata training for statisticians from the Iraq Ministry of Health and Ministry of Planning, in Amman, Jordan (20–24 February) and gave lectures on sampling in a Research Workshop in Reproductive Health held at Damascus University, Damascus, Syria (28 May–2 June).

3.2 Planned activities

Site-visits will be conducted to follow up the decentralization of data management for the study on the impact of HAART on MTCT and mother’s health, in Mombasa and Nairobi, Kenya, and in Bobo Dioulasso, Burkina Faso, and to provide the required training.
Annex 1

PUBLICATIONS IN 2005


Appendix 1

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