WHO SEXUAL AND REPRODUCTIVE HEALTH

PROPOSED BUDGET

2008–2009
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World leaders, scientists, politicians and the general public are demanding greater attention to sexual and reproductive health in view of the critical linkages between this area of health and HIV infection, gender equality, poverty alleviation and other Millennium Development Goals (MDGs).

- The Millennium Project's *Investing in development: a practical plan to achieve the Millennium Development Goals* formally recognizes that sexual and reproductive health is essential for reaching all eight of the MDGs in the 2000 Millennium Declaration. This report, which was presented to the Secretary-General of the United Nations, underscores the importance of ensuring universal access to sexual and reproductive health services and information for achieving the MDGs and recommends "a focus on women's and girls' health (including reproductive health)." Furthermore, the section of the report describing "Quick Wins"—those interventions that can be implemented immediately for a high short-term impact—recommends expansion of "access to sexual and reproductive health information and services, including family planning and contraceptive services, and close existing funding gaps for supplies and logistics."

- At the 2005 World Summit, the High-level Plenary Meeting of the 60th Session of the United Nations General Assembly, held on 14–16 September 2005, world leaders resolved to achieve universal access to reproductive health by 2015, promote gender equality and end discrimination against women. In particular, the world leaders agreed to integrate the goal of access to reproductive health into national strategies to attain the MDGs. The resolve of world leaders to achieve universal access to reproductive health for all is a landmark, as it reaffirms the vision of the Programme of Action adopted at the International Conference on Population and Development, held in Cairo in 1994, which recognizes the central role of sexual and reproductive health in achieving international goals for education, poverty alleviation and gender equality.

- In the fight against HIV infection as well, there is growing recognition of the central role of sexual and reproductive health in halting the HIV pandemic. In June 2006, at the United Nations General Assembly Special Session, Member States declared "the need to strengthen policy and programme linkages and coordination between HIV/AIDS and sexual and reproductive health." Providers in sexual and reproductive health already offer a wide range of services to the millions of women who are now at the centre of the global HIV pandemic, and they are expanding their reach to adolescents and to men. Greater attention is being paid to the benefits that would accrue from integrating HIV-related activities into sexual and reproductive health services and from designing comprehensive programmes to reach those who are most vulnerable to both sexual and reproductive health problems and HIV infection, such as young people. Such integration would make it possible to extend HIV services, including HIV testing and counselling, safer-sex counselling and condom promotion, and would open up care and treatment of HIV infection to those in need. It would also help reduce the stigma commonly associated with dedicated HIV services and address inequities in access to treatment, especially for
women and young people. At the same time, integrating sexual and reproductive health services into the care and treatment of HIV infection would help people living with this infection to achieve their sexual and reproductive health goals, and, in so doing, would help contain the spread of HIV. The success of some of the most promising interventions to prevent further spread of HIV, including male circumcision, use of microbicides and treatment of infections with herpes simplex virus type 2 (HSV-2), will require strong linkages with sexual and reproductive health services.

- The Special Session of the African Union Conference of Ministers of Health, held in Mozambique on 18–22 September 2006, focused on universal access to comprehensive sexual and reproductive health services in Africa. The Ministers concluded that African leaders have a special obligation to respond to the sexual and reproductive health needs and rights of their people, and they endorsed an action plan to demonstrate their commitment to that end.4

WHO is taking these developments on board in its long-term vision, goals and objectives. In her address on assuming office in January 2007, Dr Margaret Chan, WHO's Director-General, stated that “...I want my leadership to be judged by the impact of our work on the health of two populations: women and the people of Africa.” By working closely with Member States, United Nations agencies, development agencies, nongovernmental organizations and other partners to strengthen policy and programmes for sexual and reproductive health, WHO will strive to ensure that Dr Chan's commitment to the health of women is realized.

The hurdles facing work in sexual and reproductive health are substantial but not insurmountable. Indeed, real improvements are within reach. In 2007, there is no excuse for allowing women to die in childbirth; people can be taught to practise safe sex; family planning can work even in the poorest, most remote areas of countries. The problem is not a lack of resources or expertise; the problem is too often that we fail to act. WHO is committed to changing that, and the programme of work proposed in these pages sets out concrete steps for improving the sexual and reproductive lives of women and men, girls and boys, around the world.

FACTS AND FIGURES

Globally, contraceptive use has increased dramatically during the past four decades, from less than 10% of couples in developing countries in the 1960s to 64% in 2005.5 In spite of these gains, however, at least 120 million couples are still not using any method of contraception, despite an expressed desire to space pregnancies or limit their fertility,6 and the variation among regions is high: in sub-Saharan Africa, for example, the contraceptive prevalence rate is only 21%.7 Furthermore, even those who have access to contraception may still not be able to choose a suitable, safe, effective method: there are still around 400 million married women who lack access to the full range of safe, effective, modern contraceptives.8 As a result, close to 40% of pregnancies are unplanned, and some 46 million of them are terminated each year by induced abortion; about 19 million of these abortions are unsafe, with high risks of severe morbidity or death for the woman.9 Complications of unsafe abortion account for about 13% of the deaths that occur as a result of pregnancy and childbirth. In developing countries, some 40% of unsafe abortions concern girls aged 15–24 years. Preventing unplanned pregnancies alone could avert around one quarter of maternal deaths, including those that result from unsafe abortion.

Over half a million women die annually as a result of causes related to pregnancy and childbirth, and 95% of these deaths occur in Africa and Asia.10 Furthermore, it is estimated that about 50 million women experience major obstetric complications, and for some the suffering is permanent.11 In addition, more than 4 million infants die within 28 days of coming into the world, and some 3.3 million are born dead.12 More than 20 million infants worldwide, representing 15.5% of all births, are born with low birth weight, and 96% of these are in developing countries.13 The rate of low birth weight in developing countries (16.5%) is more than double that in developed
regions (7%). Most of this suffering is preventable, as cost-effective interventions are known and affordable; all too often, however, they are not made available because of scarce resources for effective health care.

Pregnancies, in particular those among very young women, may present risks for the health of the woman and newborn. In developed countries and in Eastern Asia, fewer than 30 births per 1000 adolescent women occur per year, but in developing regions, adolescent birth rates are often well above 30 or even 60 births per 1000 adolescent women. Declining trends were evident since the 1990s in developed regions, the countries in transition, Northern Africa, Eastern Asia and South-Eastern Asia, regions where the adolescent birth rate was already below 55 per 1000 in 1990. In contrast, in sub-Saharan Africa, Southern Asia and Latin America and the Caribbean, the high adolescent birth rates have not declined significantly despite the continued reduction in total fertility that those regions have experienced.

Sexually transmitted infections (STIs) are a major cause of acute illness, infertility, long-term disability and death. WHO has estimated that 340 million new cases of syphilis, gonorrhoea, chlamydia and trichomoniasis occurred in the world in 1999 among men and women 15–49 years of age. To this figure must be added the millions of cases of viral (incurable) STIs, foremost among them infections with HIV, the cause of AIDS. The HIV epidemic is raging unchecked, with over 4 million new infections in 2006, mostly in developing countries. It is estimated that 39.5 million people in the world live with HIV infection, of whom 17.7 million are women and 2.3 million are children under the age of 15 years. HIV infection resulted in almost 3 million deaths in 2006, of which 380 000 were of children under 15 years of age. Yet, the persistent upward trend in the prevalence of HIV infection can be reversed, as demonstrated in countries that have adopted aggressive policies for the primary prevention of HIV infection, in the absence of a vaccine or cure for HIV infection, primary prevention remains the key to containing the epidemic.

An estimated 530 000 children under 15 years of age were newly infected with HIV in 2006, the majority by transmission of HIV from their infected mother during pregnancy, delivery or breastfeeding. In the absence of any intervention, the rates of mother-to-child-transmission of HIV are 15–25% in developed countries and 25–40% in populations where breastfeeding is common. The rates of HIV transmission from mother to child can be reduced to 2–5%, as has occurred in some developed countries with use of antiretroviral treatment, elective caesarean section and avoidance of breastfeeding.

Other viral infections contribute to sexual and reproductive ill-health. HSV-2 is the primary cause of genital herpes and the commonest cause of genital ulcer disease in the developed world. In developing countries, the public health relevance of HSV-2 lies in its potential role in facilitating HIV transmission. There are few data on the prevalence of HSV-2, but it appears to be higher in developing than developed regions; in many countries of sub-Saharan Africa and the Caribbean, the prevalence in adults is around 50%. Furthermore, epidemiological studies indicate that 50% of women who become sexually active contract an infection with genital human papillomavirus (HPV), which is the main cause of cervical cancer, within 2 years. In 2002, cervical cancer, with an estimated 493 000 new cases, was responsible for more than 273 000 deaths. Around 85% of these deaths occurred in developing countries, where, in many regions, cervical cancer is the commonest cancer among women.

Some 170–190 million people in the developing world (excluding China) are infertile. Approximately 2.5% of couples in these areas are affected by primary involuntary infertility, while the rate of secondary infertility is 24% or more, depending on the geographical area. A large proportion of primary and secondary infertility among women in developing countries is attributable to tubal damage from infectious diseases. In many societies, infertility is perceived as a stigma, and the burden is heavier on women as they are usually considered to be the source of the problem, while evidence suggests that infertility is as prevalent among men as among women.

Female genital mutilation is practised primarily in 28 countries in Africa but also in other parts of the world, among immigrant populations from countries where it is a tradition. Findings from a Programme-supported study
published in *The Lancet* in 2006 showed that women who have undergone genital mutilation are significantly more likely to have serious complications during childbirth, including the need for a caesarean section, dangerously heavy bleeding after parturition and prolonged hospitalization after the birth. Newborn babies of women who had undergone genital mutilation suffered also: more needed to be resuscitated after birth, and perinatal mortality was higher than among infants born to mothers who had not been mutilated. The study further showed that the degree of complications increased according to the extent and severity of mutilation. On the basis of information available in 2000, it was estimated that 100–140 million women and girls have undergone genital mutilation and that 2 million girls are at risk annually. It is known from various sources that the practice is undergoing changes, and estimating the prevalence is extremely difficult. Analysis of data for 1995 and 2002 from four countries showed a measurable decrease in the prevalence of female genital mutilation in one country, Eritrea. Other forms of gender-based and sexual violence, frequently perpetrated by partners or close acquaintances, also cause suffering to countless millions of children, women and, to a lesser extent, men.

In all, sexual and reproductive ill-health, including HIV/AIDS but excluding stillbirths, is thought to have accounted, in 2002, for 22% of disability-adjusted life years lost by women and 16% by men. Developing countries accounted for 95% of disability-adjusted life years lost by both men and women as a result of sexual and reproductive ill-health.

TRENDS

According to the current United Nations estimates, the world population will continue to increase, to reach 9 billion people in 2050, virtually all the population growth occurring in less developed countries. Thus, during the next 40–50 years, persons of reproductive age will represent over 40% of the total population. The number of adolescents (aged 10–19 years) is predicted to grow to 1.3 billion by the year 2030, before starting to decline gradually. At the same time, the ageing of the population, already tangible in some countries, is about to become a worldwide phenomenon, as, between now and 2050, the proportion of people aged 60 years and over will more than double, from the current level of about 10% to 21% (from 0.7 to 1.9 billion). Fulfilling the sexual, reproductive and post-reproductive health needs of these various population groups will require a wider range than is currently available of sexual and reproductive health products and services tailored to diverse cultural and social backgrounds.

Trends in mortality and morbidity associated with sexual and reproductive health are notoriously difficult to assess, but available data suggest that there has been only minor improvement globally in maternal mortality, prevention of unsafe abortion or the prevalence of curable STIs during the past decade. Projections of the toll of the HIV pandemic are even more dire. Various scenarios have been proposed to describe the progression of the epidemic in Africa during the next 25 years. If responses to the HIV/AIDS epidemic continue to be fractured and short-term, fail to reflect the realities of everyday life and therefore fail to deliver a lasting solution, by 2025 the epidemic will have depleted the resources of many households and communities. The prevalence of HIV infection will be similar to that today and will continue to reduce life expectancy in many countries. The number of people living with HIV infection and AIDS will increase by more than 50%, and only 20% of people who need antiretroviral therapy will have access to it.

Other developments in sexual and reproductive health should be monitored closely to ensure that they have positive effects and benefit developing countries as much as the developed world. For example, the potential role, usefulness and impact of new techniques, such as the HPV vaccine and genomics, proteomics and transcriptionomics research, must be evaluated. Equally, the place given to sexual and reproductive health on the global international development agenda must be monitored, including modalities such as sector-wide approaches, poverty reduction strategies and credits and health sector reform.
WHO'S WORK IN SEXUAL AND REPRODUCTIVE HEALTH

The international mandate that drives the work of WHO in sexual and reproductive health is based on the **Global strategy to accelerate progress towards the achievement of international goals and targets in reproductive health**, which was approved by the World Health Assembly in May 2004, on agreements adopted at the International Conference on Population and Development (Cairo, 1994) and the Fourth World Conference on Women (Beijing, 1995) and their respective 5-year and 10-year follow-ups, and on the MDGs. In 2006, WHO's mandate in this area was further strengthened when the World Health Assembly adopted the **Global strategy for the prevention and control of sexually transmitted infection: 2006–2015**, which provides a framework for countries to improve and accelerate their programmes for the control of STIs and to ensure that these programmes are well integrated and linked with other sexual and reproductive health services.

On the basis of these agreements, statements and strategies, WHO works “to ensure that by 2015 all primary health-care and family planning facilities are able to provide, directly or through referral, the widest achievable range of safe and effective family planning and contraceptive methods; essential obstetric care; prevention and management of reproductive tract infections, including sexually transmitted diseases; and barrier methods, such as male and female condoms and microbicides, if available, to prevent infection”.30

Within WHO, the department of Reproductive Health and Research at WHO headquarters and the network of sexual and reproductive health and HIV/AIDS advisers in WHO regional and country offices are charged with responding to these international calls to action. The headquarters department of Reproductive Health and Research includes the United Nations Development Programme (UNDP)/United Nations Population Fund (UNFPA)/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP). The headquarters department of Reproductive Health and Research is part of the WHO Cluster on Family and Community Health and works closely with the other departments and programmes in the cluster: Making Pregnancy Safer; Child and Adolescent Health and Development; Gender, Women and Health; Immunization, Vaccines and Biologicals; and Healthy Ageing and the Life Course. It also collaborates with other departments at WHO Headquarters, in particular the department of HIV/AIDS.

In order to contribute optimally to the achievement of the MDGs and other international goals in sexual and reproductive health, and taking into account the comparative advantages of WHO, priorities were set in 2002 to define the Organization's work in this field for the period 2004–2009.31 The programme budget for 2008–2009 was drawn up in the context of this 6-year plan. In setting priorities on the basis of a number of logical frameworks, six objectives were identified, which characterize the aims of the Organization's work in sexual and reproductive health (see box on page 6) and which provided the framework for the budgets for 2004–2005, 2006–2007 and again for the present biennial budget.
WHO's objectives in sexual and reproductive health, 2004–2009

Objective 1: Broaden the provision of high-quality services that are cost-effective, available, accessible, affordable, evidence-based, gender-sensitive and respectful of reproductive rights.

Objective 2: Ensure the availability and widen the range of safe, effective health products and techniques on the market in sufficient quantities, at affordable prices.

Objective 3: Strengthen health management and support systems (public and private) to ensure that health programmes are executed efficiently, given the resources available.

Objective 4: Foster a supportive, enabling environment at individual, family and community levels.

Objective 5: Promote sound national policies and laws, and conducive policy and legal processes.

Objective 6: Ensure effective international efforts and collaboration, including effective global initiatives and sound implementation of international development plans.

WHO'S STRATEGIC OBJECTIVES AND ORGANIZATION-WIDE EXPECTED RESULTS

At the Health Assembly in May 2007, a 6-year WHO medium-term strategic plan 2008-2013 was considered and approved by WHO Member States. The plan covers three biennial budget periods and will form the basis of WHO's results-based management for the coming years. Specifically, the plan: (i) provides the strategic direction for the Organization for the six-year period in advancing the health agenda established in the 11th General Programme of Work, which covers the decade 2006–2015; (ii) defines medium-term objectives and approaches for the Organization, providing a multi-biennial framework to guide and ensure continuity in preparation of biennial programme budgets and of operational plans for each biennium; (iii) provides a programme structure that better reflects how regional and country offices function, thereby facilitating more effective coordination and collaboration at all levels of the Organization; and (iv) results in a simpler budget process, freeing many of the technical units from the work of strategic planning every two years. An important contribution is the reduced number of strategic objectives, consolidating the work of the whole Organization, and a series of concrete Organization-wide expected results or outputs that will be delivered during the biennium, with indicators, baselines and targets for assessing achievement of each expected result. The expected results in the field of sexual and reproductive health, which are fully consistent with the objectives identified in 2002, are shown in the box on the next page. They also appear in the approved WHO programme budget 2008–2009.

In order to achieve the Organization-wide expected results shown in the box, and in line with the priorities set in 2002, a consolidated, product-oriented work plan has been drawn up that includes explicit products, budget information and clear operational plans, including defined activities. These products are described in later sections of this document.
Sexual and reproductive health: WHO strategic objectives and Organization-wide expected results (OWERs)

Strategic objective 2: to combat HIV/AIDS, malaria and tuberculosis

OWER 2.1: Guidelines, policy, strategy and other tools developed for prevention of, and treatment and care for patients with HIV/AIDS, tuberculosis and malaria, including innovative approaches for increasing coverage of the interventions among poor people, and hard-to-reach and vulnerable populations.

OWER 2.4: Global, regional and national systems for surveillance, evaluation and monitoring strengthened and expanded to keep track of progress towards targets and allocation of resources for HIV/AIDS, tuberculosis and malaria control and to determine the impact of control efforts and the evolution of drug resistance.

OWER 2.6: New knowledge, intervention tools and strategies developed and validated for major priority needs for the prevention and control of HIV/AIDS, tuberculosis and malaria, with scientists from developing countries increasingly taking the lead in this research.

Strategic objective 4: to reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, while improving sexual and reproductive health and promoting active and healthy ageing for all individuals

OWER 4.1: Support provided to Member States to formulate a comprehensive policy, plan and strategy for scaling up towards universal access to effective interventions in collaboration with other programmes, paying attention to reducing gender inequality and health inequities, providing a continuum of care throughout the life course, integrating service delivery across different levels of the health system and strengthening coordination with civil society and the private sector.

OWER 4.2: National research capacity strengthened as necessary and new evidence, products, technologies, interventions and delivery approaches of global and/or national relevance available to improve maternal, newborn, child and adolescent health, to promote active and healthy ageing, and to improve sexual and reproductive health.

OWER 4.7: Guidelines, approaches and tools made available, with provision of technical support to Member States for accelerated action towards implementing the strategy to accelerate progress towards the attainment of international development goals and targets related to reproductive health, with particular emphasis on ensuring equitable access to good-quality sexual and reproductive health services, particularly in areas of unmet need, and with respect for human rights as they relate to sexual and reproductive health.

Strategic objective 6: to promote health and development, prevent and reduce risk factors for health conditions associated with tobacco, alcohol, drugs and other psychoactive substance use, unhealthy diets, physical inactivity and unsafe sex

OWER 6.2: Guidance and support provided in order to strengthen national systems for surveillance of major risk factors through development and validation of frameworks, tools and operating procedures and their dissemination to Member States where a high or increasing burden of death and disability is attributed to these risk factors.

OWER 6.6: Evidence-based and ethical policies, strategies, interventions, recommendations, standards and guidelines developed and technical support provided to Member States to promote safer sex and strengthen institutions in order to tackle and manage the social and individual consequences of unsafe sex.

Strategic objective 7: To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches

OWER 7.4: Ethics- and rights-based approaches to health promoted within WHO and at national and global levels.

OWER 7.5: Gender analysis and responsive actions incorporated into WHO's normative work and support provided to Member States for formulation of gender-sensitive policies and programmes.
WHO’S SEXUAL AND REPRODUCTIVE HEALTH BUDGET 2008–2009

This budget builds on the work of the department of Reproductive Health and Research for 2006–2007, as outlined in the Reproductive health and research programme budget 2006–2007, and the work of the WHO regional and country offices during the biennium. For the first time, therefore, the budget represents WHO’s work in sexual and reproductive health at both headquarters and regional levels.

As in the previous biennium, a list of products is presented for which specified resources are required. While the work of HRP is integrated into the headquarters department of Reproductive Health and Research, the activities of HRP, which is a Special Programme cosponsored by UNDP, UNFPA, WHO and the World Bank, are clearly identified throughout this document, in accordance with administrative and financial accounting requirements.

On the basis of guidance from HRP’s Standing Committee in December 2006, both a full budget level and a contingency level were estimated; similarly, for products in the area of programme development in reproductive health (PDRH), full and contingency level budgets are presented. The HRP budget will be submitted for approval to HRP’s Policy and Coordination Committee in June 2007. The budget priority levels and totals are shown in Table 1.

Table 1. WHO sexual and reproductive health budget, 2008–2009*

<table>
<thead>
<tr>
<th>Priority level</th>
<th>Budget (US$ million)</th>
<th>Total reproductive health and research</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HRP</td>
<td>PDRH</td>
</tr>
<tr>
<td>WHO Programme Budget level (full budget)</td>
<td>41.1</td>
<td>216</td>
</tr>
<tr>
<td>Contingency plan</td>
<td>38.4</td>
<td>20.2</td>
</tr>
</tbody>
</table>

*Figures exclude WHO programme support costs.

The breakdown of the full budget by section is shown in Figure 1. A detailed breakdown by budget section and source of funding and a comparison with the budget levels for 2006–2007 are shown in the budget tables in section 12.

Each section of this budget document includes a detailed product listing, describing each of the products scheduled for implementation during the biennium and the activities planned for its achievement. The tables also show the source of funding (HRP or PDRH), the WHO strategic objective and the Organization-wide expected result to which the product contributes (see box on previous page).
Figure 1. RHR budget summary for 2008-2009, by budget section (full budget level)

MONITORING AND ACCOUNTABILITY

The success of WHO's work in sexual and reproductive health depends on its scientific and ethical rigour, its gender sensitivity and its ability to address priorities in sexual and reproductive health in countries, particularly developing countries. This is monitored by a number of complementary advisory bodies:

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

Each of the above bodies is in a position to assess, from differing points of view, the achievement of the programme objectives and expected results. Beginning in 2008-2009, WHO's work in sexual and reproductive health will be rigorously managed and monitored by WHO's Oracle®-based global management system, which will be launched in January 2008.
EXTERNAL EVALUATION OF THE SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION

HRP is also evaluated in periodic independent external evaluations, most recently in 2002–2003. This last evaluation covering the period 1990–2002 was conducted by Management Sciences for Health, a private nongovernmental organization in the USA, and the Swiss Centre for International Health of the Swiss Tropical Institute in Basel, Switzerland.

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

The report from the external evaluation strongly endorsed the direction and management of the Special Programme. The overall conclusion was that, during 1990–2002, HRP had clearly met expectations in terms of its core mission to coordinate, promote, conduct and evaluate international research in reproductive health and that it had achieved its objectives. The Special Programme maintained its position as the global leader in generating research results and establishing the scientific consensus needed to advance reproductive health policies and practices, especially for developing countries. The report made numerous recommendations, which have been implemented to further enhance performance.

A new external evaluation of HRP is under way, which will focus on the contributions that HRP's research has made to global public goods. The initial results will be available in late 2007, and a full report will be submitted to the Policy and Coordination Committee in June 2008.
ISSUES AND CHALLENGES

Family planning is often considered one of the success stories of the twentieth century in public health. As described above, use of contraceptives increased worldwide from less than 10% of couples in the 1960s to over 60% at the turn of the century, and, in 2005, more than 660 million women aged 15–49 years who were married or in union were using contraception. These global figures, however, mask significant regional disparities. In 2004, the fertility rate remained at more than five children in 31 of the 148 developing countries, 28 of which are in sub-Saharan Africa, and surveys show that up to 35% of women who are fecund are not using any method of contraception, despite an expressed desire to space pregnancies or limit their fertility. Another indicator of the challenge facing family planning programmes is the estimated 46 million women who resort to induced abortion each year, 19 million of them putting their lives at risk because the abortions are carried out illegally or under unsafe conditions, by unskilled providers.

Thus, the challenge for family planning programmes is to provide a wider range of methods that better address people’s needs and preferences and to find better ways of delivering high-quality services to the millions of people who would use family planning if they had access to it. If programmes could meet all the unmet need for acceptable family planning among sexually active people, irrespective of their marital status, about half a billion more women and men would be able to achieve their reproductive intentions, effectively and safely. Family planning is, however, a victim of its own success and no longer attracts the international funding required. Clearly, forceful advocacy is needed. As stated in The Lancet’s series on sexual and reproductive health published in 2006: “Promotion of family planning in countries with high birth rates has the potential to reduce poverty and hunger and avert 32% of all maternal deaths and nearly 10% of childhood deaths. It would also contribute substantially to women’s empowerment, achievement of universal primary schooling, and long-term environmental sustainability.”

The objectives set in this area at the International Conference on Population and Development and detailed in its Programme of Action (paragraph 7.14) are:

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

These objectives were reaffirmed at the Twenty-first Special Session of the United Nations General Assembly in 1999 devoted to a 5-year review of implementation of the ICPD Programme of Action, where specific goals (see box) were set, which guide the Organization's work in family planning to this day.

**Goals**

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

(Programme of Action, paragraph 53)

Where there is a gap between contraceptive use and the proportion of individuals expressing a desire to space or limit their families, countries should attempt to close this gap by at least 50 per cent by 2005, 75 per cent by 2010 and 100 per cent by 2015.

(Programme of Action, paragraph 58)

These [family planning] programmes are an essential part of services to reduce maternal and perinatal morbidity and mortality because they enable women to postpone, space and limit pregnancies. As these services are directly concerned with the outcomes of sexual relationships, they also have great potential for leading the way in promoting sexual health and efforts to prevent sexually transmitted infections and HIV transmission.

(Reproductive health strategy to accelerate progress towards the attainment of international development goals and targets, paragraph 38, World Health Assembly Resolution WHA57.12)

In 2004, the World Health Assembly adopted a global reproductive health strategy that highlights the pivotal role of family planning in sexual and reproductive health (see box). In order to fulfill this role, other sexual and reproductive health services (such as counselling and testing for HIV, diagnosis and treatment of STIs or sexual health care) should be integrated into family planning programmes. Further, integration of family planning into HIV infection and STI services would make it possible to reach men and women who lack access to such services. Multidisciplinary research is required to meet this challenge effectively.

**WHO’S WORK IN PROMOTING FAMILY PLANNING**

The unmet need in family planning is due to lack of services or barriers to their access; poor quality of services (inappropriate client–provider interactions, substandard technical competence of providers, inadequate information, poor design and management of service delivery systems); technical issues (limited or inappropriate choice of available methods and fear, or experience, of side-effects); and broader social issues (lack of knowledge, socio-cultural, religious and gender barriers, power imbalances within couples and families). Furthermore, a number of
trends are reshaping the context of family planning and the magnitude and type of needs to be met, including high rates of transmission of STIs and HIV, the changing patterns of adolescent sexuality and fertility and the large numbers of persons living in poverty and other vulnerable situations.

In order to meet the family planning needs of the millions of individuals and couples who are poorly served or not served at all, WHO must ensure that its programme of work contributes meaningfully to improving the quality of family planning globally through the research and programme development activities outlined below.

**4.2. National research**

- National research capacity strengthened as necessary and new evidence, products, technologies, interventions and delivery approaches of global and/or national relevance available to improve maternal, newborn, child and adolescent health, to promote active and healthy ageing, and to improve sexual and reproductive health.

A multidisciplinary research agenda, strengthening of research capacity and more attention to dissemination of research results in such a way as to facilitate their translation into practice will improve the quality of family planning methods and services, and sexual and reproductive health generally.

The agenda will include:

- social and behavioural research to identify barriers to the uptake and continued use of family planning methods and services (including infertility treatment), especially among groups of underserved or vulnerable populations; further understanding of the strategies used for dual protection by individuals and couples and of the pattern of contraceptive use;
- operations research to evaluate selected strategies for improving the quality of care, on the basis of the results of social and behavioural research and including evidence-based guidance;
- epidemiological research on the safety and efficacy of existing methods, particularly for persons receiving long-term treatment (e.g., antiretrovirals) for chronic diseases, and systematic reviews of the evidence;
- development of new contraceptive methods, including pre-coital, dual protection and long-acting hormonal and non-hormonal methods for women and long-acting hormonal methods for men;
- evaluation of new techniques for treating infertility that are suitable for resource-poor settings; and
- basic science investigations to identify new targets for research (depending on the availability of funds).

WHO will continue to ensure that the results of this research are widely disseminated, not only to the scientific community in peer-reviewed scientific journals, but also on the Internet and at meetings and workshops, including with policy-makers and programme managers. In addition, HRP will continue to help countries strengthen their capacity for undertaking research.

**4.7. Guidelines, approaches and tools**

- Guidelines, approaches and tools made available, with provision of technical support to Member States for accelerated action towards implementing the strategy to accelerate progress towards the attainment of international development goals and targets related to reproductive health, with particular emphasis on ensuring equitable access to good-quality sexual and reproductive health services, particularly in areas of unmet need, and with respect for human rights as they relate to sexual and reproductive health.

Programme activities, implemented in accordance with gender and human rights implications, will contribute to the achievement of the MDG target of ensuring universal access to reproductive health. Quality will be improved by the creation and use of evidence-based tools and guidelines and evaluation of the impact
<table>
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<tr>
<th>Product identification</th>
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<tr>
<td>015</td>
<td>Supporting improvement of quality of care in family planning services and programmes in countries</td>
<td>Improving quality of care through introduction, translation, adaptation and implementation of evidence-based guidance</td>
<td>PDRH, Organization-wide expected result 4.7</td>
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</table>

**Activities**
1. Introducing, translating and adapting evidence-based guidelines in three countries
2. Adapting evidence-based guidelines for use by community-based workers; pilot-testing in two sites
3. Providing of technical assistance to countries for implementing an advocacy package for family planning
4. Introducing of evidence-based guidelines in two additional countries (implemented under full budget)

| 016                    | Improving training in sexual and reproductive health                        | Development of pre-service and in-service curriculum for sexual and reproductive health, in collaboration with partners | PDRH, Organization-wide expected result 4.7 |

**Activities**
1. Convening a consultation for defining competencies
2. Developing pre-service curricula
3. Developing in-service curricula
4. Introduction of evidence-based guidelines to two additional countries (implemented under full budget)

| 017                    | Studies on interactions between antiretroviral therapy and steroid hormone contraception | Studies of the impact of hormonal contraceptives on the clinical course of HIV infection in women on antiretroviral therapy; studies on the interaction between hormonal contraception and antiretroviral agents | HRP, Organization-wide expected result 4.2 |

**Activities**
1. Conducting a long-term observational study of HIV-infected women in developing countries using steroidal contraception while on antiretroviral therapy
2. Conducting studies on the pharmacokinetics and pharmacodynamics of interactions between hormonal contraceptives and antiretroviral therapy in women in developing countries

| 018                    | Strengthening linkages between sexual and reproductive health services and HIV infection services and programmes | Technical support to countries to strengthen linkages between sexual and reproductive health (family planning and STIs) and HIV/AIDS services and programmes | PDRH, Organization-wide expected result 4.7 |

**Activities**
1. Providing technical support to four countries in sub-Saharan Africa
ISSUES AND CHALLENGES

The sexual and reproductive health status of women living in developed and developing countries differs widely. This disparity is one of the starkest examples of inequity in our time and is particularly strong with respect to maternal and perinatal health. Approximately 530,000 pregnant women and 3 million newborn babies die each year due to complications related to pregnancy and childbirth, and almost all of these deaths occur in developing countries. These alarming numbers and the health discrepancies they represent indicate that the current global status of women's sexual and reproductive health is no longer simply a public health concern but has acquired the dimensions of a major social injustice.

Although significant progress has been made in research in maternal and perinatal health in recent years, most of the progress has been driven by the health systems of the richest countries. The interventions related to pregnancy and childbirth are therefore often inappropriate for low-resource settings, exacerbating the gap in women's reproductive health conditions around the world. The paucity of research on conditions that disproportionately affect women in developing countries has limited the number of effective, affordable and feasible preventive strategies available. Pre-eclampsia, eclampsia and preterm delivery are pregnancy-related conditions that are still poorly understood, receive little international funding and greatly contribute to the high maternal and perinatal morbidity and mortality rates in many developing countries. Therefore, the research and development agenda for maternal and perinatal health should be more widely focused, to target the needs of all populations and especially those that are more vulnerable and in greater need of affordable preventive and therapeutic interventions. Implementation of an agenda with a wider focus could lead to significant reductions in maternal and perinatal mortality, a goal that has not been reached despite decades of international commitment. This new focus could have the additional benefit of substantially reducing the underlying causes of morbidity, disabilities and associated health-care costs in the more developed world.

Goals

To reduce maternal mortality by 75% from 1990 levels by the year 2015.  
(International Conference on Population and Development Programme of Action, paragraph 8.21; MDG 5)

To reduce infant mortality rate below 35 per 1000 live births in all countries by the year 2015 [which will be strongly dependent on achieving a reduction in newborn mortality].
(International Conference on Population and Development Programme of Action, paragraph 8.16)

To reduce child mortality by two-thirds from 1990 levels by the year 2015 [which will be strongly dependent upon achieving a reduction in newborn mortality].
(MDG 4)
HRP will use this broad-based, more equitable approach to improving maternal and perinatal health by taking advantage of WHO's capacity to convene external partners. Through collaboration with prestigious institutions and individuals worldwide, HRP has been able to define lines of research that will benefit health systems globally, coordinate translation of research from the laboratory to the health system, make research accessible to scientists in low-income countries and institutions and stimulate new thinking.

Because achieving significant progress in maternal and newborn health is possible only with the support of civil society and political leaders, HRP is also formulating several innovative activities that go beyond public health to the areas of politics and culture.

**WHO'S WORK IN MATERNAL AND PERINATAL HEALTH**

**POWER**

| 4.2. | National research capacity strengthened as necessary and new evidence, products, technologies, interventions and delivery approaches of global and/or national relevance available to improve maternal, newborn, child and adolescent health, to promote active and healthy ageing, and to improve sexual and reproductive health. |

For this Organization-wide expected result, research on maternal and perinatal health has been structured into three main themes: hypertensive disorders of pregnancy, including the global programme to conquer pre-eclampsia; improving perinatal health; and postpartum care. In addition, four cross-cutting activities are planned: a global survey of maternal and perinatal health; synthesis of research results; operations research; and capacity-building and advocacy. The plan of work focuses on research activities because country-level implementation of programmes to improve maternal and perinatal health is the mandate of the WHO department for Making Pregnancy Safer.

**Global programme to conquer pre-eclampsia**

The WHO global programme to conquer pre-eclampsia and eclampsia is a highly structured research initiative in the international research community on maternal and perinatal health and continues to foster productive collaboration with the most prestigious institutions worldwide. The innovative approach of the programme is to select promising hypotheses for research on the basis of systematic literature reviews and then to use appropriate epidemiological study designs to test the hypotheses. A multicentre clinical trial on the treatment of mild-to-moderate hypertension with labetalol to prevent pre-eclampsia is being carried out in Argentina, Egypt, India, South Africa and the United Kingdom, with 2000 women. A multicentre observational study was initiated recently to determine whether changes in serum and urinary angiogenic proteins during pregnancy, detected with an easy-to-use urine screening test, can be used to identify women at very high risk for pre-eclampsia. The study is under way in Argentina, Colombia, India, Italy, Kenya, Peru, Switzerland and Thailand and will involve recruitment of more than 12 000 women.

The most recent collaboration of the global programme is with the University of British Columbia in Vancouver, Canada, to conduct a study in Fiji, South Africa and Uganda to validate a model of maternal and fetal clinical variables that predict adverse maternal and perinatal outcomes in women with pre-eclampsia. The objective is to define the clinical picture of women with pregnancy-related hypertensive disorders more clearly than in existing classification systems. An improvement in the classification and subclassification of women according to their true risk will not only modify direct patient care (e.g. timing of delivery, place of care) but will also be a prerequisite for the design of future randomized controlled trials and basic biomedical investigations in the field of pre-eclampsia. In addition, at full budget level, guidelines will be drawn up, on the basis of the results of the study.
Improving perinatal health

Preterm birth and birth asphyxia account for two-thirds of the 4 million neonatal deaths occurring every year, and intrauterine growth restriction is an underlying factor in approximately 60% of newborn deaths.

To address the problem of preterm birth, with a research strategy similar to that for pre-eclampsia, HRP has joined the Preterm Birth International Collaborative, the purpose of which is to support and enhance international networking among researchers investigating preterm birth and to establish multinational research projects, with open dialogue and active contribution by all participants. The 2006 annual meeting of the Collaborative was organized in Geneva by HRP and drew more than 50 researchers representing most of the advanced research teams currently working on preterm birth. Collaborative projects with HRP include establishment of a non-profit organization for research on the genetic factors associated with preterm birth, called the Preterm Birth and Genetics International Alliances, and publication of systematic reviews of the literature. A multicentre collaborative observational study of the interaction between genetic and environmental factors associated with preterm birth is planned for 2008–2009. HRP will also collaborate with the Global Network for Women's and Children's Health Research of the United States National Institutes of Health to carry out a clinical trial on increased use of antenatal corticosteroids in developing countries, as part of an effort to implement more widely in developing countries effective interventions to decrease mortality due to preterm delivery.

In order to address the problem of intrauterine growth restriction, HRP is implementing a multicentre study on fetal and newborn growth standards, which extends the scope of the WHO Multicentre Growth Reference Study to fetal life. The WHO Multicentre Growth Reference Study was implemented at country level by ministries of health to monitor child growth from 0 to 5 years and resulted in the release by WHO of child growth standards in April 2006. The objective of the new multicentre study is to construct a set of standards (curves and tables), from conception to delivery, to be adopted as a framework for assessing fetal and newborn growth (including preterm infants) and related levels of neonatal morbidity and mortality internationally. The study design incorporates the recommendations of the 1995 WHO Expert Committee on Physical Status, the 2002 WHO Meeting of Experts on Life Course and Health, and the 2002 WHO Meeting of Experts on Birth Weight. The international standards derived from the study will improve assessment of fetal and newborn growth at individual and population levels and ultimately improve the clinical management of fetuses and pregnant women.

In another study for improving perinatal health, a community-level diagnostic tool for birth asphyxia, one of the three major causes of newborn mortality, is being developed. This two-phase study addresses one of the main difficulties in collecting accurate epidemiological data on birth asphyxia: lack of a common definition that can be used in low-resource settings. This limitation has in particular impeded efforts to map the burden of birth asphyxia at the community level in developing countries. In the first phase of the study, a new diagnostic tool being used in health-care facilities in Pakistan and South Africa will be validated. In the second phase, the validated diagnostic tool will be used at community level to estimate the prevalence of morbidity and mortality related to birth asphyxia. The outcome of this study—a validated diagnostic instrument for correct identification of morbidity and mortality related to birth asphyxia—will form the basis of future community-based research on risk factors for birth asphyxia and will facilitate randomized trials to test preventive and therapeutic interventions.

Postpartum care

One of the most dangerous complications of the postpartum period is postpartum haemorrhage, a potentially fatal condition that affects 1–3% of all deliveries and requires prompt medical intervention or referral. HRP will collaborate with the safe motherhood programme at the University of California San Francisco, USA, in a randomized trial to test the effectiveness of a non-pneumatic anti-shock garment in reducing the risk for hypovolaemic shock during referral to tertiary care of women with postpartum haemorrhage.
Because late cord-clamping after delivery might be beneficial for newborn babies, funds will be allocated to a clinical trial to test the effectiveness of cord clamping 3 min after delivery, with oxytocin, in preventing maternal blood loss, postpartum haemorrhage and neonatal anaemia and other maternal and perinatal outcomes.

**Global survey of maternal and perinatal health**

There is a significant lack of accurate, reliable, up-to-date data on maternal and perinatal health, and, even when the data are available, their usefulness is often questionable because of limited coverage and poor methods of collection and analysis. Frequently, estimates are used that have been extrapolated from data collected in different settings and at different times. This situation limits efforts to improve the health conditions of large populations, as solid epidemiological evidence is the first requirement for planning and implementing effective interventions.

Is it possible to collect reliable, accurate, up-to-date data in low resource-settings? The 2005 WHO global survey on maternal and perinatal health\(^1\) has shown that this can be done. The survey was based on short-term (3 months) data collection in randomly selected health facilities in randomly selected countries, in which data were collected in real time by trained research teams using an on-line system and simple forms (maximum two pages) focusing on topics of interest. This systematic data collection effort represents an important shift from estimates or proxy measures. In 2005, data were collected on about 180,000 deliveries in seven countries in Africa (Algeria, Angola, Democratic Republic of the Congo, Kenya, Niger, Nigeria, Uganda) and eight in Latin America (Argentina, Brazil, Cuba, Ecuador, Mexico, Nicaragua, Paraguay, Peru) to document the relation between mode of delivery and perinatal mortality and morbidity.

This global survey has been widely acclaimed and has attracted attention to the work of HRP. A new global survey, aimed at collection of data on rates, management and risk factors for preterm birth and congenital malformations, with data on mode of delivery, is being planned and will be conducted in the Asian region. These topics were suggested at two meetings of experts held at WHO in 2006: the fourth meeting of The International PREterm BiRth Collaborative (PREBIC)\(^2\) and a meeting on management of birth defects and haemoglobin disorders organized jointly by WHO and the nongovernmental organization March of Dimes.\(^3\) Collection of reliable data on preterm delivery and congenital malformation rates at the international level were identified as priorities at these meetings.

**Research synthesis**

Research synthesis is critical to the evaluation of available evidence, identification of situations that warrant further research, determination of which health-care practices are useful or harmful and to keep health-care practitioners up to date. In this area of work, HRP has had an effective collaboration with the Cochrane Library, from which the **WHO Reproductive Health Library**\(^4\) originated. In 2008–2009, new systematic reviews on important topics in maternal and perinatal health will be conducted by HRP and collaborating institutions. The reviews will not only appear in the Cochrane Library and the **WHO Reproductive Health Library** but will also indicate areas in which further research is needed to help guide WHO’s research agenda for the next few years. At full budget level, systematic reviews of screening and diagnostic methods will also be compiled.

**Operations research**

Operations research during the biennium 2008–2009 will focus on two areas of interest: obstetric fistula and conditions related to maternal nutrition, such as anaemia in pregnancy.
Obstetric fistula is a neglected condition that affects more than 2 million women in the most disadvantaged populations in the world. A research agenda on obstetric fistula is being set up in collaboration with UNFPA and Johns Hopkins University (Baltimore, USA). A multicentre study involving five countries in Africa (Benin, Ethiopia, Mali, Niger and Nigeria) and one in Asia (Bangladesh) will be conducted during the biennium 2008-2009 to address three areas of research critical to the elimination of obstetric fistula: prevention of the problem, including analysis of underlying sociocultural and economic factors and timely medical interventions such as caesarean section and effective labour management techniques; review and assessment of the surgical and other medical procedures used currently; and evaluation of existing post-surgical reintegration strategies, taking into account demographic and other mitigating factors that might affect recovery and women's ability to reintegrate their communities. A further outcome of the study will be a standardized scheme for classifying fistula, which will facilitate the development of best practices for clinical management of fistula and the coordination of research among treatment centres.

The implementation, acceptability, feasibility, affordability and health-system implications of nutritional interventions will be addressed by operations research. A study is being planned, in collaboration with the WHO department of Essential Health Technologies, to determine the benefit of introducing a package comprising a haemoglobin colour scale, training activities and appropriate treatment for increasing the capacity of health-care workers to identify anaemia and to provide appropriate management, including referral of severely anaemic pregnant women at district level. The study will also involve a cost–benefit analysis of introducing the haemoglobin colour scale for screening women with anaemia at antenatal clinics in five developing countries (Afghanistan, Lao People's Democratic Republic, Mongolia, Myanmar and Uganda).

At full budget level, a protocol will be prepared for a clinical trial on best practices in obstetric care.

**Capacity-building and advocacy**

HRP will continue to promote capacity-building in research on sexual and reproductive health, and specifically maternal and perinatal health, by co-organizing the postgraduate course on sexual and reproductive health research in collaboration with the WHO Collaborating Centre at the Geneva Foundation for Medical Education and Research. The course has been given since 1992 and has resulted in the training of more than 300 participants from countries in Africa, America, Asia and Europe. Several of the students who attended the course joined the WHO Maternal and Perinatal Health Research Network and have contributed to WHO-coordinated multicentre studies. Capacity-building also continues by dissemination of the WHO's *From Research to Action folders*, which cover four issues: antenatal care, nutrition in pregnancy, pre-eclampsia and eclampsia, and prevention of postpartum haemorrhage. The series presents the scientific results of HRP's work in maternal and perinatal health in a format that facilitates translation of research results into clinical practice. They are distributed in binders, which are periodically updated. At full budget level, activities for distance learning by means of on-line electronic courses will be implemented.

The current status of women's sexual and reproductive health not only represents health and social disparities but also reflects inequity in awareness. International political forums and public events on global health issues tend to focus on high-profile conditions such as HIV/AIDS, malaria and tuberculosis or diseases such as severe acute respiratory syndrome or avian flu that attract media attention because of their immediate threat and dramatic implications. It is important that initiatives be put in place to maintain political and public awareness of the consequences of sexual and reproductive ill-health and of the associated burden of disease in the poorest populations of the world. Greater advocacy and support for sexual and reproductive health, including information campaigns, could lead to significant changes. The intent of the 'Art for Health' project, initiated in the spring of 2006, was to contribute in an innovative way, using contemporary art to increase people's awareness of sexual and reproductive health issues and particularly those that negatively
affect women and their families. The paintings prepared for this project depict women from diverse ethnic and social backgrounds and include messages from the women themselves, calling on the viewer to join them in a unified effort to better their lives and the lives of future generations. The positive, appealing images of women created for the 'Art for Health' project stimulate viewers to reconsider stereotypical notions of underprivileged women as hapless victims, asking them instead to regard them as willing partners in the advancement of women's sexual and reproductive health. The paintings will be shown in the context of a touring exhibit in several cities around the world throughout 2008–2009. The exhibitions will create opportunities for organizing advocacy events aimed at increasing awareness and promoting action for improving maternal and perinatal health.

### PRODUCT LISTING

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<tr>
<td>019</td>
<td>Global programme to conquer pre-eclampsia</td>
<td>Coordination of research activities from biomedical to health system research focusing on prevention and treatment of pre-eclampsia</td>
<td>HRP, Organization-wide expected result 4.2</td>
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<td><strong>Activities</strong></td>
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<td></td>
<td></td>
<td>1. Conducting a multicentre study to evaluate the use of angiogenic factors in screening for pre-eclampsia</td>
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<td>2. Conducting a multicentre trial on a model to predict maternal and perinatal outcomes in women with hypertensive disorders of pregnancy</td>
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<td>3. Conducting a clinical trial for treatment of hypertension in pregnancy</td>
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<td>4. Preparing new observational and experimental studies</td>
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<td>5. Preparing guidelines for management of pre-eclampsia (implemented under full budget)</td>
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<tr>
<td>020</td>
<td>Improving perinatal health</td>
<td>Research on major factors responsible for perinatal mortality (preterm birth, intrauterine growth restriction, birth asphyxia)</td>
<td>HRP, Organization-wide expected result 4.2</td>
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<td><strong>Activities</strong></td>
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<tr>
<td></td>
<td></td>
<td>1. Developing of fetal growth standards for international application</td>
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<td>2. Conducting studies of genetic and environmental determinants of preterm birth (collaboration with United States National Institute of Child Health and Human Development)</td>
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<td>3. Developing a diagnostic tool for birth asphyxia applicable at community level (collaboration with Saving Newborn Lives and Chiesi Foundation)</td>
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<td>4. Conducting a clinical trial to increase the use of antenatal corticosteroids in developing countries (collaboration with the Global Network for Women's and Children's Health Research of the United States National Institutes of Health)</td>
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<tr>
<td>021</td>
<td>Postpartum care</td>
<td>Research to test interventions to improve maternal and perinatal health postpartum</td>
<td>HRP, Organization-wide expected result 4.2</td>
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<td><strong>Activities</strong></td>
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<tr>
<td></td>
<td></td>
<td>1. Participating in a randomized cluster trial of non-pneumatic anti-shock garment for treatment of postpartum haemorrhage (collaboration with University of California at San Francisco, USA)</td>
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<td>2. Preparing a clinical trial for management of the third stage of labour</td>
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<td>3. Preparing a protocol for a study on postpartum haemorrhage (implemented under full budget)</td>
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### Activities

**Global survey of maternal and perinatal health**

1. Implementing the 2007 Global Survey in the Asian region
2. Undertaking secondary analysis of 2005 Global Survey in Africa and Latin America

**Operations research**

1. Conducting a multicentre study on the clinical and social implications of obstetric fistula (in collaboration with UNFPA and Johns Hopkins University, USA)
2. Conducting a multicentre study for field evaluation of the haemoglobin colour scale in improving the management (diagnosis and treatment) of anaemic pregnant women (in collaboration with WHO department of Essential Health Technologies)
3. Preparing a clinical trial on implementation of best practices in obstetric care (implemented under full budget)

**Research synthesis**

1. Preparing Cochrane systematic reviews
2. Preparing systematic reviews to assess the need for new clinical trials or observational studies
3. Compiling systematic reviews on screening and diagnostic methods (implemented under full budget)

**Capacity-building, advocacy, collaborations, identification of new areas of work**

1. Holding a postgraduate course in sexual and reproductive health
2. Continuing 'Art for Health' and other advocacy activities
3. Convening meetings to plan future activities
4. Initiating e-learning activities (implemented under full budget)
PREVENTING UNSAFE ABORTION

ISSUES AND CHALLENGES

A woman dies every eighth minute in developing countries because of a botched abortion. Globally, some 68,000 women die each year as a consequence of unsafe abortion, and a further 5 million suffer temporary or permanent disability. This devastating toll on women's lives is occurring at a time when techniques to end the silent pandemic of unsafe abortion are available. Ending this pandemic is, therefore, an urgent imperative for public health and human rights.

Each year, an estimated 210 million women throughout the world become pregnant and some 130 million deliver a liveborn infant. An estimated 46 million pregnancies are voluntarily terminated each year, corresponding to approximately 35 abortions per 1000 women aged 15–44 years. Of the 46 million abortions, 19–20 million are estimated to be unsafe, due to inadequate skills, use of hazardous techniques or unsanitary conditions. Lack of adequate care results in much higher risks for morbidity and mortality than is the case for abortions carried out by skilled health-care personnel under hygienic conditions.

In contexts where access to safe abortion is restricted, mortality and morbidity due to abortion are high. For example, for every 100,000 live births there are 100 deaths due to unsafe abortion in Africa and three in developed countries. Whereas one in 1000 women undergoing unsafe abortion may die in Europe, seven in 1000 would die in Africa. The persistence of high numbers of unintended pregnancies is the root cause of women's recourse to abortion. Unintended pregnancies occur for several reasons, including lack of access to, non-use or incorrect and inconsistent use of a contraceptive method and failure of the method. More complex reasons include unwanted or forced sexual intercourse and lack of empowerment of women in sexual and reproductive matters.

The growing number of women of reproductive age and the increasing desire to regulate fertility require correct and consistent use of effective contraceptive methods. Difficulties in access to and correct, consistent use of preferred methods of contraception and failure of contraceptive methods are not, however, easy to overcome. Social norms, economic conditions and other systemic factors, such as the legal status of abortion, also affect recourse to abortion and especially to unsafe abortion. Post-abortion care is often inadequate or lacking and might not prevent further unintended pregnancies.

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

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

(Key actions, 5-year review of International Conference on Population and Development, paragraph 63)

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

(Key actions, 5-year review of International Conference on Population and Development, paragraph 63)

The key actions adopted by the Twenty-first Special Session of the United Nations General Assembly for further implementation of the ICPD Programme of Action noted: "In recognizing and implementing the above, and in circumstances where abortion is not against the law, health systems should train and equip health-service providers and should take other measures to ensure that such abortion is safe and accessible. Additional measures should be taken to safeguard women's health." [paragraph 63 (iii)]

In 2004, the World Health Assembly endorsed the global reproductive health strategy, in which the consequences of unsafe abortion were highlighted as a preventable cause of maternal mortality and morbidity, as part of MDG 5 on improving maternal health. The strategy specifies actions that will reduce unsafe abortion and its consequences, including "strengthening family planning services to prevent unintended pregnancies, and, to the extent allowed by law, ensuring that [safe abortion] services are available and accessible. Also to the extent allowed by law, provision of safe abortion services requires training health-service providers in modern techniques and equipping them with appropriate drugs and supplies, all of which should be available for gynaecological and obstetric care; providing social and other support to women with unintended pregnancies; and, to the extent allowed by law, providing abortion services at the primary health care level. For those women who suffer complications of unsafe abortion, prompt and humane treatment through post-abortion care must be available."

HRP'S WORK IN PREVENTING UNSAFE ABORTION

The Special Programme's work in preventing unsafe abortion is unique and is addressed neither by other departments within WHO nor by its cosponsors. HRP's experience and expertise in conducting rigorous biomedical, epidemiological, social science and programmatic research on preventing unsafe abortion is widely acknowledged by experts in the field and by other agencies. HRP is especially well suited to conduct multidisciplinary research on preventing unsafe abortion, develop evidence-based tools and guidelines and provide technical assistance on abortion-related issues.

HRP pursues several interrelated activities: mapping evidence; improving technology; testing interventions; developing norms, tools and guidelines; and providing technical support to countries, professional associations and international agencies. The work thus focuses on generating scientifically sound information on abortion-related issues for policies and programmes, formulating new and improved regimens of safe abortion, and promoting best practices and high-quality abortion and post-abortion services. HRP collaborates with other organizations, such as the Concept Foundation, the Guttmacher Institute, Gynuity Health Projects and Ipas. Regular exchanges of information with these agencies enable HRP to address issues and undertake activities that complement and reinforce the global aim of preventing unsafe abortion.
4.2.

National research capacity strengthened as necessary and new evidence, products, technologies, interventions and delivery approaches of global and/or national relevance available to improve maternal, newborn, child and adolescent health, to promote active and healthy ageing, and to improve sexual and reproductive health.

The aims of the proposed work are to improve the safety, efficacy and acceptability of methods of abortion and post-abortion care and support safe abortion services and post-abortion care in accordance with WHO best practices and with national law. In its technical support work, HRP uses an adaptation of the WHO strategic approach to preventing unsafe abortion and to introducing medical abortion. With this approach, countries are assisted in designing, testing and implementing strategies to improve the quality and safety of abortion and post-abortion care, including the provision of information and counselling for informed decision-making and contraceptive services. Evidence will be sought on the safety of abortion procedures conducted by trained mid-level health-care providers and on the barriers to expanding access to medical abortion, in order to design appropriate interventions.

To meet the goal of preventing unsafe abortion, HRP will conduct clinical research to improve methods of abortion and post-abortion care. Improved methods of medical and surgical abortion will reduce complications, pain and bleeding. Ascertaining the acceptability of methods is critical in determining their potential demand and in meeting the preferences of users or potential users.

Following publication of Frequently asked clinical questions about medical abortion and inclusion of the medical abortion regimen in the WHO Model List of Essential Medicines, research is needed to address areas in which evidence-based guidance is still needed. The results of HRP’s research on medical abortion were instrumental in the registration of mifepristone and misoprostol at an affordable price for the public sector in developing countries. As vaginal administration of misoprostol might not be acceptable or feasible in some countries, effective regimens for sublingual or buccal administration of misoprostol after pretreatment with mifepristone are needed. If studies by collaborators testing various new drug combinations for pregnancy termination suggest major improvements in medical abortion, these leads will be further tested for termination of first- and second-trimester pregnancies. Ways to reduce bleeding associated with medical abortion and to reduce pain related to medical and surgical abortion will continue to be studied. Contingent on the results of studies under way, misoprostol-only regimens will be studied and compared with sequential regimens of mifepristone plus misoprostol in terms of safety, effectiveness and acceptability for pregnancy termination. Studies on the role of antibiotics as adjuncts in the treatment of non-viable pregnancy or incomplete abortion and on the optimal method for termination of non-viable pregnancies will be conducted. Ascertaining acceptability and users’ and providers’ perspectives will be an integral part of all these studies.

Guidelines, approaches and tools made available, with provision of technical support to Member States for accelerated action towards implementing the strategy to accelerate progress towards the attainment of international development goals and targets related to reproductive health, with particular emphasis on ensuring equitable access to good-quality sexual and reproductive health services, particularly in areas of unmet need, and with respect for human rights as they relate to sexual and reproductive health.

Clinical, programme and managerial guidelines and tools will be developed and integrated into global, regional and national strategies. Regions and Member States will be supported in applying the guidelines for improving sexual and reproductive health. Through WHO’s strategic approach, technical assistance will be given to countries in applying technical and policy guidance on safe abortion. Research will also be undertaken to document implementation of abortion laws and policies, the impact of changes in abortion laws and policies on women’s health, and access to abortion for an unintended pregnancy. Research will also be conducted to estimate the costs to the health system and to individuals of providing or not providing safe abortion.
promote and develop guidelines and tools for STI and RTI policy, programme planning and implementation;

establish the evidence for new and cost-effective STI policy, programming and implementation;

establish the evidence for new and improved STI and RTI control strategies; and

advocate for the importance of effective STI and RTI control.

The three MDGs of reducing child mortality, improving maternal health and combating HIV/AIDS, malaria and other diseases are all addressed in the control of STIs and RTIs.

**Goal**

To reduce the global burden of sexually transmitted and reproductive tract infections.

**Specific goal**

To reduce the prevalence of congenital syphilis by 90% in four countries by 2009 as a step towards elimination.

Important recent developments and opportunities in STI prevention and control must be assessed and implemented in countries in a cost-effective manner. For example, the role of rapid, point-of-care tests for selected STIs in public sector programmes should be determined. Similarly, new evidence on the effect of continuous treatment to suppress HSV-2 infection on HIV viral load and shedding in co-infected women should be incorporated into treatment guidelines and national STI control strategies.

**POWER 2.1.** Guidelines, policy, strategy and other tools developed for prevention of, and treatment and care for patients with, HIV/AIDS, tuberculosis and malaria, including innovative approaches for increasing coverage of the interventions among poor people, and hard-to-reach and vulnerable populations.

WHO's work in sexual and reproductive health in relation to this expected result includes new and updated guidelines for the prevention and control of STIs that have a direct impact on the risk for HIV infection or on the epidemiology of HIV. Tools and guidelines will be drawn up for men and women in vulnerable situations who are at high risk for STIs, including HIV infection, and for men and women living with HIV infection, in the context of providing the best sexual and reproductive health care for such people and reducing the risk for further transmission of the virus.

**POWER 2.4.** Global, regional and national systems for surveillance, evaluation and monitoring strengthened and expanded to keep track of progress towards targets and allocation of resources for HIV/AIDS, tuberculosis and malaria control and to determine the impact of control efforts and the evolution of drug resistance.

For this expected result, the department of Reproductive Health and Research will formulate a global framework for surveillance of STIs, making linkages where possible with existing surveillance mechanisms and systems for monitoring and evaluating national programmes. Systematic collection and compilation will permit monitoring of trends and regular updating of global and regional estimates of the STI burden. Countries will be assisted in the use of national surveillance systems to improve the quality of STI treatment and services. The department will also support national and regional reference laboratories for etiological monitoring of selected STI syndromes, so that regional and national syndromic treatment algorithms can be validated.
New knowledge, intervention tools and strategies developed and validated to meet priority needs for the prevention and control of HIV/AIDS, tuberculosis and malaria, with scientists from developing countries increasingly taking the lead in this research.

Within WHO, HRP is responsible for research on the prevention of mother-to-child transmission of HIV and other STIs, planned in the context of general country support in maternal health by WHO's Making Pregnancy Safer initiative and technical support to countries led by the headquarters department on HIV/AIDS in collaboration with regional and country offices. As the focal point in the United Nations system for all work on microbicides, the department is also responsible for research on safe, effective microbicides and facilitating the registration and rapid deployment in countries of safe, effective products. Regular monitoring and evaluation are required, sometimes supplemented by further targeted research, to improve and refine STI control continuously.

HRP contributes to the evidence base on the safety, efficacy and effectiveness of combination antiretroviral drugs for the prevention of mother-to-child transmission of HIV during late pregnancy and during breastfeeding by coordinating a large multicentre trial in three African countries.

WHO's work for the development, testing and introduction of novel microbicide products for use by women to prevent HIV infection includes supporting new leads and fostering an enabling environment at community and national levels for testing and introducing new products.

National research capacity strengthened as necessary and new evidence, products, technologies, interventions and delivery approaches of global and/or national relevance available to improve maternal, newborn, child and adolescent health, to promote active and healthy ageing, and to improve sexual and reproductive health.

In the WHO work plan for introducing the human papilloma virus (HPV) vaccine, HRP is responsible for research to assess the impact of various counselling strategies for adolescents to accompany HPV vaccine introduction, the usefulness of new rapid tests to improve cervical cancer screening and the value of such tests for monitoring the effect of HPV immunization programmes in resource-limited settings. Research will also be carried out to evaluate the effect of linking various services on the quality, coverage and acceptability of sexual and reproductive health programmes.

Guidelines, approaches and tools made available, with provision of technical support to Member States for accelerated action towards implementing the strategy to accelerate progress towards the attainment of international development goals and targets related to reproductive health, with particular emphasis on ensuring equitable access to good-quality sexual and reproductive health services, particularly in areas of unmet need, and with respect for human rights as they relate to sexual and reproductive health.

WHO provides normative guidance and technical support to countries with regard to STI and RTI prevention, management and control. This includes synthesis of the evidence on STI management and formulation of evidence-based guidelines and their associated training tools; development of policy and programmatic guidance on interventions within and outside the health sector to improve the quality, coverage and accessibility of STI treatment in sexual and reproductive health care services; and synthesis of evidence and policy guidance on interventions for STI prevention. The "Global strategy for the prevention and control of sexually transmitted infections" provides a framework for countries to review and adapt their advocacy, policies and services to reduce the burden of STIs. Policies and services must be adapted to local epidemiological and
social contexts to ensure sustainable improvements in STI prevention and control, WHO provides technical assistance to countries to select and adapt the most appropriate interventions and policies for their situation.

This expected result covers work on developing and updating clinical and programme guidance for the prevention and management of STIs and RTIs, training tools and technical support to countries for reviewing, adapting and adopting the guidelines. It also includes promoting pre- and in-service training in STIs for health-care providers, supporting the collection and use of data on STI prevalence, supporting HPV vaccine introduction and improved cervical cancer control, and supporting implementation of the global strategy for the elimination of congenital syphilis.

The expected result will also be achieved by supporting the expansion of safe male circumcision services, by drawing up technical guidance, training manuals and other teaching materials. A certification framework is being devised to ensure that health facilities that offer male circumcision services meet certain minimum standards of quality and competency. This framework is important to ensure appropriate training and to broaden the types of health-care provider allowed to perform circumcision.

**PRODUCT LISTING**

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<tr>
<th>Product identification</th>
<th>Product title</th>
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<th>Funding source and Organization-wide expected result</th>
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<tbody>
<tr>
<td>032</td>
<td>Health system capacity to improve monitoring, evaluation and surveillance for STI control</td>
<td>Enhanced STI surveillance, including reference centres, laboratories and capacity for monitoring and evaluation of STI programmes</td>
<td>PDRH, Organization-wide expected result 2.4</td>
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</table>

**Activities**

1. Supporting development of country-level STI surveillance systems and collating data for global advocacy, including periodic review of evidence and creation of guidance as required
2. Mapping facilities and needs for regional and national reference laboratories to support effective, high-quality STI control programmes, identifying resources and strengthening laboratories through networks and partnerships
3. Advocating for and facilitating STI prevalence studies, with emphasis on young people, to improve quality and relevance of national STI data to support STI and RTI interventions

| 033 | HPV vaccine introduction | Introduction of HPV vaccines to reduce HPV-related mortality and morbidity, particularly that due to cervical cancer | PDRH, Organization-wide expected result 4.7 |

**Activities**

1. Supporting regional meetings to review and implement HPV vaccine introduction and develop guidance on decision-making
2. Supporting countries in strengthening decision-making for HPV vaccine introduction
3. Improving national cervical cancer prevention programmes by implementation of 'see-and-treat' approach

| 034 | Ensure reliable supply of commodities and medicines for STIs and RTIs, including male and female condoms | Increase access to STI and RTI medicines, commodities and condoms | PDRH, Organization-wide expected result 4.7 |

**Activities**

1. Exploring, documenting and promoting global and regional strategies to facilitate access to affordable STI and RTI medicines and commodities
2. Developing technical standards for condoms, evaluating new condoms and supporting condom quality assurance systems

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<th>Expected Result</th>
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| 035  | Conduct programmatic research in sexual and reproductive health | Generate and compile evidence on programme approaches to improving sexual and reproductive health.  
1. Assessing validity and usefulness of various indicators to monitor congenital syphilis rates and assessing impact of interventions to eliminate congenital syphilis.  
2. Assessing added value of introducing comprehensive sexual and reproductive health counselling in adolescent HPV immunization programmes.  
3. Compiling evidence on use of HPV rapid tests to improve cervical cancer prevention and monitor impact of HPV immunization programmes.  
4. Compiling evidence on integration strategies, and conducting literature review and compiling experience on partner notification strategies.  
5. Evaluating impact of integrated sexual and reproductive health programmes on service delivery, client and health-care provider satisfaction and national programme objectives (implemented under full budget). | HRP, Organization-wide expected result 4.2 |
| 036  | Research for the prevention of HIV infection | Eliciting evidence on safety and effectiveness of mother-to-child transmission interventions and male circumcision.  
1. Generating evidence on safety and effectiveness of antiretroviral drugs for prevention of mother-to-child transmission of HIV during breastfeeding.  
2. Generating and compiling evidence on safety of existing methods and on simple, safe techniques for circumcision in resource-limited settings.  
3. Compiling evidence on health effects of circumcision, other than on risk of HIV infection. | HRP, Organization-wide expected result 2.6 |
| 037  | Microbicide development and introduction | Development and introduction of microbicides to prevent HIV infection.  
1. Supporting development of novel microbicides and evaluating the safety of selected products in potential users.  
2. Supporting research to understand and develop interventions to reduce prevalence of vaginal practices that might increase risk for HIV infection or reduce acceptability and use-effectiveness of new microbicide products.  
3. Strengthening capacity of national regulatory authorities to oversee and regulate microbicide research, and reaching regional consensus on ethical issues in microbicide development, assessment and product introduction.  
4. Supporting ethical and policy dialogue on ethical issues in microbicide and other research for the prevention of HIV infection, and facilitating registration and introduction of safe, effective microbicides. | PDRH, Organization-wide expected result 2.6 |
| 038  | Safety of male circumcision services | Support expansion of safe male circumcision services.  
1. Developing technical guidance and training tools and supporting countries to expand safe circumcision services.  
2. Developing and disseminating certification framework to facilitate expansion of safe circumcision services; supporting countries in adapting, adopting and implementing male circumcision quality assurance and improvement systems.  
3. Supporting case studies on approaches to integration of traditional and clinical circumcision services. | PDRH, Organization-wide expected result 4.7 |
GENDER, REPRODUCTIVE RIGHTS, SEXUAL HEALTH AND ADOLESCENCE

ISSUES AND CHALLENGES

Gender roles are central to sexual and reproductive health. As it is women who become pregnant and give birth, the risk factors and exposures of women and men are fundamentally different from the outset, the burden of ill-health being much greater for women. In addition, many of the health issues related to sex and sexuality depend on the nature of men’s and women’s relationships. Often, for economic, political and social reasons, women have less power in relationships than do men and are therefore not in a position to protect themselves from unwanted sex, from transmission of infections or from coercion and violence. The extent and nature of violence against women is now well documented in many countries; however, the ways in which sexual and reproductive health services can help to identify and care for victims of violence and to prevent it should be further explored.

Men can also be constrained by social expectations of manhood and masculinity, which can have a negative impact on their health and that of women. These aspects must be understood and taken into account if research, policies and programmes are to address problems in sexual and reproductive health effectively. Health services have a potentially critical role to play in promoting sexual health through counselling and other ways of encouraging a positive approach to sexuality.

For adolescents (aged 15–19 years), gender roles are particularly important. Adolescence is the time when children start to mature and become inquisitive about sexuality, among other things. How they experience this and what support they receive is critical to their health both during adolescence and in later life. For instance, for a substantial number of adolescent girls, and even for some boys, early sexual activity is not consensual: case studies\(^2\) suggest that about 10% of boys and up to 40% of girls undergo a sexually coercive experience, and a substantial percentage are raped. Both non-consensual sex and sexual relations in which young people do not protect themselves, for whatever reason, can lead to large numbers of unintended pregnancies and to STIs, including HIV infection.

Maternal mortality ratios are high and pregnancy-related causes are still the leading cause of death among adolescent girls. Many unintended pregnancies end in induced abortion, and, although the data on abortion are notoriously incomplete, in one study of selected countries for which data were available there were 23–36 abortions per 1000 women aged 15–19 years. The unsafe abortion rate in developing countries is estimated to be 14 per 1000 women in the age group 15–19 years and 30 per 1000 in the age group 20–24 years\(^1\). Higher rates were estimated for adolescent girls in Africa (24 per 1000) and Latin America (20 per 1000) than in Asia (8 per 1000). Unsafe abortions among young women aged 15–24 years account for 40% of the estimated 19 million unsafe abortions that occur each year. In Africa, about 60% of all unsafe abortions are conducted among women in this age group. About one-half of all people infected with HIV are under the age of 25 years, and, in developing countries, up to 60% of all new infections are in young people, with twice as many in females than in males.
Technical support will be provided to Member States, in close collaboration with regional and country offices, to accelerate implementation of the global reproductive health strategy and to attain international development goals and targets for reproductive health, while ensuring equitable access to high-quality sexual and reproductive health services and respect for human rights.

7.4. Ethics- and rights-based approaches to health promoted within WHO and at national and global levels.

The WHO training course on gender and rights in reproductive health gives health programme managers the necessary analytical tools and skills to integrate promotion of gender equity and equality and reproductive rights into sexual and reproductive health policies and programmes. Technical assistance will continue to be provided, in collaboration with regional and country offices, to centres that wish to adapt and conduct the course. Work will also continue on integrating gender, sexuality, sexual and reproductive health and human rights into health curricula, in collaboration with wider initiatives.

The human rights treaty monitoring system can be used to support WHO's work and ensure that human rights related to sexual and reproductive health are promoted and protected. The department will continue to provide technical reports on sexual and reproductive health in reporting countries to treaty monitoring committees (in particular the Convention on the Elimination of All Forms of Discrimination against Women) and will work with WHO regional and country offices to assist countries in implementing the observations of the committees.

Although there is no international consensus on what constitutes 'sexual rights', violation of human rights has a direct impact on people's sexual health. Female genital mutilation and sexual coercion are clear examples. National, regional and international jurisprudence suggests that human rights related to sexual health can and should be elaborated. Research will be undertaken to ascertain the legal basis for establishing human rights related to sexuality and sexual health, and a document will be made available for use by Member States and other partners.

### PRODUCT LISTING

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<tbody>
<tr>
<td>039</td>
<td>Evidence for health services on violence against women</td>
<td>Evidence to formulate guidance for health systems on addressing violence against women</td>
<td>HRP, Organization-wide expected result 4.2</td>
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**Activities**

1. Conducting interventions research to test prototype guidelines on care of pregnant women who have experienced violence, drawing on the findings of the WHO study on violence against women
2. Conducting operations research to form a basis for guidelines on best practices for health services for victims of partner violence
3. Conducting further research on health systems dealing with violence against women (implemented under full budget)

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<tr>
<td>040</td>
<td>Evidence for health services on aspects of sexual health</td>
<td>Evidence to formulate guidance for health systems on various aspects of sexual health</td>
<td>HRP, Organization-wide expected result 4.2</td>
</tr>
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</table>

Activities
1. Conducting operations research to form a basis for guidelines on best practices for health systems to implement sexuality counselling
2. Assisting regions and countries to conduct research and evaluation on sexual health
3. Developing indicators to measure sexual health
4. Providing further assistance on research and evaluation on sexual health issues (implemented under full budget)

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<tbody>
<tr>
<td>041</td>
<td>Evidence for programmes that support adolescent sexual and reproductive health</td>
<td>Evidence for programme and policy interventions to improve adolescent sexual and reproductive health in developing countries</td>
<td>HRP, Organization-wide expected result 4.2</td>
</tr>
</tbody>
</table>

Activities
1. Documenting the situation and needs of vulnerable populations of young people
2. Conducting research on decision-making and behaviour in unintended pregnancy and abortion
3. Conducting research on the perspectives of adolescent boys and girls on condom use for preventing pregnancy or HIV infection and STIs
4. Documenting the special needs and situation of married adolescents
5. Evaluating the impact of community programmes involving parents and other trusted adults for providing sexual and reproductive health information and services to adolescents (implemented under full budget)

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<tr>
<td>042</td>
<td>Interventions to improve adolescent sexual and reproductive health</td>
<td>Building adolescent sexual and reproductive health research capacity in developing countries and countries in transition</td>
<td>HRP, Organization-wide expected result 4.2</td>
</tr>
</tbody>
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Activities
1. Supporting a network of developing country researchers by providing technical support and research materials
2. Supporting workshops and meetings
3. Providing additional technical assistance to developing country researchers on adolescent sexual and reproductive health (implemented under full budget)

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<tr>
<td>043</td>
<td>Promotion of human rights and gender equality in sexual and reproductive health policies and programmes</td>
<td>Building capacity on the integration of human rights and gender equality into sexual and reproductive health policies and programmes</td>
<td>PDRH, Organization-wide expected result 7.4</td>
</tr>
</tbody>
</table>

Activities
1. Providing support and technical assistance to regions and countries for training in gender and rights in sexual and reproductive health
2. Contributing to the United Nations human rights treaty monitoring mechanisms
3. Providing additional technical assistance for building capacity in gender and rights in sexual and reproductive health at regional and country levels (implemented under full budget)

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<tr>
<td>044</td>
<td>Elimination of harmful sexual practices</td>
<td>Research on ways to foster the abandonment of female genital mutilation</td>
<td>HRP, Organization-wide expected result 4.2</td>
</tr>
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Activities
1. Investigating the relation between female genital mutilation and perceptions of women's sexuality
2. Investigating decision-making about female genital mutilation, with the objective of behaviour change
3. Conducting operations research on community-based interventions for behaviour change with respect to female genital mutilation and reviewing successful and unsuccessful interventions
4. Conducting operations research on care to reduce harmful consequences of female genital mutilation, including studies of psychological consequences
5. Devising and testing interventions to halt medicalization of female genital mutilation
6. Further analysing data from the study on female genital mutilation and obstetric sequelae
7. Providing additional support to developing country researchers for implementing research on female genital mutilation (implemented under full budget)

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<tbody>
<tr>
<td>045</td>
<td>Implementing human rights and gender equality in national laws and policies</td>
<td>Support to countries to analyse human rights in sexual and reproductive health legislation</td>
<td>HRP, Organization-wide expected result 4.7</td>
</tr>
</tbody>
</table>

**Activities**

1. Applying the sexual human rights tool to sexual and reproductive health at country level
2. Investigating the impact of laws, policies and norms on various aspects of sexual and reproductive health
3. Providing further assistance to countries in assessing the impact of laws and policies on sexual and reproductive health (implemented under full budget)

| 046                    | Rights-based tools and guidance on sexual and reproductive health | Development of tools using human rights for sexual and reproductive health for use at national and regional levels | HRP, Organization-wide expected result 7.4 |

**Activities**

1. Adapting the maternal and newborn health and human rights tool to other sexual and reproductive health issues
2. Adapting the tool to additional aspects of sexual and reproductive health (implemented under full budget)

| 047                    | Global advocacy for gender equality and reproductive rights | Promotion of sexual and reproductive health and rights strategies, policies and programmes | PDRH, Organization-wide expected result 4.7 |

**Activities**

1. Providing global guidance and advocacy for the abandonment of female genital mutilation
2. Participating in international meetings for the development and promotion of sexual and reproductive rights
3. Enhancing support for sexual and reproductive health and human rights programming and advocacy (implemented under full budget)

| 048                    | Human rights and sexual health | Definition of human rights related to sexuality and sexual health | HRP, Organization-wide expected result 7.4 |

**Activities**

1. Investigating the legal basis for establishing human rights related to sexuality and sexual health
2. Conducting additional research on human rights related to sexuality and sexual health (implemented under full budget)
ISSUES AND CHALLENGES

The aim of the first WHO global strategy on reproductive health, adopted at the Fifty-seventh Session of the World Health Assembly in May 2004, was to provide guidance and impetus to country activities and rekindle the commitment to ensure universal access to comprehensive sexual and reproductive health services. The international community has recognized that progress in sexual and reproductive health will be critical to achieving international goals and targets, as emphasized at the World Summit in September 2005 and 1 year later at the Sixty-first Session of the United Nations General Assembly. World leaders agreed to include a new target under Goal 5: "Achieving universal access to reproductive health by 2015, as set out at the International Conference on Population and Development and integrating this goal into strategies to attain the internationally-agreed development goals, including those contained in the Millennium Declaration..." 1

The challenge facing Member States in the coming decade will be to translate these promises into action, by improving access to effective interventions in sexual and reproductive health at the primary health-care level and strengthening their health systems. In many countries, especially those in the aftermath of complex emergencies in the African region, the health system must be rebuilt. Effective interventions will also be required to reach the poorest and marginalized segments of the population. These actions imply not only increased commitment to sexual and reproductive health but also the reallocation of commensurate resources, despite competing demands.

Goal

To ensure that each country has adequate capacity to develop and carry out the research and programme development activities required to elevate the national sexual and reproductive health programme to a key position for contributing to the achievement of the MDGs and other internationally-agreed development goals and their respective targets.

HEADQUARTERS

WHO has pledged to intensify support to countries in strengthening national research capacity, with particular emphasis on action-oriented research; fostering knowledge-sharing and exchange of experience on best practices; and developing or improving effective programmes, policies and interventions for sexual and reproductive health services as part of overall health systems development.
WHO Sexual and Reproductive Health Proposed Budget 2008–2009

National research capacity strengthened as necessary and new evidence, products, technologies, interventions and delivery approaches of global and/or national relevance available to improve maternal, newborn, child and adolescent health, to promote active and healthy ageing, and to improve sexual and reproductive health.

4.2. Strengthening national research capacity

Pursuant to the recommendations of the external evaluation of HRP in 2002–2003 and building on the successes of the past years, HRP’s work in research capacity-strengthening will continue, as this is an important area of cooperation between HRP and the regional and country offices. During 2008–2009, existing mechanisms will be used to identify new collaborating institutions in least-developed countries and to support them with various capacity-building grants (see http://www.who.int/reproductive-health/tcc/grants.html). HRP will also consolidate the gains accrued from past investments in strengthening the capabilities of institutions, researchers and networks to enable them to respond to national and regional priorities in sexual and reproductive health, including operations research. Emphasis will continue to be placed on improving the communication and writing skills of researchers and increasing the dialogue with policy-makers, programme managers and other stakeholders, in order to disseminate research findings and ensure their translation into practice.

Policy and programme issues

Another important area of cooperation with countries is support for national policy and programme development, including use of the WHO strategic approach in strengthening sexual and reproductive health policies and programmes. The strategic approach is a tool that countries can use to assess their sexual and reproductive health needs and priorities, test appropriate interventions to address those needs and then implement suitable innovations at national level. The method emphasizes use of a participatory process to obtain input from a wide range of stakeholders in identifying, testing and phased expansion of innovative methods to increase access to and improve the quality of sexual and reproductive health care. The WHO strategic approach has been adapted by countries to address a broad range of sexual and reproductive health issues, including family planning and unsafe abortion, RTIs, STIs including HIV/AIDS, maternal and neonatal health and adolescent sexual and reproductive health, and also for comprehensive policies and programmes with an emphasis on programme integration and access of the poor to services.

The work on policy and programme issues includes accumulating evidence on measures taken to strengthen health systems, including the effects of health sector reform on sexual and reproductive health, strengthening of integrated primary health care (including sexual and reproductive health services) and provision of technical support to countries in reforming their health systems. This area of work involves coordination with other clusters and departments within WHO and with external partners. Programmes are evaluated to ascertain the impact of health-care system reform on sexual and reproductive health, including integration with programmes for HIV/AIDS in State and non-State health-care delivery systems. Technical support is provided in the design and evaluation of large-scale changes in health systems to improve sexual and reproductive health outcomes, reduce poverty and bridge gaps in health equity. The strengthening of health systems also includes increasing countries’ capacity to plan and implement development and sectoral planning (poverty reduction strategy and sector-wide approaches) in which sexual and reproductive health has its place.
Support provided to Member States to formulate a comprehensive policy, plan and strategy for scaling up towards universal access to effective interventions in collaboration with other programmes, paying attention to reducing gender inequality and health inequities, providing a continuum of care throughout the life course, integrating service delivery across different levels of the health system and strengthening coordination with civil society and the private sector.

Guidelines, approaches and tools made available, with provision of technical support to Member States for accelerated action towards implementing the strategy to accelerate progress towards the attainment of international development goals and targets related to reproductive health, with particular emphasis on ensuring equitable access to good-quality sexual and reproductive health services, particularly in areas of unmet need and with respect for human rights as they relate to sexual and reproductive health.

Mapping and implementing best practices

Coordination of mapping and implementing best practices meets the commitment of WHO to use knowledge management to improve access to and use of evidence-based practices at country level. During the past decade, the department of Reproductive Health and Research has provided an evidence base for sexual and reproductive health by mapping best practices, and the WHO Reproductive Health Library is an established reference work for evidence-based sexual and reproductive health care, especially for low- and middle-income countries. As the evidence base for clinical practices becomes larger, new challenges are emerging:

- keeping systematic reviews up-to-date and relevant: Systematic reviews must be updated regularly, not only because new evidence may emerge but also to add new technology and to respond to the needs of users of health care.
- changing health professional behaviour: Unfortunately, while new evidence is generated and synthesized, its adoption in policy and practice is at best fragmented. Multidisciplinary approaches are required to identify existing practices, barriers to changing practices and strategies to implement change. Research into such strategies is scarce, and the evidence base in this area needs strengthening.
- capacity-building in research and research synthesis: There is a continuing need for a critical mass of health workers who can interpret and appraise research findings.

The complex issue of improving access to and use of research findings, evidence-based practices and programmes proven to be effective must be addressed, so that they effect change in national practice and performance. The department's response has been to establish an initiative for implementing best practices (IBP), which is a collaborative partnership of 26 international agencies that share resources and tools, harmonize approaches and use cost-sharing to extend effective approaches to the introduction, adaptation and use of best practices for the delivery of sexual and reproductive health services. The initiative has gathered momentum and has formed a consortium, the secretariat of which is provided by the department. The secretariat coordinates activities within the department and with other departments at headquarters, with partners and with regional and country networks to create cooperation for the introduction of technical guidelines, knowledge management and techniques for improving performance and changing management to expedite the adoption and use of practices proven to be effective.

The department, in collaboration with the department of Management Information Systems, Technology and Telecommunications and IBP partners, has designed, pilot tested and launched the IBP electronic communication system (ECS) based on adapted web-based technology to foster country-to-country and in-
country transfer and exchange of research findings, evidence, published materials and tools for improving techniques and performance, country experience, success stories and lessons learnt. The department also works closely with the department of Knowledge Management and Sharing on knowledge management and fostering communities of practice. Since the launch of the IBP Knowledge Gateway in September 2004, over 5000 people in over 100 countries have become members of the IBP global community and participate in 96 on-line topic-specific communities of practice. In 2006, the techniques supporting the Knowledge Gateway were enhanced so that it can be shared with other partners and departments within WHO. The Gateway is now used to support five independently managed global communities, over 200 communities of practice and over 10 000 users in 100 countries. The Gateway has been accepted as a corporate tool for WHO global, regional and country offices.

Monitoring and evaluation

The department monitors progress towards achieving goals and targets for sexual and reproductive health set by international conferences, including the International Conference on Population and Development and the Millennium Summit. The activities are: provision and dissemination of timely information on relevant indicators at global level, improving methods for the generation and interpretation of information on sexual and reproductive health indicators and providing technical support to countries in using the indicators.

As we approach 2015, when the international goals and targets for reproductive health should have been met, it is important to monitor the indicators. The challenge is to provide reliable, up-to-date information that is comparable across countries and over time. This has proven difficult for some indicators, such as the maternal mortality ratio. Decision-makers need to be informed about the areas on which to focus in order to achieve the MDGs, and the methods to be used must be improved. Efforts to attain MDG 5, improving maternal health, will require information about the causes of maternal deaths and morbidity related to pregnancy and childbirth. Standardized methods for identifying and classifying the causes of maternal deaths and measuring maternal morbidity do not exist, and information is needed from systematic reviews of the available evidence.

The goal of the International Conference on Population and Development of “achieving universal access to reproductive health by 2015” was added as a target in the MDG monitoring framework in 2006 in order to facilitate monitoring of MDG 5. The next step is to agree on a limited set of indicators for monitoring progress towards this new target. This has been difficult to achieve, however, because of the multiple dimensions of reproductive health and of ‘access’. An MDG indicator must be relevant to the target, and data should be available from the 1990s and from a large number of countries in order to allow calculation of regional aggregates. The immediate challenge is therefore to identify and agree on the indicators that fulfil these conditions.

Another challenge is to define a broad set of indicators for countries to measure their own progress in achieving universal access to reproductive health. This set should, in a logical framework, address multiple dimensions of sexual and reproductive health, multiple components of access, and both health-care and social determinants of achieving universal access. This framework should be the subject of programmatic research to evaluate its usefulness. Once it is validated, technical assistance should be provided to countries for its application, according to their needs.
### PRODUCT LISTING FOR HEADQUARTERS

<table>
<thead>
<tr>
<th>Product identification</th>
<th>Product title</th>
<th>Product description</th>
<th>Funding source and Organization-wide expected result</th>
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<tbody>
<tr>
<td>049</td>
<td>IBP ECS Knowledge Gateway enhanced and joint programme of work undertaken with collaborative networks to implement strategies to improve access to and use of information and sharing, exchange and application of knowledge</td>
<td>IBP ECS Knowledge Gateway enhanced to support French and Spanish communities of practice, and improved user interface for an electronic platform that can support virtual workspaces, e-learning, global discussion forums and multiple communities of practice</td>
<td>PDRH, Organization-wide expected result 4.7</td>
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</table>

**Activities**

1. Performing seventh phase of enhancement of Knowledge Gateway to establish French and Spanish language facilities, e-learning and improved user interface
2. Undertaking technical management of Knowledge Gateway and management and facilitation of virtual communities of practice in and among countries
3. Supporting video conferences and global discussion forums on sexual and reproductive health priorities and strategies to translate knowledge into practice in countries
4. Working with professional nursing and midwifery associations, collaborating centres, private and public sectors to use the Knowledge Gateway to establish communities of practice to improve access to information and translate knowledge into practice
5. Sharing knowledge management strategies with the international nongovernmental organization Non-profit Organizations Knowledge Initiative and other partners to identify synergies and plan expanded use of the Knowledge Gateway
6. Devolving management of the Knowledge Gateway to one regional centre

| 050 | Approaches identified for introduction, adaptation, implementation and scaling up of effective practices for bringing changes in clinical practices and improving access to and quality of sexual and reproductive health services | Technical and programme materials and processes for managing change, scaling up, documenting practices and exchanging information developed, tested or produced and disseminated | PDRH, Organization-wide expected result 4.7 |

**Activities**

1. Organizing meetings of the IBP consortium and steering committee to review the IBP strategy and prepare a joint programme of work
2. Working with partners and national teams to introduce and support application of a guide to fostering change and other managerial and leadership materials and tools proven to be effective in improving clinical practice, quality and access
3. Disseminating the family planning advocacy kit and supporting re-positioning of family planning strategies and linkages with HIV/AIDS prevention programmes
4. Identifying in collaboration with UNFPA, activities and processes that can improve access of disabled people to sexual and reproductive health services
5. Working with collaborative networks on country strategies to identify and use best practices in sexual and reproductive health
6. Organizing a meeting on global knowledge use in collaboration with IBP partners, WHO Knowledge Communities and Strategies, and other interested WHO departments

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<tr>
<th>Product identification</th>
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<th>Product description</th>
<th>Funding source and Organization-wide expected result</th>
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</thead>
<tbody>
<tr>
<td>056</td>
<td>Improved strategies for scaling up pilot projects, demonstration projects and operations research</td>
<td>Capacity-building and technical support to countries for devising successful strategies for scaling up pilot and demonstration projects</td>
<td>HRP, Organization-wide expected result 4.1</td>
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<tr>
<td></td>
<td><strong>Activities</strong></td>
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<tr>
<td></td>
<td>1. Testing, printing and disseminating of guidelines for programme managers on scaling up of pilot projects</td>
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<td></td>
<td>2. Developing training curricula and holding workshops on scaling up of pilot and operations research projects</td>
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<td></td>
<td>3. Convening meeting of ExpandNet network members on scaling up to discuss dissemination of guidelines and training curricula</td>
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<td></td>
<td>4. Enhancing technical and financial support to countries for scaling up strategies (implemented under full budget)</td>
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<td>057</td>
<td><strong>WHO Reproductive Health Library</strong></td>
<td>Preparation, publication, distribution, translation, editorial and other technical meetings and presentations of the Reproductive Health Library; research on knowledge access and use</td>
<td>PDRH, Organization-wide expected result 4.2</td>
</tr>
<tr>
<td></td>
<td><strong>Activities</strong></td>
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<tr>
<td></td>
<td>1. Annual publication of the Reproductive Health Library in English and Spanish; distribution through up-to-date mailing lists; preparation of new content, such as videos and animations</td>
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<td></td>
<td>2. Organizing editorial and technical meetings and presentations for The WHO Reproductive Health Library</td>
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<td>3. Conducting knowledge-use research projects</td>
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<td>4. Supporting partial translation projects of The WHO Reproductive Health Library into Chinese, French, Russian and Vietnamese (implemented under full budget)</td>
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<tr>
<td>058</td>
<td><strong>Systematic reviews in sexual and reproductive health</strong></td>
<td>Conduct, update and commission systematic reviews of promising interventions, screening or diagnostic tests and other relevant questions in sexual and reproductive health; support to collaborating groups and centres</td>
<td>HRP, Organization-wide expected result 4.2</td>
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<tr>
<td></td>
<td><strong>Activities</strong></td>
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<tr>
<td></td>
<td>1. Conducting and updating three systematic reviews per year</td>
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<td>2. Providing core support to the Cochrane Fertility Regulation Group and other centres if necessary</td>
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<td>3. Supporting guideline development by the Grading of Recommendations Assessment, Development and Evaluation or similar widely used system (implemented under full budget)</td>
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<td>059</td>
<td><strong>Capacity-strengthening in evidence-based decision-making</strong></td>
<td>Conduct training workshops; develop, test and implement innovative learning programmes</td>
<td>PDRH, Organization-wide expected result 4.7</td>
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<tr>
<td></td>
<td><strong>Activities</strong></td>
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<tr>
<td></td>
<td>1. Developing, testing and implementing an e-learning programme for evidence-based decision-making with pilot testing in three countries</td>
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<td></td>
<td>2. Supporting up to three workshops per year on evidence-based decision-making (implemented under full budget)</td>
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</tbody>
</table>
### Assisting countries to respond to regional and national priorities in sexual and reproductive health by enhancing their capacity for research and programme development activities

**Activities**

1. Supporting countries in identifying priorities in sexual and reproductive health research and programmes
2. Enhancing institutional capacity to respond to national and regional priorities in research and programme activities
3. Identifying new recipients of grants for strengthening research and programme capacity and developing plans for strengthening research and programme capacity
4. Expanding the role of national research institutions in policy and programme development
5. Maintaining adequate mechanisms for monitoring and evaluating strengthening of research and programme development capacity (implemented under full budget)

<table>
<thead>
<tr>
<th>060</th>
<th>Assisting countries to respond to regional and national priorities in sexual and reproductive health by enhancing their capacity for research and programme development activities</th>
<th>Provision of HRP institutional development grants for research capacity strengthening and relevant programme development activities at regional and national levels</th>
<th>HRP, Organization-wide expected result 4.2</th>
</tr>
</thead>
</table>

### Develop critical mass of individuals at country level to conduct improved research and programme activities

**Activities**

1. Strengthening skills and abilities of individuals for sexual and reproductive health research and programme activities
2. Enhancing capacities for operations research
3. Improving ethical standards for sexual and reproductive health research at country and regional levels
4. Supporting national training in policy, technical and programme issues relevant to sexual and reproductive health

<table>
<thead>
<tr>
<th>061</th>
<th>Develop critical mass of individuals at country level to conduct improved research and programme activities</th>
<th>Training grants awarded for researchers and programme staff; group learning activities supported, including regional networks</th>
<th>HRP, Organization-wide expected result 4.2</th>
</tr>
</thead>
</table>

### Develop mechanisms to improve dissemination and use of research findings and to assist in incorporating research evidence into policies and programmes

**Activities**

1. Improving researchers' and policy-makers' communication skills
2. Improving mechanisms to enhance the dissemination and use of research findings and evidence-based guidelines
3. Assisting in creating an enabling environment at country level to facilitate increased use of research findings and evidence-based guidelines
4. Systematically introducing and supporting adaptation and adoption of evidence-based guidelines in countries, including extending use of the approach developed in the UNFPA-WHO Strategic Partnership Programme

<table>
<thead>
<tr>
<th>062</th>
<th>Develop mechanisms to improve dissemination and use of research findings and to assist in incorporating research evidence into policies and programmes</th>
<th>Enhance collaboration among researchers, policy-makers and programme managers for translating evidence and knowledge into practice</th>
<th>PDRH, Organization-wide expected result 4.2</th>
</tr>
</thead>
</table>

### Support implementation of the global strategy for reproductive health in countries and regions

**Activities**

1. Organizing workshops at national and subregional levels for programme managers and other stakeholders to identify problems, set priorities and formulate strategies for accelerated action, as set out in the global reproductive health strategy
2. Strengthening the use of appropriate indicators in national health information systems to monitor progress in achieving universal access to reproductive health

<table>
<thead>
<tr>
<th>063</th>
<th>Support implementation of the global strategy for reproductive health in countries and regions</th>
<th>Technical support for active dissemination of the strategy and its use for updating policies to enhance the contribution of sexual and reproductive health to achievement of the MDGs</th>
<th>PDRH, Organization-wide expected result 4.7</th>
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<thead>
<tr>
<th>Product identification</th>
<th>Product title</th>
<th>Product description</th>
<th>Funding source and Organization-wide expected result</th>
</tr>
</thead>
<tbody>
<tr>
<td>064</td>
<td>Increased understanding of the effects of health sector reforms on sexual and reproductive health and HIV/AIDS policy and programmes</td>
<td>Support for adapting national sexual and reproductive health and HIV/AIDS policy and programmes in health sector reform</td>
<td>PDRH, Organization-wide expected result 4.2</td>
</tr>
</tbody>
</table>

**Activities**

1. Providing technical support to regions and countries on national policy formulation, programme monitoring and evaluation, and sexual and reproductive health project design
2. Convening technical consultations on contemporary policy directions in strengthening of health systems for effects on sexual and reproductive health
3. Publishing policy briefs, guidance notes and other technical documents for evidence-based policy formulation on the effects of health sector reform on sexual and reproductive health
4. Organizing regional and subregional consultations on policy and programmatic topics related to the effects of health sector reforms on sexual and reproductive health and HIV/AIDS policy and programmes (implemented under full budget)

| 065                    | Increased understanding of the effect of health sector reforms on sexual and reproductive health and HIV/AIDS policy and programmes | Support for adapting national sexual and reproductive health and HIV/AIDS policy and programmes within health sector reform | PDRH, Organization-wide expected result 4.1 |

**Activities**

1. Providing technical support to regions and countries on national policy formulation, programme monitoring and evaluation, and sexual and reproductive health project design
2. Convening technical consultations on contemporary policy directions in strengthening of health systems for effects on sexual and reproductive health
3. Publishing policy briefs, guidance notes and other technical documents for evidence-based policy formulation on the effects of health sector reform on sexual and reproductive health

| 066                    | Evaluation research on health sector reform and sexual and reproductive health, including HIV/AIDS | Evaluation research on health sector reform and sexual and reproductive health, including HIV/AIDS | HRP, Organization-wide expected result 4.2 |

**Activities**

1. Developing and conducting studies to evaluate reforms in countries
2. Providing technical support to regions and countries for the design and analysis of evaluation studies
3. Organizing regional and subregional workshops and training programmes on design and analysis of evaluation of health sector reform and sexual and reproductive health (implemented under full budget)

| 067                    | Increased understanding of the impact of improved sexual and reproductive health on poverty reduction | Evaluation and analytical studies on targeting methods and on interaction between poverty and core components of national sexual and reproductive health programmes | HRP, Organization-wide expected result 4.2 |

**Activities**

1. Evaluating studies of sexual and reproductive health policies and programmes to bridge equity gaps and reduce poverty
2. Undertaking analytical studies on sexual and reproductive health policies and programmes to bridge equity gaps and reduce poverty

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<th>Code</th>
<th>Description</th>
<th>Activities</th>
<th>Expected Results</th>
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<tbody>
<tr>
<td>068</td>
<td>Increased understanding of the impact of improved sexual and reproductive health on poverty reduction</td>
<td>Evaluation and analytical studies on targeting methods and on interaction between poverty and core components of national sexual and reproductive health programmes</td>
<td>PDRH, Organization-wide expected result 4.2</td>
</tr>
<tr>
<td>069</td>
<td>Enhanced prominence and value given to sexual and reproductive health programming in national and sectoral planning (poverty reduction strategies, sector-wide approaches)</td>
<td>Technical support provided and analytical work done on country implementation of sexual and reproductive health programmes in the context of sector-wide approaches and poverty reduction strategies</td>
<td>PDRH, Organization-wide expected result 4.2</td>
</tr>
<tr>
<td>070</td>
<td>Global monitoring</td>
<td>Develop, update and disseminate estimates for monitoring progress towards internationally agreed sexual and reproductive health-related goals</td>
<td>PDRH, Organization-wide expected result 4.7</td>
</tr>
<tr>
<td>071</td>
<td>Indicator development and implementation</td>
<td>Conduct or commission systematic reviews of epidemiology and other relevant information on sexual and reproductive health; obtain scientific consensus on sexual and reproductive health indicators</td>
<td>HRP, Organization-wide expected result 4.2</td>
</tr>
</tbody>
</table>

Activities

1. Undertaking analytical studies on reproductive health policies and programme to bridge equity gaps and reduce poverty
2. Providing technical support to countries on reproductive health policies and programmes that are pro-poor and reduce inequity
3. Providing technical support to countries on sexual and reproductive health policies and programmes that are pro-poor and reduce inequity
4. Convening regional and subregional workshops and training programmes on improving understanding of the impact of better sexual and reproductive health on poverty reduction (implemented under full budget)

1. Providing technical support on country implementation of sexual and reproductive health programmes in the context of a sector-wide approach and poverty reduction strategy
2. Publishing policy briefs, guidance notes and other technical documents for evidence-based national and sectoral planning for sexual and reproductive health
3. Convening regional and subregional workshops and training programmes on implementation of sexual and reproductive health programmes in the context of a sector-wide approach and poverty reduction strategy (implemented under full budget)

1. Updating of databases on skilled birth attendance and antenatal care coverage on annual basis; conducting stratified analyses of skilled attendance at birth and antenatal care coverage; providing estimates of neonatal and perinatal mortality
2. Participating in inter-agency discussions on sexual and reproductive health indicators to monitor internationally agreed goals and targets (including MDGs and International Conference on Population and Development goals)
3. Establishing and maintaining a database to monitor use of the global reproductive health strategy
4. Updating and maintaining web-based database on sexual and reproductive health indicators
5. Supporting regional workshops on dissemination of 2005 maternal mortality estimates (implemented under full budget)

1. Convening technical consultations on measuring sexual and reproductive health, including one meeting on identification of the causes of maternal deaths
2. Developing and disseminating guidelines on identification of the causes of maternal deaths
3. Conducting one systematic review per year on sexual and reproductive morbidity
4. Supporting development of sexual health indicators (implemented under full budget)
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<th>Product identification</th>
<th>Product title</th>
<th>Product description</th>
<th>Funding source and Organization-wide expected result</th>
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<tbody>
<tr>
<td>072</td>
<td>Technical support to countries for measuring access to sexual and reproductive health</td>
<td>Coordinate and support operations research on improving access to sexual and reproductive health; provide technical support to countries for collection, analysis and interpretation of data on sexual and reproductive health indicators</td>
<td>HRP, Organization-wide expected result 4.2</td>
</tr>
</tbody>
</table>

**Activities**

1. Designing and conducting operations research on improving access to and equity of sexual and reproductive health services by identifying and addressing barriers (pilot study in three countries)
2. Providing technical support to countries on collection, analysis and interpretation of data on sexual and reproductive health indicators
REGIONAL OFFICE FOR SOUTH-EAST ASIA

Issues and challenges

The South-East Asia Region, with its 11 Member States, is home to approximately one-third of the world’s population. Sexual and reproductive health is one of the major challenges in the Region; although significant progress has been made during the past few decades, much more remains to be achieved.

The Region showed a marked decline in the total fertility rate during the period 1975–2005, except in Timor-Leste, where a significant increase occurred during the past five years, to 7.8 in 2005. Although the global total fertility rate declined from an average of 4.5 births per woman in 1970–1975 to 2.6 births in 2000–2005, the rates in Bangladesh, Bhutan, India, Maldives and Nepal are still between 3.1–4.4. The adolescent fertility rate was high in Bangladesh, India, Nepal and Timor-Leste in 2005, ranging from 80 to 182 per 1000 girls aged 15–19 years. Although access to modern contraceptive methods has improved in most countries of the Region, with a contraceptive prevalence rate of 24–70% (except in Timor-Leste, at 9%) in 2005, the rate is tending to stagnate in some countries, and a large proportion of births are unplanned, mistimed or unwanted. The unmet need for contraception is high, from 8.6% in Indonesia in 2003 to 37% in Maldives in 2004.

Maternal and newborn health, the quality of family planning services and unsafe abortion continue to be major issues for the Region. There are 174,000 maternal and 1.4 million neonatal deaths every year, representing 33% and 35% of the 2000 global figures, respectively, with, in addition, 1 million stillbirths. More than 80% of global maternal and neonatal deaths occurred in Bangladesh, India, Indonesia, Myanmar and Nepal. Unsafe abortion is responsible for about 13% of all pregnancy-related deaths, and half of the unsafe abortions in the world occur in Asia.

There are limited data on STIs and RTIs in most countries of the Region in comparison with the data on HIV infection, indicating that more attention should be paid to STIs and RTIs. In the 2006 UNAIDS report on the global AIDS epidemic, it was estimated that there are about 6.9 million people living with HIV infection in South-East Asia, with an increase of about 0.5 million since 2003. About 2 million cases are in women aged 15 and over. About 5.7 million cases are in India alone. Although the prevalence of HIV infection among pregnant women remains relatively low in many countries of the Region, it has been increasing. In 2004, an estimated 155,400 pregnant women in Asia were infected with HIV; 46,900 children became infected with HIV through vertical transmission of the virus from their mother, and about 31,000 children developed AIDS. Promotion of healthy sexual behaviour and practices is crucial in preventing STIs and HIV/AIDS. A framework for linking services for STIs and HIV/AIDS with those for maternal and newborn health and sexual and reproductive health is being finalized in collaboration with the WHO Regional Office for the Western Pacific, UNICEF, UNFPA and UNAIDS. It will be used to help countries to strengthen the prevention and control of STIs and HIV infection through the widest range of sexual and reproductive health services.

The global reproductive health strategy endorsed by the World Health Assembly in 2004 and its framework for implementation provide guidance for improving sexual and reproductive health and programme approaches for addressing sexual and reproductive health problems in countries. A regional adaptation of the framework is being used to help each country to address key sexual and reproductive health priorities.

The role of WHO in promoting evidence-based guidelines, standards and tools in sexual and reproductive health has been undertaken in collaboration with UNFPA, other development partners and international nongovernmental organizations, such as Ipas, the Johns Hopkins Program for International Education in Gynecology and Obstetrics, Family Health International and the Program for Appropriate Technology in Health. These collaborations have addressed a wide range of sexual and reproductive health issues, including the prevention of unsafe abortion, maternal and newborn health, use of the human rights tool for maternal and newborn health and prevention of cervical cancer, among others. These initiatives will be extended in 2008–2009 to ensure wider implementation of the guidelines, standards and tools.
**Goal**

To contribute to improvement of sexual and reproductive health status, including achievement of MDGs and other international development goals, in the South-East Asia Region.

**WHO's work in sexual and reproductive health in the South-East Asia Region**

The work of the WHO Regional Office for South-East Asia in sexual and reproductive health in 2008–2009 is reflected in its approach to the following Organization-wide expected results, including those related to maternal and newborn health and Making Pregnancy Safer.

**OWER 4.1.** Support provided to Member States to formulate a comprehensive policy, plan and strategy for scaling up towards universal access to effective interventions in collaboration with other programmes, paying attention to reducing gender inequality and health inequities, providing a continuum of care throughout the life course, integrating service delivery across different levels of the health system and strengthening coordination with civil society and the private sector.

Member States will be supported in implementing policies and strategies to achieve universal access to maternal and newborn health and other sexual and reproductive health services by promoting effective interventions. This will involve provision of technical support for planning, implementing and monitoring the strengthening of human resources to achieve skilled care at every birth and universal access to other sexual and reproductive health services; and strengthening collaboration within WHO and with civil society, the private sector and sectors other than health in promoting universal access to maternal and newborn health and other sexual and reproductive health services in the context of a continuum of care.

**OWER 4.2.** National research capacity strengthened as necessary and new evidence, products, technologies, interventions and delivery approaches of global and/or national relevance available to improve maternal, newborn, child and adolescent health, to promote active and healthy ageing, and to improve sexual and reproductive health.

To achieve this Organization-wide expected result, collaboration with national institutions will be strengthened for training, research and use of research findings to promote evidence-based norms, standards, guidelines and tools for improving health outcomes in all areas of sexual and reproductive health.

**OWER 4.7.** Guidelines, approaches and tools made available, with provision of technical support to Member States for accelerated action towards implementing the strategy to accelerate progress towards the attainment of international development goals and targets related to reproductive health, with particular emphasis on ensuring equitable access to good-quality sexual and reproductive health services, particularly in areas of unmet need, and with respect for human rights as they relate to sexual and reproductive health.

Technical support will be provided to countries for: regular updating of norms, standards and guidelines for improving sexual and reproductive health services; designing programmes to improve access to and the quality of sexual and reproductive health services, with special attention to poor and disadvantaged populations; and strengthening integration of sexual and reproductive health services into relevant programmes with development partners. This will involve providing technical support for promotion of evidence-based practices and promotion and implementation of comprehensive sexual and reproductive health services and of services integrated into other programmes.
Policy and **technical support** provided to countries towards expanded gender-sensitive delivery of prevention, treatment and care interventions for HIV/AIDS, tuberculosis and malaria, including integrated training and service delivery; wider service-provider networks; and strengthened laboratory capacities and better linkages with other health services, such as those for sexual and reproductive health, maternal, newborn and child health, **sexually transmitted infections**, nutrition, drug dependence treatment services, respiratory care, neglected diseases and environmental health.

The Regional Office will provide technical support to countries to extend and decentralize prevention, treatment and care services for STIs, including HIV infection, and integration of the framework for prevention and management of STIs and HIV infection and other endemic diseases into maternal, newborn and sexual and reproductive health services.

**Evidence-based and ethical policies, strategies, interventions, recommendations, standards and guidelines developed and technical support provided to Member States to promote safer sex and strengthen institutions in order to tackle and manage the social and individual consequences of unsafe sex.**

The Regional Office will work to strengthen the capacity of Member States to manage the social and individual consequences of unsafe sex, including the promotion of healthy in sexual and reproductive behaviours.

**Ethics- and rights-based approaches to health promoted within WHO and at national and global levels.**

The Regional Office will work to increase awareness and use of ethics- and rights-based approaches to health by implementation of the WHO human rights tools for maternal and newborn health and other sexual and reproductive health issues.
Issues and challenges

Sexual and reproductive health problems present a disproportionately high disease burden among individuals, families and communities in the Eastern Mediterranean Region. Over and above the individual suffering it causes, sexual and reproductive ill-health has a broader impact on social and economic development. Investments in sexual and reproductive health are essential to breaking the cycle of poverty and freeing national and household resources. Unmet family planning needs, pregnancy- and childbirth-related conditions and sexually transmitted infections including HIV, directly affect the potentially most economically active segments of the population in the Region, including women who die during pregnancy in the prime of life. Nonetheless, the adoption of a holistic approach to sexual and reproductive health care is only partially realized in countries of the Region and the attainment of sexual and reproductive health for all still faces challenges where information on major determinants of sexual and reproductive health morbidity throughout the life span is still inadequate to enable evidence-based programme development and implementation. It is estimated that 53,000 women still die every year of pregnancy-related complications in the Region. Furthermore, around 610,000 newborns die every year in the first month of life in countries of the Region, and the contraceptive prevalence rate is still below 40% with total fertility rate as high as 4 children per woman.

WHO's work in sexual and reproductive health in the Eastern Mediterranean Region

The work of the Region in 2008-2009 will include increased attention to upgrade the technical know-how of sexual and reproductive health-care workers, and hence improve the quality and management of the delivered services in countries of the Region. Complementary efforts to disseminate, and promote the adaptation and adoption of, evidence-based guidance will support this effort. Areas of particular focus will include:

- continued support to safe motherhood, including antenatal, delivery, postpartum and neonatal health care and family planning, as priority component of sexual and reproductive health in all countries of the Region;
- work on sexual and reproductive health across the entire life course and during adolescence and postmenopausal age in particular;
- practices harmful to sexual and reproductive health, reproductive tract infections, reproductive system cancers, premarital and pre-conception counselling, genetic counselling and neonatal screening for inherited disorders; and
- generation and dissemination of information on major determinants of sexual and reproductive morbidity throughout the life span, thus enabling evidence-based programme development and implementation throughout the Region.

Guidelines, approaches and tools made available, with provision of technical support to Member States for accelerated action towards implementing the strategy to accelerate progress towards the attainment of international development goals and targets related to reproductive health, with particular emphasis on ensuring equitable access to good-quality sexual and reproductive health services, particularly in areas of unmet need, and with respect for human rights as they relate to sexual and reproductive health.

The work of the Regional Office will fall under a regional expected result that aims to provide technical support to countries to build national capacities for developing gender-responsive policies and strategies and implementing and monitoring programmes for improving sexual and reproductive health and achieving health-related MDGs.
In order to support the national efforts during revision and adaptation of already introduced technical and managerial guidelines, the Regional Office will support the adaptation and use of a number of WHO's cornerstones for evidence-based guidance for family planning, namely: the Medical eligibility criteria for contraceptive use, which provides guidance regarding who can use contraceptive methods safely; the Selected practice recommendations for contraceptive use, which provides guidance on how to safely and effectively use a contraceptive method once it is deemed to be medically appropriate; and the Decision-making tool for family planning clients and providers. Close collaboration and technical backstopping activities will be maintained throughout the biennium to help the implementation of the country work plans in close coordination with headquarters, UNFPA Country Technical Services Team for Arab States, and WHO offices in the participating countries.

Emphasizing an evidence-based approach for strategic planning for promoting sexual and reproductive health, the Regional Office has set up a "Reproductive Health Research Directory". In 2008-2009, the Regional Office will continue to support this important resource for research in the Region.

The UNFPA/WHO Strategic Partnership Programme is expected to continue in 2008-2009. This programme is a joint WHO-UNFPA initiative to support country programmes with the dissemination, adaptation and adoption of newly developed or updated evidence-based practice guidelines through UNFPA Country Support Teams and country offices, WHO regional and country offices and intercountry collaborating agencies. In the Eastern Mediterranean Region, the Strategic Partnership Programme activities in sexual and reproductive health will focus on maternal and neonatal health, family planning and control and management of sexually transmitted infections, including HIV/AIDS.
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Issues and challenges
The Western Pacific Region, with 27 Member States and one Associated Member (from 37 countries and areas) is characterized by a diversity that transcends size (both geographical and demographic), climatic conditions, economic development and sociocultural norms, all of which significantly influence health, including sexual and reproductive health.

Reproductive health has undergone tremendous changes in its conception, definition, scope and importance in the past several years, especially in terms of its link to sexual health, the social determinants of gender, and human rights. Several international declarations have stressed the importance of sexual and reproductive health, and all the MDGs, especially those related to maternal health and child survival, HIV/AIDS, and gender equity, will require strong inputs from sexual and reproductive health for their achievement. The global reproductive health strategy adopted by the World Health Assembly in May 2004 underscores these concepts and identifies five core elements of sexual and reproductive health and five actions for countries to achieve in order to strengthen sexual and reproductive health.

Five core elements of reproductive health
1. improving antenatal, delivery, postpartum and newborn care;
2. providing high-quality services for family planning, including infertility services;
3. eliminating unsafe abortion;
4. combating STIs, including HIV infection, RTIs, cervical cancer and other gynaecological conditions; and
5. promoting sexual health.

Five areas of action for implementing the reproductive health strategy
1. strengthening health system capacity;
2. improving information for priority setting;
3. mobilizing political will;
4. creating a supportive legislative and regulatory framework; and
5. strengthening monitoring, evaluation and accountability.

Virtually all the countries of the Region face issues and challenges with respect to all five core elements. The rates of maternal and newborn mortality are still unacceptably high in some countries, and seven have been identified as priorities for making pregnancy safer and for newborn health (Cambodia, China, Lao People’s Democratic Republic, Mongolia, Papua New Guinea, Philippines and Viet Nam). The maternal mortality ratio in Cambodia, Lao People’s Democratic Republic and Papua New Guinea exceeds 300 maternal deaths per 100 000 live births. Addressing maternal, newborn and child health, often the backbone of primary health care, offers opportunities for addressing the other components of sexual and reproductive health.

In some countries, contraceptive use is low, leading to large numbers of unintended pregnancies and to abortion; every year, more than 14 million abortions are performed in the Region, many of which are unsafe, contributing to maternal mortality.
In the Region, 17–24% of the population is aged 10–19 years, and they are at risk for the consequences of unprotected sex, including not only maternal death but also STIs and HIV/AIDS. STIs require an urgent response, as there is resurgence, especially of chlamydial infections and congenital syphilis, in China, Mongolia and some Pacific island countries. In Fiji, 29% of pregnant women had a chlamydial infection in a survey in 2005. Countries in the Region differ significantly in the prevalence of AIDS: most are classified as having low prevalence, although there are pockets of high prevalence. Intravenous drug use is a major concern in some countries, and, overall, heterosexual spread of HIV is on the rise. Sexual health as a critical element of the broader concept of sexual and reproductive health is still relatively neglected in most countries of the Region.

The countries of the Region face difficulties in carrying out the five actions for accelerating reproductive health. Strengthening the capacity of health systems remains a challenge in many countries, the coverage by skilled birth attendants at delivery in the Lao People's Democratic Republic and Papua New Guinea is still very low, and the integration of services for STIs and HIV/AIDS into sexual and reproductive health services, and vice versa, is not fully implemented in many countries.

Improving information for policy-making is a long-standing problem as, for example, gender-disaggregated data are still not readily available, and the prevalence of STIs in pregnancy and the extent of STI testing of pregnant women are unknown. Mobilizing political will is especially challenging for sexual and reproductive health: it is not high on the political agenda, and sensitive issues such as family planning, adolescent sexuality and preventing unsafe abortion make it even more difficult to address. The regulatory and legislative frameworks in many countries of the Region are often not supportive of sexual and reproductive health issues, such as access to contraceptives for those in greatest need, like unmarried young people, and safe abortion services. Monitoring and evaluation should be strengthened, especially for assessing health sector reforms that have implications for sexual and reproductive health.

The long-term goal of the sexual and reproductive health work of the Organization is influenced by many players, sectors and stakeholders. The activities of the Regional Office in 2008–2009 will contribute directly to achievement of this goal. The aim of the Regional Office is to improve the sexual and reproductive health of the people of the Region, including meeting international development goals, such as those of the International Conference on Population and Development and the MDGs.

WHO's work in sexual and reproductive health in the Western Pacific Region

In the WHO medium-term strategic plan for 2008–2013, much of the work in sexual and reproductive health falls under strategic objective 4—to reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and to improve sexual and reproductive health and promote active and healthy ageing for all individuals. Goals in sexual and reproductive health will also be met by activities to address several other strategic objectives, especially:

- strategic objective 2—to combat HIV/AIDS, tuberculosis and malaria—and specifically Organization-wide expected result 2.2;
- strategic objective 5—to reduce the health consequences of emergencies, disasters, crises and conflicts and minimize the social and economic impacts;
- strategic objective 6—to reduce risk factors for health—specifically Organization-wide expected result 6.6 on unsafe sex; and
- strategic objective 7—to address social and economic determinants of health—specifically Organization-wide expected result 7.5 on gender analysis and responsive actions.
The scope of work in sexual and reproductive health and related areas expands continually in response to new needs, opportunities and challenges. The strategic objectives and expected results of WHO as a whole and those of the Regional Office for the Western Pacific and its country offices should contribute to achievement of the sexual and reproductive health goals.

**4.2.** National research capacity strengthened as necessary and new evidence, products, technologies, interventions and delivery approaches of global and/or national relevance available to improve maternal, newborn, child and adolescent health, to promote active and healthy ageing, and to improve sexual and reproductive health.

**4.7.** Guidelines, approaches and tools made available, with provision of technical support to Member States for accelerated action towards implementing the strategy to accelerate progress towards the attainment of international development goals and targets related to reproductive health, with particular emphasis on ensuring equitable access to good-quality sexual and reproductive health services, particularly in areas of unmet need, and with respect for human rights as they relate to sexual and reproductive health.

The main activities for achieving these Organization-wide expected results in the Region will include integrating the prevention and management of STIs and HIV/AIDS into sexual and reproductive, and maternal and newborn health services, and vice versa. This will require identification and removal of the barriers to achieving integration and will provide an opportunity for integration of previously ‘vertical’ programmes.

Support will be provided for implementation of a framework for accelerating action for the sexual and reproductive health of young people, to reinforce the importance to national development of investing in young people.

Many countries in the Region have initiated programmes for secondary prevention of cervical cancer, mainly by screening with cervical cytology. Few of these programmes have been successful, largely because of the many difficulties inherent in this strategy. The licensing of the HPV vaccine offers an opportunity for primary prevention (as almost all cervical cancer is linked to oncogenic types of HPV), and countries will be advised on its use and will be supported in formulating national plans.

**7.5.** Gender analysis and responsive actions incorporated into WHO’s normative work and support provided to Member States for formulation of gender-sensitive policies and programmes.

The activities for achieving this Organization-wide expected result include training of trainers. As a follow-up to the WHO course on training of trainers for gender awareness in 2007, this activity will be integrated into national programmes and projects in order to introduce concepts and provide some basic skills to enable participants to introduce gender and rights into their sexual and reproductive health programmes. The target audiences are health managers, policy-makers and others with responsibilities to increase awareness about gender equality in sexual and reproductive health.
ISSUES AND CHALLENGES

In 2006, some 39.7 million people were living with HIV infection, half of whom were under the age of 25, and a growing number are women. In addition, for every person who knows his or her HIV-positive status, it is estimated that nine others do not know or prefer not to know. HIV is essentially sexually transmitted or transmitted during pregnancy, childbirth and breastfeeding, so that HIV infection is intimately linked to sexual and reproductive health. Strengthening linkages between sexual and reproductive health and HIV infection therefore provides an opportunity to reduce unsafe sexual behaviour, reduce STIs, including HIV infection, reduce maternal and newborn mortality and morbidity, and ensure that the sexual and reproductive health and rights of people living with HIV infection are respected.

Sexual and reproductive health services provide a platform on which interventions for the prevention, care and treatment of HIV infection can be built, such as counselling and testing, condom promotion, management of STIs, contraceptive services and dual protection from unintended pregnancy and STIs (including HIV infection). Services for HIV/AIDS also offer access to sexual and reproductive health services for people at risk of or living with HIV infection. Use of contraceptives to prevent unintended pregnancy among HIV-positive women is a cost-effective means of preventing mother-to-child transmission of HIV infection. Integrating services can help decrease the stigma associated with HIV infection and AIDS, while simultaneously addressing the need for both types of service and care in all sectors of the population. Creating opportunities in environments where there is no stigma encourages access and increases the effectiveness of services. Training providers to address both sexual and reproductive ill-health and HIV infection would enhance the quality of services. Establishing stronger linkages between these two programmes can contribute to achieving universal access to services for both.

During the past decade, the international community has reiterated calls for integrating and strengthening linkages between sexual and reproductive health services and strategies and services for the prevention and treatment of HIV/AIDS. The potential benefits of the linkages have not been fully realized, however, due in part to the absence of policies and programmes and normative guidance on effective linkages.

The Fifty-seventh World Health Assembly adopted WHO’s first global reproductive health strategy (WHA Resolution 57.12), which lists five priorities, each of which can contribute to strengthening research and policy and programme aspects of linkages between sexual and reproductive health and HIV infection.
International commitments

Universal access to sexual and reproductive health information and services would have far-reaching effects for both the maternal health and child health MDGs and for virtually every other Goal, including those for HIV/AIDS, gender and education, environment, and poverty and hunger.


The most effective way of reducing the proportion of infants infected by HIV is by preventing primary HIV infection in women and by preventing unintended pregnancy among women infected by HIV. These two measures have intrinsic benefits to women and can decrease the proportion of infants infected by HIV by 35–45% in some countries, with a significant contribution from the provision of family planning information, services and counselling.


"...emphasizing the global emergency created by HIV/AIDS and sexual and reproductive ill-health; the urgent need for much stronger links between sexual and reproductive health and HIV/AIDS policies, programmes and services; and the centrality of these intersecting efforts towards the achievement of the Millennium Development Goals."


The United Nations General Assembly Special Session in 2001 also promoted linkages. In 2005, the G8 and the United Nations General Assembly World Summit called for a package of prevention, treatment, care and support, with the aim of as close as possible to universal access to treatment for all those who need it by 2010. The G8 statement also identifies limited health system capacity as one of the main constraints to universal access.


Emphasized "the need to strengthen policy and programme linkages and coordination between HIV/AIDS and sexual and reproductive health."

Goal

"Promote and strengthen reproductive and sexual health services as the basis of the prevention and treatment of HIV/AIDS, particularly through family planning; antenatal, childbirth and postpartum care; control of sexually transmitted infections; the promotion of safer sex; and the prevention of mother-to-child transmission of HIV."

Reproductive health strategy to accelerate progress towards the attainment of international development goals and targets, paragraph 64 (3)

Two of the challenges to strengthening linkages have been funding and donor priorities. Sexual and reproductive health and family planning have not received the financial support that HIV infection and AIDS have. Targeted financing and technical assistance discourage linkages between sexual and reproductive issues and HIV infection policies and programmes. In June 2006, however, the political declaration of the United Nations General Assembly Special Session emphasized "the need to strengthen policy and programme linkages and coordination between HIV/AIDS and sexual and reproductive health. It is expected that certain funding mechanisms, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, will bolster this recognition by approving more proposals that include initiatives linking sexual and reproductive health and HIV infection."
WHO'S WORK IN STRENGTHENING LINKAGES BETWEEN SEXUAL AND REPRODUCTIVE HEALTH AND HIV INFECTION

In order to provide a comprehensive approach to sexual and reproductive health and HIV infection, WHO will focus on the following advocacy, research, policy and programmatic activities. The department of Reproductive Health and Research has a web link listing linking activities undertaken by the department and its partners: http://www.who.int/reproductive-health/hiv/index.html. This will be updated regularly to reflect activities and will serve as an advocacy and communication tool. The overall goal of the activities is to improve access to and accelerate progress on the prevention, treatment, care and support of persons with HIV infection and on sexual and reproductive health by fostering linkages or integration. The work, involving a wide range of cross-cutting issues, is reflected in a large number of Organization-wide expected results.

With respect to HIV infection, the aim of this Organization-wide expected result is to improve existing sexual and reproductive health services to better deliver HIV infection-related care, treatment and support, such as improving contraceptive choice and access for people living with HIV infection and providing referral to treatment and care for opportunistic infections and AIDS. The work will include:

- creation of evidence-based tools, guidelines and strategies for effective control, prevention, care and management of STIs that address the needs of key populations and accelerate prevention of HIV infection;
- documentation and dissemination of effective models to link services for STIs, RTIs, sexual and reproductive health and HIV infection for both public and private sectors;
- formulation of policies, guidelines and strategies to help countries expand coverage of STI and RTI prevention and control, as outlined in the global strategy for the prevention and control of sexually transmitted infections in the context of the global reproductive health strategy to attain international development goals and targets;
- formulation of policy and programme guidance and other tools for the sexual and reproductive health and rights of people living with HIV infection;
- formulation of policies and programmes for women, men and young people living in vulnerable situations and at risk for HIV infection and other STIs;
- formulation of policy and programmatic guidance for forming effective linkages between sexual and reproductive health and the prevention, care and treatment of HIV infection;
- positioning sexual and reproductive health issues within broader objectives, including the WHO Director-General's strategic project of promoting integrated primary health care;
- facilitating the promotion of linkages by supporting countries, civil society and donors in including sexual and reproductive health components within prevention, treatment, care and support for HIV infection, including within proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria;
- provision of technical updates on issues in linkages between sexual and reproductive health and HIV;
- formulation of policy and advocacy for preventing HIV infection through sexual and reproductive health and rights, including mapping of existing opportunities and barriers and means of increasing access to and quality of services;
• provision of technical input and support for safe, effective male circumcision care and promotion of responsible sexual behaviour as part of a comprehensive package on counselling for male circumcision to prevent HIV infection and other STIs;
• development of communication and programmatic actions regarding counselling on pregnancy and contraception for people living with HIV;
• promotion of dual protection and condom promotion;
• strengthening family planning service delivery and commodities within HIV/AIDS programmes;
• development of policy and programmatic considerations for primary prevention of HIV and syphilis among women and prevention of unintended pregnancies in women living with HIV; and
• strengthening the response to prevention of mother to child transmission of HIV including gender considerations, including gender-based violence in the development of policies and programmes.

4.2. National research capacity strengthened as necessary and new evidence, products, technologies, interventions and delivery approaches of global and/or national relevance available to improve maternal, newborn, child and adolescent health, to promote active and healthy ageing, and to improve sexual and reproductive health.

2.6. New knowledge, intervention tools and strategies developed and validated to meet priority needs for the prevention and control of HIV/AIDS, tuberculosis and malaria, with scientists from developing countries increasingly taking the lead in this research.

The aim of this Organization-wide expected result is to improve the quality of methods for preventing HIV infection and other STIs and ensuring better health for people living with HIV infection; development of new preventive methods, such as male circumcision, microbicides and vaccines; providing cervical cancer screening for women living with HIV infection; addressing the sexual and reproductive needs of men; and extending effective, evidence-based adolescent sexual and reproductive health programmes to include prevention, care, treatment and support for HIV infection. The activities include:

• generating of evidence for new and improved products to prevent sexual transmission of HIV and other STIs, including microbicides and HSV-2 vaccine, and prevention of mother-to-child transmission of HIV;
• assessing the process and impact of integration and linkages between health-care programmes at country, community and provider levels;
• maintaining and promoting an evidence-based approach to comprehensive prevention for women, men, young people and vulnerable populations; and
• establishing evidence of linkages with related fields, such as tuberculosis and malaria.

4.1. Support provided to Member States to formulate a comprehensive policy, plan and strategy for scaling up towards universal access to effective interventions in collaboration with other programmes, paying attention to reducing gender inequality and health inequalities, providing a continuum of care throughout the life course, integrating service delivery across different levels of the health system and strengthening coordination with civil society and the private sector.

4.7. Guidelines, approaches and tools made available, with provision of technical support to Member States for accelerated action towards implementing the strategy to accelerate progress towards the attainment of international development goals and targets related to reproductive health; with particular emphasis on ensuring equitable access to good-quality sexual and reproductive health services, particularly in areas of unmet need, and with respect for human rights as they relate to sexual and reproductive health.
In order to increase dialogue between WHO and its partners to address sexual and reproductive health and prevention of HIV infection jointly, the following activities will be undertaken:

- fostering an enabling environment to strengthen linkages by extensive dialogue, both within WHO and with other partners;
- coordinating communication and advocacy on prevention, care, treatment and support for HIV infection;
- supporting countries in setting priorities to strengthen linkages between sexual and reproductive health and HIV infection and measuring the effectiveness of programmes;
- establishing indicators for linkages and promoting their adoption;
- disseminating existing and new materials to centres, Member States, partners and collaborators;
- participating in research reviews and collection of evidence on linkages between sexual and reproductive health and HIV infection; and
- assessing the process and impact of integration and linkages among health-care programmes at country, community and provider levels.

Guidelines, policy, strategy and other tools developed for prevention of, and treatment and care for patients with HIV/AIDS, tuberculosis and malaria, including innovative approaches for increasing coverage of the interventions among poor people, and hard-to-reach and vulnerable populations.

Policy and technical support provided to countries towards expanded gender-sensitive delivery of prevention, treatment and care interventions for HIV/AIDS, tuberculosis and malaria, including integrated training and service delivery; wider service-provider networks; and strengthened laboratory capacities and better linkages with other health services, such as those for sexual and reproductive health, maternal, newborn and child health, sexually transmitted infections, nutrition, drug dependence treatment services, respiratory care, neglected diseases and environmental health.

To achieve this result, WHO will maintain and promote an evidence-based approach to comprehensive prevention for women, men, young people and vulnerable populations, and will set up research initiatives, policies and programmes for women, men and young people living in vulnerable situations and at risk for HIV infection and other STIs.

Evidence-based and ethical policies, strategies, interventions, recommendations, standards and guidelines developed and technical support provided to Member States to promote safer sex and strengthen institutions in order to tackle and manage the social and individual consequences of unsafe sex.

Unsafe sex is the second most significant risk factor for ill-health in developing countries, because of its association with HIV infection and STI transmission. Between 75 and 85 of every 100 HIV-infected adults were infected during unprotected sexual intercourse, heterosexual intercourse accounting for over 70 of every 100 cases globally. Establishing evidence for the link between sexual health and HIV infection will therefore be key to combating HIV infection.

Stigma and discrimination have been important factors in the increase in HIV infections, and addressing these problems, with the support of networks of people living with HIV infection and other groups, will lead to more effective policies and programmes on sexual and reproductive health and HIV infection. The activities to be undertaken include formulation of strategies for creating a more supportive, less discriminatory environment for people to learn their HIV infection status, to disclose their status to partners, to gain access to non-judgemental treatment and care and to count on respect from their peers.
Building on its traditional strength, HRP will continue to ensure the scientific rigour of its research in a series of scientific review activities. Specialist panels undertake independent scientific, technical and financial reviews of research activities in their field of expertise—social science and operations research, basic and biomedical research, epidemiological research and research on country programmes—ensuring that each project proposed for support is scientifically and financially sound. The Scientific and Ethical Review Group reviews the ethical aspects of all clinical and animal research proposed for HRP support. The Group also advises HRP on ethical aspects of new scientific developments in sexual and reproductive health. The Toxicology Panel assesses the adequacy of toxicological data on new drugs or devices, or new applications of existing drugs and devices, proposed for clinical research.

**Goal**

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

Improvement and maintenance of ethical standards in research will continue to be promoted at regional and national workshops. In order to enhance the impact of its research, HRP will continue to promote research and disseminate findings at national and international meetings. HRP is in a unique position to coordinate research activities in some areas globally.

The statistical and methodological rigour of supported research projects, including adherence in HRP guidelines for good clinical practice, remains critical for WHO. The Statistics and Informatics Services team adds value to the research supported by the Programme by providing biostatistical services and data processing and technical advice on the design, management, analysis and interpretation of findings to all multinational clinical trials and epidemiological studies conducted or sponsored by HRP and to other research projects not requiring centralized data coordination. It also provides support in the formulation, review and execution of activities for strengthening research capability in biostatistics and data processing, including training statisticians and data managers in collaborating institutions.
### PRODUCT LISTING

<table>
<thead>
<tr>
<th>Product identification</th>
<th>Product title</th>
<th>Product description</th>
<th>Funding source and Organization-wide expected result</th>
</tr>
</thead>
<tbody>
<tr>
<td>080</td>
<td>Scientific and ethical rigour of HRP research assured</td>
<td>Meetings of scientific and ethical review bodies organized</td>
<td>HRP, Organization-wide expected result 4.2</td>
</tr>
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<td></td>
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<tr>
<td><strong>Activities</strong></td>
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</tr>
<tr>
<td>1.</td>
<td></td>
<td>Convening specialist panel meetings on social science and operations research, basic and biomedical research, epidemiological research and country programme development in sexual and reproductive health</td>
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<tr>
<td>2.</td>
<td></td>
<td>Convening Scientific and Ethical Review Group meetings</td>
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</table>

| 081                    | Strengthening the capacity of collaborating centres to communicate and disseminate information on sexual and reproductive health research | Workshop to strengthen the capacity of collaborating institutions and scientists to disseminate the findings of their research | HRP, Organization-wide expected result 4.2 |
|                        |               |                     |                                                     |
| **Activities**         |               |                     |                                                     |
| 1.                     |               | Supporting workshops to train trainers in dissemination of research findings |

| 082                    | Informatics support for HRP clinical research | Computer equipment upgraded as necessary, supplies made available, licenses for software renewed, other support services | HRP, Organization-wide expected result 4.2 |
|                        |               |                     |                                                     |
| **Activities**         |               |                     |                                                     |
| 1.                     |               | Providing support for clinical trials |
| 2.                     |               | Providing informatics support for HRP research |

| 083                    | Informatics support for the department | Computer equipment upgraded as necessary, supplies made available, licenses for software renewed, other support services | PDRH, Organization-wide expected result 4.7 |
|                        |               |                     |                                                     |
| **Activities**         |               |                     |                                                     |
| 1.                     |               | Providing support for clinical trials |
| 2.                     |               | Providing informatics support for HRP research |
GENERAL TECHNICAL ACTIVITIES

In addition to the work described in the preceding pages, the department of Reproductive Health and Research at headquarters undertakes general technical activities, which include the convening of strategic and technical advisory bodies, provision of advice to Member States on issues in sexual and reproductive health, disseminating information, advocacy, communication and fundraising, as well as contingency funding of unanticipated research needs through the Director's Initiative Fund.

SCIENTIFIC ADVISORY BODIES

The overall strategic direction for the department's work is given by the Scientific and Technical Advisory Group and by the Gender and Rights Advisory Panel, both of which meet annually and advise the Policy and Coordination Committee of HRP and the department's Director. The Scientific and Technical Advisory Group provides strategic guidance on all activities, recommends priorities, reviews plans of action and budgets and continuously and independently evaluates implementation and impact. The role of the Gender and Rights Advisory Panel is to ensure that considerations of gender equality and reproductive rights are brought into all the department's work.

**Goal**

To ensure that the work of the department is of the highest scientific quality, gender-sensitive, ethically sound and responsive to the sexual and reproductive health needs of people everywhere, but particularly those living in poverty in developing countries.

COMMUNICATIONS, ADVOCACY AND INFORMATION

A primary function of the department is to generate, disseminate and facilitate the application of knowledge on sexual and reproductive health. Knowledge is transmitted in the form of information by various media and instruments and is managed at three levels: at the point of entry (journals, newsletters, press releases of other institutions), when it is shared within the department and when it is designed and packaged for outside consumption.

**Goal**

To communicate, proactively and cost-effectively, the entire spectrum of issues in sexual and reproductive health to the intended target audiences and stakeholders; to facilitate the transfer of knowledge on sexual and reproductive health by appropriate strategies and media, and to implement advocacy, fundraising and external relations interventions.
PROGRAMME MANAGEMENT

This component is concerned with leadership, direction, external relations, resource mobilization and managerial and administrative support. An important function is organization of the meetings of HRP’s Policy and Coordination Committee, which meets annually in June, and of the Standing Committee of HRP cosponsors, which generally meets three times a year. Other activities in programme management include staff development and training, purchase of office equipment and supplies and other related expenses.

PRODUCT LISTING

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<thead>
<tr>
<th>Product identification</th>
<th>Product title</th>
<th>Product description</th>
<th>Funding source and Organization-wide expected result</th>
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</thead>
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<td>092</td>
<td>HRP programme planning, governance, management, evaluation and staff development</td>
<td>Governance, planning and evaluation, HRP programme management, staff development</td>
<td>HRP, Organization-wide expected result 4.2</td>
</tr>
</tbody>
</table>

Activities
1. Convening HRP Standing Committee meetings
2. Convening annual meeting of HRP Policy and Coordination Committee
3. Supporting HRP external evaluation
4. Organizing HRP staff development and training

| 093                    | PDRH programme planning, governance, management, evaluation and staff development | Planning and evaluation of PDRH programme management                                   | PDRH, Organization-wide expected result 4.7          |

Activities
1. Supporting department of Reproductive Health and Research evaluation
2. Organizing staff development and training activities

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<tr>
<th>094</th>
<th>Administrative support for HRP</th>
<th>Direct administrative support costs budgeted for and incurred by HRP (including budget, finance, human resources services, office rental and legal services)</th>
<th>HRP, Organization-wide expected result 4.2</th>
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<tr>
<td>096</td>
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<td>Includes coded articles, stationery, office supplies, telephone and postage</td>
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Table 2. RHR consolidated budget for 2008-2009, by budget section

<table>
<thead>
<tr>
<th>Budget Section</th>
<th>Full Budget Level</th>
<th>Contingency Budget Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Budget US$</td>
<td>% of total</td>
</tr>
<tr>
<td>Promoting Family Planning</td>
<td>8,973,420</td>
<td>14.3%</td>
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<tr>
<td>Improving Maternal and Perinatal Health</td>
<td>4,596,540</td>
<td>7.3%</td>
</tr>
<tr>
<td>Preventing Unsafe Abortion</td>
<td>5,174,770</td>
<td>8.2%</td>
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<tr>
<td>Controlling Sexually Transmitted and Reproductive Tract Infections</td>
<td>7,171,770</td>
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<td>Gender, Reproductive Rights, Sexual Health and Adolescence</td>
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<tr>
<td>Technical Cooperation with Countries</td>
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<td>35.1%</td>
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<tr>
<td>Strengthening Linkages between Sexual and Reproductive Health &amp; HIV</td>
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<td>Research Coordination</td>
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<td>General Technical Activities</td>
<td>3,107,130</td>
<td>5.0%</td>
</tr>
<tr>
<td>Programme Management</td>
<td>4,252,020</td>
<td>6.8%</td>
</tr>
<tr>
<td><strong>Grand total</strong></td>
<td><strong>62,751,894</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

**WHO Programme Support Cost (PSC) (see note)**

<table>
<thead>
<tr>
<th></th>
<th>Budget US$</th>
<th>% of total</th>
<th>Budget US$</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO Programme Support Cost (PSC)</td>
<td>2,630,146</td>
<td></td>
<td>2,447,068</td>
<td></td>
</tr>
<tr>
<td><strong>Total including PSC</strong></td>
<td><strong>65,382,040</strong></td>
<td></td>
<td><strong>61,041,668</strong></td>
<td></td>
</tr>
</tbody>
</table>

Note: In accordance with standard WHO procedures, a programme support cost of 13% is charged on expenditures against all extrabudgetary contributions to RHR, except those to HRP. HRP pays for administrative costs in the form of direct charges, infrastructure charges, rent, and support to WHO administrative posts, which are not included in this PSC figure.
Table 3. RHR consolidated budget for 2008-2009, by budget section, excluding staff costs

<table>
<thead>
<tr>
<th>Budget Section</th>
<th>Full Budget Level</th>
<th></th>
<th>Contingency Budget Level</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Budget</td>
<td>% of total</td>
<td>Budget</td>
<td>% of total</td>
</tr>
<tr>
<td></td>
<td>US$</td>
<td></td>
<td>US$</td>
<td></td>
</tr>
<tr>
<td>Promoting Family Planning</td>
<td>4,760,000</td>
<td>14.7%</td>
<td>4,090,000</td>
<td>14.5%</td>
</tr>
<tr>
<td>Improving Maternal and Perinatal Health</td>
<td>3,029,000</td>
<td>9.4%</td>
<td>2,807,000</td>
<td>10.0%</td>
</tr>
<tr>
<td>Preventing Unsafe Abortion</td>
<td>2,605,000</td>
<td>8.1%</td>
<td>1,645,000</td>
<td>5.8%</td>
</tr>
<tr>
<td>Controlling Sexually Transmitted and Reproductive Tract Infections</td>
<td>3,301,000</td>
<td>10.2%</td>
<td>3,300,000</td>
<td>11.7%</td>
</tr>
<tr>
<td>Gender, Reproductive Rights, Sexual Health and Adolescence</td>
<td>2,698,894</td>
<td>8.3%</td>
<td>2,429,600</td>
<td>8.6%</td>
</tr>
<tr>
<td>Technical Cooperation with Countries</td>
<td>12,260,000</td>
<td>37.9%</td>
<td>10,545,000</td>
<td>37.4%</td>
</tr>
<tr>
<td>Strengthening Linkages between Sexual and Reproductive Health &amp; HIV</td>
<td>800,000</td>
<td>2.5%</td>
<td>750,000</td>
<td>2.7%</td>
</tr>
<tr>
<td>Research Coordination</td>
<td>790,000</td>
<td>2.4%</td>
<td>590,000</td>
<td>2.1%</td>
</tr>
<tr>
<td>General Technical Activities</td>
<td>790,000</td>
<td>2.4%</td>
<td>720,000</td>
<td>2.6%</td>
</tr>
<tr>
<td>Programme Management</td>
<td>1,312,000</td>
<td>4.1%</td>
<td>1,312,000</td>
<td>4.7%</td>
</tr>
<tr>
<td><strong>Grand total</strong></td>
<td><strong>32,345,894</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>28,188,600</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>
Table 4. RHR consolidated budget for 2008-2009, detailing staff and product costs

<table>
<thead>
<tr>
<th></th>
<th>Full Budget Level</th>
<th></th>
<th>Contingency Budget Level</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Budget</td>
<td>% of total</td>
<td>Budget</td>
<td>% of total</td>
</tr>
<tr>
<td></td>
<td>US$</td>
<td></td>
<td>US$</td>
<td></td>
</tr>
<tr>
<td><strong>UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Products</td>
<td>23,961,000</td>
<td>38.2%</td>
<td>21,212,000</td>
<td>36.2%</td>
</tr>
<tr>
<td>Staff Posts</td>
<td>17,150,000</td>
<td>27.3%</td>
<td>17,150,000</td>
<td>29.3%</td>
</tr>
<tr>
<td><strong>Sub-total HRP</strong></td>
<td>41,111,000</td>
<td>65.5%</td>
<td>38,362,000</td>
<td>65.5%</td>
</tr>
<tr>
<td><strong>Programme Development in Reproductive Health (PDRH)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Products</td>
<td>8,384,894</td>
<td>13.4%</td>
<td>6,976,600</td>
<td>11.9%</td>
</tr>
<tr>
<td>Staff Posts</td>
<td>13,256,000</td>
<td>21.1%</td>
<td>13,256,000</td>
<td>22.6%</td>
</tr>
<tr>
<td><strong>Sub-total PDRH</strong></td>
<td>21,640,894</td>
<td>34.5%</td>
<td>20,232,600</td>
<td>34.5%</td>
</tr>
<tr>
<td><strong>Total RHR Department</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Products</td>
<td>32,345,894</td>
<td>51.5%</td>
<td>28,188,600</td>
<td>48.1%</td>
</tr>
<tr>
<td>Staff Posts</td>
<td>30,406,000</td>
<td>48.5%</td>
<td>30,406,000</td>
<td>51.9%</td>
</tr>
<tr>
<td><strong>Grand total RHR</strong></td>
<td>62,751,894</td>
<td>100.0%</td>
<td>58,594,600</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Note: The UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) is part of the Department of Reproductive Health and Research (RHR). Separate accounts are kept for HRP and the remaining part of the Department devoted to programme development in reproductive health (PDRH).
Table 5. RHR consolidated income requirements and sources of funds for 2008-2009

<table>
<thead>
<tr>
<th>UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP)</th>
<th>Full Budget Level</th>
<th>Contingency Budget Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Budget US$</td>
<td>% of total</td>
</tr>
<tr>
<td>WHO Regular Budget</td>
<td>1,592,000</td>
<td>3.9%</td>
</tr>
<tr>
<td>Extrabudgetary sources</td>
<td>39,519,000</td>
<td>96.1%</td>
</tr>
<tr>
<td>Total HRP</td>
<td>41,111,000</td>
<td></td>
</tr>
<tr>
<td>Programme Development in Reproductive Health (PDRH)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WHO Regular Budget</td>
<td>1,409,000</td>
<td>6.5%</td>
</tr>
<tr>
<td>Extrabudgetary sources</td>
<td>20,231,894</td>
<td>93.5%</td>
</tr>
<tr>
<td>Total PDRH</td>
<td>21,640,894</td>
<td></td>
</tr>
<tr>
<td>Grand total RHR Department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WHO Regular Budget</td>
<td>3,001,000</td>
<td>4.8%</td>
</tr>
<tr>
<td>Extrabudgetary sources</td>
<td>59,750,894</td>
<td>95.2%</td>
</tr>
<tr>
<td>Grand total RHR</td>
<td><strong>62,751,894</strong></td>
<td></td>
</tr>
<tr>
<td>WHO Programme Support Cost (PSC) (see note)</td>
<td>2,630,146</td>
<td></td>
</tr>
<tr>
<td>Grand total income requirement, including PSC</td>
<td><strong>65,382,040</strong></td>
<td></td>
</tr>
</tbody>
</table>

Note: In accordance with standard WHO procedures, a programme support cost of 13% is charged on expenditures against all extrabudgetary contributions to RHR, except those to HRP. HRP pays for administrative costs in the form of direct charges, infrastructure charges, rent, and support to WHO administrative posts, which are not included in this PSC figure.
Table 6. RHR 2008-2009 proposed budget compared with 2006-2007 budget (full budget level)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting Family Planning</td>
<td>6,106,990</td>
<td>6,172,420</td>
<td>1%</td>
<td>2,123,000</td>
<td>2,801,000</td>
<td>32%</td>
<td>8,229,990</td>
<td>8,973,420</td>
<td>9%</td>
</tr>
<tr>
<td>Improving Maternal and Perinatal Health</td>
<td>4,312,450</td>
<td>4,596,540</td>
<td>7%</td>
<td>4,312,450</td>
<td>4,596,540</td>
<td>7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventing Unsafe Abortion</td>
<td>3,609,780</td>
<td>5,174,770</td>
<td>43%</td>
<td>3,609,780</td>
<td>5,174,770</td>
<td>43%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Controlling Sexually Transmitted and Reproductive Tract Infections</td>
<td>2,442,500</td>
<td>2,910,770</td>
<td>19%</td>
<td>3,807,000</td>
<td>4,261,000</td>
<td>12%</td>
<td>6,249,500</td>
<td>7,171,770</td>
<td>15%</td>
</tr>
<tr>
<td>Gender, Reproductive Rights, Sexual Health and Adolescence</td>
<td>3,328,000</td>
<td>3,541,600</td>
<td>6%</td>
<td>827,000</td>
<td>848,894</td>
<td>3%</td>
<td>4,155,000</td>
<td>4,390,494</td>
<td>6%</td>
</tr>
<tr>
<td>Technical Cooperation with Countries</td>
<td>11,724,570</td>
<td>11,811,040</td>
<td>1%</td>
<td>8,438,000</td>
<td>10,198,000</td>
<td>21%</td>
<td>20,162,570</td>
<td>22,009,040</td>
<td>9%</td>
</tr>
<tr>
<td>Strengthening Linkages between Sexual and Reproductive Health &amp; HIV</td>
<td>200,000</td>
<td>901,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,101,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research Coordination</td>
<td>1,770,000</td>
<td>1,855,710</td>
<td>5%</td>
<td>1,770,000</td>
<td>1,855,710</td>
<td>5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Technical Activities</td>
<td>1,125,300</td>
<td>1,152,130</td>
<td>2%</td>
<td>1,349,000</td>
<td>1,955,000</td>
<td>45%</td>
<td>2,474,300</td>
<td>3,107,130</td>
<td>26%</td>
</tr>
<tr>
<td>Programme Management</td>
<td>4,378,410</td>
<td>3,696,020</td>
<td>-16%</td>
<td>456,000</td>
<td>556,000</td>
<td>22%</td>
<td>4,834,410</td>
<td>4,252,020</td>
<td>-12%</td>
</tr>
<tr>
<td><strong>Grand total</strong></td>
<td><strong>38,798,000</strong></td>
<td><strong>41,111,000</strong></td>
<td><strong>6%</strong></td>
<td><strong>17,000,000</strong></td>
<td><strong>21,520,894</strong></td>
<td><strong>27%</strong></td>
<td><strong>55,798,000</strong></td>
<td><strong>62,631,894</strong></td>
<td><strong>12%</strong></td>
</tr>
</tbody>
</table>
Table 7. RHR consolidated budget for 2008-2009, by Organization-wide expected result

<table>
<thead>
<tr>
<th>Organization-wide expected result</th>
<th>Full Budget Level</th>
<th>Contingency Budget Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Budget US$</td>
<td>% of total</td>
</tr>
<tr>
<td>OWER 2.1 HIV/AIDS prevention</td>
<td>748,000</td>
<td>1%</td>
</tr>
<tr>
<td>OWER 2.2 STI/HIV technical support</td>
<td>1,032,000</td>
<td>2%</td>
</tr>
<tr>
<td>OWER 2.4 STI surveillance</td>
<td>300,000</td>
<td>0%</td>
</tr>
<tr>
<td>OWER 2.6 HIV/AIDS prevention research</td>
<td>1,898,000</td>
<td>3%</td>
</tr>
<tr>
<td>OWER 4.1 Universal access (health systems)</td>
<td>375,000</td>
<td>1%</td>
</tr>
<tr>
<td>OWER 4.2 Research in sexual and reproductive health</td>
<td>39,194,768</td>
<td>62%</td>
</tr>
<tr>
<td>OWER 4.7 Programme in Sexual and reproductive health</td>
<td>15,095,647</td>
<td>24%</td>
</tr>
<tr>
<td>OWER 6.2 Surveillance of unsafe sex indicators</td>
<td>486,000</td>
<td>1%</td>
</tr>
<tr>
<td>OWER 6.6 Unsafe sex</td>
<td>2,434,000</td>
<td>4%</td>
</tr>
<tr>
<td>OWER 7.4 Reproductive Rights</td>
<td>1,188,479</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Grand total</strong></td>
<td><strong>62,751,894</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Note: The distribution of product cost shown in this table is provided for indicative purposes only. This table will be finalized after WHO Organization-wide strategy and operational planning exercises have been completed in mid-2007.
REFERENCES


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

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

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

For more information, please contact:
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Switzerland
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E-mail: reproductivehealth@who.int
www.who.int/reproductive-health