

WHO's programme of work on sexual and reproductive health and rights

Member State Information Session

21 August 2025

Submit your
questions



World Health
Organization

Overview of session



Definition



*"Reproductive health is a **state of complete physical, mental and social well-being** and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that **people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.***

*Implicit in this last condition are the right of men and women **to be informed** and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.*

*In line with the above definition of reproductive health, reproductive care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. **It also includes sexual health**, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases."*

SRHR needs are usually relational & evolve over the life course:

Experiences and impact are cumulative over time

Post-menopause, violence against older women

Peri-menopause and Menopause

Fertility and infertility, gynaecological disorders, prevention and response to violence against women and girls, reproductive choice, safe motherhood, safe abortion, sex positivity

Comprehensive sexuality education, STIs, HPV, unplanned & unwanted pregnancy

Menarche, menstrual hygiene, management of menstrual disorders, access to ongoing secondary education

Access to education, preventing harmful practices, protection from child marriage

Safe from harmful traditional practices including female genital mutilation (FGM)

Our Mission

Our mission is to accelerate progress towards achieving the highest standards of sexual and reproductive health for all across the life course. Through generation and use of evidence and partnership, we strengthen sexual and reproductive health and foster high-impact research, build research capacity in low- and middle-income countries, and facilitate the development and adoption of effective policies and innovations.

Objective

Generate evidence & norms, to strengthen health systems to improve lives to achieve the highest attainable standard of sexual and reproductive health and rights.



Core areas of focus:

- Abortion
- Adolescent sexual and reproductive health and rights
- Cancers (reproductive)
- Climate change and sexual and reproductive health and rights
- Family planning and contraception
- Female genital mutilation & child marriage
- Sexual and reproductive health and rights in health emergencies
- Fertility care
- Health systems
- HIV and STI linkages with sexual and reproductive health
- Human rights, gender equality and social determinants
- Maternal and perinatal health
- Measuring and monitoring indicators
- Self-care interventions
- Sexual health
- Violence against women and girls

WHO contributions



Research



Norms and standards



Monitoring



Leadership



Technical support

WHO 14th general programme of work and SRHR

Objective 4.2.

“Equity in access to sexual, reproductive, maternal, newborn, child, adolescent, older persons health and nutrition services and immunization coverage improved.”



Maternal and perinatal health

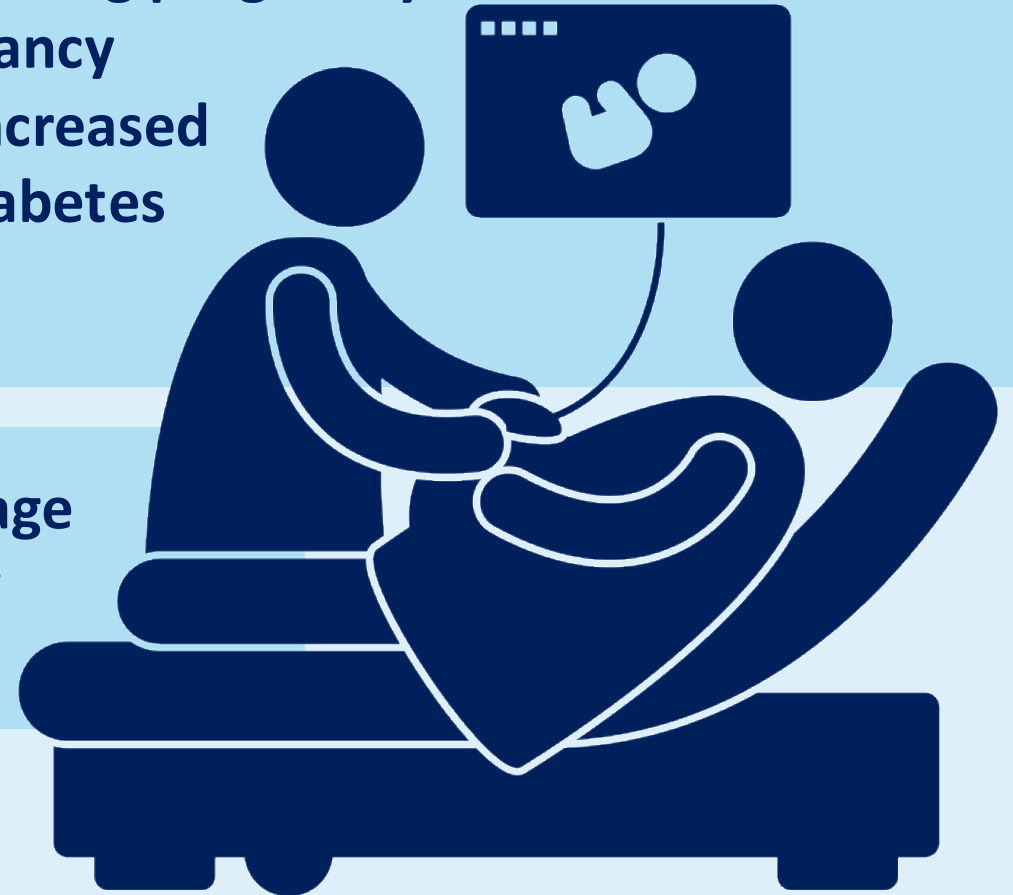
Women are dying in childbirth

A woman **dies every two minutes** from pregnancy-related causes.

Sub-Saharan Africa accounts for **70% of all maternal deaths**.

27% of all maternal deaths are due to **haemorrhage** (14.8% of which are postpartum), approximately 70 000 deaths per year.

Women with conditions such as hypertension and gestational diabetes are at **increased risk of complications during pregnancy and after pregnancy** and remain **at increased risk of type 2 diabetes** in the future.



WHO highlights

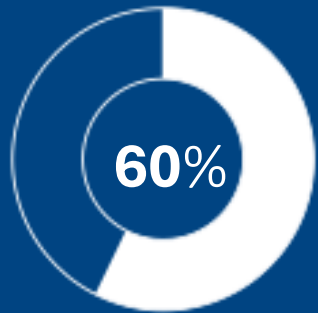
- Comprehensive guideline on intrapartum care for pregnant women and the postnatal care guideline for women and newborns
- Global, regional and country-level maternal mortality estimates
- Implementation guidance to improve maternal and newborn health outcomes
- Research including "Kesho Bora Study", CHAMPION, E-MOTIVE and REACH
- Compendium of respectful and newborn care



Maternal mortality estimates

Improving maternal and newborn care in Kenya, Nigeria, South Africa and the United Republic of Tanzania

E-MOTIVE trial and the PPH bundle



Application of low-cost 'drape' and bundling of **WHO recommended treatments** showed **60% reduction** in **severe bleeding and maternal deaths.**



200 000 women
across **80 hospitals**

in Kenya, Nigeria, South Africa, United Republic of Tanzania



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People need support to have the future they desire

Among the **1.9 billion women of reproductive** age (15–49 years) worldwide in 2021, **1.1 billion have a need for family planning.**

874 million women (15-49) are using modern **contraceptive methods**, and **164 million** have an unmet **need for contraception.**

1 in 6 people are affected by **infertility.**

Disruptions in access to family planning services during the COVID-19 pandemic resulted in approximately **1.4 million unintended pregnancies.**



WHO highlights

- Studies on safety and effectiveness of oral contraceptives
- Large clinical studies on long-acting injectable contraceptives
- Family planning: A global handbook for providers
- Medical eligibility criteria for contraceptive use
- Global study of men and women's male contraceptive knowledge, attitudes, and behaviors using mixed methods
- Infertility prevalence estimates



Infertility estimates

Contraceptive access in Egypt





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Adolescents are at risk

Estimated prevalence of physical or sexual intimate partner violence against ever-partnered girls aged **15-19 years was 24%**.

An estimated **21 million adolescent girls become pregnant each year** in LMICs, half of which are unintended.

Approximately **230 million girls and women alive** today have undergone **female genital mutilation (FGM)**; most of which is carried out on **young girls between infancy and age 15**.

Health complications of FGM is estimated to cost health systems **US\$ 1.4 billion** per year.

Globally **1 in 5** girls have experienced child marriage. Child marriage increases risks for adolescent pregnancy, IPV and deprives girls of education.



WHO highlights

- Global early adolescent study in 15 countries to understand how social norms and development affect adolescent development
- WHO guideline on preventing early pregnancy and poor reproductive outcomes among adolescents in low- and middle-income countries with recommendations to address child marriage.
- Guidelines on management of FGM health complications
- Implementation of WHO resolution to prevent medicalization of FGM and FGM Cost Calculator
- Research on quality of comprehensive sexuality education delivery
- Guidance documents and studies to assess adolescent health and well-being including SRH, monitoring of adolescent health at country, regional and global levels



Research on adolescent SRH

Reducing adolescent pregnancy in Thailand

Adolescent pregnancy declined from **53.4 to 21 per 1 000 in 10 years.**

Overseen by the PM, Thailand:

- Provided school-based sexuality education.
- Involved families and communities.
- Improved health services.
- Supported young pregnant women.
- Improved data collection and knowledge management.



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Preventing unsafe abortion

Abortion is common, and very often unsafe

Each year, 73 million induced abortions occur, **yet 45% are unsafe.**

Six out of 10 unintended pregnancies end in **induced abortion.**

Most **unsafe abortions (97%)** occur in **Africa, Asia and Latin America.**

Treating the complications of unsafe abortion **cost health systems US\$ 553 million** per year, while households experience **US\$ 922 million in income loss** due to disabilities.

Each year an estimated **7 million women** in developing countries are treated in hospital facilities for complications from unsafe abortion.

WHO highlights

- Guidelines on provision of safe abortion care and services, technical and policy guidelines for health systems
- Global estimates of abortion, including definition of safe/unsafe
- Global abortion policy database
- Randomized controlled trials on safety and efficacy of medication abortion regimen with misoprostol and mifepristone



Preventing unsafe abortion in Uruguay



Building strong communities and people-centred health systems

SRHR and Universal Health Coverage

Almost everyone of reproductive age is unable to access at least one essential SRH service over the course of their lives.

The most **disadvantaged populations** are the least able to access necessary health care – including SRHR.

A **package of SRH services** for approximately **US\$ 10.60 per person** annually would provide **multiple health, social and economic benefits**:

- Decrease in unintended pregnancies (68%), unsafe abortions (72%) and maternal deaths (62%);
- an increased ability of women and girls to exercise their rights; and
- Increased participation of girls in schools, and women in the labour market.



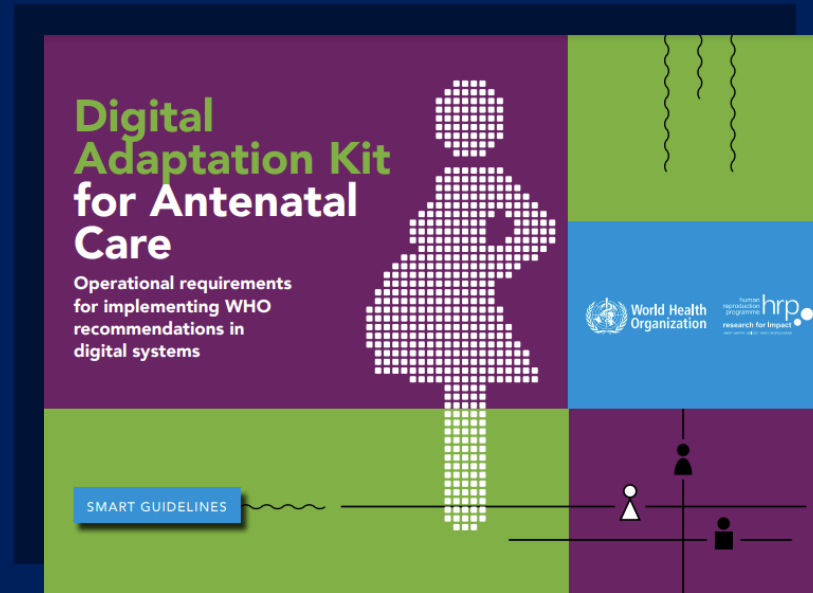
WHO highlights

- Research on family planning voucher systems
- *Critical considerations and actions for achieving universal access to SRHR in the context of UHC through PHC*
- WHO & UNFPA SRHR-UHC Learning by sharing portal
- Digital Adaptation Kits: integration of clinical and public health practices into digital systems



Country examples

Improving access and quality of care through digitalization



Adopting WHO's guidance to increase access in Nigeria



Resulted in **117% increase**
in **trained providers**.

**Built the capacity of low-cadre health
workers, helped overcome social, political,
cultural, geographic and financial barriers.**



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Sexual health and well-being

Millions need access to basic services

Every day, **1 million+** sexually transmitted infections are acquired.



Almost **500 million girls and women** lack access to services and products for **menstrual hygiene management** with comfort and dignity.

Each year there are an estimated **374 million new infections** with **1 of 4 curable STIs**: chlamydia, gonorrhoea, syphilis and trichomoniasis.

Cervical cancer is the **fourth most common cancer** in women globally with around **660 000 new cases** and around 350 000 deaths in 2022.

WHO highlights

- Global STI research priorities
- Global and regional estimates of prevalence and incidence of 4 most common curable STIs
- Research demonstrating that Ebola is sexually transmitted via semen
- WHO working definitions of 'sexual health', 'sex', 'sexuality' and 'sexual rights'
- Guideline on self-care interventions for health
- Initiating work on menopause and endometriosis



Self-care guideline

Improving SRHR in Morocco



Violence against women and girls



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Violence has health and intergenerational impacts

Worldwide, **27%** of women aged **15-49 years** who have been in a relationship have been subjected to physical and/or sexual violence by their intimate partner.

Risks of violence increase in humanitarian emergencies, and are higher among women with disabilities.

Half of women who were murdered were killed by their intimate partner.

A 2013 study showed that women who experienced intimate partner violence were **16% more likely to have a low birth weight baby**, and **41% more likely to have a pre-term birth**.



WHO highlights

- Multi-country study on women's health and domestic violence
- Global, regional and national prevalence estimates of VAW (2013, 2021, forthcoming 2025)
- Clinical and policy guidelines on responding to intimate partner violence and sexual violence against women
- GBV in humanitarian settings initiative (2018-2024) implemented in 29 countries
- Global Plan of Action on VAW – WHA resolutions 67.13, 69.5.
- VAW policies database to track WHA 69.5
- RESPECT Women framework for policy-makers



Violence policy database

Supporting health systems to respond to VAW

Syria: An integrated response

- 50% of PHCs 1st -line support and referrals.
- 7 000+ health workers trained.
- **13,752 GBV survivors received services** and **70 000 people** reached.

Gaza strip: Response amidst conflict

- **Trained 130 providers.**
- Updated VAW response medical **protocols updated.**
- **1 500** emergency contraceptive pills and STI prophylaxis supplied to PHC.



Working in partnership



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Non-State actors

218 non-State actors in official relations with WHO (as of February 2025).

Utility in **contributing to using and disseminating WHO's work** in the field, collaborating on technical expertise for research.

FIGO collaboration in Kenya resulting in **update of MoH guidelines** on EmOc training using EMOTIVE bundle.

11 support implementation of WHO policies, recommendations and application of WHO's technical norms and standards specifically-related to SRH.

Three-year workplans which include **WHO strategic priorities** from GPW 13 and GPW 14 are used to guide partnerships and ensure work is impactful; reported annually.

International Federation of Fertility Societies technical inputs into **upcoming fertility guidelines**.

Collaborating centres

- Established since WHO founding, designated by DG, international collaborative network.
- More than 800 institutions in 90 countries - including universities, research institutes, 12 directly support WHO SRH portfolio.
- Research, dissemination, product development, support implementation, training and education.

Civil society organizations

Implementing Best Practice Network (IBP):
Consortium of CSO partners working in SRHR and family planning

- Started in 2000 by WHO and UNFPA, over 25 000 SRHR professionals, 15 Technical Communities of Practice and 125 member organizations.
- Delivers information exchanges, technical support, shared learnings through webinars and best practices.
- *Essential for understanding experiences of implementers and providers in the field.*

Regional and country office focal points

Respond to requests of govt ministries, and other sectors, provide support to plan, implement and monitor SRHR-related health programmes.

Harness expertise of regional and country offices for adaptation of global guidelines, responsive to national priorities.

Coordinating with UN agencies, local CSOs, policy-makers to connect and translate scientific evidence people can rely on.

UN agencies: UNFPA, UNICEF, UN Women, UNDP, UNAIDS, WB, HRP, OHCHR
Cooperation across mandates for health, protection, development, financing, human rights, humanitarian response, monitoring and learning to meet peoples' needs, where they are.

Global health initiatives: PMNCH
advocacy and implementation using WHO evidence to advance policies and programmes improving SRHR, especially women's, newborn, child, adolescent health.

Thank you



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Questions



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