Human Reproduction Programme (HRP) programme budget, 2016–2017

Department of Reproductive Health and Research including UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP)
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Abbreviations

AHEAD  Adolescent health experience after abortion or delivery study (collaborative research project)
AMR  antimicrobial resistance
ARMADILLO  Adolescent/youth reproductive mobile access and delivery initiative for love and life outcomes (collaborative research project)
FGM  female genital mutilation
FWC  WHO Family, Women’s and Children’s Health cluster (FWC)
GAP  Gender and Rights Advisory Panel
GASP  Gonococcal Antimicrobial Surveillance Programme
GEAS  Global Early Adolescent Study
GLOSS  Global STI Surveillance network
HRP  UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction, also “Human reproduction programme”
ICD  International Classification of Diseases
ICD-PM  International Classification of Diseases: Perinatal Mortality
ICPD  International Conference on Population and Development
IUD  intrauterine device
MDG  Millennium Development Goal
mHealth  mobile health
MMEIG  Maternal Mortality Estimation Inter-agency Group
MPT  multipurpose prevention technology
mTERG  WHO mHealth Technical and Evidence Review Group
NASG  Non-pneumatic anti-shock garment
PCC  HRP Policy and Coordination Committee
PDRH  Programme Development in Reproductive Health
PrEP  Pre-exposure prophylaxis
RHL  WHO Reproductive Health Library
RHR  WHO Department of Reproductive Health and Research
RP2  HRP Research Project Review Panel
RRC  HRP Alliance Regional Research Committee
RTI  reproductive tract infection
SDG  Sustainable Development Goal
STAG  Scientific and Technical Advisory Group
STI  sexually transmitted infection
THRIVE  Technologies for health registries, information, and vital events (collaborative research project)
UNDP  United Nations Development Programme
UNFPA  United Nations Population Fund
UNICEF  United Nations Children’s Fund
UNPD  United Nations Population Division
UPTAKE  Implementation research in family planning (collaborative research project)
USA  United States of America
WHO  World Health Organization
HRP programme budget, 2016–2017

HRP’s mandate in sexual and reproductive health

The overall mandate for the work of the UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction (also referred to as the Human reproduction programme or HRP) in sexual and reproductive health is guided by the global Reproductive health strategy,1 adopted by WHO Member States at the World Health Assembly in 2004.2 The critical role of this strategy in the achievement of the Millennium Development Goals (MDGs) was subsequently reaffirmed by the World Health Assembly in 2005.3

In its report to the United Nations Secretary-General the same year, the Millennium Project concluded that, “sexual and reproductive health is essential for reaching the [Millennium Development] Goals”, and called for “sexual and reproductive health issues to be included in national, regional and international poverty reduction efforts”.4 Expanding access to sexual and reproductive health information and services – including family planning and contraceptive information and services, and closing existing funding gaps for supplies and logistics – was identified by the Millennium Project report as one of 17 “quick wins”; interventions with high-potential short-term impact which can be immediately implemented.4

This was recognized by the global community, and in 2007 the target of “universal access to reproductive health by 2015”, adopted at the 1994 International Conference on Population and Development (ICPD), was included in the MDG framework as target 5B.5 Countries are committed to reporting on progress towards this target, both to the United Nations General Assembly and the World Health Assembly, on an annual basis.

In September 2010, the United Nations Secretary-General launched a Global Strategy for Women’s and Children’s Health,6 calling for a collective effort to ensure universal access to essential health services. The Secretary-General stressed that “… we must do more for the teenage girl facing an unwanted pregnancy; for the married woman who has found she is infected with the HIV virus; and for the mother who faces complications in childbirth…” This impassioned and urgent call once again underscored the importance of WHO’s work in sexual and reproductive health and rights.

In order to transition into the post-2015 era, and to ensure alignment with the new Sustainable Development Goals (SDGs), in 2015 the Global Strategy is being updated for the 2016-2030 period. The renewed Global Strategy for Women’s Children’s and Adolescents’ Health was launched at the UN General Assembly in September 2015 with a draft five-year implementation plan, and will be proposed for formal endorsement at the World Health Assembly in May 2016. HRP played a key role in advising on technical content for the renewed strategy, and was involved in a number of the work streams as well as the consultative process. A BMJ special supplement Towards a new Global Strategy for Women’s, Children’s, and Adolescents’ Health highlighting this work was published in September 2015. In support of the Sustainable Development Goals, universal access to sexual and reproductive health will remain a cornerstone of the new strategy.
The Human Reproduction Programme (HRP)

HRP is the main instrument within the United Nations system for research in human reproduction, bringing together policy-makers, scientists, health-care providers, clinicians and community representatives to identify and address priorities for research to improve sexual and reproductive health. HRP is a cosponsored Special Programme executed by WHO, which is part of the WHO Department of Reproductive Health and Research (RHR), based in the WHO cluster on Family, Women’s and Children’s Health (FWC).

Since 1998, HRP has been embedded within RHR, in order to ensure strong linkages between the evidence-based outputs of HRP and the programme development work of WHO in the field of sexual and reproductive health, which is carried out within RHR. Indicative budget levels for WHO’s work in programme development for reproductive health are shown in Annex 1, beginning on page 38.

The importance of the work of HRP has been highlighted by the United Nations Secretary-General, in the *Global Strategy for Women’s and Children’s Health*, which includes an explicit call to action to the United Nations system to: “Generate and synthesize research-derived evidence, and provide a platform for sharing best practices, evidence on cost-effective interventions and research findings”.

As the only programme in the United Nations system implementing research in sexual and reproductive health, the UN Secretary-General relies upon HRP to make a primary contribution to research, best-practices, evidence-based information and its dissemination.
Gender equality and human rights
Promotion and protection of gender equality and human rights are fundamental to HRP’s work on sexual and reproductive health. HRP has contributed to normative development at the international and regional levels on sexual and reproductive health, gender equality and human rights. The programme remains a significant actor in strengthening the content and meaning of sexual and reproductive health rights. HRP has been assisting human rights bodies to ensure that their interpretations of international human rights standards are evidence-based, and thereby contribute to the improvement of sexual and reproductive health worldwide. In order to foster the respect, protection and fulfilment of human rights related to sexuality and reproductive health, HRP continues to develop tools that can assist stakeholders to integrate gender equality and human rights into sexual and reproductive health law, policy and programme development and implementation. Specifically, HRP has been working on integrating gender equality and human rights into normative guidelines, tools, policy briefs, statements and research agendas across different technical areas of work including contraception, abortion, maternal health, adolescent sexual and reproductive health and others.

Work with parliamentarians
HRP works with parliamentarian forums (IPU, IPCI, EPF and other fora) to support the inclusion of sexual and reproductive health and rights within the global agenda. HRP works in particular with parliamentarians on issues related to child, early and forced marriage, contraception, and female genital mutilation. Through its work with parliamentarians, HRP helps to bridge the gap between research and policy, and this engagement continues to help ensure high-level support for critical sexual and reproductive health and rights issues, central to the work of HRP.

HRP’s results framework
Following the Family Planning Summit in 2012, HRP developed a new results framework, in order to realign the work of HRP with emerging priorities, bearing in mind the comparative advantages of HRP. Under this framework, which was first implemented in 2014, HRP aims to improve sexual and reproductive health, in particular among women and young people. This is to be achieved through fostering and facilitating a sustainable change in national and international policy and public health programmes (including for example, family planning, prevention of unsafe abortion, adolescent sexual and reproductive health, controlling reproductive tract infections (RTIs) and sexually transmitted infections (STIs), addressing violence against women, and improving maternal and perinatal health), based on up-to-date research evidence. These outcomes are achieved through a number of outputs, for each of which, specific products and milestones have been developed. HRP plans, prioritises and produces products and outputs by taking into consideration their potential impact and by weighing-up the progress they can make for the field of sexual and reproductive health and rights. The results chain is presented in Table 1.
Table 1. HRP results framework

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Processes</th>
<th>Outputs</th>
<th>Outcome</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Funds</td>
<td>• Research (biomedical, clinical, epidemiological, implementation)</td>
<td>1. Creation of new knowledge</td>
<td>Sustainable change in national and international policy and public health programmes (for e.g. family planning, prevention of unsafe abortion, adolescent sexual and reproductive health, maternal and perinatal health)</td>
<td>Improved sexual and reproductive health, in particular among women and young people</td>
</tr>
<tr>
<td>• Human resources</td>
<td>• Research synthesis</td>
<td>2. Synthesis of research evidence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• HRP/WHO infrastructure</td>
<td>• Scientific consensus generation</td>
<td>3. Strengthening of research and technical capacity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• HRP global reputation</td>
<td>• Capacity-strengthening grants</td>
<td>4. Development of guidelines, tools and policy statements, based on a robust assessment of the available evidence</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Policy dialogue</td>
<td>5. Strengthening of research/policy dialogue</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Leadership in coordination of research with academic research institutions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Leadership in Sustainable development goals and targets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Advocacy and communications</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

The overarching outcome of HRP’s work is to achieve sustainable change in national and international and policy and public health programmes, in order to ultimately achieve improved sexual and reproductive health. The link between outcome and impact is made on the assumption that if policies and programmes reflect the evidence base and there is enough technical capacity on a national and international basis to implement them, then sexual and reproductive health will improve.

HRP is uniquely positioned to conduct research that has both public health relevance and addresses sensitive issues. Where needed, HRP can conduct research on a very large scale, owing to its network of collaborating centres. These attributes arguably bring HRP closer to achieving the desired public outcomes in high-burden countries as compared to research carried out by universities or academic institutions alone. Furthermore, national governments are much more likely to follow the normative work based on HRP’s technical leadership, because of its longstanding academic track record.

To accomplish its impact, HRP has five main outputs as shown in the table above, and described in more detail below.

1. **Creation of new knowledge**

This will be achieved through HRP’s research, including biomedical, clinical and epidemiological and implementation studies. The creation of new knowledge, including about effective interventions and implementation methods, will directly inform changes in policies in individual countries, and add to the evidence base for predicting improvement in outcomes for specific populations. An external evaluation of HRP’s work on medical abortion during 2003–2007 found that the high-quality research from HRP, coupled with its collaboration with manufacturers, enabled the registration and distribution of products to the public sector in low- and middle-income countries, facilitating the translation from clinical research to changes in policy and thus contributing to the reduction in maternal mortality. New research projects include a multicentre comparative study into the safety and efficacy of two implantable contraceptives, a multicentre trial on prediction of pre-eclampsia, an assessment of the impact of mobile health (mHealth) packages, and operational research on postpartum care.
2. Synthesis of research evidence

This will be achieved through the synthesis of evidence through systematic reviews, global epidemiological estimates and other types of studies. The synthesis of evidence results in a strengthened body of evidence regarding effective interventions and implementation methods, and also highlights priority topics, populations or countries for action. This evidence should then inform policies and programmes and result in the expected improvements in sexual and reproductive health. HRP has published global and regional estimates of unsafe abortions, which reported a rise from 2003 to 2008 and led to the development of United Nations global estimates on maternal mortality. This information helps to inform global policy and funding decisions, and where to target interventions. One study of six countries found a number of strategies that have worked in reducing maternal deaths. A number of key systematic reviews have been produced, which have directly informed guideline development, including for postpartum haemorrhage and labour induction and types of progesterones in combined oral contraception. Future work planned in this area includes a systematic analysis of priorities, gaps and barriers to achievement of universal access to reproductive, maternal and perinatal health; conducting research on strategies for promoting the uptake of family planning in underserved areas by community health workers and peer counsellors; and a range of systematic reviews.

3. Strengthening of research and technical capacity

A significant portion of HRP’s research budget is dedicated to strengthening research and technical capacity in low- and middle-income countries. Increasing research and technical capacity will result in increased quality research in sexual and reproductive health in general, and ensure that more research is carried out in low- and middle-income countries. Increasing technical capacity will result in a greater body of professionals who are able to work with research and evidence products to make the appropriate policy and programmatic interventions to improve sexual and reproductive health outcomes. HRP has created a global network of expertise and centres of excellence in sexual and reproductive health research. In 2013–2014, 48 institutions received research grants to build up research capacity. Research training grants were awarded to a further three institutions in Africa, in the form of courses, workshops and seminars. Capacity-building and priority-setting workshops in implementation research have also been conducted in six countries in Africa. Specific support for reproductive health programmes in countries was achieved through providing technical assistance for the adaptation and/or implementation of guidelines and tools in family planning and STIs. HRP is working to track how these centres are contributing as a national resource for evidence-based policy formulation and programming.

4. Development of guidelines, tools and policy statements, based on a robust assessment of the available evidence

This will be achieved through the production of WHO-endorsed guideline and standards. These documents facilitate the flow of evidence from research to policy and practice, in terms of setting out evidence-based approaches, bringing together multiple sources of information regarding whole areas of care, and using an important WHO endorsement for enhanced credibility. The implementation of these products should then result in associated benefits in terms of improvements in sexual and reproductive health outcomes. Future work in this area includes the
development of guidance materials and tools for use of indicators for measuring sexual health, and producing and pilot testing a tool/manual to measure the effectiveness of interventions for preventing female genital mutilation (FGM).

5. Strengthening of research/policy dialogue

In addition to HRP’s reputation resulting from its research and other work, it also has a strong role in facilitating and strengthening research and policy dialogue. Through this role, HRP will provide leadership and ensure that sexual and reproductive health research is visible and that action is considered at a policy and programme level.

Output indicators

WHO and HRP cosponsors and donors have varying reporting requirements, some of which require establishment of concrete output indicators and targets. In order to efficiently respond to these requests, one harmonized list of output indicators is used, which was initially used in 2013-2014.9 The list of indicators, linked to the result framework above, is shown in Table 2. At the end of the 2013-2014 biennium, the HRP Annual Technical Report 201410 reported that the programme reached or exceeded its targets for the biennium, thus for 2016-2017 more ambitious targets have been set.

Table 2. Output indicators and targets for 2016-2017

<table>
<thead>
<tr>
<th>Output (see Table 1 page 4)</th>
<th>Output Indicator</th>
<th>Target values for 2016–2017 in parentheses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Generation of new knowledge</td>
<td>Implementation research and clinical trials on sexual and reproductive health published</td>
<td>(240) scientific papers published</td>
</tr>
<tr>
<td></td>
<td>Global and regional estimates of reproductive, maternal and perinatal conditions</td>
<td>(4) global/regional estimates published</td>
</tr>
<tr>
<td></td>
<td>Interventions developed, tested and implemented, to address unmet needs in sexual and reproductive health (e.g. adolescent interventions)</td>
<td>(3) new interventions developed, tested and disseminated</td>
</tr>
<tr>
<td>2. Synthesis of research evidence</td>
<td>Systematic reviews of key questions in sexual and reproductive health</td>
<td>(60) systematic reviews published</td>
</tr>
<tr>
<td>3. Strengthening of research and technical capacity</td>
<td>National research capacity strengthened</td>
<td>(50) research centres strengthened through HRP grants</td>
</tr>
<tr>
<td>4. Development of guidelines, tools and policy statements, based on a robust assessment of the available evidence</td>
<td>Technical, clinical and policy guidelines issued on sexual and reproductive health (e.g. family planning, maternal and perinatal health)</td>
<td>(6) new or updated guidelines issued</td>
</tr>
<tr>
<td>5. Strengthening of research/policy dialogue</td>
<td>Policy options analysed and synthesized, derived from technical and clinical guides</td>
<td>(20) policy briefs/guideline derivatives issued</td>
</tr>
<tr>
<td></td>
<td>National capacity to support and develop evidence-based policies strengthened</td>
<td>(8) regional consultations convened for systematic introduction of policy options</td>
</tr>
</tbody>
</table>

Products and milestones

Based on the guidance of the Scientific and Technical Advisory Group (STAG), Gender and Rights Advisory Panel (GAP), HRP Regional Research Committees (RRCs), HRP Alliance Steering Committee and other advisory bodies, the HRP secretariat has developed an operational plan to achieve each of these outputs within each of the new priority areas. The operational plans include concrete products, milestones for achievement, and linkages with the outputs as described above. The operational plans begin on page 11.
HRP programme budget and operational plan, 2016–2017

A results-oriented budget and operational plan for 2016–2017 has been devised, to ensure that HRP continues to contribute to the achievement of the results articulated in this framework, and to deliver the outputs. This budget was endorsed by STAG in February 2015, and formally approved by the HRP Policy and Coordination Committee (PCC) in June 2015. While HRP’s work will continue in all key areas of sexual and reproductive health – including maternal and perinatal health, family planning, prevention of unsafe abortion, controlling STIs, gender and human rights related to sexual and reproductive health, and adolescent sexual and reproductive health – HRP’s work in family planning, maternal and perinatal health, and adolescent sexual and reproductive health will continue to be further prioritized. Underscoring the importance of these priorities, HRP and its programme budget remain oriented along these lines, and each of these priority areas has been highlighted in a separate section of this document, as shown in Figure 1.

Figure 1. HRP programme budget 2016–2017, by budget section

The work of HRP is fully integrated in the WHO programme budget 2016–2017. Specifically, HRP’s outcomes, outputs, and all of its work contributes to the results of WHO’s Category 3, “Promoting health through the life course”, alongside WHO’s work in programme development for reproductive health. Beginning in 2016, in order to provide enhanced transparency, HRP has been budgeted under a distinct output, which includes all of HRP’s research outputs. Nevertheless, HRP’s contribution remains instrumental in the achievement of the outcomes and outputs envisaged under WHO Category 3.

Furthermore, the operational plans for HRP and PDRH are fully integrated in this document, although funding remains separate. The source of funding for each product is indicated in the
product and milestone tables shown in subsequent chapters of this document (see examples beginning on page 13).

The budget levels for HRP work are shown in Table 3, alongside indicative budget levels for WHO’s work in Programme Development in Reproductive Health (PDRH), included for reference. In order to respond to the expanding needs for research in sexual and reproductive health and rights, PCC approved an 8.8% budget increase for HRP for 2016-2017. Detailed figures are shown in Table 10 to Table 12 beginning on page 36.

### Table 3. HRP programme budget and PDRH draft allocated budget (USD thousands)

<table>
<thead>
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<tbody>
<tr>
<td>Products</td>
<td>37,161</td>
<td>59.1%</td>
<td>41,040</td>
<td>60.0%</td>
<td>+10.4%</td>
</tr>
<tr>
<td>Staff positions</td>
<td>25,702</td>
<td>40.9%</td>
<td>27,360</td>
<td>40.0%</td>
<td>+6.5%</td>
</tr>
<tr>
<td><strong>Subtotal HRP</strong></td>
<td>62,863</td>
<td>100.0%</td>
<td>68,400</td>
<td>100.0%</td>
<td>+8.8%</td>
</tr>
<tr>
<td><strong>WHO Programme Development in Reproductive Health HQ (PDRH) (Indicative, for information)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Products</td>
<td>6,681</td>
<td>41.5%</td>
<td>8,605</td>
<td>53.4%</td>
<td>+28.8%</td>
</tr>
<tr>
<td>Staff positions</td>
<td>9,424</td>
<td>58.5%</td>
<td>7,500</td>
<td>46.6%</td>
<td>-20.4%</td>
</tr>
<tr>
<td><strong>Subtotal PDRH</strong></td>
<td>16,105</td>
<td>100.0%</td>
<td>16,105</td>
<td>100.0%</td>
<td>+0.0%</td>
</tr>
<tr>
<td><strong>Grand total Department of Reproductive Health and Research (RHR) (Indicative, for information)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Products</td>
<td>43,842</td>
<td>55.5%</td>
<td>49,645</td>
<td>58.7%</td>
<td>+13.2%</td>
</tr>
<tr>
<td>Staff positions</td>
<td>35,126</td>
<td>44.5%</td>
<td>34,860</td>
<td>41.3%</td>
<td>-0.8%</td>
</tr>
<tr>
<td><strong>Grand total RHR</strong></td>
<td>78,968</td>
<td>100.0%</td>
<td>84,505</td>
<td>100.0%</td>
<td>+7.0%</td>
</tr>
</tbody>
</table>

### Monitoring and accountability

The success of WHO’s work in sexual and reproductive health depends on its scientific and ethical rigor, its gender sensitivity and its ability to address priorities in sexual and reproductive health in countries, particularly low- and middle-income countries. This implies continual monitoring of the programme outcomes and output indicators. Monitoring is carried out by a number of complementary advisory and governing bodies.

- The Scientific and Technical Advisory Group (STAG) meets annually to review progress, to recommend priorities and to advise on the allocation of resources.
- The Gender and Rights advisory Panel (GAP) reviews the work from that perspective.
- The work of the HRP Alliance is monitored and evaluated at annual meetings of the HRP Alliance Steering Committee and at the HRP Alliance Regional Research Committees. At these meetings, progress is reviewed and evaluated, and plans for the coming year are developed.
• The Research Project Review Panel (RP2) provides an independent scientific and ethical review and approval for every research proposal funded by HRP.

• HRP is evaluated further at the annual meetings of PCC and meetings of the Standing Committee and through periodic external independent evaluations (see below).

Each of the above bodies is in a position to assess, from differing points of view, the achievement of the programme outputs, outcomes and expected results.

External evaluation of the Human Reproduction Programme

HRP is also evaluated in periodic independent external evaluations commissioned by PCC, most recently in 2013. This evaluation, covering the period 2008–2013, was requested by the World Bank at the 71st meeting of the standing committee in June 2011. At this meeting, the cosponsors agreed on draft terms of reference, elaborating an approach that would review the comparative advantage of HRP and its impact in improving outcomes and influencing evidence-based changes in sexual and reproductive health policies and programmes, as well as carrying out a number of case-studies. The results, which were presented at PCC in June 2013, concluded that:

The HRP team in Geneva, though relatively small, is highly impressive in its capacity to identify and coordinate a large network of investigators, collaborators and experts, from academic and research institutions all over the world, capable of addressing and developing long-term solutions to global SRH challenges.

In the period 2008–2012, the Programme continued to produce many important global public goods in the area of SRH. This was largely due to three factors: the dedication and excellence of its staff; the leadership
and determination of its directors in making the necessary decisions to ensure that HRP continued to move forward; and its fundamentally sound governance and technical oversight systems.

By helping to lead and guide global developments in SRH, and then adapting to the changing environment, HRP continues to demonstrate that its business model is robust, and that its work remains highly relevant to the needs of programme countries.11

Sao Paulo, Brazil—HPV vaccination. Brazil plans to vaccinate 5.2 million adolescent girls ages 11 to 13, or more than 20% of all girls in this age group in the Americas. In 2015, Brazil plans to expand the target group to girls 9 to 11, and starting in 2016 to 9-year-old girls. (Photo by PAHO/WHO)
Human reproduction

The work of HRP’s human reproduction team relates to family planning/contraception, infertility, sexually transmitted infections (STIs), reproductive tract cancers and linkages between sexual and reproductive health and HIV. These areas of sexual and reproductive health underlie some of the most critical global health challenges that need to be effectively addressed to improve health for all and foster socioeconomic development worldwide.

Examples of critical research planned include multicentre efficacy and safety trials on contraception; a planned study evaluating HIV risk from using hormonal contraceptives; a multicountry trial to promote access to a wide range of contraceptive options; and evaluation of multipurpose prevention technologies for women.

In the area of norms, standards and guidelines, HRP uses the evidence base to update the guidelines on contraceptive use\textsuperscript{13,14} STIs, infertility, and sexual and reproductive health for persons living with HIV, and to develop guidelines on use of microbicides and on sexuality counselling by healthcare providers. Work in monitoring and evaluation includes analysis of trends of STIs and the prevalence of infertility in regions and countries, and the unmet need for family planning/contraception among the underserved. All of the work will be supported through active dissemination, communication,
partnership, information and advocacy, to ensure utilization of research and scale-up of policy recommendations, guidelines and tools in the various areas of work.

The activities listed in Table 4 reflect an extensive effort of prioritization conducted by the team, in collaboration with internal and external partners, aiming at answering important research questions and addressing pressing implementation challenges. Building on the convening power, as well as the scientific and technical excellence of HRP, we have been able to set up large international collaborative networks and generate innovative approaches to deal with the major unmet needs in sexual and reproductive health in today’s world.

**Challenges in human reproduction**

- An estimated 225 million women in developing countries would like to delay or limit childbearing but, because of lack of access and knowledge, are not using any method of contraception; improving access to contraception could reduce maternal mortality by 30% worldwide.
- About 500 million new infections of the curable STIs (syphilis, gonorrhoea, chlamydia and trichomoniasis) occur yearly and drug resistance, especially for gonorrhoea, is a major and dangerous threat to STI control globally.
- One in every four couples in developing countries and over 120 million women have been estimated to be affected by infertility. Levels and trends from 190 countries have shown that these values have not significantly improved from 1990 to 2010.
- Breast and cervical cancers are increasingly recognized as major causes of mortality for women both in developed and developing countries, and globally many women are also dying from breast and cervical cancer, aside from maternal mortality.
Table 4. Human reproduction: products and milestones

<table>
<thead>
<tr>
<th>ID</th>
<th>Products</th>
<th>Milestones for 2017</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Research and development</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Clinical trial on breastfeeding and use of combined oral contraceptives</td>
<td>Experts meeting to discuss research protocol&lt;br&gt;Identification of research partners and collaborators&lt;br&gt;Initiation of study</td>
<td>HRP</td>
</tr>
<tr>
<td>A2</td>
<td>ECHO trial - A randomized controlled trial comparing efficacy, safety, adverse effects, and acceptance of the intrauterine device and progesterone contraception (DMPA and LNG Implant)</td>
<td>Site-support for implementing the study in East London, South Africa&lt;br&gt;Annual meetings&lt;br&gt;protocol submission</td>
<td>HRP</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td><strong>Family Planning: Operations Research</strong></td>
<td></td>
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</tr>
<tr>
<td>A3</td>
<td>Research on pericoital or on-demand contraception (clinical trials of different formulations and implementation research for efficacious formulations)</td>
<td>Systematic review;&lt;br&gt;Development of research protocol&lt;br&gt;Experts meeting to discuss research protocol&lt;br&gt;Identification of research partners and collaborators</td>
<td>HRP</td>
</tr>
<tr>
<td>A4</td>
<td>Operations research on post-partum family planning</td>
<td>Completion of research project by the end of 2016&lt;br&gt;Final report and papers by end of 2017&lt;br&gt;Additional protocols for subsequent research developed by end of 2017</td>
<td>PDRH</td>
</tr>
<tr>
<td>A5</td>
<td>Research on how demand-side financial incentive model functions in different settings in improving contraceptive outcomes</td>
<td>Development of multi-centre research protocol;&lt;br&gt;Experts meeting to discuss research protocol&lt;br&gt;Identification of research partners and collaborators</td>
<td>HRP</td>
</tr>
<tr>
<td>A6</td>
<td>Implementation research in family planning (UPTAKE project)</td>
<td>Site-support for implementation of the intervention in 3 African countries (Zambia, Kenya and South Africa)&lt;br&gt;review committee meetings&lt;br&gt;One western African Country included in study</td>
<td>HRP</td>
</tr>
<tr>
<td>A7</td>
<td>Family planning friendly health centre initiative: improving service quality, access and reducing inequities</td>
<td>First consultative meeting of partners to develop the concept note and subsequent study design for implementation research</td>
<td>HRP</td>
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<tr>
<td></td>
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<tr>
<td></td>
<td><strong>STI Basic Sciences</strong></td>
<td></td>
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</tr>
<tr>
<td>A8</td>
<td>Research to accelerate development of STI diagnostics</td>
<td>Implementation of the protocol for validation of promising STI point of care testing&lt;br&gt;Modelling of the impact of the STI point of care testing on STI burden&lt;br&gt;Development of research protocol for new point-of-care tests</td>
<td>HRP</td>
</tr>
<tr>
<td>A9</td>
<td>Research to improve diagnostic testing for <em>N. gonorrhoea</em> resistance</td>
<td>Protocol development and study implementation for genetic markers of cephalosporin resistance</td>
<td>HRP</td>
</tr>
<tr>
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<tr>
<td></td>
<td><strong>STI Clinical Trials</strong></td>
<td></td>
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<tr>
<td>A10</td>
<td>Risk of STI with the use of non-barrier contraception</td>
<td>Systematic review&lt;br&gt;Development of research protocol&lt;br&gt;Expert meeting to discuss research protocol</td>
<td>HRP</td>
</tr>
<tr>
<td>A11</td>
<td>To reduce barriers to elimination of mother to child transmission of syphilis</td>
<td>Study initiation and coordination</td>
<td>HRP</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td><strong>STI Epidemiology</strong></td>
<td></td>
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</tr>
<tr>
<td>A12</td>
<td>Meta-analysis of STI data of existing clinical trial networks</td>
<td>Collection and synthesis of STI data from HPV vaccine trials, male circumcision trials and other relevant studies</td>
<td>HRP</td>
</tr>
<tr>
<td>A13</td>
<td>Research to improve methods for STIs estimates</td>
<td>Design of model to incorporate data from varied data sources into global estimates of STI and STI sequelae</td>
<td>HRP</td>
</tr>
<tr>
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<tr>
<td></td>
<td><strong>STI Operations Research</strong></td>
<td></td>
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<tr>
<td>A14</td>
<td>Research on STI vaccines efficacy and development</td>
<td>Modelling the impact of Ct, HSV and Ng vaccine&lt;br&gt;Identification of vaccine clinical trial end points</td>
<td>HRP</td>
</tr>
<tr>
<td>ID</td>
<td>Products</td>
<td>Milestones for 2017</td>
<td></td>
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<td>--------------------------------------------------------------------------</td>
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<tr>
<td>A15</td>
<td>Research on cervical cancer and human papilloma virus vaccines</td>
<td>▪ Validation of new HPV tests&lt;br&gt;▪ Comparison of various screening strategies for cervical cancer prevention&lt;br&gt;▪ Implementation research of HPV testing for cervical cancer screening&lt;br&gt;▪ Study of adolescent health interventions to improve HPV vaccine uptake</td>
<td></td>
</tr>
<tr>
<td>A16</td>
<td>Research to validate STI case management algorithms</td>
<td>▪ Prospective study protocol developed; implementation of the study&lt;br&gt;▪ Publication</td>
<td></td>
</tr>
<tr>
<td>A17</td>
<td>Research on new evidence-based behaviour-change interventions to advance STI prevention (multi-site study to validate group-specific behaviour-change interventions)</td>
<td>▪ Protocols implemented in four countries (Eastern European region, AFRO, SEARO, WPRO)&lt;br&gt;▪ Sites support, training, site visits&lt;br&gt;▪ Advisory Group meetings held&lt;br&gt;▪ Publication</td>
<td></td>
</tr>
</tbody>
</table>

### HIV STI Linkages

A18 | Microbicide research, development, and introduction                     | ▪ Development of an evidence based business case(s) and investment strategy for new microbicide and pre-exposure prophylaxis products<br>▪ Implementation research, policy formulation, and planning for microbicide introduction |

### Infertility

A19 | Preclinical feasibility research on simple and inexpensive injectable-type multi-purpose prevention technology products | ▪ Completion of study<br>▪ Peer reviewed publication |

### Norms, standards and guidelines

#### Family Planning

A21 | Revised Family Planning Training Resource Package | ▪ Identification of modules to be revised<br>▪ Submission of revised modules |

A22 | Revision of contraceptive tools and resource materials | ▪ Updating, translation, and production of family planning tools: Decision Making Tool for Contraceptive Use, Medical Eligibility Criteria Wheel, Community Tool, and Reproductive Choices Tool |

A23 | Strengthening the policy level and health system response to reduce unmet need for contraception | ▪ Technically accurate guidance for national family planning standards<br>▪ A systematic approach to comprehensively monitoring and responding to human rights principles and standards is adopted and routinely utilized by countries<br>▪ Introduction and reporting of uptake of WHO recommended family planning interventions and associated practices by countries |

A24 | Temperature-monitoring vaginal ring for measuring adherence | ▪ Protocol developed<br>▪ Research project underway |

#### STI

A25 | Guidelines on Sexual and Reproductive Health and Human Rights of Women Living with HIV | ▪ Guidelines finalized and disseminated |

A26 | Development and implementation of the STI strategy | ▪ Strategy approved and implementation plan ready<br>▪ At least 2 regional meeting for dissemination done |

A27 | Comprehensive STI guidelines (STI treatment, prevention, syndromic case management, STI diagnosis and screening, use of HPV vaccines for genital warts) | ▪ Comprehensive STI guidelines finalized and disseminated |

#### STI / HIV Linkages

A28 | Guidance on pre-exposure prophylaxis (PrEP) for women and girls and microbicides and other multipurpose prevention technologies | ▪ Guidance on PrEP for women and girls finalized<br>▪ Guidance for MPTs developed |

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**HRP** indicates Health Research Programme.

**PDRH** indicates Programme on Reproductive Health.
<table>
<thead>
<tr>
<th>ID</th>
<th>Products</th>
<th>Milestones for 2017</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>All prioritized guidelines products finalized and disseminated</td>
<td>PDRH</td>
</tr>
<tr>
<td>Infertility</td>
<td>Prioritized Guidelines on infertility and fertility care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A29</td>
<td></td>
<td>Establishment of Global STI Surveillance (GLOSS) sites in sentinel countries; Annual global STI reporting</td>
<td>PDRH</td>
</tr>
<tr>
<td>Monitoring and evaluation</td>
<td>Global Surveillance of STIs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A30</td>
<td></td>
<td>Establishment of global surveillance trends in infertility practices</td>
<td>HRP</td>
</tr>
<tr>
<td>A31</td>
<td>Validation of elimination of mother to child transmission of syphilis &amp; HIV</td>
<td>Global validation committee meeting held; Regional validation committees held for at least 4 regions; Exercises to validate elimination of mother to child transmission of syphilis/HIV conducted in at least 5 countries</td>
<td></td>
</tr>
<tr>
<td>A32</td>
<td>Global surveillance of infertility intervention practices</td>
<td>Establishment of global surveillance trends in infertility policies, practices and services</td>
<td></td>
</tr>
<tr>
<td>A33</td>
<td>Estimates of antimicrobial resistance (AMR) in N. gonorrhoea</td>
<td>Enhance the Gonococcal Antimicrobial Surveillance Programme (GASP) in sentinel countries</td>
<td>PDRH</td>
</tr>
<tr>
<td>Partnerships, dissemination, communication, information and advocacy</td>
<td>International partnerships, collaborating agencies and initiatives</td>
<td>Dissemination of evidence based guidelines and programme outputs in conferences; Development of partnerships, such as FP2020, relating to human reproduction</td>
<td>PDRH</td>
</tr>
<tr>
<td>A34</td>
<td></td>
<td>Regular communication with network and scale up</td>
<td>PDRH</td>
</tr>
<tr>
<td>A35</td>
<td>Partnership with investment case countries to scale up syphilis testing and treatment in antenatal care</td>
<td>Initiative for Multipurpose Prevention Technologies; Interagency working group on SRH/HIV linkages; Project Advisory Committees on Microbicides</td>
<td>PDRH</td>
</tr>
<tr>
<td>A36</td>
<td>Partnership on SRH/HIV Linkages</td>
<td>Enhance documentation, sharing and scaling up of effective practices in WHO regions with emphasis on Africa; Participation in Ouagadougou Partnership activities and yearly meetings</td>
<td>PDRH</td>
</tr>
<tr>
<td>A37</td>
<td>Implementing Best Practices</td>
<td>Scoping the projects; Implementation; Evaluation of results; Publication</td>
<td></td>
</tr>
<tr>
<td>A38</td>
<td>Raised awareness on STI among key stakeholders and decision makers in selected countries, using innovative approaches</td>
<td></td>
<td>PDRH</td>
</tr>
<tr>
<td>A39, A40</td>
<td>Stationery, supplies, postage, general operating expenses, communications</td>
<td>Stationery, office supplies, postage, etc. provided; Telecommunications ensured</td>
<td>HRP, PDRH</td>
</tr>
<tr>
<td>A41</td>
<td>Innovation, external collaboration, advice provided to Member States</td>
<td>Emerging and innovative initiatives in the area of work supported; Information provided to Member States, UN agencies, nongovernmental and other organizations on issues relating to the area of work</td>
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</table>
Cambodia—health workers (Photo by Lieve Blancquaert)
Maternal and perinatal health and preventing unsafe abortion

Improving maternal and perinatal health and preventing unsafe abortion are key to the achievement of the MDGs and critical for the aims of the United Nations Secretary-General’s renewed Global Strategy for Women’s Children’s and Adolescents’ Health. Furthermore, these two areas will continue to be critical in the forthcoming ‘Sustainable Development Goals’ era post-2015. In support of these goals, HRP proposes to implement the products shown in Table 5 below.

Maternal and perinatal health

HRP’s research on maternal and perinatal health will continue to contribute to knowledge synthesis, knowledge generation and implementation research in areas such as antenatal care, intrapartum care, caesarean section, pre-eclampsia and eclampsia, and postpartum haemorrhage.

In the context of the new WHO vision on quality of care for pregnant women and newborns\textsuperscript{15}, a number of planned activities relate to improving the quality of intrapartum care in order to reduce intrapartum fetal and early newborn deaths, and to improve women’s experiences of care during childbirth. This includes identification and development of quality of care indicators and development of intrapartum care guidelines.

The Better Outcomes for Labour Difficulties (BOLD) project commenced in 2014 will continue, finalizing the development of the simplified, effective labour monitoring-to-action (SELMA) tool and the Passport to Safer Birth (PSB). A study protocol for the evaluation of these tools in a randomized controlled trial will also be developed. A multi-country implementation research of companion of
choice during childbirth, and a Phase II trial of a novel suction device for management of postpartum haemorrhage will also be initiated.

Ongoing intrapartum care research projects will continue, including a multicentre trial of gentle assisted pushing during the second stage of labour, a multi-country trial of heat stable carbetocin versus oxytocin to prevent postpartum haemorrhage, trial of the novel Odon device for assisted vaginal delivery, and development and validation of measurement tools for the mistreatment of women during facility-based childbirth. The HRP-led multicountry study on the development of international fetal growth standards will be completed and findings disseminated.

Following the publication of the WHO statement on caesarean section in April 2015,16 we will commence a multi-country research project on interventions to reduce unnecessary caesarean section, as well as developing WHO recommendations on caesarean section.

In advancing knowledge on antenatal care, we will conclude the implementation trial of an integrated antenatal care package in Mozambique, and the multicentre trial of pre-conception calcium supplementation to reduce preeclampsia. Antenatal care guidelines to include recommendations on nutrition, tests, interventions, and models of antenatal care will be developed.

HRP will conduct other normative and knowledge synthesis activities, including updating the WHO recommendations on prevention and treatment of postpartum haemorrhage, development of a simplified maternal near miss approach, and development of a classification system for obstetric fistula. HRP will also lead the development of minimum reporting standards for reproductive health programmes, and the development of WHO estimates of levels and trends of preterm birth.

HRP will coordinate a global initiative to scale-up companion of choice during intrapartum care with appropriate monitoring activities.

Challenges in maternal and perinatal health and preventing unsafe abortion

- Globally, an estimated 289,000 maternal deaths occurred in 2013, a 45% decline compared to 1990 levels
- 99% of all maternal deaths occur in developing countries
- Maternal mortality is higher in women living in rural areas and among poorer communities.
- Each year, 22 million unsafe abortions take place, nearly all of them (98%) in developing countries
- While the rate of induced abortion has declined in recent years (in part owing to increased contraceptive coverage), the rate of unsafe abortion has remained unchanged and the proportion of all abortions that are unsafe has increased from 44% in 1995 to 49% in 2008.
Preventing unsafe abortion

HRP holds a unique mandate within the United Nations system to address issues of expanding access to safe abortion. Its global technical leadership and convening power on this issue are widely acknowledged. The 2016-2017 programme of work on preventing unsafe abortion is aimed at ensuring the continuity of this mandate and maintaining a holistic approach to the issue.

The 2016-17 biennium will see the development of a technical evidence based updates in its flagship product, Safe abortion: technical and policy guidance for health systems, and will work to disseminate, adapt and implement a new guideline on task shifting in abortion care that was launched in 2015. Research priorities will also focus on implementation research into innovative approaches to task shifting and the roles of community based workers and self-assessment approaches for women.

The biennium will also see the completion of a project to map global abortion policies related to access, service provision and abortion legislation in relation to Safe abortion: technical and policy guidance for health systems. The work being undertaken in collaboration with the United Nations Population Division will analyze laws and policies of all the countries in the world and result in an interactive online database that will be periodically updated.

There will also be a focus on studying abortion morbidity, a global multicountry study on abortion related complications will be completed, and in addition, protocols for innovative approaches and tools to better measure abortion related care seeking patterns will be developed. This builds on the work of the current biennium to develop newer methodologies to estimate unsafe abortion globally and improve measurement of the burden of unsafe abortion.

Protocols for clinical research to fill existing gaps in current knowledge on incomplete abortion beyond the first trimester will also be developed and implemented.
### Table 5. Maternal and perinatal health: products and milestones

<table>
<thead>
<tr>
<th>ID</th>
<th>Products</th>
<th>Milestones for 2017</th>
</tr>
</thead>
</table>
| B1   | Quality of care research: Development of the evidence base for indicators through Delphi surveys and consensus building | ▪ Framework consensus achieved through consultations  
▪ Standards and indicators developed and validated                                                                 |
| B2a  | Quality of care research: Development and validation study of a tool to measure the mistreatment of women around childbirth in 4 countries | ▪ Phase I for developing prevalence tool developed  
▪ Phase II tool validation completed in 4 countries                                                                 |
| B2b  |                                                                                                   |                                                                                                           |
| B3   | Quality of care research: Implementation research conducted to scale up companion of choice during childbirth | ▪ Formative phase completed  
▪ Intervention started in 4 countries                                                                 |
| B4   | Quality of care research: Better Outcomes in Labour Difficulty to develop new labour algorithm and barriers to quality childbirth care identified | ▪ Labour monitoring and action tool developed  
▪ Passport to Safe Birth developed  
▪ Protocol for randomized controlled trial developed, trial subject to funding |
| B5   | Quality of care research: Research for improving management of second stage of labour: Gentle Assisted Pushing trial | ▪ Randomized controlled trial completed, findings analysed and published |
| B6   | Quality of care research: Evaluation of an implementation strategy for an integrated quality antenatal care package in in Mozambique | ▪ Randomized controlled trial completed, findings analysed and published |
| B7   | Caesarean section: Strategies to reduce unnecessary caesarean sections                             | ▪ Randomized controlled trial protocol developed, consultations held  
▪ randomized controlled trial implemented in 2 countries                                                                 |
| B8   | Multicentre trial of pre-conception calcium supplementation to reduce preeclampsia and other adverse pregnancy outcomes | ▪ Recruitment completed, analysis done, manuscript submitted for publication  
▪ Secondary analyses and systematic review planned                                                                 |
| B9   | Development and evaluation of innovative approaches to increase the utilization of magnesium sulfate for pre-eclampsia and eclampsia | ▪ Systematic reviews published  
▪ Consultation to agree on regimen held  
▪ randomized controlled trial subject to specified funding                                                                 |
| B10  | Carbetocin oxytocin comparison trial for postpartum haemorrhage prevention                          | ▪ Randomized controlled trial completed, findings analysed and published |
| B11  | Phase II trial of a novel suction device for management of postpartum haemorrhage                   | ▪ Trial protocol developed, countries identified  
▪ Implementation research for non-pneumatic anti-shock garment subject to specified funding |
| B12  | Multicentre fetal growth study for development of fetal growth standards for international application | ▪ Study completed, primary analysis published  
▪ Secondary analyses and tailored chart developed and completed                                                                 |
| B13  | Phase I and II trials of Odon Device evaluation for safety, feasibility and efficacy conducted       | ▪ Phase I completed results published  
▪ Phase II recruitment started                                                                 |
| B14  | Research conducted to develop and validate simplified criteria for maternal near miss               | ▪ New criteria validated in two countries                                                                 |
| B15  | Mapping of preterm birth research priorities through systematic reviews and secondary analyses of existing data sets | ▪ Research questions identified, systematic reviews conducted  
▪ Protocol for new research project drafted                                                                 |
| B16  | Indirect causes of maternal mortality research                                                      | ▪ Weight management individual participant data meta-analysis completed  
▪ Other indirect causes systematically reviewed                                                                 |
<p>| B17  | Obstetric fistula classification developed through secondary analyses of the completed randomized trial | ▪ Classification developed, consultation held                                                                 |
| B18  | Emerging issues in maternal and perinatal health research                                           | ▪ Systematic reviews, technical consultations for research                                                                 |</p>
<table>
<thead>
<tr>
<th>ID</th>
<th>Products</th>
<th>Milestones for 2017</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>B19</td>
<td>Collaboration with the Implementation Research Platform on research methodology and new initiatives</td>
<td>Priority activities jointly developed</td>
<td>HRP</td>
</tr>
<tr>
<td>B20</td>
<td>Norms, standards and guidelines</td>
<td>Recommendations on nutrition, tests and intervention during antenatal care completed</td>
<td>HRP, PDRH</td>
</tr>
<tr>
<td>B21</td>
<td>Antenatal care guidelines</td>
<td>Panel for antenatal care model of care convened, recommendations issued</td>
<td>HRP, PDRH</td>
</tr>
<tr>
<td>B22</td>
<td>Intrapartum care guideline</td>
<td>Intrapartum care recommendations (including labour monitoring and action recommendations) published</td>
<td>HRP, PDRH</td>
</tr>
<tr>
<td>B23</td>
<td>Caesarean section guideline</td>
<td>WHO recommendations for the reduction of unnecessary caesarean section completed</td>
<td>HRP, PDRH</td>
</tr>
<tr>
<td>B24</td>
<td>Quality of care: WHO framework interventions to improve quality of care identified</td>
<td>Systematic reviews conducted of interventions to improve quality of care</td>
<td>HRP</td>
</tr>
<tr>
<td>B25</td>
<td>Programme reporting standards developed</td>
<td>Systematic review published, WHO document published</td>
<td>HRP</td>
</tr>
<tr>
<td>B26</td>
<td>Postpartum haemorrhage guideline update</td>
<td>Updated postpartum haemorrhage guideline based on completion of current research</td>
<td>HRP</td>
</tr>
<tr>
<td>B27</td>
<td>Guideline derivatives of published guidelines developed</td>
<td>Guideline derivatives developed, web-based and print tools developed and disseminated</td>
<td>PDRH</td>
</tr>
<tr>
<td>B28</td>
<td>WHO Quality of care framework</td>
<td>Quality of care tool kit(suite published</td>
<td>HRP</td>
</tr>
<tr>
<td>B29</td>
<td>Maternal near miss, maternal death surveillance and response</td>
<td>WHO quality of care suite developed, maternal death surveillance and response</td>
<td>HRP</td>
</tr>
<tr>
<td>B30</td>
<td>Perinatal death classification standards developed and published</td>
<td>International Classification of Diseases: Perinatal Mortality (ICD-PM) published</td>
<td>HRP</td>
</tr>
<tr>
<td>B31</td>
<td>Global maternal and perinatal mortality estimates</td>
<td>Systematic reviews of maternal and perinatal mortality estimates developed and published</td>
<td>PDRH</td>
</tr>
<tr>
<td>B32</td>
<td>Global strategy on women, adolescents and children</td>
<td>Global strategy supported, related documents published</td>
<td>PDRH</td>
</tr>
<tr>
<td>B33</td>
<td>Global knowledge translation network activities continued</td>
<td>UN Commission on Life Saving Commodities activities implemented</td>
<td>HRP</td>
</tr>
<tr>
<td>B34</td>
<td>Resource centres for implementation research established</td>
<td>Two resource centres established, meetings held to agree on work plans and activities</td>
<td>HRP</td>
</tr>
<tr>
<td>B35</td>
<td>Research supported through Family Planning Fellowship programme</td>
<td>Technical support to sites under Fellowship</td>
<td>PDRH</td>
</tr>
<tr>
<td>B36</td>
<td>Stationery, supplies, postage, general operating expenses, communications</td>
<td>Stationery, office supplies, postage, general operating support provided</td>
<td>HRP, PDRH</td>
</tr>
<tr>
<td>B37</td>
<td>Innovation, external collaboration, advice provided to Member States</td>
<td>Emerging and innovative research initiatives in the area of work supported</td>
<td>HRP</td>
</tr>
<tr>
<td>B38</td>
<td></td>
<td>Information provided to Member States, UN agencies, nongovernmental and other organizations on issues relating to the area of work</td>
<td>HRP</td>
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</tbody>
</table>
Table 6. Preventing unsafe abortion: products and milestones

<table>
<thead>
<tr>
<th>ID</th>
<th>Products</th>
<th>Milestones for 2017</th>
<th>Funding</th>
</tr>
</thead>
</table>
| B39 | Clinical research to determine optimal management of second trimester miscarriage and pregnancy termination | • RCT protocol developed, advisory committee meetings held  
• RCT implemented in 4 countries  | HRP      |
| B40 | Identify and prioritize key research in second trimester medical/surgical abortion and develop a clinical protocol for research | • Priority research question identified, protocol drafted  | HRP      |
| B41 | Develop and evaluate innovative approaches to decentralizing access to safe abortion via task shifting (e.g. role of community based workers in diagnosing eligibility, pharmacy workers in providing accurate information) | • Feasibility of community follow-up assessed through technical consultation  
• Protocol developed  | HRP      |
| B42 | Assess the burden, severity, safety and pathways to care seeking for women presenting with abortion complications at secondary and tertiary care facilities (WHOMCS-A) | • Multi-country survey protocol approved and study implemented in 10 priority countries  | HRP      |
| B43 | Development of mixed methods approaches and tools to determine population-based incidence and safety of abortion | • Collaboration meeting with partners held  
• Protocol developed subject to availability of appropriate sites  | HRP      |
| B44 | Determine research priorities and strategies for expanding access to safe abortion via innovative approaches such as telemedicine, mHealth, links with emergency contraception | • TC held to determine priorities and strategies and a framework for research  | HRP      |
| B45 | Development of Technical Updates on selected clinical and service delivery related areas of the WHO Safe Abortion Guidelines (e.g. management of complications, medical abortion) | • Technical updates on selected practices issued  | HRP      |
| B46 | Expanding the evidence base on abortion safety through secondary data analysis and systematic reviews, including on abortion incidence and associated morbidity and mortality | • 7th edition of the WHO unsafe abortion report published  
• Secondary systematic reviews and analyses published  | HRP      |
| B47 | In-depth review of global abortion policies (expansion of the Global Abortion Policies project initiated in 2015) | • Updated volumes on global abortion policies (in partnership with UNPD) completed  
• Case studies on 5 countries on policy implementation  | HRP      |
| B48 | Assess barriers and support the implementation of selected recommendations from the Safe Abortion Guidelines in selected countries | • IR projects with formative and intervention phase subject to availability of specific funding  | HRP      |
| B49 | Dissemination and adaptation of technical guidance (with a special focus on the task shifting guidelines) and related HRP products on abortion | • Abortion guidelines presented at scientific meetings  
• FIGO technical committee supported  | HRP      |
| B50 | Integration of human rights in abortion and exploring legal and human rights considerations in access to safe abortion. | • Review evidence on the impact of inequities on access to safe abortion;  
• Brief treaty monitoring bodies on WHO Guidelines  | HRP      |
| B51 | Stationery, supplies, postage, general operating expenses, communications | • Stationery, office supplies, postage, etc. provided;  
• Telecommunications ensured  | HRP      |
| B52 |                                                                        |                                      | PDRH     |
Adolescents and at-risk populations

In addressing the needs of adolescents and at-risk populations, HRP will focus on thematic areas related to vulnerability to sexual and reproductive health problems, in order to promote equitable access to sexual and reproductive health services and sexual and reproductive health rights for all. These activities are in line with goals and targets proposed for the post-2015 agenda, including the health goal in the next Sustainable Development Goal framework, which seeks to “ensure healthy lives and promote well-being for all at all ages”. In addition to ensuring access and service delivery, the team will work to meet the needs and fulfill the rights of adolescent and marginalized populations at risk for adverse outcomes by addressing the social and contextual factors of gender, human rights, harmful practices, and humanitarian settings.

The research will build on and increase the evidence base in the following streams:

- adolescent sexual and reproductive health interventions;
- rights-based interventions to improve SRH education and services for a diverse adolescent population;
- changing social and cultural (e.g. gender) norms;
- health system response to violence against women;
- mHealth to strengthen systems, providers, and client access to information and services;
- sexual and reproductive health in humanitarian settings;
- determinants of gendered social norms and interventions to them and their impact on sexual and reproductive health;
- elimination of harmful practices including female genital mutilation;
- prevention of gender-based violence in programmes for elimination and prevention of mother-to-child transmission of HIV.

Research will be instrumental in identifying and monitoring priority research actions for adolescent sexual and reproductive health and other at-risk populations. Analyses using secondary data will contribute to improved understanding of effective interventions to prevent adverse outcomes, and to expand sexual and reproductive health education and services. Innovative approaches, like mHealth, are used to monitor health outcomes, improve vital registration systems, and reach traditionally hard-to-reach populations.

Normative tools and standards are critical to measuring progress and building the evidence base. The contribution towards the revisions of the 11th edition of the *International Classification of Diseases* is intended to update current medical knowledge in the context of sexual and reproductive health.
health. When standard definitions and measurement do not exist, HRP is poised to develop them, as is the case for maternal morbidity. When standards are established, it is crucial to provide the guidance and tools, for example on the provision of respectful and quality care to women living with the consequences of FGM.

Monitoring health trends and service utilization in at-risk populations, including those in humanitarian settings, informs the implementation of effective sexual and reproductive health interventions and safeguards the basic human right to care, especially for adolescents and other vulnerable/at-risk populations. The team will develop and maintain databases on key indicators of adolescent sexual and reproductive health, violence against women, and at-risk populations, and monitor trends in sexual and reproductive health service use, pregnancy rates and maternal mortality among adolescents. Survey tools to measure sexual and other forms of gender-based violence, including in conflict-affected settings, will be developed.

Sustaining the positive effects of research calls for the translation of research findings into guidelines that can be used in countries. Strengthening research capacity, including monitoring and evaluation, also enables the generation of high quality evidence. By building key, strategic partnerships with academic, country and other agencies, the team’s outputs will result in the adaptation, adoption and dissemination of tools to ensure effective coverage of sexual and reproductive health interventions, and measurement of indicators for measuring sexual and reproductive health, with attention to at-risk populations.
To reach these objectives, broad support and coordination with the post-2015 agenda related to sexual and reproductive health, and ICPD follow-up events related to adolescents and other at-risk/vulnerable populations is needed. Finally, HRP will support WHO Member States in the operationalization and country implementation of resolutions related to at-risk populations, for example the 67th World Health Assembly’s resolution addressing violence against women and girls. The team’s activities, outlined in Table 7, integrate issues related to human rights, gender equality and sexuality into sexual and reproductive health externally and internally.

**Table 7. Adolescents and at-risk populations: products and milestones**

<table>
<thead>
<tr>
<th>ID</th>
<th>Products</th>
<th>Milestones for 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1</td>
<td>Identification and monitoring of priority research actions on adolescent sexual and reproductive health and other at-risk populations</td>
<td>Prioritized research agenda updated and monitored for HRP on adolescent sexual and reproductive health and other key populations • Network of adolescent sexual and reproductive health researchers identified for developing multicentre study protocols</td>
</tr>
<tr>
<td>C2</td>
<td>Intervention study to evaluate the effectiveness of combination interventions to prevent pregnancy and STIs in adolescents</td>
<td>Systematic reviews conducted to develop combination of interventions (at least two systematic reviews finalized) • Study protocol developed • Data collection started in three sites</td>
</tr>
<tr>
<td>C3</td>
<td>Adolescent Health Experience after Abortion or Delivery Study (AHEAD)</td>
<td>Two journal articles published reporting on formative phase of AHEAD study • Quantitative data collection completed in 3 countries</td>
</tr>
<tr>
<td>C4</td>
<td>Adolescent/Youth Reproductive Mobile Access and Delivery Initiative for Love and Life Outcomes (ARMADILLO)</td>
<td>Formative research completed in two countries. • Data analysed and manuscripts drafted for submission • Impact evaluation underway in two countries</td>
</tr>
<tr>
<td>C5</td>
<td>Documentation and evaluations of initiatives/programmes to expand sexual and reproductive education and services for adolescents</td>
<td>Two case studies of outstanding initiatives published • Two evaluations of outstanding initiatives completed</td>
</tr>
<tr>
<td>C6</td>
<td>Global Early Adolescent Study (GEAS)</td>
<td>Two publications on the findings of phase 1 of the study published • Protocol for phase 3 of the study completed and cleared</td>
</tr>
<tr>
<td>C7</td>
<td>Evidence synthesis on the use of mHealth strategies for achieving universal health care for sexual and reproductive health including adolescents and marginalized populations</td>
<td>WHO mHealth Technical and Evidence Review Group (mTERG) meeting held on evidence review and guidance development • Evidence synthesis through 3 systematic reviews completed and published • Establishment of a mechanism for country selection and deployment of appropriate mHealth strategies for universal health care of sexual and reproductive health</td>
</tr>
<tr>
<td>C8</td>
<td>Technologies for Health Registries, Information, and Vital Events (THRIVE Study)</td>
<td>Methods for information mapping; optimization of data elements, indicators and reporting; to inform adaptation of OpenSRP for routine information systems; evidence synthesis • THRIVE Study and OpenSRP Governance mechanism • Initiation of THRIVE Phase 2 RCT</td>
</tr>
<tr>
<td>C9</td>
<td>Operations and implementation research to address violence against women</td>
<td>Prevalence surveys, including in humanitarian/conflict settings • Operations research on barriers to use, access and quality of care of post-rape care services • Implementation research to test models of implementation of norms and guidelines • Research agenda to address violence against women in health sector</td>
</tr>
</tbody>
</table>
### Milestones for 2017

<table>
<thead>
<tr>
<th>ID</th>
<th>Products</th>
<th>Milestones</th>
<th>Organization</th>
</tr>
</thead>
</table>
| C10 | Multicountry study to address intimate partner violence against women in health-care settings | ▪ Study protocol developed  
▪ Implementation started in at least 2 countries                           | HRP          |
| C11 | Addressing gender-based violence and HIV                                 | ▪ Protocol to support HIV providers to address gender-based violence in HIV testing and counselling  
▪ Operations research carried out in one site                               | HRP          |
| C12 | Study on addressing violence against women in pregnancy in South Africa  | ▪ Data analysis and dissemination  
▪ Peer reviewed papers will be published                                   | HRP          |
| C13 | Building evidence on interventions to address gender-unequal norms and their impact on sexual and reproductive health and HIV outcomes (Gender norms research) | ▪ Cochrane Review—gender norms—development measurement tools and evidence to address gender norms on sexual and reproductive health and HIV outcomes | HRP          |
| C14 | Building evidence contributing to the elimination of harmful practices including female genital mutilation (FGM) and management of consequences | ▪ Clitoral reconstruction study  
▪ Intervention research study protocol prepared for health service response in prevention of FGM  
▪ Scoping of harmful practices and consequences completed  
▪ Identify what factors contributed to declines in levels of child marriage | HRP          |
| C15 | Developing research priorities and protocols on FGM management and prevention | ▪ FGM research topics identified, two study protocols developed  
▪ Manual adapted in at least one country setting                            | HRP          |

### Norms, standards and guidelines

<table>
<thead>
<tr>
<th>ID</th>
<th>Products</th>
<th>Milestones</th>
<th>Organization</th>
</tr>
</thead>
</table>
| C16 | Developing normative guidance and tools to prevent and respond to violence against women | ▪ Clinical handbook and health systems manual on health sector response to violence against women based on the WHO guidelines developed, field tested and revised  
▪ Clinical guidelines for sexual violence against children finalized and disseminated  
▪ Curriculum developed  
▪ Manual for brief psychological care for survivors of sexual and intimate partner violence tested | PDRH          |
| C17 | Standards and tools for maternal morbidity                               | ▪ Country/regional adaptation/implementation of tools  
▪ Coordinate and convene morbidity measurement technical working group | PDRH          |
| C18 | FGM Guidelines—Guidance and guidelines for health promotion and service delivery for harmful practices, including FGM; humanitarian settings | ▪ Launch of FGM guideline Feb 2016  
▪ Country adaptation of guidelines (including translations)  
▪ Initiate guideline update process in 2017 | PDRH          |
| C19 | ICD 11—Strengthen/update sexual and reproductive health sections of International classification of Diseases (ICD) | ▪ Coordinate and convene meeting of the Genitourinary Reproductive Medicine Technical advisory group  
▪ Review results of overall ICD field trials and revise proposed classification pending these results  
▪ Coordinate and contribute to ICD-11 volume 2 (definitions/use of ICD) as pertains to monitoring and evaluation, including definitions of maternal death and data extraction for purposes of monitoring/global estimation  
▪ Provide technical support to field trials on proposed concepts for sexual dysfunction as related to technical terminology, diagnostic criteria, and legal/policy implications | PDRH          |
| C20 | Programmatic guidance on integrating adolescent sexual and reproductive health within reproductive, maternal, newborn, child and adolescent health programmes | ▪ Programme review, planning and management tool drafted and field tested in 3 sites  
▪ Draft guidance tool for national programmes to plan, implement and measure large scale programmes to prevent child marriage and respond to it developed | PDRH          |
<table>
<thead>
<tr>
<th>ID</th>
<th>Products</th>
<th>Milestones for 2017</th>
<th>Organization</th>
</tr>
</thead>
</table>
| C21 | Guidance and SOPs on the use of mHealth to strengthen adolescent sexual and reproductive health services | • Evidence synthesis  
• Guidance development                                      | PDRH         |
| C22 | Electronic tools to assess and report on the quality of sexual and reproductive health services for adolescents | • Electronic version of WHO Quality Assessment Guidebook piloted in three sites and finalized for scale up | HRP          |
| C23 | Trends and strengthen global epidemiology around pregnancy and sexual and reproductive health and service use among adolescents | • Estimates of maternal mortality in adolescents updated  
• Secondary analysis work on adolescent use, access to, and barriers to FP use from multicountry DHS surveys.  
• Two systematic reviews conducted  
• Global monitoring RHR                                 | HRP          |
| C24 | Registries to monitor and improve coverage and effectiveness of sexual and reproductive health, especially for adolescents and vulnerable populations | • Develop guidance on the use of registers and registry approaches for monitoring and measuring coverage, access, and equity in service delivery  
• Implementation research on the role of registers for Reproductive Registries deployed in one site  
• Establish digital approaches to link registers and CRVS approaches | HRP          |
| C25 | Global monitoring of violence against women                               | • Methodology developed  
• Systematic reviews conducted  
• Updating of violence against women indicators  
• Development and dissemination of global, regional and country estimates | HRP          |
| C26 | Monitoring health service use and outcomes in vulnerable populations, and maintaining database on key indicators of vulnerable populations | • Global Health Observatory sections related to sexual and reproductive health updated and maintained on annual basis  
• Contribute to development and reporting of Sustainable Development Goal (SDG) indicators | HRP          |
| C27 | Maternal mortality global estimates                                       | • Coordinate and convene the Maternal Mortality Estimation Inter-agency Group (MMEIG)  
• Publish global/regional/country level estimates  
• Continue update of database  
• Contribute to activities related to improving data collection | HRP          |
| C28 | Maternal mortality causes                                                 | • Coordinate and convene the Maternal Mortality Estimation Inter-agency Group  
• Update causes database  
• Publish update of maternal causes of death  | HRP          |
|     | **Partnerships, dissemination, communication, information and advocacy**   |                                                                                                       |              |
| C29 | Dissemination of guidelines and tools on adolescent sexual and reproductive health interventions | • Guidelines and tools adapted, printed, translated and disseminated in hard and soft copies  
• Two regional workshops conducted to introduce key organizations to WHO’s guidelines and tools | PDRH         |
| C30 | Adaptation and dissemination of materials, including training curricula, to support countries to strengthen health sector response to violence against women | • National and regional workshops to sensitize policy makers and policy options developed to prevent and address violence against women in at least two countries  
• Adaptation and dissemination of gender and gender based violence guidelines and tools including curriculum  
• Development and dissemination of guidelines, tools on gender, gender-based violence and HIV | PDRH         |
| C31 | Adaptation/development of obstetric haemorrhage continuum of care training tools (NASG, misoprostol) to humanitarian settings | • Methodology developed  
• Mobile information training application tool developed and tested  
• Emerging research on sexual and reproductive health in humanitarian settings | HRP          |
<table>
<thead>
<tr>
<th>ID</th>
<th>Products</th>
<th>Milestones for 2017</th>
<th>Responsible Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>C31a</td>
<td>Programme development support in humanitarian settings, including for Ebola virus disease</td>
<td>▪ Programme development support to humanitarian settings provided</td>
<td>PDRH</td>
</tr>
</tbody>
</table>
| C32 | Support to sexual and reproductive health-related post-MDG agenda and ICPD follow up events as relating to adolescents and other vulnerable populations | ▪ Two high level events organized/participated  
▪ Contributions made to various interagency reports on ICPD implementation | PDRH |
| C33 | Integrating human rights, gender equality and sexuality related issues into sexual and reproductive health externally and internally | ▪ At least two major events organized to raise the visibility of violence against women, harmful practices, and adolescents  
▪ Consultations held with external partners and in-house including with regions  
▪ Organization-wide plan and resolution on violence against women developed and presented to WHO governing bodies | PDRH |
| C34 | Innovation, external collaboration, advice to Member States | ▪ Emerging or innovative initiatives in the area of work supported  
▪ Information provided in response to individuals, Member States, UN Agencies, nongovernmental and other organizations on issues relating to the area of work | HRP |
| C35 | Stationery, supplies, postage, general operating expenses, communications | ▪ Stationery, office supplies, postage, general operating support provided  
▪ Telecommunications ensured | HRP |
| C36 | | | PDRH |
Research capacity strengthening and the HRP Alliance

The Human Reproduction Programme is the only body within the United Nations system with a global mandate to lead research in sexual and reproductive health and rights, and to conduct research capacity strengthening (RCS) as a core activity.

Since HRP’s inception in 1972, it has allocated grants for institutional capacity strengthening. These have been the main instrument for promoting essential national research to address priority needs in sexual and reproductive health and rights in low- and middle-income countries. During this period, HRP has provided long-term support to 103 institutions in 55 countries, helping them to develop their research capacity.

Since 2013 the Programme has been developing the’ HRP Alliance’, for its research capacity strengthening component. The Programme’s vision in creating the HRP Alliance is to enhance regional networking while strengthening research capacity with both thematic and methodological foci. The HRP Alliance aims to: bring together entities working with HRP; develop research capacity strengthening activities by maximizing resources; and strengthen regional networks by providing better support to regional offices and grantee institutions. The HRP Alliance is comprised of institutions receiving support from HRP under its RCS schemes, official WHO collaborating centres (WHO-CC) working with the RHR Department; and institutions and individuals who have engaged with HRP on various research initiatives. This is the first time that these partners, including the WHO-CC, have been brought under one umbrella and it is thought that the CCs will support the RCS at the regional level with better integration into the HRP RCS programme.

An HRP Alliance Steering Committee and four Regional Research Committees are established to oversee and provide guidance on HRP Alliance and RCS activities. The Steering Committee has eight members. It will provide strategic guidance and direction to the HRP Alliance and its broader RCS mandate, and advise on regional and global priorities and emerging themes in the field of RCS. Its work will be reported to HRP’s governing bodies including the STAG and PCC. The Regional Research Committees will monitor HRP’s RCS activities in each region and help to coordinate the regional entities working on similar issues in the region. There will be four separate committees, one each for the Region of the Americas, the Africa and Eastern Mediterranean Regions combined, the South-East Asia and Western Pacific Regions combined, and the European Region. They will meet once a year and the chairs of each committee will be members of the Steering Committee.

Research capacity strengthening grants

HRP will continue to use complementary approaches with a long-term perspective to strengthen research capacity of institutions and individuals in low and middle-income countries. Its Long-term Institutional Development grant (LID) provides recipient institutions stable support to ensure sustainable responses. Consequently, institutions can do long term planning to set a responsive research as opposed to a shorter term research agenda largely driven by locally determined and/or donor driven needs.

Additionally, mature research centres (which previously benefitted from RCS grants) will play a pivotal role to support less experienced centres through a mentoring programme.
To increase a critical mass of researchers in low- and middle-income countries; research training grants and re-entry grants will be offered to scientists to undertake postgraduate trainings in an institution other than their own preferably within their region. In addition, the HRP multicounty studies and research sites will contribute to secondary research (meta-analysis, systematic reviews) and provide academic opportunities for young scientists.

To promote South-South and multicentre collaboration, partnerships and networking at regional level Competitive Intra-Regional grants (CIR) will be provided coupled with the mentoring programme.

Integrating capacity strengthening with multicountry global research

HRP regularly conducts large-scale multicountry, multicenter research projects through its network of research partners. To promote integration and linkages between RCS and thematic research, institutions that have benefited from LIDs and other RCS grants will be invited to participate in multicountry research conducted by HRP, thus gaining hands-on experience of international research and contribute to HRP-supported research. To achieve this, research projects initiated in HRP will integrate capacity strengthening and institutional support for low and middle-income countries into their initial design. For example, the Cellule de Recherché en Santé de la Reproduction, a LID grantee institution based in Conakry, Guinea will participate as the fourth site for the multicountry study on the treatment of women during facility based childbirth and, LID grantees from Burkina Faso (Institut de Recherche en Sciences de la Santé, Ouagadougou) and Democratic Republic of the Congo (Université de Kinshasa, Faculté de Médecine Département de Gyneco-Obstetricque, Kinshasa) will participate in the study on Post-partum family planning.
External partnerships
Innovative approaches will be used to strengthen collaboration with external partners like ESSENCE on Health Research (Enhancing Support for Strengthening the Effectiveness of National Capacity Efforts), an initiative of funding agencies that aims to improve the coordination and harmonization of RCS investments, and the RIMAs (African Regional Innovation Management Association) in Sub-Saharan Africa to avoid duplication, while synergizing efforts in promoting research capacity strengthening in low- and middle-income countries.

Regional linkages
Regional engagement and partnership is a key feature of the HRP Alliance. HRP will continue to work with LID grantee institutions, WHO Collaborating Centres, regional research partners/networks and the WHO regional offices, for timely identification of emerging sexual and reproductive health issues of regional and global significance, as well as identification of emerging research institutions for RCS and promoting South-South Collaboration. One HRP Alliance Regional Research Committee (RRC) meeting will be held annually in each region in collaboration with the WHO Regional office. This forum will identify regional priorities and monitor the regional research capacity strengthening activities.

HRP Alliance e-platform
Forty-two years of HRP research capacity strengthening has led to the development of a critical mass of academic and research centres and senior-level researchers in prestigious institutions in their countries (including many institutional directors, and Secretaries of Health). Many of these scientists continue to support HRP in different ways in various advisory committees. Bringing these scientists together will further reinforce research capacity strengthening efforts.

HRP will continue its work on the HRP Alliance e-platform to promote knowledge sharing, engagement and communication among organizations and researchers involved in research and RCS on SRHR. This platform will include profiles of the LID grantees to improve their visibility. Institutional achievements will appear in a monthly “what’s new in RCS” section. HRP will set up a cost-effective portal based on a research-networking tool to facilitate collaboration, partnership and improve the visibility of researchers from low- and middle-income countries by linking them to existing research networking directories, and enabling the retrieval of their profiles through commonly used Internet search engines.

HRP Alliance deliverables
The HRP Alliance operational plan will result in:

- A coordinated health-research agenda in priority topics for HRP and responding to needs for improving policy, service delivery and community-based approaches in sexual and reproductive health and rights;
- Large collaborative multisite research studies that will generate robust evidence with policy and programme implications, leading to joint peer-reviewed publications;
- Strengthened research capacity in low- and middle-income country institutions, through long term institutional developmental grants;
- Strengthened individual research capacity for researchers in low- and middle-income countries, through a variety of schemes including research training and re-entry grants
- Strengthened South–South partnership and collaboration in research and RCS through mentoring grants and the HRP Alliance e-platform

### Table 8. HRP Alliance and research-capacity strengthening: products and milestones

<table>
<thead>
<tr>
<th>ID</th>
<th>Products</th>
<th>Milestones for 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Research capacity building</strong></td>
<td></td>
</tr>
</tbody>
</table>
| D1 | Regional and sub-regional research capacity-strengthening courses and workshops on key topics in sexual and reproductive health and rights | Training courses and activities on:  
  - Research synthesis methods  
  - Human rights and gender  
  - Implementation research methods held in the regions  
   Grants provided to institutions in:  
   - Africa  
   - The Americas  
   - South-East Asia  
   - Europe  
   - Eastern Mediterranean  
   - Western Pacific |
| D2 | Institutional research capacity strengthened through long-term and other capacity development grants | Mentoring grants provided to institutions in:  
  - Africa  
  - The Americas  
  - South-East Asia  
  - Europe  
  - Eastern Mediterranean  
  - Western Pacific  
  Individual training grants provided in:  
  - Africa  
  - The Americas  
  - South-East Asia  
  - Europe  
  - Eastern Mediterranean  
  - Western Pacific |
| D3 | Research capacity developed through mentoring grants and other innovative south-south partnerships and collaboration | Meeting of HRP Alliance Steering committee held  
  Coordinated research agenda on sexual and reproductive health and rights developed in the regions  
  Training for researchers in good clinical practice conducted |
| D4 | Individual research capacity strengthened through training grants linked to HRP research projects issued and supported | Stationery, office supplies, postage, general operating support provided  
  Telecommunications ensured |
| D5 | Support to “HRP Alliance”                                               |                                                                                                                                                                                                                     |
| D6 | Stationery, supplies, postage, general operating expenses, communications |                                                                                                                                                                                                                     |
General technical and programme management activities

In addition to the work described in the preceding pages, HRP undertakes general technical activities in support of this work, including the convening of strategic and technical advisory bodies, provision of advice to Member States and partners on issues in sexual and reproductive health, provision of biostatistics and data management support and advocacy, and communications activities in support of HRP research projects.

Programme management activities are concerned with HRP’s 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. Other activities in programme management include staff development and training, provision of office equipment and supplies and other related expenses.

Table 9. General technical activities and programme management: products and milestones

<table>
<thead>
<tr>
<th>ID</th>
<th>Products</th>
<th>Milestones for 2017</th>
</tr>
</thead>
</table>
| E1 | Development of research agenda on human rights and gender equality in relation to sexual and reproductive health | • Study on research priorities completed  
• Research agenda published  
• Research partnerships developed  
• Capacity building on human rights and gender research carried out | HRP |
| E2 | Research on the impact of laws and policies on the realization of sexual and reproductive health and rights | • Study on impact of laws and policies on the realisation of sexual and reproductive health completed | HRP |
| E3 | Scientific rigor of HRP research ensured | • Research Project Review Panel (RP2) 2016 convened, research projects reviewed  
• Research Project Review Panel (RP2) 2017 convened, research projects reviewed | HRP |
| E4 | Scientific and Technical Advisory Group (STAG), Gender and Rights Advisory Panel (GAP) | • STAG 2016 convened, recommendations integrated into programme activities  
• GAP 2016 convened, recommendations integrated into programme activities  
• STAG 2017 convened, recommendations integrated into programme activities  
• GAP 2017 convened, recommendations integrated into programme activities | HRP |
| E5 | Reproductive Health Library (RHL) [www.who.int/rhl](http://www.who.int/rhl) | • Annual meetings of the editorial board held  
• Tablet and smartphone applications developed and maintained  
• Translations to Chinese, French, Russian and Spanish maintained  
• Content updated by RHL partner institutions | HRP |
| E6 | Biostatistics and data management support for HRP clinical research | • Support to clinical trials fulfilled during the biennium  
• Informatics support for HRP provided  
• Standard operating procedures for HRP research maintained | HRP |
<table>
<thead>
<tr>
<th>ID</th>
<th>Products</th>
<th>Milestones for 2017</th>
<th>HRP</th>
</tr>
</thead>
</table>
| E7  | Generic guidance for implementation of sexual and reproductive health programmes based on a human rights and gender equality | • Systematic review on the rights and gender based implementation of SRH programmes undertaken  
• Proposal and background paper prepared on guidance on the operationalization and implementation of sexual and reproductive health programmes based on human rights based approach  
• Expert meeting convened  
• Recommendations pilot tested in two learning countries  
• Guidance finalised and disseminated | HRP |
| E8  | External collaboration with, and advice provided to, Member States       | • Advice provided to Member States and partners at Directorial level.  
• Information provided by or on behalf of Director in response to enquiries from individuals, Member States, UN agencies, nongovernmental and other organizations | HRP |
| E9  | Ensuring attention to sexual and reproductive health and human rights and their integration in key human rights mechanisms | • Participated in UN HR mechanisms and UN General Assembly  
• Technical inputs provided in normative developments | HRP |
| E10 | Engagement in global initiatives for sexual and reproductive health and rights | • Engaged with: accountability frameworks, Global Strategy for Women’s and Children’s and Adolescents’ Health, Commission of Information and Accountability, Global Financing Facility in support of Every Woman Every Child, Independent Expert Review Group, H4+, ICPD beyond 2014, Beijing +20, Post MDGs, and others.  
• Engaged with The Global Fund to fight AIDS, Tuberculosis and Malaria | HRP |
| E11 | Political engagement in the area of sexual and reproductive health and rights | • Collaboration with Parliaments and Parliamentarian networks carried out to provide technical support and policy advice on sexual and reproductive health and rights issues.  
• Policy research agenda and policy research and analysis developed in the area of sexual and reproductive health and rights, with a specific focus on legislation and parliamentary processes. | HRP |
| E12 | Advocacy and promotion for sexual and reproductive health and rights      | • Up-to-date HRP web site maintained in multiple languages (English, French, Spanish, Russian, Chinese, Arabic)  
www.who.int/reproductivehealth  
• Display materials for conferences completed  
• HRP Social media presence ensured  
@HRPResearch  
• HRP presence on LinkedIn launched  
• HRP Annual Technical Report and Highlights reports issued  
• Information materials designed and layout completed | HRP |
<table>
<thead>
<tr>
<th>ID</th>
<th>Products</th>
<th>Milestones for 2017</th>
<th>Project(s)</th>
</tr>
</thead>
</table>
| E13 | Translation, reprinting and dissemination of existing HRP scientific and technical materials | • Materials translated  
• Materials printed and disseminated                                                   | HRP        |
| E14 | Translation, reprinting and dissemination of existing PDRH technical materials | • Materials translated  
• Materials printed and disseminated                                                   | HRP        |
| E15 | Innovation in support of HRP communications and general technical activities | • Emerging or innovative initiatives in HRP of work supported  
• Information provided in response to individuals, Member States, UN Agencies, nongovernmental and other organizations on issues relating to the area of work | HRP        |
| E16 | Stationery, supplies, postage, general operating expenses, communications | • Stationery, office supplies, postage, general operating support provided  
• Telecommunications ensured                                                            | HRP        |
| E17 |                                                                      |                                                                                      | PDRH       |

**Programme Management**

| F1  | HRP programme planning, governance, management, evaluation and staff development | • HRP Standing Committee convened  
• HRP PCC meeting 2016 convened  
• HRP PCC meetings 2017 convened  
• *HRP Budget 2018-2019* prepared  
• HRP Staff development and training activities organized  
• HRP resource mobilization activities supported  
• HRP research project management system  
• HRP External evaluation supported | HRP        |
| F2  | Administrative support for HRP                                              | • Direct administrative support cost budgeted for and incurred by HRP (budget, finance, HR, office rental, legal services, etc.)  
• Indirect administrative costs paid to WHO                                      | HRP        |
| F3  | Stationery, supplies, postage, general operating expenses, communications   | • Stationery, office supplies, postage, general operating support provided  
• Telecommunications ensured                                                            | HRP        |
| F4  |                                                                      |                                                                                      | PDRH       |
**HRP budget tables**

*Table 10. HRP budget summary for 2016–2017, by budget section*

<table>
<thead>
<tr>
<th>Budget section</th>
<th>Budget US$</th>
<th>Percent of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human reproduction</td>
<td>16,165,000</td>
<td>23.6%</td>
</tr>
<tr>
<td>Maternal and perinatal health</td>
<td>11,134,000</td>
<td>16.3%</td>
</tr>
<tr>
<td>Preventing unsafe abortion</td>
<td>7,225,000</td>
<td>10.6%</td>
</tr>
<tr>
<td>Adolescents and at-risk populations</td>
<td>14,809,000</td>
<td>21.7%</td>
</tr>
<tr>
<td>Research capacity strengthening/HRP Alliance</td>
<td>4,420,000</td>
<td>6.5%</td>
</tr>
<tr>
<td>General technical</td>
<td>6,575,000</td>
<td>9.6%</td>
</tr>
<tr>
<td>Programme management</td>
<td>8,072,000</td>
<td>11.8%</td>
</tr>
<tr>
<td><strong>Grand total</strong></td>
<td><strong>68,400,000</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

*Table 11. HRP budget summary for 2016–2017, by budget section (products only)*

<table>
<thead>
<tr>
<th>Budget section</th>
<th>Budget US$</th>
<th>Percent of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human reproduction</td>
<td>11,022,000</td>
<td>26.9%</td>
</tr>
<tr>
<td>Maternal and perinatal health</td>
<td>7,232,000</td>
<td>17.6%</td>
</tr>
<tr>
<td>Preventing unsafe abortion</td>
<td>5,042,000</td>
<td>12.3%</td>
</tr>
<tr>
<td>Adolescents and at-risk populations</td>
<td>7,987,000</td>
<td>19.5%</td>
</tr>
<tr>
<td>Research capacity strengthening/HRP Alliance</td>
<td>4,420,000</td>
<td>10.8%</td>
</tr>
<tr>
<td>General technical</td>
<td>1,596,000</td>
<td>3.9%</td>
</tr>
<tr>
<td>Programme management</td>
<td>3,741,000</td>
<td>9.1%</td>
</tr>
<tr>
<td><strong>Grand total</strong></td>
<td><strong>41,040,000</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>
Table 12. HRP 2016–2017 programme budget compared with 2014–2015

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Human reproduction</td>
<td>15,900,000</td>
<td>16,165,000</td>
<td>1.7%</td>
</tr>
<tr>
<td>Maternal and perinatal health</td>
<td>9,863,000</td>
<td>11,134,000</td>
<td>12.9%</td>
</tr>
<tr>
<td>Preventing unsafe abortion</td>
<td>6,974,000</td>
<td>7,225,000</td>
<td>3.6%</td>
</tr>
<tr>
<td>Adolescents and at-risk populations</td>
<td>12,634,000</td>
<td>14,809,000</td>
<td>17.2%</td>
</tr>
<tr>
<td>Research capacity strengthening/HRP Alliance</td>
<td>4,000,000</td>
<td>4,420,000</td>
<td>10.5%</td>
</tr>
<tr>
<td>General technical</td>
<td>5,588,000</td>
<td>6,575,000</td>
<td>17.7%</td>
</tr>
<tr>
<td>Programme management</td>
<td>7,904,000</td>
<td>8,072,000</td>
<td>2.1%</td>
</tr>
<tr>
<td><strong>Grand total</strong></td>
<td><strong>62,863,000</strong></td>
<td><strong>68,400,000</strong></td>
<td><strong>8.8%</strong></td>
</tr>
</tbody>
</table>
### Table 13. RHR consolidated 2016–2017 budget compared with 2014–2015

<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>Human reproduction</td>
<td>15,900,000</td>
<td>16,165,000</td>
<td>1.7%</td>
<td>8,180,000</td>
<td>8,097,000</td>
<td>-1.0%</td>
<td>24,080,000</td>
<td>24,262,000</td>
<td>0.8%</td>
</tr>
<tr>
<td>Maternal and perinatal health</td>
<td>9,863,000</td>
<td>11,134,000</td>
<td>12.9%</td>
<td>3,191,000</td>
<td>3,158,000</td>
<td>-1.0%</td>
<td>13,054,000</td>
<td>14,292,000</td>
<td>9.5%</td>
</tr>
<tr>
<td>Preventing unsafe abortion</td>
<td>6,974,000</td>
<td>7,225,000</td>
<td>3.6%</td>
<td>890,000</td>
<td>1,099,000</td>
<td>23.5%</td>
<td>7,864,000</td>
<td>8,324,000</td>
<td>5.8%</td>
</tr>
<tr>
<td>Adolescents and at-risk populations</td>
<td>12,634,000</td>
<td>14,809,000</td>
<td>17.2%</td>
<td>2,514,000</td>
<td>2,490,000</td>
<td>-1.0%</td>
<td>15,148,000</td>
<td>17,299,000</td>
<td>14.2%</td>
</tr>
<tr>
<td>Research capacity strengthening/HR P Alliance</td>
<td>4,000,000</td>
<td>4,420,000</td>
<td>10.5%</td>
<td>-</td>
<td>-</td>
<td></td>
<td>4,000,000</td>
<td>4,420,000</td>
<td>10.5%</td>
</tr>
<tr>
<td>General technical activities</td>
<td>5,588,000</td>
<td>6,575,000</td>
<td>17.7%</td>
<td>1,276,000</td>
<td>1,213,000</td>
<td>-4.9%</td>
<td>6,864,000</td>
<td>7,788,000</td>
<td>13.5%</td>
</tr>
<tr>
<td>Programme management</td>
<td>7,904,000</td>
<td>8,072,000</td>
<td>2.1%</td>
<td>54,000</td>
<td>48,000</td>
<td>-11.1%</td>
<td>7,958,000</td>
<td>8,120,000</td>
<td>2.0%</td>
</tr>
<tr>
<td><strong>Grand total</strong></td>
<td>62,863,000</td>
<td>68,400,000</td>
<td>8.8%</td>
<td>16,105,000</td>
<td>16,105,000</td>
<td>0.0%</td>
<td>78,968,000</td>
<td>84,505,000</td>
<td>7.0%</td>
</tr>
</tbody>
</table>
Table 14. RHR consolidated income requirements and sources of funds for 2016–2017

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO contributions (indicative)</td>
<td>877,000</td>
<td>1.3%</td>
</tr>
<tr>
<td>Voluntary contributions</td>
<td>67,523,000</td>
<td>98.7%</td>
</tr>
<tr>
<td><strong>All sources HRP</strong></td>
<td><strong>68,400,000</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Programme Development in Reproductive Health (PDRH)</th>
<th>Budget US$</th>
<th>Percent of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO contributions (indicative)</td>
<td>1,560,000</td>
<td>9.7%</td>
</tr>
<tr>
<td>Voluntary contributions</td>
<td>14,545,000</td>
<td>90.3%</td>
</tr>
<tr>
<td><strong>All sources PDRH</strong></td>
<td><strong>16,105,000</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grand total RHR Department</th>
<th>Budget US$</th>
<th>Percent of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO contributions (indicative)</td>
<td>2,437,000</td>
<td>2.9%</td>
</tr>
<tr>
<td>Voluntary contributions</td>
<td>82,068,000</td>
<td>97.1%</td>
</tr>
<tr>
<td><strong>All sources RHR</strong></td>
<td><strong>84,505,000</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WHO programme support cost (PSC)</th>
<th>1,891,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total income requirement, including PSC</td>
<td>86,396,000</td>
</tr>
</tbody>
</table>

Programme support cost (PSC) of 13% is charged on expenditure against all extrabudgetary contributions to RHR, except those to HRP. In accordance with WHA34.17, HRP pays for administrative costs the form of indirect and direct PSC charges, including infrastructure, rent and support to WHO administrative posts, which are not included in this PSC figure.
References


