HRP ANNUAL REPORT 2018

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

<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>About us</td>
</tr>
<tr>
<td>02</td>
<td>Why sexual and reproductive health and rights?</td>
</tr>
<tr>
<td>03</td>
<td>Helping people to realize their desired family size</td>
</tr>
<tr>
<td></td>
<td>Selected 2018 achievements in family planning and contraception</td>
</tr>
<tr>
<td></td>
<td>Selected 2018 achievement in fertility care</td>
</tr>
<tr>
<td>04</td>
<td>Ensuring the health of pregnant women and girls and their newborn infants</td>
</tr>
<tr>
<td></td>
<td>Selected 2018 achievements in maternal and perinatal health</td>
</tr>
<tr>
<td>05</td>
<td>Preventing unsafe abortion</td>
</tr>
<tr>
<td></td>
<td>Selected 2018 achievements in preventing unsafe abortion</td>
</tr>
<tr>
<td>06</td>
<td>Promoting sexual health and well-being</td>
</tr>
<tr>
<td></td>
<td>Selected 2018 achievements in sexual health</td>
</tr>
<tr>
<td>07</td>
<td>Combatting sexually transmitted infections</td>
</tr>
<tr>
<td></td>
<td>Selected 2018 achievements in sexually transmitted infections</td>
</tr>
<tr>
<td></td>
<td>Selected 2018 achievements in cervical cancer</td>
</tr>
<tr>
<td></td>
<td>Selected 2018 achievements in sexual and reproductive health and rights (SRHR) and HIV linkages</td>
</tr>
<tr>
<td>08</td>
<td>Sexual and reproductive health and rights in health emergencies</td>
</tr>
<tr>
<td></td>
<td>Selected 2018 achievements in SRHR in humanitarian settings</td>
</tr>
<tr>
<td></td>
<td>Selected 2018 achievements in SRHR in disease outbreaks</td>
</tr>
<tr>
<td>09</td>
<td>Healthy adolescence for a healthy future</td>
</tr>
<tr>
<td></td>
<td>Selected 2018 achievements in adolescent sexual and reproductive health</td>
</tr>
<tr>
<td>10</td>
<td>Preventing and responding to violence against women and girls</td>
</tr>
<tr>
<td></td>
<td>Selected 2018 achievements in violence against women and girls</td>
</tr>
<tr>
<td></td>
<td>Selected 2018 achievement in female genital mutilation (FGM)</td>
</tr>
<tr>
<td>11</td>
<td>Protecting and securing health with human rights</td>
</tr>
<tr>
<td></td>
<td>Selected 2018 achievements in human rights for sexual and reproductive health and rights (SRHR)</td>
</tr>
<tr>
<td>12</td>
<td>Supporting and strengthening national health systems</td>
</tr>
<tr>
<td></td>
<td>Selected 2018 achievement in research capacity-strengthening</td>
</tr>
<tr>
<td></td>
<td>Selected 2018 achievements in measuring and monitoring global indicators</td>
</tr>
<tr>
<td></td>
<td>Selected 2018 achievements in digital health</td>
</tr>
<tr>
<td>13</td>
<td>Donors</td>
</tr>
<tr>
<td></td>
<td>Photographer credits</td>
</tr>
</tbody>
</table>
HRP has been providing leadership on sexual and reproductive health and rights for over 45 years. Founded in 1972, we have a unique mandate within the United Nations system to lead research and to build research capacity for improving sexual and reproductive health and rights through generating high-quality evidence.

HRP is based at the World Health Organization (WHO) headquarters in Geneva, Switzerland, within the Department of Reproductive Health and Research. We work collaboratively with partners across the world to shape global thinking on sexual and reproductive health and rights by providing new ideas and insights. We support high-impact research, inform WHO norms and standards, support research capacity-strengthening in low- and middle-income settings, and facilitate the uptake of innovations and new information – including through digital and mobile technologies. An ethical, human-rights-based approach is integrated throughout our work. HRP’s vision is the attainment of the highest possible standard of sexual and reproductive health for every single person across the globe. We strive for a world where human rights that enable sexual and reproductive health are safeguarded, and where all people have access to quality and affordable sexual and reproductive health information and services.
The importance of universal sexual and reproductive health for sustainable development and for the well-being of individuals, families, communities and countries has been internationally recognized.

The Sustainable Development Goals (SDGs), the United Nations Secretary-General’s Global Strategy for Women’s, Children’s and Adolescents’ Health, WHO’s Reproductive Health Strategy, and the aims of the Programme of Action of the 1994 International Conference on Population and Development all reflect a collective vision, which underlines the importance of protecting all people’s human rights to access sexual and reproductive health information and services – to ensure physical and mental health as well as economic development.

While great progress has been made, huge challenges remain. Too many women and infants continue to die in childbirth and in the first few days and weeks thereafter. Violence against women and girls, including harmful traditional practices, is a major global health challenge and human rights violation. Many individuals and couples are still unable to access information and services to help ensure their sexual, reproductive, maternal and perinatal health, putting their health, well-being and lives at risk. Humanitarian crises threaten lives, livelihoods, health and access to services for millions. And there are now more adolescents than at any period in history, greatly increasing demand for high-quality services that meet their needs.

Better data are key. Accurate service statistics help front-line health workers to provide better care; rigorously collected evidence improves estimates of health conditions; and information from research on interventions informs policy, budgeting and health programming. Without continuing investments in research, as well as in improving the capacity of countries to conduct and use research, it is unlikely that national health systems will be able to effectively implement globally agreed norms and standards of care, or to achieve the goal of universal health coverage.

For over 45 years, HRP has been conducting research with international and national partners to improve sexual and reproductive health and to safeguard the human rights of all people everywhere. We invite you to join us in our efforts – with your help, we can continue to improve lives worldwide.
Helping People to Realize Their Desired Family Size

Access to safe, quality, affordable contraceptive information and services, in addition to the prevention and treatment of infertility, allows people to have the number of children they would like and to determine the timing of pregnancies.

Ensuring access to preferred contraceptive methods for women and couples is essential to securing their well-being and autonomy, while supporting the health and development of communities. Some 214 million women of reproductive age in developing countries have an unmet need for contraception. Reasons for this include fear or experience of side-effects, limited access and choice, cultural or religious opposition and poor quality of available services. Satisfying the demand for contraception would significantly reduce unintended pregnancies, unplanned births and induced abortions as well as maternal morbidity and mortality.

Infertility affects over 50 million people globally, the vast majority of whom cannot access the essential interventions they need. Despite the scale of infertility and its negative consequences for individuals, couples, families and communities, it is a neglected area of policy, programming and research. HRP is in a unique position to provide global leadership on infertility, helping people to fulfil their right to procreate.
Enabling various levels of health-care providers to provide better care to more people, the publication, *Family planning: a global handbook for providers*, translates scientific evidence into practical guidance on all major contraceptive methods. In 2018, HRP and its partner, the Johns Hopkins Bloomberg School of Public Health, updated and expanded the global handbook to include information about available and new methods, in addition to new recommendations and other features. New features include a section on how family planning providers can respect, protect and fulfil the human rights of their clients.

Read more and access the updated global handbook.
Women who have recently given birth are among those with the highest unmet need for contraception. Postpartum family planning – ensuring the provision of a choice of high-quality contraceptive methods to prevent unintended pregnancies through the first 12 months following childbirth – allows women and their partners to decide whether and when to have more children. In 2018, HRP published the findings of the participatory, formative phase of the “YAM DAABO” study to better understand how health systems could better deliver postpartum family planning in Burkina Faso and the Democratic Republic of the Congo. The findings indicate that counselling women multiple times before and after childbirth, making contraceptives readily available and affordable during antenatal and postnatal services, and meaningfully engaging male partners, would increase women’s access to and use of modern contraception. In 2019, HRP will publish the results of the randomized controlled trial of the intervention developed from this evidence.

Read more

- Participatory action research to identify a package of interventions to promote postpartum family planning in Burkina Faso and the Democratic Republic of Congo https://doi.org/10.1186/s12905-018-0573-5

- Postpartum family-planning barriers and catalysts in Burkina Faso and the Democratic Republic of Congo: a multiperspective study https://doi.org/10.2147/OAJC.S170150


In 2018, HRP launched an application (app), for the WHO Medical eligibility criteria for contraceptive use. This digital tool will help family planning providers, including community health workers in primary health care programmes, to recommend safe, effective and acceptable contraceptive methods for women with medical conditions or medically relevant characteristics.

See more and download the app
People living with infertility face numerous violations of their human rights, with devastating consequences. These rights include the right to the highest attainable standard of health, the right to choose the number and spacing of one’s children, as well as the rights to non-discrimination and physical integrity. In December 2018, HRP convened a global summit of country representatives and global experts in prevention, diagnosis and management of infertility. Participants at the summit agreed on a set of coordinated actions that the global community, including Member States and other relevant stakeholders, need to undertake urgently to advance the safety of and access to fertility care.
Complications of pregnancy and childbirth, including unsafe abortion, continue to pose great risks to the health and lives of hundreds of thousands of girls and women. Each day, about 800 women across the world die from complications related to pregnancy or childbirth, most of which are preventable or treatable. The vast majority of maternal deaths – around 99% – occur in low- and middle-income countries, and the risk of maternal death is highest for adolescent girls under 15 years old.

The major complications that account for nearly 75% of all maternal deaths are severe bleeding, infections, high blood pressure during pregnancy (pre-eclampsia and eclampsia), complications during delivery and unsafe abortion. Other maternal deaths are caused by or associated with diseases such as malaria and AIDS. In addition, morbidity due to complications of pregnancy and childbirth includes many debilitating conditions, such as obstetric fistula. More than two million women across sub-Saharan Africa and Asia live with untreated obstetric fistula, and up to 100,000 more develop this condition every year.

Ensuring good-quality of care throughout pregnancy, childbirth and the postnatal period is recognized worldwide as essential to reducing the rates of complications and deaths related to pregnancy and childbirth.
In February 2018, WHO launched new recommendations based on HRP evidence for labour and delivery by healthy pregnant women, including reducing unnecessary medical interventions. The new WHO guideline, *Intrapartum care for a positive childbirth experience*, includes 56 evidence-based recommendations on what care is needed throughout labour and immediately after childbirth for the woman and her baby. These include having a companion of choice during labour and childbirth; ensuring respectful care and good communication between women and health-care providers; maintaining privacy and confidentiality; and allowing women to make decisions about their pain management, labour and birth positions, and the natural urge to push, among others.

Read more and download the guideline

Download the infographics
Every year about 14 million women around the world suffer from postpartum haemorrhage. This severe bleeding after birth is the largest direct cause of maternal deaths. Almost all deaths from postpartum haemorrhage (99%) occur in low- and middle-income countries while only 1% occur in high-income countries. Results of an HRP study, published in the *New England Journal of Medicine* in June 2018, demonstrate that carbetocin – a heat-stable formulation of a uterotonic drug used to prevent postpartum haemorrhage – is as effective as the currently recommended oxytocin, which requires refrigeration. Eliminating the need for refrigeration could help to save the lives of thousands of women living in countries and settings where it is difficult to store drugs in the right conditions.

Read more and view the findings

Uterotonics are drug formulations that help to prevent and treat postpartum haemorrhage. New evidence, published by HRP in 2018, assessed the safety and efficacy of seven uterotonics for the prevention of postpartum haemorrhage. Following the publication of this evidence, WHO updated its 2012 guidance on the prevention of postpartum haemorrhage with four new recommendations on the seven uterotonics. The newly updated guidance, *WHO recommendations: uterotonics for the prevention of postpartum haemorrhage*, aims to improve the quality of care and health outcomes for women giving birth.

Read more

Access the WHO recommendations
A caesarean section is a surgical procedure that, when undertaken for medical reasons, can save the life of a woman and her baby. Many caesarean sections are undertaken unnecessarily, however, which can put the lives and well-being of women and their babies at risk – both in the short and long term. Worldwide, caesarean section rates have been steadily increasing, without significant additional benefit to the health of women or their babies. In response to requests from health professionals and countries, in 2018 WHO used HRP evidence to develop programmatic guidance on non-clinical interventions that can be implemented to reduce the unnecessary use of caesarean sections. The release of these recommendations was accompanied by the publication of a series in The Lancet on optimizing the use of caesarean section, which discusses many of the issues addressed by the WHO guideline.

Read more and download the WHO guideline

Bladder catheterization following surgical repair of obstetric fistula is important to allow tension-free healing of the surgical scar. Shorter periods of catheterization have been shown to be effective in allowing complete healing with improved patient comfort, potentially also lowering the risks of catheter-related urinary tract infections. Less intensive nursing care, shorter hospital stays and reduced costs for the health system are also potential benefits. Until now, the duration of catheterization has varied significantly from 5 to 42 days and has not been based on evidence. HRP completed research on this in 2017, and in January 2018 WHO issued guidance based on HRP’s research which recommends a 7- to 10-day period of bladder catheterization to allow complete healing.

Read more and access the guidance
A better understanding of the extent of maternal morbidity – the diverse complications that women and girls face during and following pregnancy and childbirth – is needed to help inform change that can safeguard their lives and well-being. In recognition of this, in 2012 HRP convened the WHO Maternal Morbidity Working Group (MMWG), to develop a definition, identification criteria, and to standardize the measurement and evaluation of maternal morbidity. In 2018, a special supplement to the *International Journal of Gynecology & Obstetrics* was guest edited by HRP staff, detailing how the group re-framed the concept of maternal morbidity as the Maternal Morbidity Measurement (MMM) Framework (see diagram). This framework operationalizes the MMWG definition of maternal morbidity as “any health condition attributed to and/or complicating pregnancy and childbirth that has a negative impact on the woman’s wellbeing and/or functioning”.

Read more

View the interactive tool

New global estimates show that in 2014 approximately 10.6% of all live births globally were preterm. Published in *The Lancet Global Health*, and co-authored by WHO and HRP staff, the estimates are also accessible as an online interactive tool where users can view the full data set. The study underlines that, although the causes of preterm birth are complex and vary across countries and regions, there is much that can be done to help prevent preterm births, starting with ensuring a positive pregnancy experience. It was challenging to estimate the true burden of preterm birth worldwide, because in many countries, civil registration and vital statistics data are not available, do not report on preterm birth and are incomplete.

Read more

View the interactive tool
Unsafe abortion occurs when a pregnancy is terminated either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both. Safe abortions are those performed in accordance with WHO guidelines and standards, thus ensuring that the risk of severe complications is minimal. The rate of unsafe abortions is higher where access to effective contraception and safe abortion care is limited or unavailable.

The major life-threatening complications resulting from unsafe abortion are haemorrhage, infection, and injury to the genital tract and internal organs. In addition to the deaths and disabilities caused by unsafe abortion, there are major social and financial costs to women, families, communities and health systems. Almost every abortion-related death and disability could be prevented through sexuality education, use of effective contraception, provision of safe and legal induced abortion, and timely care for complications.
SELECTED 2018 ACHIEVEMENTS IN PREVENTING UNSAFE ABORTION

1. HRP commissioned and oversaw an international comparative case study with the aim of deepening understanding of the impact of policy and/or legal reform in six countries (Colombia, Ethiopia, Ghana, Portugal, South Africa and Uruguay) on the implementation of safe abortion care. In 2018, this research was published in a special supplement to the *International Journal of Gynecology & Obstetrics*. The seven articles in the supplement describe the policy and programme innovations related to law reform and implementation, as well as the affected recipients, how innovations were facilitated, ongoing challenges, and lessons learnt.

Access the supplement

2. HRP is working to improve understanding of the risks associated with unsafe abortion, in order to assess the impact of abortion-related policy and practices, with the aim of helping to safeguard the lives and well-being of girls and women. In 2018, HRP staff published a systematic review on the magnitude and severity of abortion-related morbidity in settings with limited access to abortion services. The results suggested that a substantial number of abortion-related hospital admissions have potentially life-threatening complications.

Read the review

3. Medical abortion is the use of pharmacological drugs to terminate pregnancy. It plays an important role in helping to ensure safe, effective, and acceptable abortion care, when given or supported by a trained provider. The recommended medications to induce abortion are mifepristone and misoprostol in combination or, where mifepristone is unavailable, misoprostol alone. In recognition of the importance of ensuring high-quality medical abortion care, HRP initiated the global “combi-pack initiative” in 2018. This effort aims to foster stronger collaboration among representatives of governments, donors, United Nations agencies, nongovernmental organizations, social marketing organizations, and manufacturers of medical abortion commodities to increase access to quality-assured combination kits or “combi-packs” of mifepristone and misoprostol. HRP is currently collaborating with the Concept Foundation to increase the number of medical abortion drugs that are quality assured, and to tackle barriers to procuring medical abortion commodities.

Read more and access the guideline

4. A new WHO guideline to help health-care workers ensure access to safe medical abortion care, *Medical management of abortion*, was published, based on evidence generated by HRP. Reports of a number of studies have recently shared new evidence on the timing, dosage, dosing intervals and routes of administration of medications to manage abortion, as well as the timing of contraception initiation following a medical abortion. In recognition of these developments, HRP reviewed the evidence and has now updated the WHO recommendations. It is hoped that by providing health-care workers with accurate and evidence-based information on the medical management of abortion, more pregnant individuals who seek abortion will receive high-quality and effective health care.
HRP has led the development of an initiative that seeks to prevent deaths due to unsafe abortion by supporting countries with the high rates of maternal mortality that request assistance to strengthen their health system’s capacity to implement evidence-based guidance. This initiative has the aim of helping countries achieve their SDG targets for reducing maternal mortality and increasing access to sexual and reproductive health services and rights (SDG targets 3.1, 3.7 and 5.6). During 2018, HRP responded to requests from ministries of health in multiple countries in Africa, Asia and Europe. HRP worked with WHO and other partners to help ministries develop workplans and budgets to ensure technical support for adapting and integrating global guidance into their national training and service delivery strategies; the ultimate aim of these health-system strengthening efforts is to reduce deaths of women during pregnancy and childbirth.
Sexual health is much more than the absence of disease or infirmity. WHO’s current working definition describes sexual health as “…a state of physical, emotional, mental and social well-being in relation to sexuality...; sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence”.

Young people taking part in a programme with the aim of making positive change, Côte d’Ivoire
The International Statistical Classification of Diseases and Related Health Problems (ICD) is the bedrock for health statistics. It maps the human condition from birth to death: any injury or disease we encounter in life – and anything we might die of – is coded. The ICD also captures factors influencing health, or external causes of mortality and morbidity, providing a holistic look at every aspect of life that can affect health. In 2018, WHO published the ICD-11. This new edition of the ICD included a new HRP-informed chapter on sexual health, incorporating concepts related to gender incongruence, which had previously been categorized in the mental health chapter. This work thereby helps to de-pathologize gender incongruence, with the aim of addressing the potential stigma often faced by people who are transgender.

Read more

Greater efforts are needed to strengthen prevention, diagnosis and treatment of HIV and sexually transmitted infections (STIs) among men who have sex with men. In 2018, HRP published results from the “SIALON II” study undertaken in multiple European countries, as well as related research on the sexual and reproductive health of lesbian, gay, bisexual and intersex persons. These studies highlight the urgent need for more research and high-quality evidence to improve understanding of whether, where and how the rates of HIV and STIs are changing over time in these populations. Such research would help to inform decisions around the implementation of future prevention initiatives, and to safeguard the well-being of men who have sex with men and other vulnerable populations.

Read the report

Watch the video
Sexually transmitted infections (STIs) represent a massive global burden of disease – every day, more than one million people acquire an STI, which can have serious consequences beyond the immediate impact of the infection itself.

STIs such as herpes and syphilis can increase the risk of HIV acquisition threefold or more, and mother-to-child transmission of STIs can result in a number of negative health outcomes for newborn infants, including stillbirth, congenital deformities and neonatal death. STIs can also lead to social stigma and psychological distress and can have a detrimental impact on quality of life and sexual relationships. Cervical cancer, almost all cases of which are caused by sexually acquired infection with certain types of human papillomavirus (HPV), is the second most common cancer in women living in low- and middle-income countries, and has a high rate of mortality.

A number of barriers prevent or deter people from receiving prompt and appropriate testing, diagnosis and care, and those most at risk – including adolescents – often do not have access to adequate health services. Sensitivities surrounding discussions of sexuality present challenges for the promotion of sexual health and well-being, including ways of reducing STIs. More and better-quality research and data are needed to plan effective interventions and to advocate for resources to promote sexual health and well-being for individuals and couples.
SELECTED 2018 ACHIEVEMENTS IN SEXUALLY TRANSMITTED INFECTIONS

1

HRP updated the global estimates of maternal and congenital syphilis and published the Report on global sexually transmitted infection surveillance, 2018. This WHO report summarizes the latest country-reported STI data from Global AIDS Monitoring (GAM) and the Gonococcal Antimicrobial Susceptibility Programme (GASP) as well as regional- and country-level estimates. It uses tools developed with support from WHO for modelling STI epidemics: Spectrum-STI and the WHO congenital syphilis estimation tool.

Access the report

2

Syphilis is the second leading cause of stillbirth globally. Detection and diagnosis of syphilis in pregnant women is crucial to address this worldwide issue. Although WHO recommends syphilis screening for all pregnant women, coverage is low in many high-prevalence countries and often lags behind HIV screening. In 2018, HRP supported WHO efforts to expand HIV and syphilis screening through the use of rapid dual HIV and syphilis tests for pregnant women attending antenatal care in six countries: Kenya, Nigeria, Sierra Leone, South Africa, Togo and Uganda. With these efforts to increase coverage, it is hoped these countries will see reduced rates of mother-to-child transmission of syphilis and HIV and consequently improved health outcomes for women and their newborn babies.

Point-of-care tests allow people to be screened, tested, diagnosed and treated for STIs in a single visit to a healthcare worker, and can help to dramatically reduce the burden of disease. In 2018, HRP published research that assessed the performance of a point-of-care diagnostic test known as “Cepheid GeneXpert” in analysing and detecting three STIs – namely, Neisseria gonorrhoeae and Chlamydia trachomatis in extra-genital samples (such as the pharynx and rectum), and Trichomonas vaginalis in genital samples. The results showed that the analytical sensitivity and specificity of the tests were high, and supported the use of specimens from extra-genital sites. Appropriate clinical validations are also needed, but these tests were shown to be user-friendly and relatively rapid.

Read more

3

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Read more
Based on HRP evidence, WHO launched a standard protocol to assess the prevalence of gonorrhoea and chlamydia among pregnant women in antenatal care clinics. This protocol will support local and national studies into the prevalence of these two STIs, which can both cause adverse birth outcomes. The document describes a standardized methodology for surveys, and uses a simple, reliable and replicable study design that can be widely used at the local level.

Access the standard protocol

WHO’s “preferred product characteristics” for a vaccine describe the most desirable attributes that would help maximize the vaccine’s value for improving global public health. These preferences include characteristics like vaccine indications, target groups, immunization strategies, and important safety and efficacy considerations. Following a global stakeholder meeting in 2017, HRP worked with the WHO Department of Immunization, Vaccines and Biologicals to develop the preferred product characteristics for herpes simplex virus vaccines. The document was finalized in 2018 and, once published, will provide guidance to all those involved in vaccine development to promote vaccines that are most relevant to the current global unmet health needs – particularly for low- and middle-income countries.
SELECTED 2018 ACHIEVEMENTS IN CERVICAL CANCER

Cervical cancer is a grave threat to women’s health and lives and, globally, one woman dies of cervical cancer every two minutes. This suffering is unacceptable, particularly as cervical cancer is largely preventable. In 2018, HRP supported WHO Director-General Dr Tedros Adhanom Ghebreyesus in his call to action to eliminate cervical cancer as a public health issue. With HRP assistance, WHO defined a threshold under which cervical cancer will no longer be considered a public health concern, and set relevant short-term milestones along the trajectory towards elimination.

Read more
SELECTED 2018 ACHIEVEMENTS IN CERVICAL CANCER

- Nearly 90% of women who die from cervical cancer have poor access to prevention, screening and treatment. Take a stand against inequality.
- Cervical cancer can be cured. Early diagnosis and prompt treatment has a higher potential for cure.
- Cervical cancer control needs good data. When high-quality data are collected and used to plan, scale and improve cervical cancer programmes, more women are protected.
- Palliative care services are essential to cervical cancer control. Management of symptoms, social, and spiritual needs for all women and their families living with cervical cancer is crucial.
- Vaccination of young adolescents against HPV is safe and prevents cervical cancer. Human Papillomavirus (HPV) is the cause of cervical cancer and is the most common sexually transmitted infection.
- Cervical cancer can be prevented. In addition to vaccination, regular screening of women and treatment of precancerous lesions, protects from cancer.

Download the infographics
Countries are increasingly implementing interventions across different sectors to jointly advance SRHR alongside and interlinked with HIV prevention, treatment and care. In 2018, HRP coordinated a joint WHO and UNFPA Call to action to attain universal health coverage through linked sexual and reproductive health and rights and HIV interventions. This was endorsed by over 35 partners and launched at a high-level session at the International AIDS Conference by the First Lady of Namibia, heads of United Nations agencies, global ambassadors for health, communities of people living with HIV, and young people. These diverse endorsements demonstrate the high-level and broad base of support for such interlinked interventions. In addition, the theme of the conference was “Breaking barriers, building bridges” – a reflection of the leadership role that HRP, WHO and partners continue to play in breaking down siloes between SRHR and HIV prevention, treatment and care.

Read more
WHO defines health emergencies as sudden-onset events due to naturally occurring or man-made hazards, or gradually deteriorating situations where the risk to public health steadily increases over time. Countries around the world are under constant threat from infectious diseases and conflict, and also increasingly face threats related to natural disasters.

WHO estimates that every year more than 172 million people are affected by conflict and, as of December 2017, an estimated 135 million people required humanitarian assistance. Moreover, an estimated 100 epidemic-prone events occur each year. An estimated 32 million women and girls of reproductive age live in emergency situations, all of whom require sexual and reproductive health and rights (SRHR) information and services.

The critical importance of scientific evidence to guide planning and action to meet the sexual and reproductive health needs of women and girls, as well as men and boys, living in health emergencies cannot be overstated.
HRP launched a new WHO tool intended for front-line health-care providers to help women initiate contraception in humanitarian and emergency settings, where women can be at much greater risk of unintended pregnancies. In these settings, being well informed about family planning and contraceptive choices allows both women and couples to take control of their fertility and reproductive health choices. The new tool, *Contraceptive delivery tool for humanitarian settings*, aimed at people working in humanitarian and emergency settings, provides guidance on who can use contraceptive methods and how to use these methods safely and effectively.

Read more and access the tool

HRP staff co-authored a systematic review to evaluate the effectiveness of sexual and reproductive health services during humanitarian crises. The review found that despite increased attention to sexual and reproductive health in humanitarian crises, little progress has been made to improve evidence on which interventions are effective in improving sexual and reproductive health in humanitarian settings. The authors called for a greater breadth and higher quality of evidence on such interventions.

Read the systematic review

Reaching the estimated 26 million women and girls of reproductive age, who are currently living in humanitarian settings, with sexual and reproductive health information and services is crucial for ensuring both their immediate and life-long well-being. In recognition of this, HRP staff co-authored a systematic review to assess the use of sexual and reproductive health interventions during humanitarian crises. The review found that more research is needed to identify interventions that increase use of sexual and reproductive health services in humanitarian and crisis settings.

Read the review
Pregnant women living in areas where they are at high risk of Zika virus need to be able to access health-care services from providers who are well-informed about the potential spectrum of anomalies related to Zika virus infection in pregnancy. HRP published research in the International Journal of Gynecology & Obstetrics which showed that, in addition to microcephaly, Zika virus exposure in pregnancy may result in subtle ocular and hearing impairments in the newborn. The authors highlighted the importance of ocular and auditory screenings for babies born to women infected with Zika virus, to ensure that sight and hearing anomalies are not underestimated.

Read the article

Research has shown that Zika virus can be detected in blood up to a week after the onset of symptoms and can persist longer in urine and semen. In order to devise and put in place efficient strategies to prevent Zika virus transmission, it is crucial to first improve understanding of its presence and persistence. With this in mind, in 2018 HRP published a protocol for a study on the persistence of Zika virus in body fluids of patients with Zika virus infection in Brazil. The study will follow participants for up to 12 months, with regular biological testing and data collection, and will provide important information that could serve as a basis for the development of a robust recommendation on the prevention of Zika virus transmission.

Read the protocol
Adolescence is the period of life that encompasses the transition from childhood to adulthood. WHO defines adolescents as people aged between 10 and 19 years, while recognizing that age is only one characteristic defining this critical period of rapid human development. Behaviour and choices made during this time can determine a person’s future health and well-being.

Adolescents across the world face considerable challenges to their sexual and reproductive health and rights. These include: sexual coercion and intimate partner violence; lack of education and information; high rates of early and unwanted pregnancy; lack of access to health services, especially for contraception and safe abortion; gender inequalities and harmful traditional practices, such as female genital mutilation (FGM), and child, early and forced marriage; and risk of sexually transmitted infections (including HIV).
1. Maraho aminy calendra ny andro ahatongavan'ny fotoanana.

2. Mihametarina tsikely ny muqueuse utérine.

3. Mihametarina kokoa hatany ny muqueuse utérine.

4. Rava ny muqueuse utérine ary lasa torga ny fadimbolana.

5. Voajanahra ny ra mandeha amimy vehivavy isam-bolana.

6. Micraona ny dry fahatongavan'ny fadimbolana ary mety ho lava na fohy ny faharetany.
HRP published new practical guidance for people involved in sexual and reproductive health research with young people, to help them address any legal and ethical challenges. The guidance aims to inform the appropriate involvement and protection of adolescents in research, in recognition that adolescent health, well-being, and safety depend upon it.

Read more

There is widespread discomfort and unwillingness to acknowledge adolescent sexuality and the need to ensure adolescent sexual and reproductive health. As a result, efforts to meet adolescent sexual and reproductive health needs – through providing comprehensive sexuality education or contraception, for example – may be met with opposition. Three cases studies authored by HRP staff highlight how it is possible to strategically plan for and respond to possible opposition and thus achieve progress in advancing adolescent sexual and reproductive health.

Read the case studies:
- India
- Mexico
- Pakistan

Family Planning 2020 (FP2020) is a global movement that works towards enabling 120 million more women and girls to use contraceptives by 2020. In 2018, HRP partnered with FP2020 to provide support to over 25 countries for the inclusion of strategies for improving access to contraception by adolescents in national strategies and plans. HRP provided high-quality evidence to FP2020, addressing countries’ specific concerns, such as how to reach unmarried adolescents with contraception in conservative contexts.
HRP helped to inform and develop the new UNESCO publication, *International technical guidance on sexuality education*, which advocates for quality comprehensive sexuality education to promote health, well-being, respect for human rights and gender equality, and to empower children and young people to lead healthy, safe and productive lives.

Read more

HRP supported the development of a new compilation of all current WHO recommendations on evidence-based actions that can be used to address the principal sexual and reproductive health and rights issues affecting adolescents. For each issue, the document provides relevant definitions, the rationale for addressing the issue, the relevant WHO recommendations, key concepts to consider, key complementary documents in addition to the WHO recommendations, and a real-life example of the recommendations’ application.

Read more
Violence against women and girls constitutes a major public health concern, and is a grave violation of human rights. Estimates by WHO indicate that, worldwide, about one woman in every three has experienced physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime.

Violence against women and girls takes multiple forms, including: intimate partner violence; sexual violence; female genital mutilation (FGM); child, early and forced marriage; femicide; and trafficking.

Violence against women and girls can lead to a range of adverse physical, mental and psychosocial health outcomes, including negative impacts on sexual and reproductive health. Intimate partner violence and non-partner sexual violence can lead to unintended pregnancies, induced abortions, gynaecological problems and sexually transmitted infections, including HIV. Intimate partner violence during pregnancy also increases the likelihood of miscarriage, stillbirth, preterm delivery and low-birthweight infants. Conflict and post-conflict situations, including displacement, can exacerbate violence against women and girls, and may present the risk of additional forms of violence.

A young girl in Madagascar answers a question at an event about preventing gender based violence.
Even though data are scarce, we know that in humanitarian and emergency settings the risk to women of different forms of violence is even greater; this is linked to an increase in armed actors, a decrease in security, and broken social and protective networks in such settings. The short and long-term consequences of such violence on the health and well-being of women are many and significant. In recognition of this, HRP is supporting WHO in its continuing work to strengthen health systems’ responses to violence against girls and women, including in humanitarian and emergency settings. HRP has aided WHO in its work across all six WHO regions to support countries to develop or update their national guidelines and protocols on responding to violence against women in line with WHO clinical and policy guidelines, and to implement these through provision of training to health-care providers.

Equipping health-care providers with the skills and knowledge they need to better support the management of gender-based violence is critical. In recognition of this, HRP convened a global training of trainers, with 60 participants – mainly doctors, nurses and midwives – from 36 countries across all WHO regions to develop a global pool of trainers familiar with WHO tools and guidelines. In addition, Egypt, Myanmar, Namibia, Pakistan, Timor Leste, Uruguay and Zambia all adopted WHO guidelines and tools to help strengthen the health system response to violence against women and girls. The WHO clinical handbook, Health Care for Women subjected to Intimate Partner Violence or Sexual Violence was translated into Arabic, Armenian and Italian.

Publications on violence against women
HRP collaborated with the International Federation of Gynecology and Obstetrics (FIGO) in the production of its declaration on violence against women, which was adopted at the XXIII FIGO World Congress held in Rio de Janeiro in October 2018. This strong declaration shouted “NO to violence against women!”, and encouraged obstetricians and gynaecologists participating in the Congress to take meaningful action, and to advocate for change in their respective countries.

Read the FIGO declaration

HRP launched the WHO, United Nations Human Rights and UN Women interagency statement calling for the elimination of so-called “virginity testing”, which is also often referred to as hymen, “two-finger” or per vaginal examination. Virginity testing refers to an inspection of female genitalia designed to determine whether a woman or girl has had vaginal intercourse. It has no scientific or clinical basis, is a violation of the human rights of girls and women, and can be detrimental to women’s and girls’ physical, psychological and social well-being. The interagency statement calls for the elimination of this practice and makes recommendations aimed at professional associations, health-care providers (particularly doctors) and national governments.

Read the interagency statement

Read more and access the infographics
Girls and women who have been subjected to FGM need high-quality, empathetic and appropriate health care to meet their specific needs. In recognition of this, drawing from HRP’s research, WHO launched a new clinical handbook – *Care of girls & women living with female genital mutilation*. This innovative handbook transforms evidence-based WHO recommendations into a practical tool for everyday use by health-care providers to prevent and manage the health complications of FGM – including mental health and sexual health complications. The publication contains nine chapters giving clear guidance and accessible instructions for health-care providers working in countries where FGM is highly prevalent, as well as for those providing care to women in diaspora communities. In addition, the handbook provides information on how to communicate sensitively and effectively with patients and their family members during the provision of care and information, including on the subject of prevention of FGM.

Read more and access the clinical handbook
Human rights are fundamental to the health of individuals, couples and families, and to the social and economic development of communities and nations.

As explained in the 2017 Report of the High-Level Working Group on the Health and Human Rights of Women, Children and Adolescents, everyone has the right to health and through health, because the “right to health does not stand alone but is indivisible from other human rights. Good health not only depends on but is also a prerequisite for pursuing other rights. Human rights cannot be fully enjoyed without health; likewise, health cannot be fully enjoyed without the dignity that is upheld by all other human rights”. Discrimination, abuse and violence, however, continue to prevent women and girls everywhere from fulfilling their human right to the highest standard of sexual and reproductive health.
To be able to ensure accountability for protecting people’s rights to sexual and reproductive health, improved understanding of how accountability mechanisms work in practice is crucial. HRP staff co-authored a systematic review of evidence on several accountability mechanisms for sexual and reproductive health at national and subnational levels. The review found a complex “accountability ecosystem”, with multiple actors holding a variety of roles and responsibilities, and with diverse interactions at a range of levels from the transnational to the local. The authors argue that a more nuanced understanding of what underpins successful accountability at national and subnational levels is needed.

Legal and regulatory frameworks are a major barrier to the full enjoyment of SRHR. Laws that discriminate against women, prohibit services which are only needed by women, or subject women and adolescents to third-party authorization requirements before accessing services, are often the reasons why women and adolescents are unable to fully realize their rights to sexual and reproductive health. In 2018, HRP supported WHO in contributing to the reclassification of an indicator for SDG target 5.6.2 from Tier 3 to Tier 2 by the Inter-agency and Expert Group on SDG Indicators. The reclassification of this indicator will help improve understanding of legal frameworks which are currently acting as barriers, and will help to track progress towards aligning legal frameworks with human rights norms.
Much of HRP’s research is directly focused on strengthening various elements of national health systems. Many countries across the world lack the necessary human resources and infrastructure to undertake crucial research in sexual and reproductive health and rights (SRHR).

As the only body within the United Nations system with a global mandate to work on strengthening research capacity in SRHR, the HRP Alliance promotes and funds relevant research, training, institutional development and networking to increase the research capacity of low- and middle-income countries. Rigorous scientific methods are essential to develop valid and credible evidence, which informs norms and standards that guide the provision of safe, effective, equitable and acceptable sexual and reproductive health services.

Within the United Nations system, HRP is responsible for the measurement and monitoring of over 20 SRHR indicators for reporting on progress towards multiple SDGs, selected World Health Statistics indicators, and the Indicator and monitoring framework for the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030).

Research and tools for digital and mobile health innovations are increasingly needed to improve the efficacy, accuracy and ease of data collection, analysis, reporting and use, for improving the delivery of sexual and reproductive health interventions.

A pregnant woman attends a health monitoring appointment, of which she was reminded by mobile device messaging, Viet Nam.
An important aspect of HRP Alliance support is to identify and build capacity among junior researchers, to create a base of research capacity-strengthening grant recipients for potential engagement in HRP research. This helps to ensure sustainability and continuity of research activities on SRHR issues. In 2018, 192 junior researchers affiliated with more than 30 HRP Alliance research partners benefitted from so-called sandwich master of public health (MPH) or PhD programmes or targeted trainings. Sandwich programmes allow researchers to fuse MPH or PhD training with project work at the institutions they work for. The impact of these activities is monitored in relation to indicators, milestones, and deliverables, including quantifiable outputs such as systematic reviews published after research synthesis courses. Researchers’ thesis work is linked to HRP research and their progress is followed by HRP research and research capacity-strengthening teams.
“The proportion of births delivered by skilled birth attendants” is a key indicator for achieving SDG target 3.1 and for improving the measurement of SDG target 3.2. In order to measure this, an accurate definition of such skilled health personnel is needed. In recognition of this, an updated 2018 definition and supporting information were published, as the first steps to informing data collection and measurement that clearly defines which healthcare providers can be counted as “skilled health personnel providing care during childbirth”. The 2018 statement and background document are key tools for measuring progress towards achieving SDG 3 as well as the aims of the Global Strategy for Women’s, Children’s and Adolescents’ Health. The definition was published as a joint statement by WHO, the United Nations Population Fund (UNFPA), the United Nations Children’s Fund (UNICEF), the International Confederation of Midwives (ICM), the International Council of Nurses (ICN), the International Federation of Gynaecology and Obstetrics (FIGO) and the International Pediatric Association (IPA).

Read more and access the statement

HRP plays a crucial role in ongoing efforts to support WHO Member States to record and report high-quality data on progress towards achieving the targets of the health-related SDGs. This includes targets to reduce the number of women and girls dying during pregnancy and childbirth — or “maternal mortality”. The SDG target for maternal mortality is to reduce the global maternal mortality ratio (MMR) to less than 70 deaths per 100 000 live births by 2030. In response to requests from Member States for assistance in target-setting and planning, HRP launched the WHO Maternal Mortality Calculator. This includes information on maternal mortality ratio, the level of progress needed (the annual rate of reduction) as well as five yearly milestones to achieve the annual rate of reduction target.

Access the calculator
The Digital Health Atlas is a WHO global technology registry platform that strengthens the value and impact of digital health investments, improves national coordination in planning digital investments, and facilitates institutionalization and scale-up (www.digitalhealthatlas.org). In 2018, HRP disseminated the Digital Health Atlas across 10 countries in the WHO African Region. In addition, the Atlas was incorporated into the procurement process of donors and partners, including Bill & Melinda Gates Foundation, Gavi, UNICEF and USAID.

Access the Digital Health Atlas

Classification of digital health interventions requires categorizing them based on the ways in which digital and mobile technologies are used to support health systems. In the past, the diverse communities working in digital health – including government stakeholders, technologists, clinicians, implementers, network operators, researchers, donors – have lacked a mutually understandable language with which to assess and articulate functionality. A shared and standardized vocabulary was urgently needed to identify gaps and duplication, evaluate effectiveness and facilitate alignment. Targeted primarily at public health audiences, HRP supported the launch of the WHO Classification of Digital Health Interventions v1.0 – an accessible framework that health programme planners can use to articulate the functionalities of digital health interventions.

Access the framework
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