

RHR Programme Budget 2006–2007



World Health Organization



Department of Reproductive Health
and Research



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Special Programme of Research, Development
and Research Training in Human Reproduction

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1 INTRODUCTION

In January 2005, the Millennium Project's *Investing in development: a practical plan to achieve the Millennium Development Goals* formally recognized that sexual and reproductive health is essential for reaching all eight of the Goals derived from the 2000 Millennium Declaration. Specifically, this important report, which was presented to the Secretary-General of the United Nations, underscores the importance of ensuring universal access to sexual and reproductive health services and information for achieving the Millennium Development Goals (MDGs) and explicitly recommends "a focus on women's and girls' health (including reproductive health)." Furthermore, the section of this report describing the "Quick Wins"—those interventions that can be implemented immediately to have high impact in the short-term—recommends to "expand access to sexual and reproductive health information and services, including family planning and contraceptive services, and close existing funding gaps for supplies and logistics."

The worsening of the HIV pandemic, along with a growing recognition of the interaction between sexual and reproductive health and HIV, further underscores the critical role of sexual and reproductive health services. Reproductive health providers already offer a wide range of services to millions of women who are now at the centre of the global HIV pandemic and are increasingly expanding their outreach to adolescents and to men. Greater attention is being placed on the benefits that would accrue from integrating key HIV-related activities into sexual and reproductive health services, and from designing comprehensive programmes that reach out to those who are particularly vulnerable to both sexual and reproductive health problems and HIV, such as young people. Such integration offers the opportunity of greatly expanding the platform for the delivery of key HIV services, such as HIV testing and counselling, safer-sex counselling and condom promotion, and opens up a major entry point to HIV care and treatment for those in need. It would also help reduce the stigma commonly associated with dedicated HIV services and address inequities in access to treatment, especially for women and young people. Conversely, integrating sexual and reproductive health services into HIV care and treatment services would help people living with HIV achieve their sexual and reproductive health goals and would help contain the spread of HIV. However, the potential role of sexual and reproductive health care personnel as front-line

providers of HIV prevention and care services is still largely untapped.

The new WHO global strategy to accelerate progress towards the achievement of international goals and targets in reproductive health, which was developed during the biennium 2002–2003 and approved by WHO's World Health Assembly in May 2004, will enhance awareness of sexual and reproductive health as a crucial underpinning for achievement of all eight MDGs and their associated targets and in so doing should provide a strong rationale for supporting efforts to improve sexual and reproductive health throughout the world. In parallel with the development of this new global strategy, we have formulated a related Medium-term Programme of Work 2004–2009 which provides the overall direction for our activities as we strive, over the next few years, to assist our Member States in reaching their own national goals and targets in sexual and reproductive health.

The hurdles facing work in sexual and reproductive health are substantial but not insurmountable. Indeed, real and dramatic improvements are within reach. In 2005, there is simply no excuse for allowing women to die in childbirth; people can be taught to practice safe sex; family planning can work even in the poorest and most remote countries. The problem is not that we lack the resources or the expertise; the problem is too often that we fail to act. We, at WHO, are determined to change that, and the programme of work described in these pages describes what concrete steps we plan to take towards improving the sexual and reproductive lives of women and men, girls and boys, around the world.

Sexual and reproductive health concerns everyone, everywhere, and at every stage of life. It is fundamental to the social and economic development of communities, economies and nations. But it also reflects some of the basic inequalities in our societies, the inequalities of wealth and gender. In this second decade following the adoption of the ICPD Programme of Action let us resolve to do better in the coming years—if not for ourselves, then at least for our children and our children's children. As the United Nations Secretary-General Kofi Annan forcefully stated on World Population Day 2002, "... let us recognize reproductive health as one of the key tools in the wider battle against poverty. And let us resolve to mobilize the resources

and the political will to work for reproductive health as a means to building a healthier, stronger, more prosperous human family." Let us all heed this call to action.

FACTS AND FIGURES

Globally, contraceptive use has increased dramatically in the last four decades from less than 10% of couples in the 1960s to over 60% at the turn of the century¹. In 2003, more than 630 million women aged 15–49 who were married or in union were using contraception². In spite of these gains, there are still at least 120 million couples who are not using any method of contraception despite an expressed desire to space pregnancies or limit their fertility³. Furthermore, even those who have access to contraception may still not be able to choose a suitable, safe and effective method: there are still around 400 million married women who lack access to a full range of safe and effective modern contraceptives⁴. As a result, close to 40% of pregnancies are unplanned and some 46 million of them are terminated each year through induced abortion; about 19 million of these abortions are unsafe with high risks of severe morbidity or death for the woman⁵. In fact, complications of unsafe abortion account for about 13% of the deaths that occur as a result of pregnancy and childbirth. In developing countries some 40% of these unsafe abortions are among girls aged 15–24 years⁵.

Each year, millions of adolescents become sexually active and around 210 million women and girls learn about their pregnancy when they miss their menstrual period or have a positive pregnancy test. Additionally, an unknown number become pregnant but are not aware of it because the pregnancy is lost in the first month or so of gestation⁶. Over half a million women die annually, as a result of causes related to pregnancy and childbirth, 95% in Africa and Asia⁷. Furthermore, it is estimated that about 50 million women experience major obstetric complications, for some the suffering will be permanent⁸. In addition, more than 4 million babies die within 28 days of coming into the world, and some 3.3 million babies are born dead⁹. More than 20 million infants worldwide, representing 15.5% of all births, are born with low birth weight, 95.6% of them in developing countries¹⁰. The level of low birth weight in developing countries (16.5%) is more than double the level in developed regions (7%)¹⁰. The majority of this suffering is preventable, as cost-effective interventions are known and affordable, but, all too often, are not made available due to scarcity of resources for health care.

Unwanted childbearing is associated with failure to seek pregnancy care and unwanted children are at greater risk of neglect, abuse and violence. Certain pregnancies, in particular those among very young women or among older, high-parity women, present greater risk for the health of the woman. It is also documented that women from the world's least developed countries are at least 150 times more likely to die during their lifetime from pregnancy-related causes than women in more developed countries⁷. Women refugees and women displaced by civil conflict and strife

are particularly vulnerable when they are pregnant, as they are frequently homeless and do not have access to good-quality health care.

Sexually transmitted infections (STIs) are a major global cause of acute illness, infertility, long-term disability and death. WHO estimates that 340 million new cases of syphilis, gonorrhoea, chlamydia and trichomoniasis occurred throughout the world in 1999 in men and women 15–49 years of age¹¹. To this figure need to be added the millions of viral (incurable) STI cases, foremost among them infections with the human immunodeficiency virus (HIV), the cause of the acquired immune deficiency syndrome (AIDS). The HIV epidemic is raging unchecked with almost five million new infections in 2004, mostly in developing countries¹². About 40 million people in the world live with HIV, of which 18 million are women and more than 2 million are children under the age of 15 years. The death toll of HIV was more than 3 million deaths in 2004 of which about half a million were children under 15 years¹². Yet, the persistent upward trend in HIV prevalence can be reversed as has been demonstrated in some countries that have adopted aggressive policies for the primary prevention of HIV infection.

An estimated total of 640,000 children under 15 years were newly infected with HIV in 2004, the majority due to transmission of HIV from an infected mother to her baby during pregnancy, delivery or through breastfeeding¹². In the absence of any intervention, the rates of mother-to-child-transmission of HIV are 15–25% in developed countries and 25–40% in populations where breastfeeding is common¹³. With the use of antiretroviral (ARV) treatments, elective caesarean section, and the avoidance of breastfeeding, the rates of HIV transmission from mother to child can be reduced to 2–5%, as has occurred in some developed countries^{14,15}. In the absence of any vaccine or cure for HIV infection, primary prevention remains the key to containing the epidemic.

Other viral infections also contribute to sexual and reproductive ill-health. Herpes Simplex Virus Type 2 (HSV2) is the primary cause of genital herpes and the most common cause of genital ulcer disease in the developed world. In developing countries, the major public health relevance of HSV2 lies in its potential role of facilitating HIV transmission¹⁶. There are currently few data on HSV2 prevalence from many parts of the world but prevalence is higher in developing than developed regions, and in many countries of sub-Saharan Africa and the Caribbean the prevalence in adults is around 50%^{16,17}. Furthermore, epidemiological studies indicate that 50% of women becoming sexually active contract a genital human papillomavirus (HPV) infection, the major cause of cervical cancer, within two years^{18,19}. In 2002, cervical cancer, with an estimated 493,000 new cases, was responsible for more than 273,000 deaths. Around 85% of these deaths occur in developing countries, where, in many regions, cervical cancer is the most common cancer among women²⁰.

Some 170–190 million people in the developing world (excluding China) experience infertility. Approximately

2.5% of the couples in the developing world (excluding China) have primary involuntary infertility, and secondary infertility can be as high as 24% or more in some countries, depending on the geographical area²¹. A large proportion of primary and secondary infertility among women in developing countries is attributable to tubal damage from infectious diseases. In many societies, infertility is perceived by the individual as a stigma with the burden being heavier on women, as they are usually considered to be the source of the problem while evidence suggests that infertility is as prevalent among men as among women.

Female genital mutilation (FGM) is practised primarily in 28 countries in Africa, but also in many other places in the world with immigrant populations from countries where FGM is the tradition. On the basis of available information in 2000, it was estimated that between 100 and 140 million women and girls have undergone FGM and that two million girls are at risk of being subjected to the practice annually²². It is known from various sources that the practice is undergoing changes and measuring prevalence of FGM is extremely difficult. Analysis of four countries with data from two points in time between 1994–2002 shows a measurable decrease in the prevalence of FGM in one of them, Eritrea²³. In addition, other forms of gender-based and sexual violence, frequently perpetrated by partners or other close acquaintances, cause suffering to countless millions of children, women and, to a lesser extent, men.

Sexual health has long been a neglected aspect of health and the dimensions of sexual dysfunction and sexual violence are just beginning to be appreciated. For instance, little information was available on erectile dysfunction until the very end of the twentieth century. In the USA, while 8% of men in their forties report either moderate or complete erectile dysfunction, this percentage approaches 40% in men aged 60–69 years²⁴. For developing countries, data are scarce or often non-existent²⁵. Despite the awareness of the importance of psychogenic factors as a cause of sexual dysfunction in women and men, there remains insufficient information on its psychological and social impact and appropriate treatments.

In all, sexual and reproductive ill-health, including HIV/AIDS but excluding stillbirths, is thought to have accounted, in 2002, for 22% of disability-adjusted life years (DALYs) lost among women and 16% among men. Developing countries accounted for 95% of DALYs lost in both sexes combined, as a result of sexual and reproductive ill-health²⁶.

TRENDS

According to the current United Nations medium-variant scenario, it is estimated that world population will continue to increase and reach 9 billion people in 2050 with virtually all population growth occurring in less developed countries²⁷. Thus, for the next 40–50 years, people in the reproductive age group will represent over 40% of the total population. The number of adolescents aged 10–19 years is predicted to grow to 1.3 billion by

the year 2030 before starting to decline gradually²⁷. At the same time, the 'greying of the population', already tangible in some developed countries, is about to become a world-wide phenomenon. Between now and 2050, the proportion of people aged 60 years and over will more than double from the current level of about 10% to 21% (from 0.67 to 1.9 billion)²⁷. Fulfilling the sexual, reproductive and post-reproductive health needs of these various population groups will require a wider range of quality sexual and reproductive health products and services tailored to diverse cultural and social backgrounds, than is currently available.

Trends in sexual and reproductive health mortality and morbidity are notoriously difficult to assess but recent data suggest that there has been no global improvement in maternal mortality or in the prevalence of curable sexually transmitted infections over the past decade. Projections of the HIV pandemic have been even more challenging¹². Experts have suggested different possible scenarios of progression of the epidemic in Africa for the next 25 years. If the responses to the HIV/AIDS epidemic continue to be fractured and short-term, fail to reflect the realities of everyday life, and therefore fail to deliver a lasting solution, by 2025 the epidemic will have depleted the resources of many households and communities. HIV prevalence will remain similar as today, which will continue to reduce life expectancy across many countries. There will be an increase in the number of people living with HIV and AIDS by more than 50% but only 20% of people who need antiretroviral therapy will have access to it²⁸.

Other developments linked to sexual and reproductive health need close monitoring to ensure they do not affect the field negatively and that positive advances benefit developing countries as much as the developed world. For example, the potential role, utility and impact of new sexual and reproductive health technologies and of genomics and proteomics research need to be evaluated. Equally, continuous attention must be devoted to the place given to sexual and reproductive health on the global international development agenda, and within the agendas of current development modalities, such as Sector Wide Approaches (SWAs), Poverty Reduction Strategy Papers and Credits (PRSPs and PRSCs), health sector reform processes, and others.

DEPARTMENT OF REPRODUCTIVE HEALTH AND RESEARCH (RHR)

The international mandate that drives the work of WHO in sexual and reproductive health is based on the *Global strategy to accelerate progress towards the achievement of international goals and targets in reproductive health*, which was approved by the World Health Assembly in May 2004, on agreements adopted at the International Conference on Population and Development (ICPD, Cairo 1994) and the Fourth World Conference on Women (FWCW, Beijing, 1995) and their respective five-year and ten-year follow-ups, as well as on the Millennium Development Goals. Specifically, on the basis of these agreements and statements, the

Department works “to ensure that by 2015 all primary health-care and family planning facilities are able to provide, directly or through referral, the widest achievable range of safe and effective family planning and contraceptive methods; essential obstetric care; prevention and management of reproductive tract infections, including sexually transmitted diseases; and barrier methods, such as male and female condoms and microbicides, if available, to prevent infection”²⁹.

Within WHO, the Department of Reproductive Health and Research (RHR), which includes the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), is charged with responding to these international calls to action. The Department is a part of the WHO Cluster on Family and Community Health (FCH), and works closely together with the other departments in this Cluster, namely the Departments of Making Pregnancy Safer (MPS), of Child and Adolescent Health and Development (CAH), of Gender, Women and Health (GWH) and of Immunization, Vaccines and Biologicals (IVB), as well as with a range of other departments at WHO Headquarters (in particular the Department of HIV/AIDS) and with WHO Regional and Country Offices.

In order to contribute optimally to the achievement of the Millennium Development Goals and other international goals in sexual and reproductive health, and taking into account the comparative advantages of WHO generally and the Department specifically, in 2002 the Department initiated a priority-setting exercise to define its work for the period 2004–2009³⁰. In the context of this six-year plan the present Programme Budget 2006–2007 is planned.

The process of defining priorities in sexual and reproductive health began with the drafting of a document surveying current issues and needs in the field. The second step sought feedback on this paper, using an expert resource questionnaire. The third step was to define, among the priority issues identified, which issues would be best addressed by the Department, taking into consideration its comparative advantages³¹. In the next step a quantitative approach was used to rank the potential outputs according to potential impact, feasibility and WHO's and the Department's comparative advantage. The final step involved asking several external experts in sexual and reproductive health to finalize the outputs and, using the methodology developed for priority-setting, to recommend and rank priorities. The outcome of this exercise is reflected in the “ranking” (A, B or C) of each product found in the product listings found throughout this document.

An integral part of the priority-setting exercise, which was based on a number of logical frameworks, was the articulation of the six objectives described in the box below, which characterize the aims of the Department. These objectives have provided the overall framework for the development of the present biennial budget.

Table 1. Departmental Objectives

Objective 1.

Broadening the provision of quality services which are cost-effective, available, accessible, and affordable, as well as evidence-based, gender-sensitive and respectful of reproductive rights.

Objective 2.

Ensuring and widening the range of safe and effective health products and technologies available 'on the market' in sufficient quantities, at affordable prices.

Objective 3.

Strengthening health management and support systems (public and private) to ensure health programmes are executed efficiently given the resources available.

Objective 4.

Fostering a supportive enabling environment at individual, family and community levels.

Objective 5.

Promoting sound national policies and laws, and conducive policy and legal processes.

Objective 6.

Ensuring there are effective international efforts and collaboration—including both effective global initiatives and sound implementation of international development efforts.

EXPECTED RESULTS FOR RHR

In accordance with WHO strategic and operational planning approaches, the Department has developed a series of concrete “Expected Results” or outputs that will be delivered during the biennium, along with indicators, baselines and targets for assessing the achievement of each of these Expected Results. These Expected Results, which are aligned with the Departmental Objectives described above, are shown in Table 2 below, which is extracted from the *WHO Programme Budget 2006–2007*³².

Table 2. Reproductive Health: Expected Results

Organization-wide expected results	Indicators	Baselines	Targets
1. Adequate guidance and support provided to improve sexual and reproductive health care in countries through dissemination of evidence-based standards and related policy, and technical and managerial guidelines.	Number of new or updated guidance documents to support national efforts to improve reproductive and sexual health validated and disseminated in countries	Existing portfolio of tools and standards	8 new or updated
2. New evidence, products and technologies of global and/or national relevance available to improve reproductive and sexual health, and research capacity strengthened as necessary.	Number of completed studies of priority issues in reproductive and sexual health	Existing evidence base	40 new studies
	Number of new or updated systematic reviews on best practices, policies and standards of care	Existing portfolio of systematic reviews	15 new or updated systematic reviews
	Number of new research centres strengthened through comprehensive institutional development support	Over 100 centres supported by HRP since 1972	6 new centres
3. Policy and technical support effectively provided to countries for the design and implementation of comprehensive plans for increasing access to, and availability of, high-quality sexual and reproductive health care, strengthening human resources, and building capacity for monitoring and evaluation.	Number of targeted countries with new or updated strategies and plans for strengthening access to, and availability of, high-quality sexual and reproductive health care	20	20 additional
	Number of countries completing operational research studies to evaluate approaches to provision of high-quality sexual and reproductive health care	25 in previous two biennia	15 additional
4. Adequate technical support provided to countries for better reproductive and sexual health through individual, family and community actions.	Number of targeted countries developing new or improved interventions to foster action at individual, family and community levels for better reproductive and sexual health	0 (new area)	5 countries
5. Ability of countries to identify regulatory obstacles to provision of high-quality sexual and reproductive health care strengthened.	Number of targeted countries having reviewed their existing national laws, regulations and policies relating to reproductive and sexual health	2	3
6. International efforts for achieving international development goals in reproductive health, including global monitoring, mobilized and coordinated.	Global report on progress towards achievement of international development goals in reproductive health submitted to the Health Assembly	1	2

In order to achieve the Expected Results shown above, and in line with the priority-setting process described earlier, a consolidated product-oriented work plan has been developed that includes explicit products, budget information and annual "milestones". These products are described and listed in the following chapters of this document.

RHR PROGRAMME BUDGET 2006–2007

This *RHR Programme Budget 2006–2007* builds on the work of the Department of Reproductive Health and Research undertaken in 2004–2005, as outlined in the *RHR Programme Budget 2004–2005*. As in the previous biennium, this document is presented as a list of products, within the strategic framework described above, for which a specified amount of resources is required. Whilst the work of HRP is integrated within the Department, the activities of HRP, which is a Special

Programme cosponsored by the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), WHO and The World Bank, are clearly identified throughout this document, in accordance with administrative and financial accounting requirements.

The information in this Departmental budget document is entirely consistent with the "Reproductive Health" Area of Work summarized on pages 73–76 of the *WHO Programme Budget 2006–2007*³², which was approved by the World Health Assembly in May 2005. Specifically, the priority 1+2+3 budget level in the present document corresponds to the Headquarters allocation for the Reproductive Health Area of Work, shown on page 75.

Based on the guidance received from HRP's Standing Committee in December 2004, three budget levels for HRP were developed; for products in the area of Programme Development in Reproductive Health (PDRH) three budget levels were also developed. The HRP budget was then presented to and approved at HRP's Policy and Coordination Committee meeting held in June 2005. The budget priority levels and totals for each are shown in Table 3 below.

Table 3 RHR Programme Budget, 2006–2007*

Priority Level		Budget (US\$ million)		
		HRP	PDRH	Total RHR
1+2+3	Full budget level <i>WHO Programme Budget</i>	38.8	17.0	55.8
1+2	Medium-level contingency plan	35.5	12.0	47.4
1	Contingency plan	31.0	11.3	42.4

* Figures may not add up due to rounding and exclude Programme Support Costs.

The breakdown of the full budget by Budget Section is shown in Figure 1, by Departmental Objective in Figure 2, and by Expected Result in Figure 3. A detailed breakdown by Budget Section and a comparison with the budget levels for 2004–2005 are shown in the Budget Tables in Section 11.

Each section of this budget document includes a detailed product listing, which describes each of the products planned for implementation during the biennium, along with specific annual product implementation milestones. In addition, the right-hand column of each product listing shows: (1) the source of funding (HRP or PDRH—Programme Development in Reproductive Health), (2) Departmental Objective, (3) the Expected Result to which the product contributes, taken from the WHO Programme Budget 2006–2007, (4) the relevant output and ranking from the Summary Medium-Term Programme of Work 2004–2009³³, and (5) the budget priority level.

OVERSIGHT AND ACCOUNTABILITY

The success of the Department's work in sexual and reproductive health depends on its scientific and ethical rigour, its gender sensitivity and its ability to address priority sexual and reproductive health needs in countries, particularly developing countries. This is ensured through evaluation by a number of complementary advisory bodies:

- The Scientific and Technical Advisory Group (STAG) meets annually to review progress made, to recommend priorities and to advise on the allocation of resources;
- The Gender Advisory Panel (GAP) reviews the work from a gender and reproductive rights perspective;
- Regional Advisory Panels (RAPs) monitor and evaluate the work in their respective geographical region;
- The Scientific and Ethical Review Group (SERG) Panel provides an independent ethical assessment of research proposals submitted; and
- Further evaluation of HRP takes place at the annual meetings of the Policy and Coordination Committee (PCC), thrice-yearly meetings of the Standing Committee, and periodic external independent evaluations (see below).

Each of the above bodies is in a position to assess, from differing points of view, the achievement of the programme objectives and expected results. Furthermore, within this budget document, each of the products listed in the tables that follow has annual milestone(s) for tracking progress. We were the first WHO Department to use actively the WHO Activity Management System (AMS) to monitor and evaluate implementation of our work plan. Use of AMS will continue in the biennium 2006–2007. RHR Management is actively participating in the development of WHO's new Global Management System (GSM), in order to ensure that this new system, which will be implemented in 2006, will be able to meet our management information needs. In addition, since 2000, RHR has been using TRIMS, a management system for keeping track of research projects and other contracts. TRIMS was developed by the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) and adapted for use by RHR.

EXTERNAL EVALUATION OF HRP

HRP is also evaluated by periodic independent external evaluations, most recently in 2002–2003. This external evaluation, covering the period 1990–2002, was conducted by Management Sciences for Health (MSH) and the Swiss Centre for International Health (SCIH) of the Swiss Tropical Institute.

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

The external evaluation report provided a strong and favourable endorsement of the direction and management of the Special Programme. The overall conclusion of the external evaluation, as reported in the evaluation report³⁴, was that, during the period 1990–2002, HRP clearly met expectations in terms of its core mission to coordinate, promote, conduct and evaluate international research in reproductive health and that it achieved its major objectives. The Special Programme maintained its position as the global leader in generating research results and establishing the scientific consensus needed to advance reproductive health policies and practices, especially for developing countries. The external evaluation also made numerous recommendations, described in the report, which have been implemented in order to further enhance the performance of the Special Programme.

Figure 1. RHR programme budget for 2006–2007, by budget section

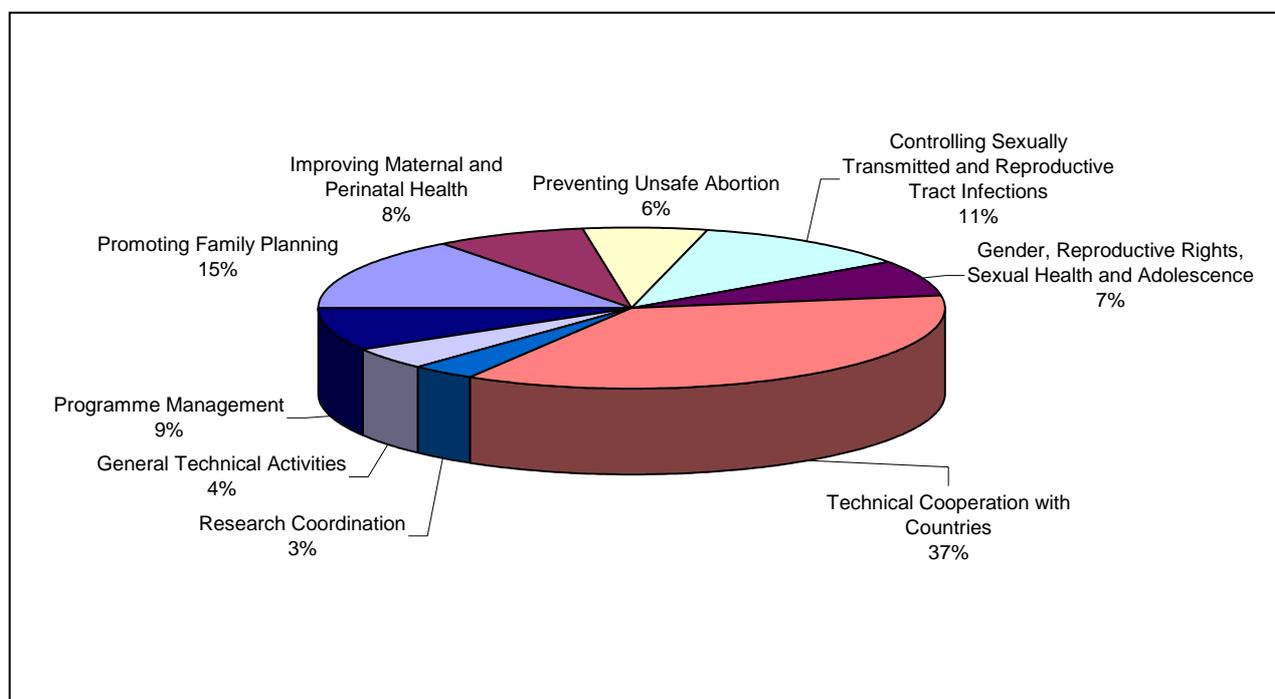


Figure 2. RHR Programme budget for 2006–2007, by departmental objective

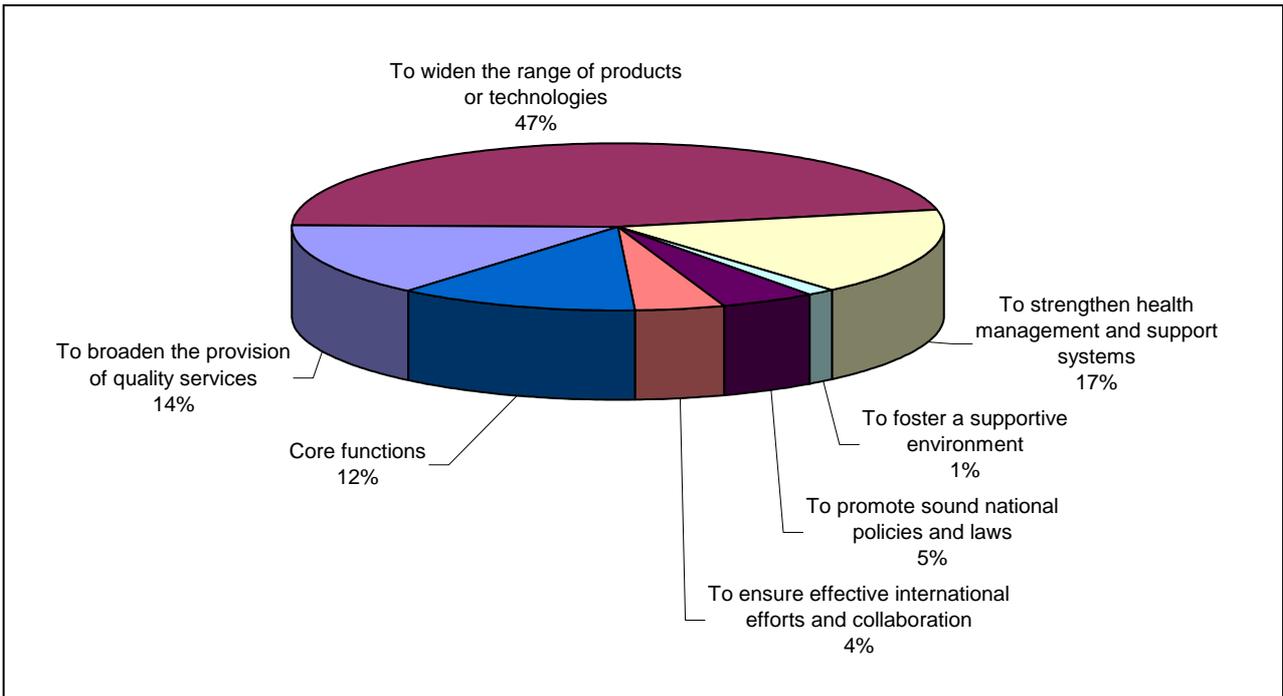
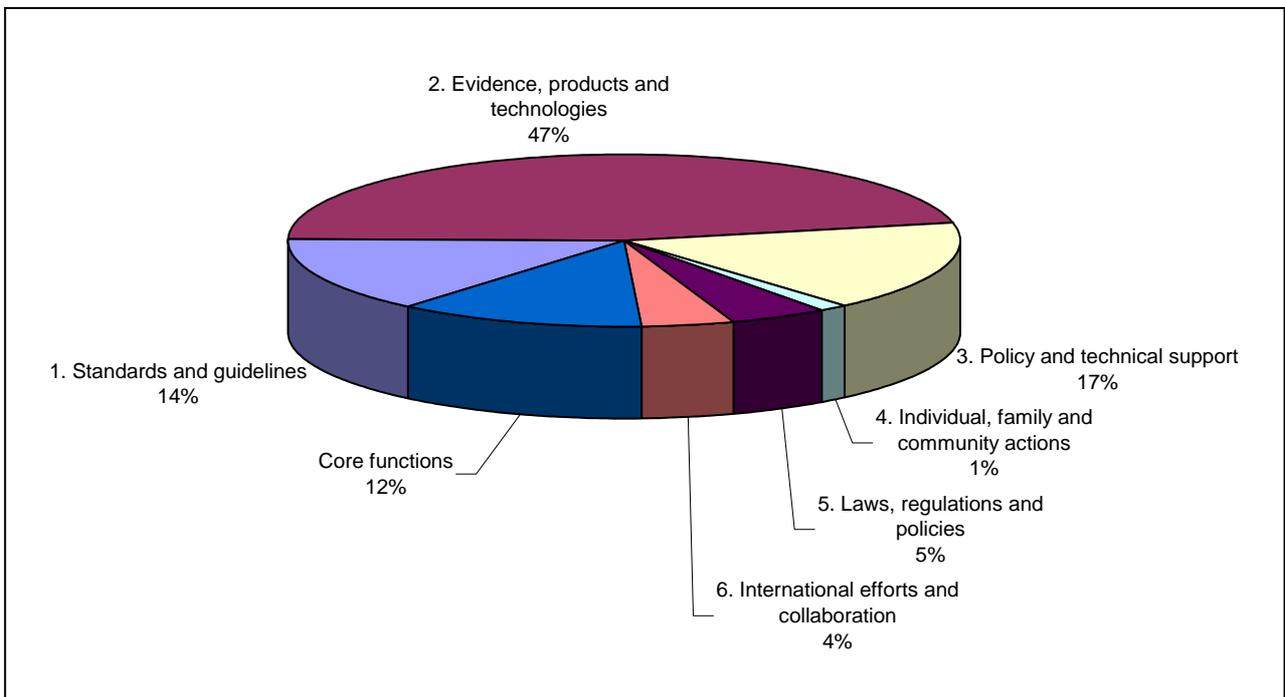


Figure 3. RHR Programme budget for 2006–2007, by expected result





PROMOTING FAMILY PLANNING

ISSUES AND CHALLENGES

Over the last four decades, use of contraceptives has increased worldwide from less than 10% of couples in the 1960s to over 60% at the turn of the century¹. Except in much of sub-Saharan Africa and a few Asian and Latin American countries, women throughout the world increasingly want small families, often two or three children⁶. In 2003, more than 630 million women aged 15–49 years who were married or in union were using contraception². In spite of these gains, in 2000–2005, fertility remained above five children in 35 of the 148 developing countries, 30 of which are least developed countries²⁷. There are still at least 120 million couples who are not using any method of contraception despite an expressed desire to space pregnancies or limit their fertility³. Furthermore, even those who have access to contraception may still not be able to choose a suitable, safe and effective method: there are still around 400 million married women who lack access to a full range of safe and effective modern contraceptives⁴.

Another telling indicator of the challenge facing family planning programmes—an indicator sometimes described as “the ultimate unmet need for family planning”—is the estimated 46 million women who resort to induced abortion each year, 19 million of them putting their lives at risk because the abortions are carried out under illegal and/or unsafe conditions or by unskilled providers⁵. Sadly, complications of unsafe abortion account for about 13% of maternal deaths worldwide. In developing countries, some 40% of these unsafe abortions are among girls aged 15–24 years⁵.

Thus, the challenge for family planning is to provide a wider range of methods that better address people's needs and preferences and to find better ways to deliver high-quality services to the millions of people who would use family planning if they had access to it. If programmes could meet all unmet need for acceptable family planning among sexually active people, irrespective of marital status, about half a billion more women and men would be able to achieve their reproductive intention, effectively and safely. Furthermore, the lives of 100,000 women who now die needlessly due to complications associated with unwanted pregnancies and births could be saved³⁵.

The objectives set in this area at ICPD and articulated in the ICPD Programme of Action (paragraph 7.14) are:

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

These objectives were re-affirmed at the Twenty-first Special Session of the United Nations General Assembly in 1999 devoted to the five-year review of the implementation of the ICPD Programme of Action (ICPD+5)²⁹, where the specific goals (see box) were set which guide the Department to this day.

Goals

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

(Key actions ICPD+5, paragraph 53)

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

(Key actions ICPD+5, paragraph 58)

Governments re-affirmed their commitment to these goals during the review of the Beijing Declaration and Platform for Action at the Twenty-third Special Session of the United Nations General Assembly in 2000.

More recently, in 2004, the World Health Assembly adopted a Global Reproductive Health Strategy in which is expressed the pivotal role of family planning in sexual and reproductive health (see box). To reach the full potential of this central role requires integrating other sexual and reproductive health services (such as voluntary counselling and testing for HIV, diagnosis and treatment of sexually transmitted infections and/or sexual health care) into family planning programmes. Further, the integration of family planning services into HIV and STI services would also offer an opportunity to reach those men and women who lack access to such services. Multidisciplinary research is required to meet this new challenge most effectively.

Excerpt from the WHO Global Reproductive Health Strategy adopted by the 57th World Health Assembly, May 2004 (World Health Assembly Resolution WHA57.12)

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

(Reproductive health strategy to accelerate progress towards the attainment of international development goals and targets, paragraph 38)

RHR'S WORK IN PROMOTING FAMILY PLANNING

The causes of unmet need in family planning are multiple and include lack of services or barriers to their access; poor quality of services (inappropriate client-provider interactions, substandard technical competence of providers, inadequate information, poor design and management of service delivery systems); technology issues (limited or inappropriate choice of available methods and fear, or experience, of side-effects); and broader social issues (people's lack of knowledge, sociocultural, religious and gender barriers, power imbalances within couples and families). Furthermore, a number of trends are continuously reshaping the context of family planning and affect the magnitude and type of needs to be met. These include the high rates of STI and HIV transmission worldwide, the changing patterns of adolescent sexuality and fertility, and the large number of people living in poverty and other vulnerable situations.

In order to effectively meet the family planning needs of the millions of individuals and couples who are currently poorly served, or not served at all, the Department must

strive to enhance the likelihood that its programme of work contributes meaningfully to improving the quality of family planning care globally. A set of six key objectives has been elaborated that will contribute to this goal. These objectives will be reached through research and programmatic activities outlined below.

The research agenda will focus on:

- Epidemiological research on the safety and efficacy of existing methods, particularly for individuals with chronic diseases receiving long-term treatment (e.g., antiretrovirals), and systematic reviews of the evidence for the creation of evidence-based guidance.
- Operations research to evaluate selected strategies for improving the quality of care, including the implementation of evidence-based guidance.
- Social and behavioural research to identify barriers to the uptake of family planning services (including infertility treatment), especially among groups of underserved and/or vulnerable populations, and on appropriate strategies to address these barriers; further research to evaluate the social and behavioural determinants of the successful use of family planning methods and services.
- Development of new contraceptive methods, including improved methods of emergency contraception, pre-coital methods, dual protection methods, long-acting hormonal and non-hormonal methods for women, long-acting hormonal methods for men.
- Evaluation of new technologies for the treatment of infertility suitable for resource-poor settings.
- Basic science investigations to identify new targets for contraception research (depending upon availability of funds).

The Department will continue to ensure that results of research are widely disseminated, not only to the scientific community through peer-reviewed scientific journals, but also through the Internet and through meetings and workshops including with policy-makers and programme managers. In addition, the Department will provide support to countries to strengthen their capacity for undertaking research.

Programmatic activities will focus on:

- Development of evidence-based guidelines that focus explicitly on ensuring a high quality of accessible, acceptable and affordable family planning services. Central to this work are the Four Cornerstones of evidence-based guidelines and tools: the *Medical eligibility criteria for contraceptive use*, the *Selected practice recommendations for contraceptive use*, the *Decision-making tool for family planning clients and providers* and the *Global handbook for family planning providers*.
- Ongoing monitoring and critical appraisal of new evidence to assure that the guidelines and tools

remain current and based on the best available science.

- Development of educational materials to support pre- and in-service training.
- Support to strengthen national health system capacity. A key aspect of this will be supporting countries in implementing WHO's family planning norms, tools and standards.
- Support to foster an enabling environment at family, community, national and international levels for addressing unmet need and for promoting access to high-quality services for those who desire them. This will include guidance on the delivery of quality services from the perspective of those served.
- Advocacy at the global level for family planning both for the direct benefits it brings to people, their families and societies as well as for the role it plays in achieving Millennium Development Goals.

The research and programmatic activities will be core contributions to the following six objectives of the Department in the area of family planning, as outlined below.

Objective 1: To increase availability of high-quality family planning services.

This objective aims at quality improvement, through the creation and implementation of evidence-based tools and guidelines and the evaluation of the impact of this guidance on improving family planning access, choice and informed consent. The provision of high-quality services also encompasses social and behavioural science and operations research regarding the successful use of family planning services and research to evaluate the barriers to uptake of family planning services and on strategies to address them. Finally, the objective also comprises the development of protocols for infertility prevention, diagnosis and management.

Objective 2: To broaden the range of safe, effective, acceptable and affordable family planning and infertility care methods available to all women and men.

This objective seeks quality improvement through: research on the safety and effectiveness of existing methods of contraception; development of new contraceptive methods; evaluation of male and female reproductive functions to identify new targets for contraception research; and evaluation of technologies for the treatment of infertility suitable for resource-poor settings.

Objective 3: To strengthen national health system capacity to ensure high-quality and sustainable family planning programmes and services in resource-poor settings.

It is recognized that the provision of high-quality services requires the support of a strong health system. This objective includes the development of managerial and

service delivery guidelines as well as support to countries in adapting and implementing evidence-based norms and tools. Much of the Department's work in strengthening health systems to promote sexual and reproductive health, including family planning, will be conducted through application of the WHO Strategic Approach, the Implementing Best Practices Initiative (IBP), the WHO/UNFPA Strategic Partnership Programme and other Departmental mechanisms for the provision of technical support to countries. (See section 7)

Objective 4: To foster family and community support for quality family planning services and informed reproductive choices.

The provision of high-quality services requires the support of the families and communities that the services are intended to benefit. Work contributing to this objective includes guidance at the family and community levels on the promotion of individuals' knowledge and skills to make informed reproductive choices, and on enhancing the role of families and communities in health service provision. Planned activities include the development of guidance on health systems mechanisms to involve the community in quality improvement processes (to be conducted in 2008–2009).

Objective 5: To foster an enabling environment at the national level supportive of sound family planning programmes, policies, laws and initiatives.

Although no work for this objective has been budgeted for 2006–2007, the Department recognizes that supportive national environments are imperative for the success of family planning programmes and plans to conduct research on the synergies between the status of women and the provision of high-quality family planning services in 2008–2009. In particular, research is planned to evaluate the contribution of family planning programmes to women's empowerment and gender equity at national levels, in conjunction with the work under Gender, Reproductive Rights, Sexual Health and Adolescence. (See section 6)

Objective 6: To foster an enabling environment at the global level supportive of family planning.

Advocacy is needed for increased international commitment to sexual and reproductive health including family planning, as a major contributor to the health and well-being of individuals and the development of communities, nations and the world as a whole. Specific activities will include the development of advocacy materials to promote equity of access to family planning (2006–2007) to be followed by the development of advocacy tools and a strategy for dissemination and use of these tools (2008–2009).

PRODUCT LISTING

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
001	Update of <i>Medical eligibility criteria</i> and <i>Selected practice recommendations</i>	Preparation of evidence, guidelines steering group and expert working group meetings, document preparation	One steering group meeting held	One expert working group meeting held	PDRH, objective 1, WHO Exp. Result 1, output PFP1.1, rank A, priority 1
002	<i>Decision-making tool for family planning clients and providers</i> and <i>Global handbook for family planning providers</i>	Translations of the document	Translations completed	Translations published and disseminated	PDRH, objective 1, WHO Exp. Result 1, output PFP1.1, rank A, priority 3
003	<i>Family planning guidance updates</i>	Document preparation, printing and translation	Electronic and hard copy updates published	Electronic and hard copy updates published	PDRH, objective 1, WHO Exp. Result 1, output PFP1.1, rank A, priority 1
004	System for ongoing monitoring of evidence to support guidance (CIRE system)	Bibliographic searches, critical appraisals, peer review and systematic reviews	Bibliographic searches, critical appraisals, peer review and systematic reviews performed	Bibliographic searches, critical appraisals, peer review and systematic reviews performed	PDRH, objective 1, WHO Exp. Result 1, output PFP1.1, rank A, priority 1
005	Evaluation of CIRE system	Evaluation strategy developed and implemented	Evaluation strategy developed	Evaluation implemented	PDRH, objective 1, WHO Exp. Result 1, output PFP1.1, rank A, priority 3
006	<i>Reproductive choices and family planning for people living with HIV</i>	<i>Service delivery tool for integration of family planning and sexual and reproductive health issues for HIV+ women and men</i>	Document prepared and field-tested	Document finalized	PDRH, objective 1, WHO Exp. Result 1, output PFP1.1, rank A, priority 1
007	<i>Reproductive choices and family planning for people living with HIV</i>	<i>Service delivery tool for integration of family planning and sexual and reproductive health issues for HIV+ women and men</i>	Document prepared and field-tested	Document finalized	PDRH, objective 1, WHO Exp. Result 1, output PFP1.1, rank A, priority 2
008	<i>Reproductive choices and family planning for people living with HIV</i>	<i>Service delivery tool for integration of family planning and sexual and reproductive health issues for HIV+ women and men</i>	Document prepared and field-tested	Document finalized	PDRH, objective 1, WHO Exp. Result 1, output PFP1.1, rank A, priority 3
009	<i>Medical eligibility criteria wheel for contraceptive use</i>	Printing and translations of tool	Tool completed and printed	Translations completed and published	PDRH, objective 1, WHO Exp. Result 1, output PFP1.1, rank A, priority 3
010	Second edition of <i>WHO manual for the standardized investigation, diagnosis and management of the infertile male</i>	Development, publication and dissemination of 2nd edition of the <i>WHO manual for the standardized investigation, diagnosis and management of the infertile male</i>	Revision of manual initiated	Revision finalized. Publication and dissemination of 2nd edition of manual under way	PDRH, objective 1, WHO Exp. Result 1, output PFP1.2, rank B, priority 3
011	Users' perspectives on fertility regulating methods and services	Documentation of user, non-user and provider perspectives on family planning methods, including research on method acceptability, preferences, choices and use	Completion of ongoing studies and one study initiated, including analysis of the available data from the Demographic and Health Surveys (DHS) and data from other sources	One additional study supported. Results from completed research and analysis disseminated	HRP, objective 1, WHO Exp. Result 1, output PFP1.3, rank B, priority 1

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
012	Users' perspectives on fertility regulating methods and services	Documentation of user, non-user and provider perspectives on family planning methods, including research on method acceptability, preferences, choices and use	One study initiated	One additional study supported. Results from completed research and analysis disseminated	HRP, objective 1, WHO Exp. Result 1, output PFP1.3, rank B, priority 2
013	Users' perspectives on quality of care in sexual and reproductive health services	Evidence on quality of care from the perspectives of users, providers and from objective assessment is generated and its impact on user satisfaction and compliance documented and implications highlighted	Completion of ongoing studies and one study initiated	One additional study supported. Results from completed research synthesized and disseminated	HRP, objective 1, WHO Exp. Result 1, output PFP1.3, rank B, priority 1
014	Users' perspectives on quality of care in sexual and reproductive health services	Evidence on quality of care from the perspectives of users, providers and from objective assessment is generated and its impact on user satisfaction and compliance documented and implications highlighted	One to two studies initiated	One additional study supported. Results from completed research synthesized and disseminated	HRP, objective 1, WHO Exp. Result 1, output PFP1.3, rank B, priority 2
015	Prevention of the dual risks of unwanted pregnancy and STIs/HIV	Documentation of the perspectives and behaviour of sexually active women and men on the dual risks of unintended pregnancy and STIs/HIV and their implications for sexual behaviour and family planning, including condom use within marriage or stable partnerships in countries with generalized high prevalence of HIV infection	Completion of multi-country study and one follow-up study initiated in two countries that were part of the multicountry study	One additional study supported. Results from completed research disseminated	HRP, objective 1, WHO Exp. Result 1, output PFP1.3, rank B, priority 1
016	Prevention of the dual risks of unwanted pregnancy and STIs/HIV	Documentation of the perspectives and behaviour of sexually active women and men on the dual risks of unintended pregnancy and STIs/HIV and their implications for sexual behaviour and family planning, including condom use within marriage or stable partnerships in countries with generalized high prevalence of HIV infection	One to two follow-up studies initiated in countries that were part of the previous multicountry study	One additional study supported. Results from completed research disseminated	HRP, objective 1, WHO Exp. Result 1, output PFP1.3, rank B, priority 2
017	Improved quality of family planning services	Assessing the feasibility and implementation of interventions for optimal uptake and continuation of contraceptive use, including the introduction of the condom in contexts with a tradition of prolonged post-partum abstinence	Two diagnostic studies initiated	-	HRP, objective 1, WHO Exp. Result 1, output PFP1.5, rank B, priority 2
018	Improved quality of family planning services	Assessing the feasibility and implementation of interventions for optimal uptake and continuation of contraceptive use, including the introduction of the condom in contexts with a tradition of prolonged post-partum abstinence	-	One intervention research study developed on the basis of the findings of studies in 2006. Results from completed research disseminated	HRP, objective 1, WHO Exp. Result 1, output PFP1.5, rank B, priority 3

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
019	Research initiative in operations research in reproductive health	In collaboration with the Population Council / FRONTIERS and USAID, identify and implement high priority operations research projects in reproductive health	Two to three research projects initiated, two research capacity strengthening workshops held, and support in implementation, adaptation, field-testing, monitoring and evaluation of guidelines undertaken	Two additional projects supported and activities to strengthen research capacity, dissemination and utilization of findings undertaken	HRP, objective 1, WHO Exp. Result 1, output PFP1.5, rank B, priority 1
020	Development of pre-coital methods of contraception	Phase I research testing various compounds. Non-human primate research on efficacy	Phase I studies initiated / primate studies initiated	Primate studies completed. Most promising leads for further research identified	HRP, objective 2, WHO Exp. Result 2, output PFP2.1, rank B, priority 2
021	Research on mechanisms of action of emergency contraception	Research in humans and non-human primates	Research on effects of levonorgestrel and/or new compounds on embryo viability in non-human primates completed. Studies using human implantation model ongoing	Studies using human implantation model completed	HRP, objective 2, WHO Exp. Result 2, output PFP2.1, rank B, priority 1
022	Scientific guidance from Research Group on Post-ovulatory Methods for Fertility Regulation	Annual meetings of Research Group	Meeting held	Meeting held	HRP, objective 2, WHO Exp. Result 2, output PFP2.1, rank B, priority 1
023	Safety and effectiveness of a three-monthly steroidal injectable for women	Coordination of development of levonorgestrel butanoate as a new and improved injectable contraceptive, in collaboration with CONRAD and NICHD	Meeting to review pre-clinical data	Preparation of Phase I pharmacokinetic study	HRP, objective 2, WHO Exp. Result 2, output PFP2.1, rank B, priority 1
024	Safety and effectiveness of a combined hormonal vaginal ring	Collaboration in the clinical evaluation of the Population Council's combined vaginal ring (support to one trial centre)	Phase III trial initiated/continuing	Phase III trial continuing	HRP, objective 2, WHO Exp. Result 2, output PFP2.1, rank B, priority 1
025	Safety and effectiveness of a novel hormone-releasing intra-uterine system (IUS)	Collaborative comparative trial of the clinical performance of the novel T-LNG14 IUS and the T-LNG20 IUS (Mirena®)	Meeting to prepare for trial held	Study initiated	HRP, objective 2, WHO Exp. Result 2, output PFP2.1, rank B, priority 1
026	Safety and efficacy of an hCG immunocontraceptive	Phase I clinical study of a sustained release matrix formulation	Phase I study completed	-	HRP, objective 2, WHO Exp. Result 2, output PFP2.1, rank B, priority 1
027	Safety and efficacy of an hCG immunocontraceptive	Pre-Phase II teratology of a sustained release matrix formulation	Pre-Phase II teratology study initiated	Pre-Phase II teratology study completed	HRP, objective 2, WHO Exp. Result 2, output PFP2.1, rank B, priority 1
028	Scientific guidance from Research Group on Immunocontraception	Biennial meeting of Research Group	Meeting held	-	HRP, objective 2, WHO Exp. Result 2, output PFP2.1, rank B, priority 1
029	Safety and effectiveness of a combination androgen+ progestogen for male contraception	Multicentre Phase IIb trial of sperm suppression and contraceptive protection provided by an androgen + progestogen combination in healthy men	Phase IIb trial continuing	Phase IIb trial continuing	HRP, objective 2, WHO Exp. Result 2, output PFP2.1, rank B, priority 1

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
030	Scientific guidance from Research Group on Methods for the Regulation of Male Fertility	Annual meetings of Research Group	Meeting held	Meeting held	HRP, objective 2, WHO Exp. Result 2, output PFP2.1, rank B, priority 1
031	New leads for female fertility regulation	Identification, characterization, and preparation of implantation- and other fertility-associated factors	Candidate molecules for further evaluation identified	Tissue specificity, spatial and temporal expression and effects of inhibition of factors investigated	HRP, objective 2, WHO Exp. Result 2, output PFP2.2, rank C, priority 3
032	New leads for male fertility regulation	Evaluation of two completed initiatives on male basic science research	Evaluation completed	-	HRP, objective 2, WHO Exp. Result 2, output PFP2.2, rank C, priority 2
033	New leads for male fertility regulation, new initiative	Initiation of new studies that could lead to new methods of fertility regulation for use by men	-	New studies of new leads for male fertility regulation initiated	HRP, objective 2, WHO Exp. Result 2, output PFP2.2, rank C, priority 3
034	Guidance from sub-committee to review male basic science proposals	Basic science research consultation on male methods to review progress and new proposals	-	Meeting held	HRP, objective 2, WHO Exp. Result 2, output PFP2.2, rank C, priority 3
035	Understanding endometrial bleeding	Further elucidation of mechanisms involved in progestogen-induced or post-abortion endometrial bleeding irregularities	-	Research initiated	HRP, objective 2, WHO Exp. Result 2, output PFP2.2, rank C, priority 1
036	International meeting on the mechanisms of uterine bleeding	International meeting in collaboration with NICHD to assess state-of-the-art in basic science and clinical treatments of irregular uterine bleeding	Meeting held	-	HRP, objective 2, WHO Exp. Result 2, output PFP2.2, rank C, priority 1
037	Long-term safety and effectiveness of implantable contraceptives for women	Multicentre randomized clinical trial of two implantable contraceptives for women: Jadelle and Implanon	Long-term study continuing	Long-term study completed	HRP, objective 2, WHO Exp. Result 2, output PFP2.3, rank A, priority 1
038	Impact of progestogen-only contraception on bone mineral density	Association of use of progestogen-only contraceptives (DMPA) and combined oral contraceptives and bone mineral density, with special reference to adolescents	Prospective study continuing	Prospective study completed	HRP, objective 2, WHO Exp. Result 2, output PFP2.3, rank A, priority 2
039	Impact of combined injectable contraceptive use on bone mineral density	Comparative prospective study of Cyclofem and DMPA users	Prospective study initiated	Prospective study continuing	HRP, objective 2, WHO Exp. Result 2, output PFP2.3, rank A, priority 2
040	Long-term safety and effectiveness of the TCu380A IUD	Assessment of safety, effectiveness, and remaining copper levels after 15 years of use of the TCu380A	Long-term safety and effectiveness study completed	-	HRP, objective 2, WHO Exp. Result 2, output PFP2.3, rank A, priority 1
041	Interaction between antiretroviral therapy (ARV) and steroid hormone contraception	Long-term observational study of HIV-infected women in developing countries using steroid hormone contraception	Study of ARV and steroid hormone contraception completed	-	HRP, objective 2, WHO Exp. Result 2, output PFP2.3, rank A, priority 1
042	Interaction between antiretroviral therapy (ARV) and steroid hormone contraception	Long-term observational study of HIV-infected women in developing countries using steroid hormone contraception while on ARV therapy	Study of ARV and steroid hormone contraception initiated	Study of ARV and steroid hormone contraception continued	HRP, objective 2, WHO Exp. Result 2, output PFP2.3, rank A, priority 2

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
043	Interactions between hormonal contraceptives and ARV therapy in women from developing countries	Pharmacokinetic and pharmacodynamic studies of interactions between hormonal contraceptives and ARV therapy in women from developing countries	Study initiated	Study completed	HRP, objective 2, WHO Exp. Result 2, output PFP2.3, rank A, priority 3
044	Male infertility and environmental and occupational exposures	Expert consultation on the effects of environmental and occupational exposures on fertility and reproductive health of men	Expert meeting held	-	HRP, objective 2, WHO Exp. Result 2, output PFP2.4, rank B, priority 3
045	Low-cost assisted reproductive technology (ART) protocol	Expert group meeting to review draft of low-cost ART protocol	Meeting to review draft protocol held	-	HRP, objective 2, WHO Exp. Result 2, output PFP2.4, rank B, priority 2
046	Training curricula based on the <i>Global handbook for family planning providers</i>	Development of training material, in collaboration with partners	Training curricula developed	-	PDRH, objective 3, WHO Exp. Result 3, output PFP3.2, rank A, priority 2
047	Training curricula based on the <i>Global handbook for family planning providers</i>	Development of training material, in collaboration with partners	-	Training curricula field-tested	PDRH, objective 3, WHO Exp. Result 3, output PFP3.2, rank A, priority 3
048	Adaptation of the <i>Decision-making tool for family planning clients and providers</i> for community-based distribution workers	Adaptation of <i>Decision-making tool</i> with country partners	Adaptation completed	Field-testing completed	PDRH, objective 3, WHO Exp. Result 3, output PFP3.2, rank A, priority 3
049	<i>Managerial guidelines for family planning</i>	Planning and technical meetings with partners	Interagency planning and technical meeting held	Guides drafted	PDRH, objective 3, WHO Exp. Result 3, output PFP3.2, rank A, priority 2
050	<i>Managerial guidelines for family planning</i>	Planning and technical meetings with partners	-	Document completed	PDRH, objective 3, WHO Exp. Result 3, output PFP3.2, rank A, priority 3
051	Adaptation and implementation of evidence-based guidance at country level	Workshops, technical backstopping and other technical support at country level to assist in the implementation and adaptation of the <i>Medical eligibility criteria for contraceptive use</i> , the <i>Selected practice recommendations for contraceptive use</i> , the <i>Decision-making tool for family planning clients and providers</i> and the <i>Global handbook for family planning providers</i>	Workshops held. Assistance given	Workshops held. Assistance given	PDRH, objective 3, WHO Exp. Result 3, output PFP3.2, rank A, priority 3
052	Advocacy materials to promote equity of access to family planning	Development of advocacy materials to promote equity of access to family planning, working with AFRO, and producing a generic version	Development of advocacy materials	Advocacy materials completed	PDRH, objective 6, WHO Exp. Result 6, output PFP6.2, rank B, priority 3



IMPROVING MATERNAL AND PERINATAL HEALTH

ISSUES AND CHALLENGES

Reducing the number of women dying in pregnancy, childbirth and the postpartum period by three quarters between 1990 and 2015 is one of the targets of the Millennium Development Goals³⁶. Actions to achieve this target will also contribute substantially to reducing newborn mortality, which in turn will play an important part in the achievement of the Millennium Development Goal of reducing child deaths. Complications of pregnancy and childbirth account for the deaths of about 529,000 women a year⁷, and are the second most common cause of mortality in women of reproductive age after HIV/AIDS³⁷. This burden is unevenly distributed: 95% of these deaths occur in Africa and Asia which also show the largest maternal mortality ratios, 830 and 330 maternal deaths per 100,000 live births, respectively. In these areas of high maternal mortality, women run more than 140 times the risk of dying from a pregnancy-related cause during their lifetime than women in Europe⁷.

Since the launch of the Safe Motherhood Initiative in 1987, the international community has been trying to solve this problem. A few countries have managed to reduce maternal and neonatal deaths, but mortality ratios have remained virtually unchanged in the worst affected countries. Nevertheless, important lessons have been learnt: for example, strengthening emergency care for women with complications is important but not sufficient; and training traditional birth attendants has not yielded the results expected^{38,39}.

RHR's programme of work for 2006–2007 intends to contribute to achieving the goals of improved maternal and newborn health in line with the ICPD Programme of Action and the Millennium Development Goals.

In the pursuance of these goals, the programme of research for the years 2006–2007 will address the major barriers for women and newborns to access the quality skilled care they need during pregnancy, for childbirth and in the postnatal period.

Goals

To reduce maternal mortality by 75% from 1990 levels by the year 2015.

(ICPD Programme of Action, paragraph 8.21; MDG 5)

To reduce infant mortality rate below 35 per 1,000 live births in all countries by the year 2015 *[which will be strongly dependent upon achieving a reduction in newborn mortality]*.

(ICPD Programme of Action, paragraph 8.16)

To reduce child mortality by two thirds from 1990 levels by the year 2015 *[which will be strongly dependent upon achieving a reduction in newborn mortality]*.

(MDG 4)

RHR'S WORK IN IMPROVING MATERNAL AND PERINATAL HEALTH

In line with the overall objectives of the Department, and considering the important work carried out in WHO's Making Pregnancy Safer Department focusing on strengthening support for countries in maternal and newborn health, the Department will concentrate its efforts on conducting research to map effective interventions and improve the quality of services and the related development of normative guidance for the provision of quality maternal and perinatal health services, and on making this guidance available to the widest constituency. Specifically, this will contribute to broadening the range of effective and evidence-based preventive and therapeutic interventions to reduce the major causes of maternal and newborn morbidity and mortality.

The Department will continue to conduct research to improve the worldwide knowledge base on the magnitude and burden of the leading causes of maternal and perinatal morbidity and mortality, as well as on the long-term sequelae of pregnancy-related morbidity.

Efforts will continue to identify, develop and evaluate effective practices for improving maternal and perinatal health, and to identify the most appropriate indicators to quantify the benefit of maternal and perinatal health interventions. The Global Programme to Conquer Pre-eclampsia and Eclampsia which includes a multicentre

study for the development of growth reference data from fetal life to childhood for international application will be coordinated and implemented.

Activities will also be intensified to produce and make available to regions and countries evidence on cost-effectiveness and cost-benefits of maternal and newborn health interventions known to be effective. Emphasis will be placed on conducting cost-effectiveness studies of the proven effective interventions listed in the *WHO Reproductive Health Library* issues of 2006 and 2007. Research will also be conducted to focus on issues of quality of services for mothers, including access to effective care. Efforts will be strengthened to promote the implementation of research results and to make programmatic strategies operational in countries.

On the basis of the research activities undertaken in the previous years, the work conducted by other organizations and agencies in the field, and the scientific developments in obstetrics, gynaecology, perinatology and public health, the Department has identified the following objectives to be achieved in the period 2004–2009 in the area of maternal and perinatal health.

Objective 1: To generate evidence of effectiveness of interventions.

Four multicentre randomized clinical trials are presently being implemented and will be conducted/completed during the biennium, namely (1) a multicentre randomized double-blind clinical trial of vitamin C and E supplementation in pregnancy for the prevention of pre-eclampsia; (2) a multicentre randomized double-blind clinical trial for treatment of mild to moderate gestational hypertension; (3) a multicentre randomized double-blind clinical trial to evaluate the effectiveness of a one-day versus a seven-day regimen of nitrofurantoin for the treatment of asymptomatic bacteriuria in pregnancy; and (4) a multicentre study on misoprostol for the treatment of postpartum haemorrhage.

These trials address important research questions that have potentially far-reaching clinical and public health implications related to the prevention and management of two major complications of pregnancy with potential serious consequences for maternal and perinatal health: pre-eclampsia and postpartum haemorrhage.

The trials are carried out in collaboration with centres of the Department's Maternal and Perinatal Health Research Network in Africa, Asia, and Latin America and with researchers from academic institutions in Europe and the USA.

Objective 2: To contribute to elucidating the aetiology and pathophysiology of leading causes responsible for adverse pregnancy outcomes and preterm delivery.

Causes and risk factors associated with pre-eclampsia and intrauterine fetal growth restriction still need to be elucidated. The short- and long-term consequences of these conditions seriously affect the health of mothers and their infants, especially in developing countries where obstetric and neonatal care is often limited or absent. Identifying the causes and determinants of these conditions is necessary for establishing effective preventive interventions that would reduce the disease burden related to these conditions. In this context, HRP is launching three major collaborative research projects with prestigious research institutions in both developing and industrialized countries: (1) the Global Programme to Conquer Pre-eclampsia and Eclampsia, which includes a multicentre study for the development of growth reference data from fetal life to childhood for international application; (2) a multicentre study to evaluate the predictive ability of angiogenic markers for pre-eclampsia, followed by a trial on treatment for the prevention of pre-eclampsia; and (3) a multicentre collaborative study to investigate putative new causes of preterm delivery and develop screening and preventing strategies.

Objective 3: To summarize epidemiological evidence and evidence for effective interventions.

In recent years, research in maternal and perinatal health has progressed at an accelerated pace but the translation of research advances into practice is often lagging behind. There is a well recognized gap between the knowledge available in the scientific literature and its practical utilization in everyday clinical practice. Addressing this gap and providing updated and solid scientific evidence on the causes, epidemiology and management of the most important pathological conditions that affect maternal and perinatal health has been a constant priority for WHO. Three projects are presently ongoing and will be continued and expanded during the biennium: (1) a systematic review of the aetiology of and screening for major perinatal morbidities; (2) contributing to the production of the *WHO Reproductive Health Library* (RHL); and (3) the organisation and facilitation of training by means of printed materials and an electronic course on the new effective interventions.

Objective 4: To monitor maternal and perinatal health situation worldwide.

In the area of maternal and perinatal health care, there is a recognized gap between evidence-based best practices and actual clinical practice. Indeed, too often routine care is not evidence-based and removal of harmful or useless procedures faces strong resistance. The lack of available data is not only limited to effective clinical practice. Reliable epidemiological data on burden of disease or ill-health to help guide resource

allocation and necessary services is also lacking. Thus, there is a great need, in the maternal and perinatal health area, for high-quality and relevant data for meaningful programme and policy planning, implementation and evaluation.

The Department is currently implementing the WHO Global Survey on Maternal and Perinatal Health. The objective of this project is to create a global network of institutions that

will periodically collect topic-specific, up-to-date and accurate information on maternal and perinatal health outcomes. The project represents an opportunity to initiate a reliable data-gathering system within a global context and to establish a systematic approach to monitoring and evaluation of maternal and perinatal health care worldwide.

PRODUCT LISTING

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
053	Studies on perception and acceptability of care by women and caregivers included in randomised controlled trials	Quality of care studies alongside randomised controlled trials	Quality of care and women's and providers' perception components included in planned studies	Perception studies from two trials published	HRP, objective 2, WHO Exp. Result 2, output MNI2.1, rank A, priority 3
054	Operations research in maternal and perinatal health	Operational research related to implementation of: WHO antenatal care model; ANC Online Course;	Two proposals for the implementation of the intervention in the Global Survey countries completed. Preparatory activities initiated. Two online courses implemented annually	Two proposals fully implemented. Intermediate results available. Online course modified and implemented	HRP, objective 2, WHO Exp. Result 2, output MNI2.1, rank A, priority 1
055	Operations research in maternal and perinatal health	Effective interventions for prevention and treatment of pre-eclampsia and eclampsia; prevention of postpartum haemorrhage and implementation of other new effective interventions	Proposal for a new online course on different subject completed	Proposal for an online course completed. Two online courses fully implemented	HRP, objective 2, WHO Exp. Result 2, output MNI.2, rank A, priority 3
056	Implementation of research results to make programmatic strategies operational in countries: from research to action	Implementation and evaluation of a new, evidence-based maternal and perinatal health programme integrated at the district health level	Programme implemented	Evaluation completed. Research results at country level promoted	HRP, objective 2, WHO Exp. Result 2, output MNI2.1, rank A, priority 2
057	Capacity strengthening for research through research centres of excellence as well as through the newly established Global Survey network	Consolidation of the role of new centres of excellence in WHO regions which can assist countries in the nearby areas to conduct research relevant to maternal and perinatal health programmes and determine the additional institutional strengthening needs of the centres	New centres of excellence identified. Programme of work presented to Regional Advisory Panels	New regional centres assessed and supported. Four new centres included in a multicentre project	HRP, objective 2, WHO Exp. Result 2, output MNI2.1, rank A, priority 2
058	Systematic reviews of leading causes of maternal and perinatal morbidity and mortality	Systematic reviews for detecting the best screening method for preterm delivery and for detecting the best treatment for pre-eclampsia	One protocol completed and published	Second protocol completed and published	HRP, objective 2, WHO Exp. Result 2, output MNI2.2, rank A, priority 1
059	Secondary analysis and dissemination of the results of the randomised controlled trial of calcium supplementation during pregnancy	Data analysis, publications of article and dissemination material, participation in meetings in relation to multicentre clinical trial of calcium supplementation for the prevention of pre-eclampsia	Secondary analyses. Presentation and dissemination of results	Presentation and dissemination of results	HRP, objective 2, WHO Exp. Result 2, output MNI2.2, rank A, priority 1

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
060	Misoprostol for the treatment of postpartum haemorrhage	Evaluation of misoprostol for treatment, rather than prevention, of primary postpartum haemorrhage	Trial completed	Data analysed. Papers published. Research results at country level promoted	HRP, objective 2, WHO Exp. Result 2, output MNI2.2, rank A, priority 1
061	Antioxidants for prevention of pre-eclampsia	Randomised controlled trial to evaluate evidence of effectiveness of antioxidants for prevention of pre-eclampsia	Trial completed	Results published, Secondary analysis. Dissemination of results	HRP, objective 2, WHO Exp. Result 2, output MNI2.2, rank A, priority 1
062	Antibiotic regimens for the treatment of asymptomatic urinary tract infections	Randomised controlled trial to evaluate antibiotic regimens for the treatment of asymptomatic urinary tract infections	Trial implemented. Preliminary data analysis ready	Data analysis ongoing. Papers published and findings available. Research results at country level promoted	HRP, objective 2, WHO Exp. Result 2, output MNI2.2, rank A, priority 1
063	Secondary analysis and dissemination of research data	Secondary analysis and dissemination of research results on Maternal and Perinatal Health and WHO Global Survey on Maternal and Perinatal Health	Two new secondary papers prepared and published. Dissemination of results at national workshops and international conferences	Three further secondary papers prepared and published. Ongoing dissemination at national workshops and international conferences	HRP, objective 2, WHO Exp. Result 2, output MNI2.2, rank A, priority 1
064	Treatment of mild to moderate hypertension during pregnancy	Randomised controlled trial to evaluate the treatment of mild to moderate hypertension during pregnancy	Protocol prepared and study implemented	Trial completed and results published	HRP, objective 2, WHO Exp. Result 2, output MNI2.2, rank A, priority 1
065	Diagnosis of intrauterine growth retardation and preterm delivery. Development of fetal growth standards	Development of protocol and grant proposal for collaborative multinational studies for the antenatal diagnosis of low birth weight	Protocol prepared and grant proposal submitted	Protocol completed and study initiated	HRP, objective 2, WHO Exp. Result 2, output MNI2.2, rank A, priority 2
066	Coordination of global programme to conquer pre-eclampsia and eclampsia: screening for pre-eclampsia	Multicentre study to evaluate the predictive ability of angiogenic factors for pre-eclampsia	Protocol completed. Steering committee meeting held. Study implemented	Study ongoing	HRP, objective 2, WHO Exp. Result 2, output MNI2.2, rank A, priority 1
067	Joint research projects on pre-eclampsia, preterm deliveries and rupture of membranes	Fundamental/basic science research on pre-eclampsia, preterm delivery and rupture of membranes identified by systematic reviews	One protocol for global pre-eclampsia initiative completed	One study implemented	HRP, objective 2, WHO Exp. Result 2, output MNI2.3, rank C, priority 3
068	Research on pathophysiology and pharmacokinetic mechanisms of pregnancy pathologies	Research on pre-eclampsia, pre-term labour, intra-uterine growth retardation	One protocol for global pre-eclampsia initiative completed	One study implemented	HRP, objective 2, WHO Exp. Result 2, output MNI2.3, rank C, priority 3
069	Reduction of newborn mortality due to preterm delivery	Development of protocol, preliminary data and grant proposal for a collaborative multinational study for the prevention of preterm delivery focusing on interaction between genes and environment	Protocol prepared and grant proposal submitted for a large multinational study. One preliminary study completed on frequencies of gene variations of interest in populations of different ethnic background	Protocol completed and large multinational study initiated	HRP, objective 2, WHO Exp. Result 2, output MNI2.2, rank A, priority 1
070	Birth asphyxia at community level	Collaborative multinational study for the development of a diagnostic tool for birth asphyxia at community level	Protocol prepared and grant proposal submitted	Protocol completed and study initiated	HRP, objective 2, WHO Exp. Result 2, output MNI2.2, rank A, priority 2

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
071	From research to action: Nutrition in pregnancy	Collaboration with regional offices for the implementation of results on research on nutrition at country and regional levels (calcium, iron, and antioxidant supplementation programmes)	Regional meetings for nutritional policy held	Policies implemented in collaboration with regional offices	HRP, objective 2, WHO Exp. Result 2, output MNI2.2, rank A, priority 2
072	As follow-up of the systematic review of treatment for prevention of pre-eclampsia, multicentre randomised trial to evaluate treatment for the prevention of pre-eclampsia	Randomised controlled trial to evaluate treatment for the prevention of pre-eclampsia	Protocol prepared and approved by the committees. Study sites and investigators selected	Study implemented and ongoing	HRP, objective 2, WHO Exp. Result 2, output MNI2.3, rank A, priority 2
073	As follow-up of the systematic review for detecting methods for screening of preterm delivery, a multicentre trial to evaluate the ability of screening tests to detect preterm delivery	Multicentre trial to evaluate the ability of screening tests to detect preterm delivery	Protocol prepared and approved by the committees. Study sites and investigators selected	Study implemented and ongoing	HRP, objective 2, WHO Exp. Result 2, output MNI2.3, rank A, priority 3
074	Methodological studies summarizing data from observational studies on maternal and perinatal health	Identify and develop solutions to methodological constraints for obtaining and summarizing reliable information from large data sets	One methodology meeting held. Methodology paper published	Standard methodology developed and incorporated into the global maternal and perinatal health survey	HRP, objective 2, WHO Exp. Result 2, output MNR2.2, rank A, priority 1
075	Global maternal and perinatal health survey	Development of a global network to conduct topic-specific surveys on maternal and perinatal morbidity and mortality	Pilot survey completed and primary results available from two regions. Preparation of the study on the mode of delivery and maternal and perinatal outcomes in two new WHO regions. Regional centres established in two regions, coordinators identified per country. Study implemented	Study implemented in two new regions (15 countries) and primary analyses of the data from the two regions ready	HRP, objective 2, WHO Exp. Result 2, output MPS_IBP_Core2.2, rank A, priority 1
076	International research project on caesarean section	Collaborative global multicentre study on different techniques of caesarean section and resulting maternal and perinatal outcomes	Protocol prepared. First meeting with the principal investigators took place. Preparatory work for the implementation started	Second investigators' meeting. Study implemented. Primary data analysis started	HRP, objective 2, WHO Exp. Result 2, output MNI2.2, rank A, priority 1
077	Translation, reprinting and dissemination of existing HRP technical materials relating to maternal and perinatal health	Translation, reprinting and dissemination of existing HRP technical materials relating to maternal and perinatal health	Translation, reprinting and dissemination of existing materials carried out	Translation, reprinting and dissemination of existing materials carried out	HRP, objective Core, WHO Exp. Result Core, output MPH_Core, rank Core, priority 3



4

PREVENTING UNSAFE ABORTION

ISSUES AND CHALLENGES

Each year, an estimated 210 million women throughout the world become pregnant and some 130 million will go on to deliver a live-born infant⁶. It is estimated that 46 million pregnancies are voluntarily terminated each year, corresponding to approximately 35 abortions per 1000 women aged 15–44 years. Of these 46 million, 19 million are estimated to be unsafe abortions⁵, meaning that they are characterized by inadequacy of skills on the part of the provider and use of hazardous techniques and/or unsanitary facilities. This lack of adequate care results in much higher risk for morbidity and mortality than is the case for abortions carried out by skilled health care personnel under hygienic conditions.

In contexts where there is no access, or only partial access to safe abortion, maternal mortality and morbidity due to unsafe abortion are high. For example, there are 100 maternal deaths due to unsafe abortion per 100,000 live births in Africa compared to three in developed countries. Whereas one in 1000 women undergoing unsafe abortion will die in Europe, seven in 1000 will die in Africa. Globally, it has been estimated that, in addition to some 68,000 women who die each year as a consequence of unsafe abortion, a further five million suffer temporary or permanent disability⁵. The persistence of high levels of unintended pregnancies is the root cause for women's recourse to abortion. The reasons for unintended pregnancies are several and include lack of access to or non-use, or incorrect and inconsistent use, of a contraceptive method as well as failure of the method. More complex reasons include, but are not limited to, unwanted or forced sexual intercourse and lack of women's empowerment over sexual and reproductive matters.

The growing number of women of reproductive age, together with the continuing rise in the desire to regulate fertility and to have fewer children, requires high levels of correct and consistent use of effective contraceptive methods. However, difficulties associated with access to preferred methods of contraception and with their correct and consistent use, and the problem of contraceptive method-failure are not easily resolved and may lead to unintended pregnancies. Societal norms, economic conditions and other systemic factors, such as the legal status of abortion, also have a profound impact on recourse to abortion and especially to unsafe abortion. Post-abortion care is often inadequate or entirely lacking and may not address preventing a further unintended pregnancy.

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

Goals

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

(Key actions ICPD+5, paragraph 63i)

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

(Key actions ICPD+5, paragraph 63i)

The key actions adopted by the Twenty-first Special Session of the United Nations General Assembly for the further implementation of the ICPD Programme of Action noted: “In recognizing and implementing the above, and in circumstances where abortion is not against the law, health systems should train and equip health-service providers and should take other measures to ensure that such abortion is safe and accessible. Additional measures should be taken to safeguard women's health.” [paragraph 63 (iii)]²⁹. The reduction and elimination of unsafe abortion is central to reducing maternal mortality and therefore to achieving the ICPD goal and MDG 5 on improving maternal health.

In 2004, the World Health Assembly endorsed the Global Reproductive Health Strategy in which the

consequences of unsafe abortion were highlighted as a preventable cause of maternal mortality and morbidity and as part of the Millennium Development Goal on improving maternal health. The Global Reproductive Health Strategy specifies urgent actions that will reduce unsafe abortion and its consequences, including "strengthening family planning services to prevent unintended pregnancies, and, to the extent allowed by law, ensuring that services are available and accessible. Also to the extent allowed by law, provision of safe abortion services requires training health-service providers in modern techniques and equipping them with appropriate drugs and supplies, all of which should be available for gynaecological and obstetric care; providing social and other support to women with unintended pregnancies; and, to the extent allowed by law, providing abortion services at the primary health care level. For those women who suffer complications of unsafe abortion, prompt and humane treatment through post-abortion care must be available." (paragraph 37).

HRP'S WORK IN PREVENTING UNSAFE ABORTION⁴⁰

The Special Programme's work on preventing unsafe abortion is unique and is not addressed by any department within WHO, or by its cosponsors. HRP's experience and expertise in conducting rigorous biomedical, epidemiological, social science and programmatic research on preventing unsafe abortion is widely acknowledged by experts in the field and by other agencies. HRP is well suited to conduct multidisciplinary research on preventing unsafe abortion, develop evidence-based tools and guidelines, and provide technical assistance on abortion-related issues.

The Special Programme pursues several interrelated activities, namely: mapping evidence; improving technologies; testing interventions; developing norms, tools, and guidelines; and providing technical support to countries, professional associations and international agencies. The work thus focuses on generating scientifically sound information on abortion-related issues for policies and programmes, developing new and improved regimens of safe abortion, and promoting best practices and high-quality abortion services. The Special Programme collaborates with other organizations, such as the Guttmacher Institute and Ipas. Regular exchange of information with these agencies enables HRP to address issues and undertake activities that complement and reinforce the overall aim of preventing unsafe abortion.

Objective 1: To support implementation of safe abortion services and post-abortion care in accordance with WHO best practices and in accordance with national laws.

To ensure the implementation of safe abortion services and post-abortion care, work in this area uses an adaptation of the WHO Strategic Approach to preventing unsafe abortion and to introducing medical abortion. The Strategic Approach provides guidance to countries on how to develop, test, and implement strategies for

improving the quality and safety of abortion services and post-abortion care, including the provision of information and counselling for free and informed decision-making and contraceptive services.

Objective 2: To improve the safety, efficacy, and acceptability of methods of abortion and post-abortion care.

This objective contributes to meeting the overall goal by improving methods of abortion and post-abortion care through clinical research. Improved safety and effectiveness of methods of medical and surgical abortion will reduce complications, pain and bleeding. Ascertaining the acceptability of methods is critical in determining their potential demand and in meeting the preferences of users or of potential users.

Selected practice recommendations on medical abortion for providers will be finalized and research launched in areas where evidence-based guidance is needed. Should ongoing studies by collaborators testing various new drug combinations for pregnancy termination suggest major improvements in medical abortion technology, promising leads would be further tested for first-trimester and second-trimester pregnancy termination. Studies will continue to examine ways to reduce bleeding associated with medical abortion and reduce pain related to medical and surgical abortion. Contingent upon the results of ongoing studies, research will continue on improving misoprostol-only regimens and compare them with sequential regimens of mifepristone plus misoprostol in terms of their safety, effectiveness and acceptability for pregnancy termination. Finally, lower-priority studies include the role of antibiotics as adjuncts in the treatment of non-viable pregnancy / incomplete abortion as well as the optimal method for the termination of non-viable pregnancy. Ascertaining acceptability and users' perspectives will be an integral part of all these studies.

Objective 3: To strengthen national health system capacities (management and support systems) to reduce unsafe abortions and to ensure the availability of high-quality and sustainable safe abortion and post-abortion care in accordance with national laws and relevant international conventions and agreements.

This objective addresses the need to provide critical information for policies and programmes, including information on the cost and cost-effectiveness of providing different methods of abortion by type of provider and type of procedure and evidence on the safety of abortions performed by mid-level medical providers.

Major activities include: (1) working with partners to include safe abortion drugs on essential medicines lists; (2) evidence on the cost of abortion by type of method and type of provider; (3) evidence on the safety of abortion provision by mid-level medical providers; (4) establishing or improving regular surveillance of the

administration of surgical and non-surgical abortion methods; and (5) developing guidelines on estimating the incidence of unsafe abortion.

Objective 5: To assist with the development of national health policies which are based on an up-to-date and in-depth understanding of the determinants and consequences of unsafe abortion.

This objective seeks to generate, collate and synthesize evidence on the determinants and consequences of unsafe abortion to develop informed policies, programmes and appropriate interventions. Activities will be undertaken to document, through research, the implementation of abortion laws, impact of changes in abortion laws on women's health, and pathways to abortion following unintended pregnancy. Research will also be undertaken to provide estimated costs to the health system and to individuals of providing or not providing safe abortion.

Objective 6: To strengthen commitment, advocacy, and action at the global level to reduce and eliminate (where possible) unsafe abortion.

This objective aims to create an enabling legal and policy environment by evidence-based advocacy and action to prevent unsafe abortion. It also assists in developing appropriate programmes by monitoring laws and policies and their implementation which assist or impede access to safe abortion services and post-abortion care.

The Special Programme will document and regularly monitor the incidence of unsafe abortion and its associated mortality with updates every two years. In addition, it will provide reports on women's health to UN Human Rights Treaty Bodies and other agencies or treaty bodies, as needed.

PRODUCT LISTING

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
078	Generating evidence on the provision of abortion by mid-level providers	Review evidence on abortion provision by mid-level health care workers	Two studies launched	Expert working group meeting held	HRP, objective 1, WHO Exp. Result 1, output PUA1.3, rank A, priority 1
079	Generating evidence on the provision of abortion by mid-level providers	Review evidence on abortion provision by mid-level health care workers	Two studies launched	Expert working group meeting held	HRP, objective 1, WHO Exp. Result 1, output PUA1.3, rank A, priority 2
080	Adaptation of the Strategic Approach to preventing unsafe abortion	Develop national strategies to improve the quality of abortion services by providing assistance to countries to utilize the Strategic Approach	One strategic assessment conducted	Operations research testing strategies for improving abortion services in progress in one country or one additional assessment conducted	HRP, objective 1, WHO Exp. Result 1, output PUA1.1, rank A, priority 1
081	Adaptation of the Strategic Approach to introduce medical abortion	Develop national strategies to introduce medical abortion by providing assistance to countries to utilize the Strategic Approach	One strategic assessment conducted	Introductory operations research testing strategies for introducing medical abortion in progress in one country	HRP, objective 1, WHO Exp. Result 1, output PUA1.1, rank A, priority 1
082	Selected practice recommendations on medical abortion - guidelines for providers	Consultation/research on questions where evidence-based guidance is needed	Systematic reviews undertaken. Protocols developed for further research	Studies ongoing / completed	HRP, objective 2, WHO Exp. Result 2, output PUA2.1, rank A, priority 1
083	Promising new abortion drugs for first-trimester pregnancy termination	A two- or three-centre study to test new drugs for first-trimester pregnancy termination	Trial launched	Trial completed	HRP, objective 2, WHO Exp. Result 2, output PUA2.1, rank A, priority 1
084	Promising new abortion drugs for second-trimester pregnancy termination	A two- or three-centre study to test new drugs for second-trimester pregnancy termination	Trial launched	Trial completed	HRP, objective 2, WHO Exp. Result 2, output PUA2.1, rank A, priority 1
085	Identification of means to reduce bleeding associated with medical abortion	Follow-up on the multicentre trial undertaken in 2005-2006	Trial launched	Trial completed	HRP, objective 2, WHO Exp. Result 2, output PUA2.1, rank A, priority 2

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
086	Pain alleviation during medical and surgical abortion	Identification of ways to reduce pain related to medical and surgical abortion	Literature review and review of situation in different settings completed	Protocol for a comparative acceptability study drafted	HRP, objective 2, WHO Exp. Result 2, output PUA2.1, rank A, priority 1
087	Research on misoprostol-alone regimens	Clinical trials initiated to improve misoprostol-only regimens in the first trimester	Protocol approved and centres selected	Trial launched	HRP, objective 2, WHO Exp. Result 2, output PUA2.1, rank A, priority 1
088	Role of antibiotics in the treatment of non-viable pregnancy	Assessment of the role of antibiotics in the treatment of incomplete abortion in order to develop evidence-based guidelines	Protocol approved and centres selected	Trial launched	HRP, objective 2, WHO Exp. Result 2, output PUA2.1, rank A, priority 3
089	Termination of non-viable pregnancy	Follow-up on the multicentre trial undertaken in 2005-2006	Trial launched	Trial completed	HRP, objective 2, WHO Exp. Result 2, output PUA2.1, rank A, priority 3
090	Scientific guidance from Research Group on Post-ovulatory Methods	Annual meetings of Research Group	One full meeting and one sub-group meeting held to review progress and identify future research needs	One full meeting and one sub-group meeting held to review progress and identify future research needs	HRP, objective 2, WHO Exp. Result 2, output PUA2.1, rank A, priority 1
091	Inclusion of safe abortion drugs on essential medicines lists	Assist in efforts to make high-quality mifepristone and misoprostol available at affordable cost for developing countries and to get misoprostol registered for indications related to maternal health	Consultative meeting held to review the evidence and discuss steps required for registration of misoprostol for new indications	International agencies, national authorities, and NGOs assisted for the inclusion of misoprostol on essential medicines lists	HRP, objective 3, WHO Exp. Result 3, output PUA3.5, rank A, priority 1
092	Approaches to estimating unsafe abortion	Publication of consensus methodologies for estimating unsafe abortion	Expert consultation held, methodologies reviewed and finalized	Methodology described and applied to estimates	HRP, objective 3, WHO Exp. Result 3, output PUA3.6, rank B, priority 1
093	Costing of abortion by type of method and type of provider	Evidence on costs of different types of abortion methods and types of providers	Protocols developed	Two to three assessments initiated	HRP, objective 3, WHO Exp. Result 3, output PUA3.1, rank B, priority 2
094	Guidelines for improved reporting of abortion data	International guidelines developed for improved record-keeping and reporting	Background paper commissioned to review evidence. Consultative meeting held	Guidelines developed	HRP, objective 3, WHO Exp. Result 3, output PUA3.7, rank B, priority 3
095	Men's roles and abortion	Men's roles, knowledge, perceptions and attitudes regarding abortion and their involvement in decision-making process leading to abortion, post-abortion care and home-based abortion procedures	Overview paper completed and call for proposals developed	Call for proposals finalized and distributed	HRP, objective 4, WHO Exp. Result 4, output PUA4.2, rank C, priority 3
096	Costs to the health systems of safe vs. unsafe abortion	Documentation of the costs to the health system and to individuals of providing or not providing safe abortion	Overview paper produced identifying gaps, strategies and priorities	-	HRP, objective 5, WHO Exp. Result 5, output PUA5.8, rank A, priority 1
097	Costs to the health systems of safe vs. unsafe abortion	Documentation of the costs to the health system and to individuals of providing or not providing safe abortion	Protocols developed and studies planned	Two to three studies initiated	HRP, objective 5, WHO Exp. Result 5, output 5.8, rank A, priority 3
098	Understanding the pathways to abortion following an unintended pregnancy	Documentation of the pathways to abortion following an unintended pregnancy	Protocols developed and studies planned in selected countries	One to two studies ongoing	HRP, objective 5, WHO Exp. Result 5, output PUA5.5, rank B, priority 2

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
099	Monitoring of the incidence of unsafe abortion	Documentation and regular monitoring of the estimated incidence of unsafe abortion and its associated morbidity and mortality for women in general, and particularly those who are in vulnerable situations	Maintain and update data base	Updated estimates of unsafe abortion and related mortality	HRP, objective 6, WHO Exp. Result 6, output PUA6.2, rank A, priority 1
100	UN Human Rights Treaty Bodies and human rights related to abortion	Provision of reports on women's health and unsafe abortion to UN Human Rights Treaty Bodies; seminars with Treaty Monitoring Bodies	Reports provided. One or two meetings held	Reports provided. One or two meetings held	HRP, objective 6, WHO Exp. Result 6, output PUA6.3, rank B, priority 1
101	Translation, reprinting and dissemination of existing HRP technical materials relating to preventing unsafe abortion	-	Translation, reprinting and dissemination of existing materials carried out	Translation, reprinting and dissemination of existing materials carried out	HRP, objective Core, WHO Exp. Result Core, output PUA_Core, rank Core, priority 1
102	Guidelines on removing barriers to accessing safe abortion services	Provide assistance to countries for adaptation and implementation of <i>Safe abortion guidance</i> , including dialogue with policy-makers on unsafe abortion	Regional meeting on safe abortion guidance held. Selected countries assisted to adapt and/or implement guidance	Regional meeting on safe abortion guidance held. Selected countries assisted to adapt and/or implement guidance	HRP, objective 1, WHO Exp. Result 1, output PUA1.7, rank A, priority 1
103	Further implementation of <i>Safe abortion guidance</i>	Provide further assistance to countries for adaptation and implementation of <i>Safe abortion guidance</i> , including dialogue with policy-makers on unsafe abortion	Selected countries assisted to adapt and/or implement guidance	Selected countries assisted to adapt and/or implement guidance	HRP, objective 1, WHO Exp. Result 1, output PUA1.7A, rank A, priority 3
104	Impact of abortion laws, including changes in laws, on women's health	Documentation of the impact of abortion laws and of changes in laws on women's health	Analysis of legal and policy impact of abortion laws in selected countries, based on framework developed in 2005	Further analysis of legal and policy impact of abortion laws on women's health; results published	HRP, objective 5, WHO Exp. Result 5, output PUA5.1, rank A, priority 1
105	Further research on impact of abortion laws on women's health	Documentation of the impact of abortion laws and of changes in laws on women's health	Analysis of legal and policy impact of abortion laws in selected countries, based on framework developed in 2005	Analysis of legal and policy impact of abortion laws in selected countries, based on framework developed in 2005	HRP, objective 5, WHO Exp. Result 5, output PUA5.1A, rank A, priority 3

5

CONTROLLING SEXUALLY TRANSMITTED AND REPRODUCTIVE TRACT INFECTIONS

ISSUES AND CHALLENGES

Sexually transmitted and reproductive tract infections (STIs and RTIs) constitute an important health threat, both directly and through their potentiating effect on HIV transmission. WHO estimates that 340 million new cases of syphilis, gonorrhoea, chlamydia and trichomoniasis occurred throughout the world in 1999 in men and women 15–49 years of age, the majority of which are asymptomatic, particularly in women¹¹. In addition, many millions of incurable viral STIs, including an estimated 5 million new HIV infections occur annually¹². Twenty-five years into the HIV/AIDS epidemic, the impact of the disease is evident with the greatest burden in developing countries. In southern Africa, life expectancy has fallen from 62 years in 1990–1995 to 48 years in 2000–2005 and it is projected to decrease further to 43 years over the next decade²⁷.

In many countries, STIs are among the top five conditions for which both men and women seek care, representing a considerable drain on health services. Appropriate diagnostic facilities and resources for case management are frequently lacking, contributing to considerable avoidable morbidity. The consequences of the incurable STIs are even more serious. In the 1960s and 1970s, STI control was considered primarily as a means to prevent infertility. In the late 1980s, STI control was highlighted as one of the key approaches to controlling the HIV pandemic. There is currently a major focus on rapidly expanding access to antiretroviral therapies and providing sustainable care for people with AIDS. These developments have not been accompanied by a corresponding acceleration of primary HIV prevention for which STI control is an essential element.

RHR'S WORK IN CONTROLLING STIs AND RTIs

The Department is the focal point in WHO for global advocacy, country support and technical issues (research, guideline development and normative functions) related to the prevention and care of STIs and RTIs and their complications. The core functions are to:

- promote and develop guidelines and tools for STI and RTI policy, programme planning and implementation;
- establish the evidence for new and cost-effective STI policy, programming and implementation;

- establish the evidence for new and improved STI and RTI control strategies;
- advocate for the importance of effective STI and RTI control.

The three MDGs of reducing child mortality, improving maternal health and combating HIV/AIDS, malaria and other diseases are all addressed through the activities related to the control of sexually transmitted and reproductive tract infections.

Within WHO, the Department is responsible for research on the prevention of mother-to-child transmission (MTCT) of HIV and other STIs which is planned in the context of the general country support in maternal health, provided by WHO's Making Pregnancy Safer Department and the technical support to countries in MTCT-prevention led by the Department on HIV/AIDS. As the focal point within the United Nations for all microbicide-related work, further responsibilities of the Department include research on the development of safe and effective microbicides and facilitating registration, and rapid deployment in countries, of safe and effective products. Regular monitoring and evaluation is required, sometimes supplemented by further targeted research to continuously improve and refine STI-control interventions.

In addition, the Department provides normative guidance and technical support to countries with regard to STI and RTI prevention, management and control. This includes: synthesis of the evidence for STI management and development of evidence-based guidelines and their associated training tools, development of policy and programmatic guidance on interventions within and outside the health sector that improve the quality, coverage and accessibility of STI treatment in sexual and reproductive health care services, and synthesis of evidence and development of policy guidance on interventions for STI prevention. The *Global strategy for STI prevention and control* provides a framework for countries to review and adapt their advocacy, policies and services to reduce the burden of STIs. The policies and services need to be adapted to the local epidemiological and social context in different countries in order to ensure sustainable improvements in STI prevention and control. Working through the WHO regional and country offices, the Department provides technical assistance to countries to select and adapt the most appropriate interventions and policies for their situation.

There are important recent developments and opportunities in STI prevention and control that need to be assessed and implemented in a cost-effective manner in countries. For example, rapid, point-of-care tests for selected STIs are becoming available and their role within public sector programmes needs to be determined. Similarly, new evidence on different approaches to the management of HSV-2 infection will be published in the near future; the policy and programmatic implications for countries will depend on the efficacy of treatment, the epidemiology of HSV-2 and HIV infections in the country.

Goal

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

Specific Goal

Reduction of congenital syphilis by 90% in four countries by 2009 as a step toward the subsequent elimination of congenital syphilis.

Objective 1: To increase availability of high-quality, culture- and gender-sensitive and non-stigmatizing services for the prevention, care and management of STIs and RTIs and their complications.

The main products within this objective concern the development of new, cost-effective strategies for the control of STIs and RTIs in special populations, as well as new knowledge for the prevention and management of STIs and RTIs.

Research work conducted under this objective will focus on operational research to evaluate the use and the impact on quality of care of the STI and RTI guidelines implemented in countries, as well as the impact of recommended strategies.

Objective 2: To broaden the range of safe, effective, acceptable and affordable methods to prevent and manage STIs and RTIs and mother-to-child transmission (MTCT).

Subject to successful identification of partners, work will be conducted on the clinical assessment and further development of microbicides as a woman-controlled method to prevent HIV acquisition, as well as work on the combination of physical and chemical barrier methods which have the potential to provide greater protection than use of such methods alone. While there is considerable current investment worldwide in microbicides, WHO can bring additional partners and work closely with countries to implement research in this sensitive area of HIV prevention. In addition to studying the effectiveness of novel microbicides to prevent infection with HIV, it is critical to know whether the products also protect against others STIs and/or have any contraceptive effect, so that they can be appropriately promoted to potential users.

A key topic at the interface between sexual and reproductive health and HIV concerns the prevention of mother-to-child transmission (MTCT) of HIV, as well as of other sexually transmitted infections including syphilis and Herpes Simplex Virus type 2 (HSV2). Considerable progress has been made to reduce the risk of HIV transmission in resource-limited settings, but the overall rates remain considerably higher than the 1–2 per cent reported in developed countries. Preventing transmission during late pregnancy, delivery and breastfeeding remains a key scientific and programmatic challenge and HRP is leading an international partnership to assess the safety and effectiveness of fully suppressive combination antiretroviral regimens to reduce the risk of MTCT in late pregnancy and during breastfeeding. In addition, the project provides an explicit link between MTCT prevention and care of the HIV-positive mother, and serves as a model for programmes which are beginning to link access to care with MTCT interventions. There has in the past been insufficient attention paid to the health needs of the HIV-positive mother, her partner and immediate household members—saving infants from vertically acquired HIV while not providing services for the care of the parents condemns them to the life of orphans.

Objective 3: To strengthen national health system capacity to improve quality and sustainability of culture- and gender-sensitive and non-stigmatizing programmes to prevent and control STIs and RTIs, including HIV, and their complications.

The Department will strengthen national capacity to improve and sustain STI- and RTI-control programmes by providing assistance with strategic planning and with the adoption and utilization of strategic planning and programmatic tools developed by WHO and partners.

Research under this objective will focus on assessing cost-effectiveness of the recommended strategies implemented in countries.

Objective 6: To ensure an enabling environment at the regional and global levels supportive of non-stigmatizing and culture- and gender-sensitive STI and RTI programmes, policies, laws and initiatives.

The work at the global level will concentrate on ensuring adequate funding for and attention to STI and RTI control within national strategic plans for HIV control, sexual and reproductive health and poverty reduction.

A major impediment to effective investment in, and planning for, STI control programmes is the lack of reliable and comprehensive data on STI epidemiology. This makes it difficult to estimate reliably overall disease burden or to monitor trends. While HIV surveillance data are reasonably comprehensive, the extent and coverage of STI data are much less. In addition, programme managers need improved information on STI and RTI prevalence that is relevant to their

populations in order to adapt strategies to their environment and health-care setting. HRP will work to

enhance the quality and timeliness of incidence and prevalence data, as well as promote the use of STI incidence data to rigorously monitor potential increases in high-risk behaviours resulting from improved access to antiretroviral treatments (“behavioural disinhibition”)

PRODUCT LISTING

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
106	<i>Essential care practice guide for STI/RTI in reproductive health settings</i> update	Evaluate and update existing guidelines (<i>STI case management guidelines, Essential care practice guides for STIs/RTIs in reproductive health settings</i> and <i>STI.PAC: a framework and tools for implementing STI prevention and care</i>)	<i>Guidelines for essential practice</i> and <i>Pocket guide</i> printed and disseminated. <i>Adaptation guide</i> developed and field-tested	Training modules to support utilization of guidelines disseminated. <i>STI case management guidelines</i> updated to reflect new information, programmatic experience and screening tools	PDRH, objective 1, WHO Exp. Result 1, output STI1.2, rank A, priority 1
107	STI/RTI services for sex workers	Models for provision of high-quality STI/RTI services for sex workers	Training tools and implementation guides for STI services for sex workers developed and field-tested	Field adaptation and utilization supported	PDRH, objective 1, WHO Exp. Result 1, output STI1.2, rank A, priority 1
108	STI/RTI services for adolescents	Models for the provision of high-quality STI/RTI services for adolescents	Training tools and implementation guides for STI services for adolescents developed	Implementation of successful models initiated	PDRH, objective 1, WHO Exp. Result 1, output STI1.2, rank A, priority 1
109	STI/RTI services for prisoners	Models for provision of high-quality STI/RTI services for prisoners	Programmatic experiences with provision of services compiled and reviewed. Practical guidelines for prison authorities and health care providers developed and field-tested	Implementation and adaptation guidelines for prison authorities and health care providers initiated	PDRH, objective 1, WHO Exp. Result 1, output STI1.2, rank A, priority 3
110	Comprehensive cervical cancer. Prevention and management guidelines	Guideline for prevention and management of cervical cancer	Implementation and adaptation guideline for programme managers and training tools developed. Implementation of guidelines initiated	Evaluation framework developed and country implementation supported	PDRH, objective 1, WHO Exp. Result 1, output STI1.1, rank B, priority 1
111	Guideline on prevention of pelvic inflammatory disease (PID) and its sequelae	Guideline on prevention of PID and its sequelae, in particular infertility and ectopic pregnancy	Evidence base for PID prevention compiled. Practical guideline for health care providers developed and field-tested; Implementation, adaptation and training guidelines developed	Implementation initiated. Monitoring and evaluation framework developed	PDRH, objective 1, WHO Exp. Result 1, output STI1.1, rank A, priority 3
112	Guideline on the control of maternal and congenital syphilis	Guidelines on the control of maternal and congenital syphilis in the context of a congenital syphilis elimination strategy	Practical guideline for health care providers developed	Field-testing of the guideline completed	PDRH, objective 2, WHO Exp. Result 2, output STI1.1, rank A, priority 1
113	Guideline on the management of genital ulcer disease	Tools and strategies for eradication of chancroid	Evidence base for chancroid eradication compiled. Chancroid eradication strategies developed. Implementation and adaptation guideline for programme managers developed	Training, monitoring and evaluation guidelines developed. Implementation initiated in selected demonstration countries	PDRH, objective 2, WHO Exp. Result 2, output STI1.1, rank A, priority 1

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
114	Screening tools for STI/RTI control	Screening tools for STI and RTI control	Review of efficacy and cost-effectiveness of screening tools completed	Guidelines developed and field-tested	PDRH, objective 1, WHO Exp. Result 1, output STI1.3, rank A, priority 3
115	Integration of sexual and reproductive health, STI- and HIV-control and other programmes	Tools for appropriate integration across sexual and reproductive health, STI- and HIV-control and other programmes	Evidence base for appropriate and successful linkages and integration across sexual and reproductive health, STI, HIV and other programmes, including involvement of private health sector consolidated	-	HRP, objective 1, WHO Exp. Result 1, output STI1.3, rank A, priority 3
116	STI/RTI services for elimination of congenital syphilis	Tools and strategies for the elimination of congenital syphilis and control of syphilis in the community	Global and regional consensus on elimination of congenital syphilis in selected demonstration countries developed. Congenital syphilis elimination strategy implemented in demonstration countries	Strategies for syphilis control focused on high-frequency transmitters and bridging populations developed and implemented. Monitoring and evaluation tools developed and implemented	PDRH, objective 2, WHO Exp. Result 2, output STI1.1, rank A, priority 1
117	Cost-effectiveness and impact of different STI control strategies	Cost-effectiveness and impact of different STI control strategies in selected populations, such as sex workers, substance users, migrant populations	Review of impact and practicality of periodic presumptive treatment of STIs completed. Review of impact and practicality of selective mass treatment completed	Sites to implement operations research identified and interventions initiated	HRP, objective 1, WHO Exp. Result 1, output STI2.5, rank A, priority 1
118	Strategies for partner notification	New strategies for partner notification	Impact and practicality of partner notification strategies compiled. Innovative partner notification strategies for application in other settings identified	Operations research to assess innovative partner notification strategies developed and implemented	PDRH, objective 1, WHO Exp. Result 1, output STI2.5, rank A, priority 1
119	Impact of HSV2 treatment	Proof-of-concept of the impact of HSV2 treatment on HSV2-related disease, vertical transmission and HIV incidence	Evidence for effectiveness of HSV2 episodic and suppressive treatment on HSV2-related disease and impact on HIV incidence compiled	-	HRP, objective 2, WHO Exp. Result 2, output STI2.2, rank A, priority 1
120	Impact of HPV vaccine	Impact of HPV vaccine on epidemiology of HPV and cervical cancer	Modelling impact of HPV vaccine introduction on HPV-related disease and cervical cancer initiated	-	HRP, objective 2, WHO Exp. Result 2, output STI2.2, rank B, priority 3
121	Diagnosis and natural history of cervical lesions in HIV-positive women	Impact of highly active antiretroviral therapy (HAART) on evolution of pre-cancerous cervical lesions in HIV-positive women	Research to assess impact of HAART on evolution of pre-cancerous cervical lesions in HIV-positive women developed and sites identified	Cohort study initiated and coordination supported	HRP, objective 2, WHO Exp. Result 2, output STI2.2, rank B, priority 1
122	Management of HPV lesions in HIV-positive women and men	Management of HPV lesions in HIV-positive women and men	Literature review on HPV in HIV-positive men and women completed and key research questions identified	Research protocol developed and initiated	HRP, objective 2, WHO Exp. Result 2, output STI2.2, rank B, priority 3
123	Improved STI diagnostic tests	Impact and cost-effectiveness of improved STI diagnostic tests on case management, prevention of complications and vertical transmission assessed	Modelling studies of cost-effectiveness of rapid diagnostic tests for detection of <i>Chlamydia trachomatis</i> and <i>Treponema pallidum</i> completed	-	HRP, objective 2, WHO Exp. Result 2, output STI2.2, rank A, priority 1

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
124	Burden of RTI disease and impact of treatment	Burden of RTI disease, in particular bacterial vaginosis, and impact of treatment in selected populations	Model to estimate burden of STI and RTI disease and their sequelae in specific country contexts developed	Studies to assess prevalence and determinants of bacterial vaginosis supported	HRP, objective 1, WHO Exp. Result 1, output STI2.2, rank A, priority 3
125	Microbicides: clinical safety and acceptability studies	Microbicide development: clinical safety and acceptability studies implemented	Phase I expanded safety and acceptability studies of two products in three sites under way	-	PDRH, objective 2, WHO Exp. Result 2, output STI2.1, rank D, priority 3
126	Microbicides: effectiveness of cellulose sulphate for HIV prevention	Microbicide development: clinical effectiveness against HIV	Phase III effectiveness study planned in two sites	-	PDRH, objective 2, WHO Exp. Result 2, output STI2.1, rank D, priority 3
127	Effectiveness of condoms for STI prevention	Condom effectiveness for STI prevention	Effectiveness studies for bacterial and non-bacterial STIs initiated	-	HRP, objective 2, WHO Exp. Result 2, output STI2.1, rank D, priority 3
128	Combination physical and chemical barrier methods	Clinical safety studies of combination physical and chemical barrier methods	Phase I safety study implemented. Expanded safety study under way	STI and HIV prevention study initiated	PDRH, objective 2, WHO Exp. Result 2, output STI2.1, rank D, priority 3
129	Microbicides: acceptability and pregnancy prevention study	Microbicide development: effectiveness for pregnancy prevention assessed	Contraceptive effectiveness study of one candidate microbicide product started in four sites	-	HRP, objective 2, WHO Exp. Result 2, output STI2.1, rank D, priority 3
130	Long-term safety of antiretrovirals used for MTCT-prevention	Safety and efficacy of highly active antiretroviral therapy (HAART) in women previously exposed to antiretroviral MTCT prophylaxis	Protocol for a multicentre observational cohort study developed, suitable sites implementing HAART identified, study initiated	-	HRP, objective 2, WHO Exp. Result 2, output STI2.3, rank C, priority 1
131	Adverse effects of antiretroviral therapy and treatment of opportunistic infections in pregnant and lactating women	Monitor and encourage the documentation of the adverse effects of ARVs and treatment of opportunistic infections in pregnant and breastfeeding women	Protocol(s) for adverse-effect registry developed and sites selected	Adverse-effect registry established	HRP, objective 2, WHO Exp. Result 2, output STI2.3, rank C, priority 1
132	Safety, acceptability and efficacy of highly active antiretroviral therapy (HAART) for the prevention of mother-to-child transmission of HIV	Safety, acceptability and efficacy of highly active antiretroviral therapy (HAART) for the prevention of mother-to-child transmission of HIV, and the reduction of mothers' morbidity and mortality	"Kesho Bora" study supported in Mombasa. Technical support provided to study implementation in sites supported by other agencies	Central monitoring and coordination of project provided. Preliminary safety and transmission results presented	HRP, objective 2, WHO Exp. Result 2, output STI2.4, rank C, priority 1
133	Safety, acceptability and efficacy of highly active antiretroviral therapy (HAART) for the prevention of mother-to-child transmission of HIV	Safety, acceptability and efficacy of highly active antiretroviral therapy (HAART) for the prevention of mother-to-child transmission of HIV, and the reduction of mothers' morbidity and mortality	"Kesho Bora" study expanded to additional three African sites	-	HRP, objective 2, WHO Exp. Result 2, output STI2.4, rank C, priority 2
134	Comprehensive care package and MTCT - prevention interventions	Assess impact of introducing comprehensive care package on acceptability, uptake and effectiveness of MTCT-prevention interventions	Protocol to assess impact and acceptability of comprehensive care package developed, sites identified	Study implemented	HRP, objective 2, WHO Exp. Result 2, output STI2.4, rank C, priority 1
135	Impact of psychosocial support facilities on MTCT-prevention interventions	Assess impact of effective psychosocial support facilities on acceptability, uptake and effectiveness of MTCT-prevention interventions	Inventory of effective psychosocial support interventions compiled. Protocol to assess impact developed	Operations research supported	HRP, objective 2, WHO Exp. Result 2, output STI2.4, rank C, priority 1

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
136	Scientific basis for MTCT-prevention interventions	Maintain survey of the scientific literature related to MTCT-prevention interventions (ARV- and non ARV-based)	Monthly MTCT intelligence reports published	Scientific basis for MTCT-prevention guidelines updated	HRP, objective 2, WHO Exp. Result 2, output STI2.4, rank C, priority 1
137	STI/RTI prevention, case management and surveillance	Strengthened national pre- and in-service training related to STI/RTI case management	STI/RTI training in medical and nursing curricula in selected countries evaluated	Generic training STI/RTI materials for doctors and nurses developed	PDRH, objective 1, WHO Exp. Result 1, output STI3.4, rank A, priority 3
138	RTI/STI commodity quality assurance	STI and RTI commodity quality assurance	Generic models to improve STI/RTI commodity quality developed	Regulatory authorities and procurement and distribution networks in three countries supported to implement quality assurance procedures for STI and RTI commodities	PDRH, objective 1, WHO Exp. Result 1, output STI3.4, rank A, priority 3
139	Models for appropriate integration: cost-effectiveness	Effective models to integrate appropriately across STI and RTI, sexual and reproductive health and HIV programmes with a particular focus on private sector involvement	Technical support to facilitate effective integration and linkages provided to three regions and countries provided	-	PDRH, objective 1, WHO Exp. Result 1, output STI3.5, rank A, priority 3
140	Strategies for integration of new physical and chemical barrier methods and technical support to establish national priorities	Tools and technical support for establishing national STI/RTI programme priorities provided	Countries supported to establish or review national STI/RTI programme priorities	Training curricula for utilisation of strategic planning tools developed and implemented	PDRH, objective 1, WHO Exp. Result 1, output STI3.1, rank A, priority 2
141	Strategies for integration of new physical and chemical barrier methods	Strategies for use, promotion and integration of new and/or improved physical and chemical barrier methods into existing sexual and reproductive health services developed	Technical support provided to two model countries in two regions to develop product introduction strategies	Product introduction and integration supported	PDRH, objective 3, WHO Exp. Result 3, output STI3.1, rank D, priority 3
142	Case studies of improved STI prevention and care for vulnerable individuals	Set of case studies with lessons learnt, core principles for strategic direction and directory of resources that improve capacity for STI prevention and care for vulnerable individuals	Case studies collated with lessons learnt and core principles identified	Protocol for operations research developed and funding partners identified	PDRH, objective 1, WHO Exp. Result 1, output STI4.2, rank A, priority 3
143	Community mobilization initiatives for improved prevention and care for vulnerable individuals	Operations research to support community mobilization initiatives for vulnerable populations	Operations research to support community mobilization initiatives for vulnerable populations implemented in three countries	-	PDRH, objective 1, WHO Exp. Result 1, output STI4.2, rank A, priority 3
144	Enabling environment for partner management and increased use of barrier methods	Family, peer, and community influences and interventions towards an enabling environment for partner management and increased use of barrier methods	Interventions for partner management collated and assessed, key enabling factors and barriers identified. Principles for successful interventions developed	Demonstration projects in four countries developed and implemented	PDRH, objective 1, WHO Exp. Result 1, output STI4.1, rank A, priority 3

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
145	Ethical, legal, regulatory and policy issues for improved STI/RTI care	Ethical, legal, regulatory and policy issues for improved STI prevention and control among vulnerable populations	Ethical, legal, regulatory and policy issues in STI control in vulnerable populations compiled. Successful approaches to overcome ethical, legal, regulatory and policy barriers documented and consensus with technical partners and national-level policy-makers on rights-based approaches for STI control developed	Strategies for rights-based policies, initiatives and laws disseminated. Technical support provided to countries, in collaboration with partners, to adopt and implement enabling policies and laws	PDRH, objective 1, WHO Exp. Result 1, output STI5.3, rank A, priority 3
146	Ethical, legal, regulatory and policy environment for microbicides	Strengthen capacity of national regulatory authorities to oversee and regulate microbicide research, develop regional consensus on ethical issues in microbicide research and development and product introduction	Convene Microbicide Advisory Group meetings. Consensus document on guiding principles for regulation of microbicide research developed	Convene regional consensus development meetings	PDRH, objective 5, WHO Exp. Result 5, output STI5.3, rank D, priority 3
147	STI/RTI networks of excellence	STI/RTI networks of excellence (multisectoral and multidisciplinary) and action plans	Networks in AFRO and EMRO supported and expanded. Country and regional networks linked. Intranet resource centre and electronic information exchange established	Surveillance systems established in two regions. Information collected for publication and advocacy	PDRH, objective 3, WHO Exp. Result 3, output STI5.1, rank A, priority 2
148	Public-private partnerships in STI/RTI control	Public-private partnerships in STI and RTI prevention, care and surveillance and quality assurance and regulatory standards	Examples of country-level public-private partnerships identified and documented. Guidelines and strategies for successful partnerships developed	Standards and quality assurance measures for STI drugs and commodities reviewed. Guidelines for quality assurance developed	PDRH, objective 3, WHO Exp. Result 3, output STI5.2, rank A, priority 3
149	Financing STI/RTI commodities	Global partnerships and financing strategies for STI and RTI prevention and care	Global and regional networks to increase political will and enhance programmatic responses established or strengthened. Countries supported to include STI control in national strategy papers	STI-financing policy frameworks at national, regional and global levels for STI and RTI interventions promoted. Global, regional and national alliances to advocate for and implement innovative STI control strategies supported	PDRH, objective 1, WHO Exp. Result 1, output STI6.1, rank A, priority 1
150	STI surveillance	Improving quality, quantity, timeliness and relevance of national STI surveillance data	STI and RTI prevalence studies in key groups to promote cost-effective STI and RTI interventions at national level facilitated and supported	-	HRP, objective 3, WHO Exp. Result 3, output STI6.4, rank A, priority 1
151	Global partnerships and financing strategies for STI and RTI prevention and care	Global partnerships and financing strategies for STI and RTI prevention and care	Selected STI and RTI drugs added to WHO <i>Model List of Essential Medicines</i> . Preferential pricing for STI drugs supported and extended to STI diagnostics	Strategies to improve access to STI drugs at national level developed and disseminated	PDRH, objective 1, WHO Exp. Result 1, output STI6.2, rank A, priority 1
152	STI/RTI services for special groups	Models for provision of high-quality STI/RTI services for other special groups (e.g. HIV-positive men and women, military, injecting drug users)	Evidence-base compiled. Integrated guideline for health care providers developed	Field-testing completed	PDRH, objective 1, WHO Exp. Result 1, output STI1.2, rank A, priority 1

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
153	Community mobilization interventions for special vulnerable groups	Initiatives for community mobilization to address needs of vulnerable populations and core principles for success	Community mobilization initiatives for vulnerable populations collated and reviewed	Protocol for operations research developed and funding partners identified	PDRH, objective 1, WHO Exp. Result 1, output STI4.2, rank A, priority 3
154	Tools for data collection and monitoring	Tools for local data collection and monitoring of STIs and RTIs for guideline and policy adaptation	Data collection tools and strategies compiled. Practical guideline for programme managers developed and tested	Field-testing of tools and guidelines completed	PDRH, objective 3, WHO Exp. Result 3, output STI1.3, rank A, priority 1
155	Strengthened national STI control capacity	Strengthened national STI control capacity	National and regional networks and laboratories for quality assurance and training in three regions identified and supported	STI quality assurance processes developed	PDRH, objective 3, WHO Exp. Result 3, output STI3.4, rank A, priority 3
156	Global estimates	Improving quality, quantity, timeliness and relevance of global STI estimates	Sentinel STI and RTI surveillance strategy developed and implemented	-	HRP, objective 3, WHO Exp. Result 3, output STI6.4, rank A, priority 1
157	Utility of HPV rapid tests	Impact and cost-effectiveness of improved HPV diagnostic tests on prevention and case management	Review of HPV rapid diagnostic tests completed	Cost-effectiveness and utility models for rapid HPV tests developed	HRP, objective 2, WHO Exp. Result 2, output STI2.2, rank B, priority 3
158	Strategies for introduction of HPV vaccines	Strategies for introduction of HPV vaccines	Strategies for the introduction of HPV vaccines, including optimal role of sexual and reproductive health services, identified and developed	HPV vaccine introduction in four countries supported	PDRH, objective 3, WHO Exp. Result 3, output STI3.1, rank B, priority 3



GENDER, REPRODUCTIVE RIGHTS, SEXUAL HEALTH AND ADOLESCENCE

ISSUES AND CHALLENGES

The International Conference on Population and Development (ICPD, 1994) and the Fourth World Conference on Women (FWCW, 1995) both clearly emphasized the need for promoting gender equity and equality in sexual and reproductive health policies and programmes, as well as the promotion and protection of human rights. These agreements were reinforced in the five-year reviews of both conferences, held in 1999 and 2000, respectively. Among the key issues to be given greater attention were: measures aimed at promoting and achieving gender equality and equity in a systematic and comprehensive manner (Key actions ICPD+5, paragraph 39)²⁹; the incorporation of issues related to sexual and reproductive health in the work of relevant United Nations bodies on indicators for the promotion and protection of the human rights of women (Key actions ICPD+5, paragraph 40)²⁹; the need “to protect and promote the right of adolescents to the enjoyment of the highest attainable standard of health, to provide appropriate, specific, user-friendly and accessible services to address effectively their reproductive and sexual health needs, including sexual and reproductive health education, information, counselling and health promotion strategies (ICPD+5, paragraph 73a)²⁹; and the protection and promotion of human rights by ensuring that all health services and workers conform to ethical, professional and gender-sensitive standards in the delivery of women’s health services, including by establishing or strengthening regulatory and enforcement mechanisms (Beijing+5, paragraph 107 g)⁴¹. In addition, two of the Millennium Development Goals developed in 2001 are to promote gender equality and empower women (Goal 3) and improve maternal health (Goal 5).

Gender roles are central in sexual and reproductive health. Because it is women who get pregnant and give birth, the risk factors and exposures for women and men are fundamentally different from the outset, with the burden of ill-health being much greater for women. In addition, many of the health issues related to sex and sexuality depend on the nature of men’s and women’s relationships to each other. Often, for economic, political and social reasons, women have less power in relationships than do men and are therefore not in a position to protect themselves from unwanted sex, from transmission of infections or from coercion and violence.

At the same time, men may also be constrained by societal expectations of manhood and masculinity, which may have a negative or positive impact on their health and that of women. These aspects must be understood and taken into account in order for research, policies and programmes to be effective in addressing problems in sexual and reproductive health.

For adolescents (ages 15–19 years), gender roles are particularly important. Adolescence is the time when children start to mature and be inquisitive about sexuality. How they experience this and what support they receive is critical to their health both during adolescence and in later life. For instance, for a substantial number of adolescent females, and even for some males, early sexual activity is not consensual—case studies suggest that small percentages of young males (under 10%) and considerably more females (up to 40%) report a sexually coercive experience and a large percentage of reported rapes occur to adolescents⁴². Both non-consensual sex and sexual relations where young people do not protect themselves for whatever reason, can lead to high numbers of unintended pregnancies and to STIs, including HIV.

Maternal mortality ratios are high and pregnancy-related causes are still the leading cause of death among adolescent females. Many unintended pregnancies end in induced abortion, and although data on abortion are notoriously incomplete, it is estimated that abortions per 1000 women aged 15–19 years range from 23 to 36 in selected countries for which data are available. The unsafe abortion rate in developing countries is estimated at 14 and 30 per 1000 women in the age groups 15–19 years and 20–24 years, respectively⁵. Higher rates are estimated for adolescent women in Africa (24 per 1000) and Latin America (20 per 1000) as compared to Asia (8 per 1000). Unsafe abortions among women aged 15 to 24 years account for 40% of the estimated 19 million unsafe abortions that occur each year⁵. In Africa, about 60% of all unsafe abortions are among women aged 15 to 24 years. About half of all people infected with HIV are under age 25 years, and in developing countries, up to 60% of all new infections are among youth—of these there are twice as many in females than in males¹².

Goal

To ensure that research, policy and programmes in sexual and reproductive health protect and promote human rights and foster equity and equality between women and men, both adolescents and adults.

The respect, protection and fulfilment of human rights related to sexual and reproductive health for both adults and adolescents, can only be achieved if national laws and policies reflect recognition of these rights, either implicitly or explicitly. There is evidence to show that laws which violate human rights—for instance, the specific restriction of access to health services which only women need such as those relating to pregnancy and childbirth, thus violating their right to non-discrimination—have a negative impact on health. The absence of laws and policies which protect human rights—such as prohibition of female genital mutilation, punishment and social condemnation of perpetrators of violence against women—has also been shown to contribute to negative health outcomes. Thus, taking concrete action to ensure that people's rights are protected through the laws and policies surrounding whatever public health intervention is being planned should have a positive impact on health. International policies related to sexual and reproductive health must also explicitly reflect human rights commitments.

RHR'S WORK IN GENDER, REPRODUCTIVE RIGHTS, SEXUAL HEALTH AND ADOLESCENCE

The Department's work to promote gender equity and equality, reproductive rights, sexual health and adolescent sexual and reproductive health cuts across all of the technical work, and many of the products listed are carried out in collaboration with other Departmental teams.

Objective 1: To increase the availability of sexual and reproductive health services that are gender-sensitive, adhere to human rights principles and promote sexual health.

This area of work concerns ensuring that provision of sexual and reproductive health services contributes to reducing gender inequities and promotes gender equality. Violence against women—or “gender-based violence”—is one clear manifestation of gender inequalities, which has a complex and significant impact on women's sexual and reproductive health. Equipping health service providers with tools and skills to treat appropriately women who are suffering violence would be an important contribution to both improving the quality of the sexual and reproductive health services offered and confronting this fundamental gender issue.

Examples of projects or programmes in which health providers and services have attempted to address the needs of women experiencing violence will be identified, analysed and used as a basis for developing guidance

for health systems. If funding is available, evidence-based guidelines on the identification, care and treatment of pregnant women who are experiencing violence from their partners will also be developed. These activities will be carried out in close collaboration with the Department of Gender, Women and Health, and the Department of Violence and Injury Prevention.

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. Health services have an important role in promoting sexual health and healthy sexuality, yet there is little systematic evidence about how health services can most successfully do this. An evaluation of good practices in sexuality counselling—one important dimension of sexual health services—will be undertaken on the basis of systematic reviews undertaken in 2005.

Objective 2: To broaden the range of effective and evidence-based interventions to improve adolescent sexual and reproductive health.

Following a research initiative on a wide range of adolescent sexual and reproductive health issues, including sexual risk behaviours and health-seeking behaviour, dual protection, sexual coercion, provider perspectives, and socialisation, gender roles, and sexual attitudes, the Department's work for 2006–2007 focuses on a limited number of high-priority topics for descriptive research and on evaluating interventions and the factors that enable programmes to successfully meet adolescents' needs.

To increase the availability of effective and evidence-based adolescent sexual and reproductive health programmes, scientific evidence will be generated on a number of topics for which knowledge gaps exist. The topics include, for example, the extent and impact of non-consensual sex among adolescents, addressing intended and unintended pregnancy, and decision-making pathways, understanding the sexual and reproductive health situation and needs of vulnerable population groups, perspectives on condom use for pregnancy prevention and/or HIV/STI prevention, and synthesizing the evidence on adolescent sexual and reproductive health needs and best practices. It is planned to strengthen national research capacity in developing countries through technical assistance and maintaining networks of researchers in adolescent sexual and reproductive health. Special efforts will be made to get research results widely disseminated and considered for developing programmes and policies.

Objective 3: To strengthen national health system capacity (public and private sectors) to promote gender equity and equality and to respect, protect and fulfil human rights.

The objective in this area of work is to contribute to equipping health programme managers with the analytical tools and skills to integrate the promotion of

gender equity/equality and reproductive rights as well as aspects of sexuality into their sexual and reproductive health policies and programmes.

The programme of work for 2006–2007 involves continued support for, and adaptation of, the WHO training course on gender and rights in reproductive health. While the course has been successfully adapted and run in many regions (Anglophone Africa, Central Asia, Eastern Mediterranean, Latin America, South East Asia and Western Pacific) it will now be translated and adapted for the sub-region of French-speaking Africa, in conjunction with two centres in Burkina Faso and the Graduate Institute of Development Studies in Geneva. Support will also be given to run an international postgraduate course on sexual health for the second time with the Geneva Foundation for Medical Education and Research. Together with the WHO Department on Gender, Women and Health and building on documented initiatives where gender analysis, human rights and sexuality have been integrated into pre-service medical curricula, support will be given to furthering this work in other countries and regions.

Objective 4: To foster community, family and individual support for sexual health and the elimination of harmful sexual practices.

The Department will continue a three-year research initiative on female genital mutilation (FGM) focusing on decision-making for behaviour change, expanding successful community-based interventions, and on the impact of FGM on sexuality. Results of the research are expected to contribute to the abandonment of FGM. In 2006–2007, a four-country research study launched in 2005 on gender, sexuality and vaginal practices will continue and be concluded. Results are expected to be used for the development of improved programming and policies.

Objective 5: To strengthen policy and governance at the national level, to ensure attention to gender equity and equality and reproductive rights.

This objective aims to help governments ensure that their sexual and reproductive health policies and laws are grounded in human rights, including the right to non-discrimination on the basis of sex (i.e. promotion of gender equality).

The Department will continue its work to assist countries to address human rights by examining laws and policies related to different aspects of sexual and reproductive health, in order to ensure creation of an enabling legal framework. This involves, among other things, the application of the health and human rights tool for country assessment of laws and policies related to sexual and reproductive health. Building on results from the field tests conducted in 2004–2005 in Brazil, Indonesia and Mozambique, additional applications of the tool will be undertaken in one country in the Western Pacific Region and one in Africa. Comparative legal and policy analyses will also be conducted on specific issues such as adolescents' access to services, and HIV/AIDS.

The work planned also includes the analysis of laws and policies at national level. The Department will continue its work on cross-country examination of the impact of laws on specific aspects of sexual and reproductive health, with a view to informing policy guidance. This work is done in collaboration with other teams and areas of work where legal and policy analysis is among their priorities, including the Department of Designing Policy Options: Financing, Resource Allocation, Regulation and Legislation.

Objective 6: To foster an enabling environment at the global level for the promotion of gender equity and equality, and the protection of human rights related to sexual and reproductive health.

Activities under this objective contribute to efforts to promote and protect human rights and gender equality in sexual and reproductive health policies at the international level. The activities consist of working with the United Nations Human Rights Treaty Monitoring Bodies to ensure that sexual and reproductive health information related to reporting countries is brought before these Committees, and of working with WHO Regional and Country Offices to assist countries in implementing the "concluding observations" from the Committees. Using the Human Rights system in this way can support and strengthen WHO's work and ensure that human rights related to sexual and reproductive health are promoted and protected.

PRODUCT LISTING FOR GENDER AND REPRODUCTIVE RIGHTS

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
177	Guidelines on violence against women in pregnancy	Develop guidelines on care of pregnant women who have experienced violence, for programme managers and health care providers, based on findings of the WHO Study on Violence Against Women	Guidelines developed and reviewed	Field-test protocol developed. Guidelines field-testing begun in one site	HRP, objective 1, WHO Exp. Result 1, output GRR1.1, rank B, priority 3

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
178	Training programmes on gender and rights	Support and technical assistance to centres to run the WHO course on gender and rights	Technical support provided to one centre to adapt and run the course. Technical support to Regional Offices to run adapted courses. Continued technical support provided to current centres	Continuing technical support provided	PDRH, objective 3, WHO Exp. Result 3, output GRR3.1, rank A, priority 1
179	Training programmes on gender and rights	Support and technical assistance to centres to run the WHO course on gender and rights	Technical support provided to a second centre to adapt and run the course	Support to one new centre to run the course (training of trainers accomplished; adaptation made)	PDRH, objective 3, WHO Exp. Result 3, output GRR3.1, rank A, priority 2
180	Impact evaluation of the gender and rights training courses	Evaluation of the impact of the gender and rights training courses	Results analysed; report produced	-	PDRH, objective 3, WHO Exp. Result 3, output GRR3.1, rank A, priority 3
181	Health and human rights tool	Further testing of health and human rights tool for maternal and neonatal health and other aspects of sexual and reproductive health	Application of tool in two countries (two different regions) begun. Revised tool published	Results of two country studies published	HRP, objective 5, WHO Exp. Result 5, output GRR3.2, rank A, priority 1
182	Legal and policy guidance for countries	Assist selected countries to investigate legal and policy barriers to the promotion of sexual and reproductive health and rights	Selected countries assisted. Guidance documents developed	Additional selected countries assisted. Guidance documents revised	HRP, objective 5, WHO Exp. Result 5, output GRR5.1, rank A, priority 2
183	Human Rights Treaty Monitoring Bodies (TMBs)	Submission of periodic reports on sexual and reproductive health to CESC, CEDAW, HRC and CRC. Provision of technical support to WHO Regional and Country Offices and governments to use TMB system for the promotion of sexual and reproductive health programmes	Periodic reports submitted. Training and technical assistance provided	Periodic reports submitted. Training and technical assistance provided. Interregional meeting convened on application of CEDAW to rights-based programming	PDRH, objective 6, WHO Exp. Result 6, output GRR6.1, rank A, priority 1
184	Advocacy for gender equity and reproductive rights	Work with partners to advocate for gender equity and equality and reproductive rights at the international level	Advocacy material produced and disseminated	Advocacy events organized in collaboration with partners	PDRH, objective 6, WHO Exp. Result 6, output GRR6.2, rank A, priority 3
185	Enhanced support for HRP activities on legal and policy guidance for sexual and reproductive health	Enhanced support for gender and rights in sexual and reproductive health activities	-	-	HRP, objective 5, WHO Exp. Result 5, output GRR, rank A, priority 3
186	Enhanced support for all the above PDRH activities on legal and policy guidance for sexual and reproductive health	Enhanced support for gender and rights in sexual and reproductive health activities	-	-	PDRH, objective 5, WHO Exp. Result 5, output GRR, rank A, priority 3
187	Translation, reprinting and dissemination of existing HRP technical materials relating to gender and reproductive rights	-	Translation, reprinting and dissemination of existing materials carried out	Translation, reprinting and dissemination of existing materials carried out	HRP, objective Core, WHO Exp. Result Core, output GRR_Core, rank Core, priority 1
188	Translation, reprinting and dissemination of existing PDRH technical materials relating to gender and reproductive rights	-	Translation, reprinting and dissemination of existing materials carried out	Translation, reprinting and dissemination of existing materials carried out	PDRH, objective Core, WHO Exp. Result Core, output GRR_Core, rank Core, priority 1

PRODUCT LISTING FOR SEXUAL HEALTH

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
189	Generating evidence to promote sexual health--sexuality counselling	Identifying and evaluating programme experience on sexuality counselling	Systematic review conducted; identified programmes evaluated. Knowledge-synthesis meeting convened	Report finalized and published	HRP, objective 1, WHO Exp. Result 1, output SH1.1, rank A, priority 1
190	Generating evidence to promote sexual health--sexual violence interventions	Identifying and evaluating programme experience on addressing sexual violence	Systematic review conducted	Identified programmes evaluated. Knowledge-synthesis meeting convened	HRP, objective 1, WHO Exp. Result 1, output SH1.1, rank A, priority 1
191	Generating evidence to promote sexual health--sexual violence interventions	Identifying and evaluating programme experience on addressing sexual violence	Systematic review conducted	Identified programmes evaluated. Knowledge-synthesis meeting convened	HRP, objective 1, WHO Exp. Result 1, output SH1.1, rank A, priority 2
192	Generating evidence to promote sexual health--sexual violence interventions	Identifying and evaluating programme experience on addressing sexual violence	Systematic review conducted	Identified programmes evaluated. Knowledge-synthesis meeting convened	HRP, objective 1, WHO Exp. Result 1, output SH1.1, rank A, priority 3
193	Generating evidence to promote sexual health--STI/HIV prevention interventions	Identifying and evaluating programme experience on key STI/HIV prevention interventions	Systematic review conducted	Identified programmes evaluated. Knowledge-synthesis meeting convened	HRP, objective 1, WHO Exp. Result 1, output SH1.1, rank A, priority 1
194	Generating evidence to promote sexual health--STI/HIV prevention interventions	Identifying and evaluating programme experience on key STI/HIV prevention interventions	Systematic review conducted	Identified programmes evaluated. Knowledge-synthesis meeting convened	HRP, objective 1, WHO Exp. Result 1, output SH1.1, rank A, priority 2
195	Generating evidence to promote sexual health--STI/HIV prevention interventions	Identifying and evaluating programme experience on key STI/HIV prevention interventions	Systematic review conducted	Identified programmes evaluated. Knowledge-synthesis meeting convened	HRP, objective 1, WHO Exp. Result 1, output SH1.1, rank A, priority 3
196	Education and training in sexual health	Provide support for the development or adaptation of education or training materials in sexual health	Contribution made to the development of training materials	Assistance provided to one country or region to use the materials	PDRH, objective 3, WHO Exp. Result 3, output SH3.2, rank A, priority 3
197	Research on female genital mutilation and sexuality	Investigate the relationship between female genital mutilation and women's sexuality	Research initiated and data collection started in two countries	Data collection ended and data analysis started	HRP, objective 4, WHO Exp. Result 4, output SH4.2, rank A, priority 1
198	Research on female genital mutilation and decision-making research	Investigate the process of decision-making with regard to female genital mutilation aiming towards behaviour change	Data collection of the first phase (qualitative) ended and data analysed. Data collection of the second phase (quantitative) started	Data collection of the second phase ended. Data analysis started and preliminary study report developed	HRP, objective 4, WHO Exp. Result 4, output SH4.2 (a), rank A, priority 1
199	Operations research on community-based interventions on female genital mutilation	Design, implement and evaluate community-based intervention(s) aiming towards behaviour change with regard to female genital mutilation	Intervention's activities implemented in the selected countries: Djibouti and Burkina Faso	Activities continued and monitored and programme evaluation planned	HRP, objective 4, WHO Exp. Result 4, output SH4.2 (b), rank A, priority 1
200	Multi-Country Study on Gender, Sexuality and Vaginal Practices (GSVP study)	Understand the nature, role and effect of vaginal practices on behaviour and their implications for sexual health education/service delivery strategies	Qualitative research published. Quantitative research begun in four countries	Study results published	HRP, objective 4, WHO Exp. Result 4, output SH4.2(c), rank A, priority 1
201	Enhanced support for sexual health research	Assist regions and countries to carry out research and evaluation on sexual health related issues	Assist one region or country to advance a research initiative on a sexual health related topic	Assist one region or country to advance a research initiative on a sexual health related topic	HRP, objective 5, WHO Exp. Result 5, output SH5, rank A, priority 3

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
202	Enhanced support for sexual health and rights programming and advocacy	Assist regions and countries to carry out evidence-based programming and advocacy on sexual health and rights	Assist one region or country to improve guidance or programming on sexual health and rights	Assist one region or country to improve guidance or programming on sexual health and rights	PDRH, objective 6, WHO Exp. Result 6, output SH6.1, rank A, priority 3
203	Promote sexual health and rights strategies and programmes	Participate in international dialogue meetings for the development and promotion of sexual rights and programmes at country and regional levels	Participated in international dialogue meeting	Participated in international dialogue meeting	PDRH, objective 6, WHO Exp. Result 6, output SH6.1, rank A, priority 2
204	Promote sexual health and rights strategies and programmes	Participate in international dialogue meetings for the development and promotion of sexual rights and programmes at country and regional levels	Participated in international dialogue meetings	Participated in international dialogue meetings	PDRH, objective 6, WHO Exp. Result 6, output SH6.1, rank A, priority 3
205	Provide global guidance and advocacy for the abandonment of female genital mutilation (FGM)	Participate in international meetings and provide guidance materials for the abandonment of FGM	Guidance materials produced. International meetings attended	Guidance materials produced. International meetings attended	PDRH, objective 6, WHO Exp. Result 6, output SH6.2, rank A, priority 3
206	Sexual health and global burden of disease	Review the global burden of disease to include sexual health related morbidity and mortality	Review commissioned	Review finalized	HRP, objective 6, WHO Exp. Result 6, output SH6.3, rank A, priority 3
207	Translation, reprinting and dissemination of existing HRP technical materials relating to sexual health	-	Translation, reprinting and dissemination of existing materials carried out	Translation, reprinting and dissemination of existing materials carried out	HRP, objective Core, WHO Exp. Result Core, output SH_Core, rank Core, priority 1

PRODUCT LISTING FOR ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
159	Unintended pregnancy, abortion and decision-making pathways among young people	Research evidence on decision-making and behaviour regarding unintended pregnancy and abortion	One to two projects initiated	Projects ongoing	HRP, objective 2, WHO Exp. Result 2, output ASRH1.2, rank A, priority 1
160	Factors enhancing sexual and reproductive autonomy among adolescents	Research evidence on factors enhancing sexual and reproductive autonomy	Overview paper drafted to document research gaps and priorities	Call for proposals developed and circulated	HRP, objective 2, WHO Exp. Result 2, output ASRH1.3, rank A, priority 2
161	The situation and needs of particularly vulnerable populations of young people	Documenting the situation and needs of vulnerable populations of young people	One project initiated	One additional project initiated	HRP, objective 2, WHO Exp. Result 2, output ASRH1.4, rank A, priority 1
162	Condom use and dual protection among adolescents	Evidence on the perspectives of adolescent males and females on condom use for pregnancy prevention and/or HIV/STI prevention	Call for proposals developed and circulated	One to two studies initiated	HRP, objective 2, WHO Exp. Result 2, output ASRH1.1, rank A, priority 1
163	Factors influencing the effectiveness and acceptability of adolescent sexual and reproductive health programmes	Evidence on effective and acceptable programmes	Review paper drafted to document research gaps and priorities	Call for proposals developed and circulated	HRP, objective 2, WHO Exp. Result 2, output ASRH1.6, rank A, priority 3

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
164	Non-consensual sexual experiences and their implications for adolescent sexual and reproductive health	Evidence on the magnitude of non-consensual sex and its impact	Two to three projects initiated	Research training workshops conducted and technical assistance provided	HRP, objective 2, WHO Exp. Result 2, output ASRH1.1, rank A, priority 1
165	Impact of adolescent sexual and reproductive health programmes designed to improve the capacity of health care providers and teachers	Evaluation of the impact of adolescent sexual and reproductive health programmes	Literature review undertaken	Literature review under way	HRP, objective 2, WHO Exp. Result 2, output ASRH1.7, rank B, priority 3
166	The special needs of married adolescents, particularly females	Document the special needs and situation of married adolescents	One to two projects initiated	Technical assistance provided and results disseminated	HRP, objective 2, WHO Exp. Result 2, output ASRH1.5, rank B, priority 2
167	Comparative effectiveness, acceptability and cost of models of adolescent sexual and reproductive health services	Evidence on the optimal service models for adolescent sexual and reproductive health	Background paper reviewing existing models available	Evaluation of existing models under way	HRP, objective 2, WHO Exp. Result 2, output ASRH1.10, rank C, priority 3
168	Evidence of the impact of community programmes supporting adolescent sexual and reproductive health	Impact of community programmes involving parents or trusted adults for adolescent sexual and reproductive health information and services	Overview paper documenting the evidence and identifying gaps in knowledge available	Call for proposals developed and circulated	HRP, objective 2, WHO Exp. Result 2, output ASRH1.9, rank C, priority 3
169	Synthesis of evidence on adolescent sexual and reproductive health needs and best practices in addressing these needs	Review of existing guidelines and/or development of new ones for "youth-friendly services", based on evidence from RHR-supported research and other work, focusing on adolescents' needs, obstacles to meeting these needs, and best practices	Review paper on findings from RHR-supported studies completed	Guidelines developed	PDRH, objective 2, WHO Exp. Result 2, output ASRH2.2, rank A, priority 1
170	Building adolescent sexual and reproductive health research capacity in developing countries and countries in transition	Supporting a network of developing country researchers by providing technical support and research materials	Newsletter and other training materials developed and technical support provided	Newsletter and other training materials circulated and accessible on web site and technical support provided	HRP, objective 2, WHO Exp. Result 2, output ASRH2.1, rank A, priority 1
171	Research on sustainability and scaling-up of pilot programmes in adolescent sexual and reproductive health	Identify factors which facilitate scaling-up of pilot programmes and their sustainability	Overview paper completed to document research gaps and priorities	Call for proposals developed and circulated	HRP, objective 2, WHO Exp. Result 2, output ASRH2.4, rank B, priority 3
172	Indicators and guidelines for monitoring and evaluation of sexual and reproductive health programmes for adolescents	Agreed list of indicators and guidelines for collection of data	Background paper reviewing indicators available	Draft guidelines and list of indicators available	PDRH, objective 2, WHO Exp. Result 2, output ASRH2.3, rank C, priority 3
173	Strategies for collaboration with governments to design evidence-based programmes for adolescent sexual and reproductive health	Design evidence-based programmes through review of evidence, situational analysis, consultation and by providing technical support	Situation analysis and case-studies conducted	Preparations completed for the consultation to design, implement and monitor programmes	PDRH, objective 5, WHO Exp. Result 5, output ASRH3.2, rank A, priority 2

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ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
174	Implementing research findings in sexual and reproductive health policies and programmes for adolescents	Mobilise researchers, policy-makers and programme managers and develop strategies to implement research findings	Policy-relevant material developed for dissemination through meetings and other channels of communication, e.g. web sites	Additional policy-relevant material developed for dissemination through meetings and other channels of communication, e.g. web sites	PDRH, objective 5, WHO Exp. Result 5, output ASRH3.4, rank A, priority 2
175	Research on the operation of laws, policies and norms that affect adolescent sexual and reproductive health	Evidence of the impact of laws, policies and norms on the availability and accessibility of adolescent sexual and reproductive health services	Literature review under way	Literature review completed and study protocol developed	HRP, objective 5, WHO Exp. Result 5, output ASRH3.3, rank B, priority 3
176	Translation, reprinting and dissemination of existing HRP technical materials relating to adolescent sexual and reproductive health	-	Translation, reprinting and dissemination of existing materials carried out	Translation, reprinting and dissemination of existing materials carried out	HRP, objective Core, WHO Exp. Result Core, output ASRH_Core, rank Core, priority 1



TECHNICAL COOPERATION WITH COUNTRIES

ISSUES AND CHALLENGES

"Developing country governments should adopt development strategies bold enough to meet the Millennium Development Goal (MDG) targets by 2015. We term them MDG-based poverty reduction strategies. To meet the 2015 deadline, we recommend that all countries have these in place by end of 2006. Where Poverty Reduction Strategy Papers (PRSPs) already exist, those should be aligned with the MDGs."

(Investing in development: a practical plan to achieve the Millennium Development Goals. Key Recommendation 1, UN Millennium Project Report, page xiv, January 2005)

The above recommendation clearly describes the pressure being put on countries and their leaders to renew their commitment to realising the promises made at the Millennium Summit in June 2000. Such pressure is particularly relevant to the field of sexual and reproductive health, as we enter into the second and last decade of the implementation of the Programme of Action of the International Conference on Population and Development (ICPD), held in Cairo in September 1994, and the Key actions adopted by the Twenty-first Special Session of the United Nations General Assembly at the ICPD+5 review meeting in 1999.

According to the recent survey conducted by UNFPA in 151 countries to assess the achievements at 10 years after Cairo, significant but uneven progress has been made in all regions. The main challenge facing the Member States in the coming decade will be to maintain the focus on ensuring that comprehensive sexual and reproductive health services that are of good quality are made accessible and affordable to the poor. The first WHO Global Strategy on Reproductive Health adopted at the 57th session of the World Health Assembly in May 2004 aims at providing a road map and further impetus to the country activities in that direction.

Goal

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

It is within this context that the Department pledges its continued and intensified support to countries in their efforts to strengthen national research capacity, with a particular emphasis on fostering action-oriented research; to foster knowledge-sharing and exchange experience on best practices; and to develop or scale up programmes, policies, and interventions whose effectiveness in improving the quality of sexual and reproductive health services has been proven, as part of the overall health systems development.

NATIONAL RESEARCH CAPACITY STRENGTHENING

Pursuant to the recommendations of the External Evaluation of HRP carried out in 2002–2003, and building on the successes of the past years, HRP's work in research capacity strengthening will continue as one of the strong areas of cooperation between HRP and the regional offices and countries. During the 2006–2007 biennium, the existing mechanisms will continue to be used in order to (1) identify and support potential new collaborating institutions in least developed countries through the various capacity-building grants (see detailed description of the grants on the RHR website <http://www.who.int/reproductive-health/tcc/grants.html>); and (2) consolidate the gains accrued from past investments in strengthening the capabilities of institutions and the skills of individual researchers or networks so as to enable them to respond to national and regional priority issues in sexual and reproductive health, including the development of operations research. Continuing emphasis will be laid on improving the communication and writing skills of researchers as well as increasing the dialogue with policy-makers, programme managers and other stakeholders as a means to enhance the dissemination of research findings and their translation into practice to effect the required changes.

POLICY AND PROGRAMMATIC ISSUES

Another important area of cooperation with countries is the support for national policy and programme development, including support for the utilization of the WHO Strategic Approach to strengthening sexual and reproductive health policies and programmes. The WHO Strategic Approach is a tool for strategy formulation and programme development that countries can use to assess their sexual and reproductive health needs and priorities, test appropriate policy and programmatic interventions to address these needs, and then scale up these tested innovations for wider national implementation. The methodology emphasizes use of a participatory process to obtain input from a wide range of stakeholders in the process of identification, testing and expansion, in a phased manner, of innovations designed to increase access to and improve the quality of care in sexual and reproductive health service delivery. The WHO Strategic Approach has been adapted and used by countries for addressing a broad range of sexual and reproductive health issues, including, family planning and unsafe abortion, reproductive tract infections including HIV/AIDS, maternal and neonatal health, adolescent sexual and reproductive health, as well as for comprehensive sexual and reproductive health policy and programme development with an emphasis on programme integration and access to services for the poor.

The work on policy and programmatic issues includes the development of the evidence base on the effects of health sector reform on sexual and reproductive health, and the provision of technical support to countries engaged in reform processes. This area of work conducts programme evaluation research to investigate the impact of changes in health care systems associated with reform on outcomes related to sexual and reproductive health, including the integration with HIV/AIDS. Technical support is provided in the introduction of clinical guidelines and tools to ensure integration within health system processes. Additionally, the health sector reform work area seeks to develop country capacity to plan and implement sector-wide approaches and poverty reduction strategies that value sexual and reproductive health. The health sector reform area of work is characterized by coordination with other clusters and departments within WHO, and external partner agencies.

MAPPING AND IMPLEMENTING BEST PRACTICES

The synergy between the mapping and implementing best practices initiatives provides a sound foundation for the commitment of the Department to work on knowledge-management issues to improve access to and the utilization of evidence-based practices at country level.

In the past eight years, the Department has been at the forefront of evidence-based sexual and reproductive health through the Mapping Best Reproductive Health Practices Initiative. Currently, the *WHO Reproductive*

Health Library (RHL) is an established reference work for evidence-based reproductive health care, especially in low and middle-income countries. As the evidence-base coverage of clinical practices enlarges new challenges are emerging:

- Keeping systematic reviews up-to-date and relevant: Systematic reviews need to be updated regularly. This is not only because new research evidence may emerge but also to keep abreast of new technologies and needs, especially from consumers of health care.
- Changing health professional behaviour: Unfortunately, while new evidence is continuously generated and synthesized, its adoption in policy and practice is at best fragmented. Multidisciplinary approaches are required to identify existing practices, barriers to changing practices, and strategies to implement change. Research into these strategies is scarce and the evidence base for this area needs to be strengthened.
- Capacity-building in research and research synthesis: While this is not new, the challenge to develop a critical mass of health workers conversant with interpreting and appraising research findings continues.

Further to research synthesis there is a pressing need to address the complex issue of how to improve access to and the utilization of research findings, evidence-based practices and proven effective programmatic materials and tools, so that they effect change in practice and performance at country level. The Department's response has been the establishment of the Implementing Best Practices (IBP) Initiative. This is a global collaborative partnership of 23 international agencies committed to sharing resources and tools, harmonizing approaches and using cost-sharing mechanisms to expand effective approaches to the introduction, adaptation and scale-up of best practices for the improved delivery of sexual and reproductive health services in countries. The IBP Initiative has rapidly gathered momentum and formed the IBP Consortium with the Secretariat provided by the Department. The Secretariat coordinates activities within the Department, with partners and with regional and country networks to create synergies around the introduction of technical guidelines, knowledge management⁴³, performance improvement and change management techniques to accelerate taking proven effective practices to scale.

MONITORING AND EVALUATION

Monitoring and evaluation work entails a series of activities that maintain and provide the means of monitoring and evaluating the progress in attaining internationally agreed goals and targets including the MDGs and recommendations of the International Conference on Population and Development (ICPD). These activities are two-dimensional: work towards better understanding of the extent of related morbidities

and mortality and work on the tools, namely “indicators” that are used for monitoring.

Improved knowledge of the magnitude/burden of leading causes of sexual and reproductive morbidity and mortality is essential in identifying needs, setting targets and allocating resources for programmes and for identifying new research priorities. This information needs to be reliable and up-to-date and to be generated and summarized on the basis of rigorous scientific methodology to be useful in producing unbiased estimates of sexual and reproductive health morbidity and mortality indicators. An approach based on systematic review methodology has been adopted to map sexual and reproductive health morbidities in women as well as the burden affecting the newborn, such as perinatal mortality and low birth weight.

Indicators are important for monitoring of sexual and reproductive health status and health care delivery locally as well as globally. Unfortunately, there is a discrepancy between locally relevant indicators and those that are useful for global monitoring purposes. Global indicators, in general, obscure variations across socio-economic groups, rural and urban populations, different age groups (e.g. adolescents) and minority

groups within countries. Furthermore, there is limited experience with some of the sexual and reproductive health indicators that have been internationally agreed upon. Therefore, more research and capacity-strengthening efforts are needed before some of those indicators will be fully operational. Health systems indicators, such as access to and utilization of sexual and reproductive health services, are also important and require further methodological work before they are suitable for wider use.

The work on monitoring and evaluation cuts across areas of sexual and reproductive health. Although most of the work pertains to maternal and perinatal health issues such as maternal mortality and morbidity, the magnitude of problems affecting women outside pregnancy is also of concern. For example, long-term adverse consequences of events related to pregnancy and childbirth represent a largely ignored burden. Urinary incontinence, faecal incontinence and pelvic prolapse are debilitating morbidities that undermine the woman's status in the community and lead to social exclusion and embarrassment. Efforts to attain the MDG of improving maternal health should include these morbidities in addition to addressing maternal mortality.

PRODUCT LISTING FOR NATIONAL RESEARCH CAPACITY STRENGTHENING

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
208	Network of WHO Collaborating Centres (WHO-CCRs) strengthened	Support for designation and re-designation processes of WHO-CCRs as well as information exchange between and among other collaborating institutions	At least four centres visited. Three to four In-house Committee meetings held for designation/re-designation reviews	At least four other centres visited. Three to four In-house Committee meetings held for designation/re-designation reviews	PDRH, objective 2, WHO Exp. Result 2, output TC_Core2.1, rank Core, priority 1
209	Network of WHO Collaborating Centres (WHO-CCRs) strengthened	Support for designation and re-designation processes of WHO-CCRs as well as information exchange between and among other collaborating institutions	At least two more centres visited per region	At least two more centres visited per region	PDRH, objective 2, WHO Exp. Result 2, output TC_Core2.3.3, rank Core, priority 2
210	Updated indicators for monitoring sexual and reproductive health programme development	Selected countries assisted to develop process and outcome indicators for national sexual and reproductive health programmes	Review of generic, programme-related indicators completed	Pilot-testing of the generic indicators initiated in two countries per WHO Region	PDRH, objective 2, WHO Exp. Result 2, output TC_Core2.1, rank Core, priority 3
211	Strengthening dialogue between researchers and policy-makers and inputs from Regional Advisory Panels (RAPs) to the process	Providing a forum for dialogue through regional symposia and support to selected interventions of interregional relevance	Annual meeting of RAP Chairs held	Annual meeting of RAP Chairs held	PDRH, objective 2, WHO Exp. Result 2, output TC_Core2.1, rank Core, priority 1
212	Strengthening dialogue between researchers and policy-makers and inputs from Regional Advisory Panels (RAPs) to the process	Providing a forum for dialogue through regional symposia and support to selected interventions of interregional relevance	Regional or sub-regional symposium organised in one Region	Regional or sub-regional symposium organised in another Region	PDRH, objective 2, WHO Exp. Result 2, output TC_Core2.4.4, rank Core, priority 3

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
213	Follow-up actions on regional priorities in research and programme development identified in CCEE/NIS countries	Strengthening capacity in CCEE/NIS for operational research and application of evidence to improve managerial and clinical practices	One more operations research course organized for Russian-speaking countries	At least two research proposals developed by the trainees approved for funding	HRP, objective 2, WHO Exp. Result 2, output TC_Core2.2.4, rank Core, priority 1
214	Follow-up actions on regional priorities in research and programme development identified in CCEE/NIS countries	Strengthening capacity in CCEE/NIS for operational research and application of evidence to improve managerial and clinical practices	One more operations research course organized for Russian-speaking countries	At least two research proposals developed by the trainees approved for funding	PDRH, objective 2, WHO Exp. Result 2, output TC_Core2.2.4, rank Core, priority 1
215	Follow-up actions on regional priorities in research and programme development identified in CCEE/NIS countries	Organize annual meetings of the European Regional Advisory Panel to monitor the implementation of the regional strategy and operations research needs	One meeting held in conjunction with EURO	One meeting held in conjunction with EURO	HRP, objective 2, WHO Exp. Result 2, output TC_Core2.1, rank Core, priority 1
216	Assisting countries from a selected sub-region to identify sexual and reproductive health research needs and set priorities (AMRO Region)	Database of relevant indicators established and list of main research priorities determined for the sub-region	Collection of relevant indicators completed for the sub-region and database established	A sub-regional sexual and reproductive health research needs assessment workshop conducted. Sexual and reproductive health research priorities identified for at least three countries	HRP, objective 2, WHO Exp. Result 2, output TC_AM2.1, rank A, priority 3
217	Identifying new recipients of research capacity strengthening (RCS) grants and developing RCS plans (AMRO Region)	Full RCS programme (including linked research and research training, dissemination and utilization plans and budget) developed for new centres identified	Institutional profile submitted by candidate centres. New recipient identified and RCS grant application developed	Site-visit to centre done. RCS programme submitted to and approved by the Regional Advisory Panel	HRP, objective 2, WHO Exp. Result 2, output TC_AM2.2, rank A, priority 1
218	Develop critical mass of individuals at country level to conduct improved research and programmatic activities (AMRO Region)	Organize and support group learning activities at country and regional levels to develop technical competencies in research methodology, in specific thematic areas relevant to national or regional needs, in data-processing and analysis, and in research management	At least three workshops/courses held and two full research proposals developed	At least three more workshops/courses held and two full research proposals approved for funding	HRP, objective 2, WHO Exp. Result 2, output TC_AM2.2, rank A, priority 1
219	Enhancing institutional capacities for operations research (AMRO Region)	Support provided to make possible the conduct of operations research in a regional centre and establishment of a regional training facility in this area	Regional institution identified as operations research training centre. Training programme elaborated and pilot-tested. Operations research proposal developed	One centre in the Region has developed a well structured operations research training programme in at least one field of sexual and reproductive health and has at least one specific project approved for funding and implementation	HRP, objective 2, WHO Exp. Result 2, output TC_AM2.2, rank A, priority 2
220	Enhancing institutional capacities to respond to regional priorities in sexual and reproductive health (AMRO Region)	Support provided for establishing or strengthening regional training facilities to facilitate the conduct of operations research	-	A well structured operations research training programme developed in collaboration with interested partners in one centre	HRP, objective 2, WHO Exp. Result 2, output TC_Core2.2.4, rank Core, priority 2
221	Improving ethical standards for sexual and reproductive health research at country and regional levels (AMRO Region)	Support provided to improve the operation of ethics review boards of regional institutions	Actions taken to assist the establishment and/or strengthening of ethics review boards in centres receiving RCS support	Ethics review boards established/strengthened and in operation in all centres receiving RCS support	HRP, objective 2, WHO Exp. Result 2, output TC_AM2.2, rank A, priority 1

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
222	Strengthening institutional sexual and reproductive health research capacities (AMRO Region)	Long-term institutional development grants, resource maintenance grants, courses, workshops and seminars grants, and small grants awarded to selected centres to further develop research capacities	Research capacity strengthening support provided to three to five centres in the Region. At least one project per centre completed, published and disseminated	Research capacity strengthening support provided to three to five centres in the Region. At least one project per centre completed, published and disseminated	HRP, objective 2, WHO Exp. Result 2, output TC_AM2.3, rank A, priority 1
223	Strengthening skills and abilities of individuals for sexual and reproductive health research (AMRO Region)	Provide research training and re-entry grants to staff from research institutions	Support provided enabling at least two fellows to complete research training programmes. At least one re-entry research grant approved and supported	Support provided enabling at least two more fellows to complete research training programmes. At least one more re-entry research grant approved and supported	HRP, objective 2, WHO Exp. Result 2, output TC_AM2.3, rank A, priority 1
224	Maintaining adequate mechanisms for the monitoring and evaluation of RCS activities (AMRO Region)	Support the process for monitoring and evaluation of RCS activities	Support provided to all research centres that are receiving RCS grants. Each centre visited at least once during the biennium. Meeting of Regional Advisory Panel held	Support provided to all research centres that are receiving RCS grants. Each centre visited at least once during the biennium. Meeting of Regional Advisory Panel held	HRP, objective 2, WHO Exp. Result 2, output TC_AM2.3, rank A, priority 1
225	Developing improved mechanisms to enhance the dissemination and utilization of research findings (AMRO Region)	Develop and provide guidelines for preparing dissemination and utilization plans and support information-dissemination workshops of research findings	Develop and pilot-test guidelines for dissemination and utilization plans. One national or regional workshop held	Support provided for the use of developed guidelines in at least one centre or for one research project	HRP, objective 2, WHO Exp. Result 2, output TC_AM2.4, rank A, priority 2
226	Improving researchers' communication skills (AMRO Region)	Provide assistance to develop communication skills among researchers	Assistance provided to hold a relevant workshop and /or at least five persons supported to develop skills in this area	Assistance provided to hold one further workshop and /or at least five more persons supported to develop skills in this area	HRP, objective 2, WHO Exp. Result 2, output TC_AM2.4, rank A, priority 1
227	Assisting the development of an enabling environment at country level to facilitate increased dissemination and utilization of research findings (AMRO Region)	Support the process for increased dialogue between policy-makers, managers and researchers to promote and enhance the utilization of research findings	At least two national workshops joining researchers and policy-makers held. Policy briefs prepared for completed research projects	At least two more national workshops joining researchers and policy-makers held. Policy briefs prepared for completed research projects	HRP, objective 2, WHO Exp. Result 2, output TC_AM2.4, rank A, priority 1
228	Expanding the role of national research institutions in policy and programme development (AMRO Region)	Develop national and intra-regional networks through Competitive Intra-regional (CIR) grants	Call for proposals issued	Approval by Regional Advisory Panel to award CIR grant to one research institution	HRP, objective 2, WHO Exp. Result 2, output TC_Core, rank Core, priority 3
229	Assisting countries to identify sexual and reproductive health research needs and set priorities (AFRO/EMRO Regions)	Database of relevant indicators established and list of main research priorities determined for the sub-region	Collection of relevant indicators completed for the Regions and database established. Regional directories and/or web site of publications and of ongoing research projects produced	At least two research needs assessment workshops conducted and sexual and reproductive health research priorities identified for at least three countries	HRP, objective 2, WHO Exp. Result 2, output TC_AF/EM2.1, rank A, priority 1
230	Identifying new recipients of research capacity strengthening (RCS) grants and developing RCS plans (AFRO/EMRO Regions)	Full RCS programme (including linked research and research training, dissemination and utilization plans and budget) developed for new centres identified	Institutional profile submitted by candidate centres. New recipient identified and RCS grant application developed	Site-visit to centre done. RCS programme submitted to and approved by the Regional Advisory Panel	HRP, objective 2, WHO Exp. Result 2, output TC_AF/EM2.2, rank A, priority 1

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
231	Develop critical mass of individuals at country level to conduct improved research and programmatic activities (AFRO/EMRO Regions)	Organize and support group learning activities at country and regional levels to develop technical competencies in research methodology, in specific thematic areas relevant to national or regional needs, in data-processing and analysis, and in research management	At least six workshops/courses supported and four full research proposals developed	At least six more workshops/courses held and four full research proposals approved for funding	HRP, objective 2, WHO Exp. Result 2, output TC_AF/EM2.2, rank A, priority 1
232	Enhancing institutional capacities for operations research (AFRO/EMRO Regions)	Support provided to make possible the conduct of operations research in a regional centre and establishment of a regional training facility in this area	Regional institution identified as operations research training centre. Training programme elaborated and pilot-tested. Operations research proposal developed	Two centres in the Regions have developed a well structured operations research training programme in at least one field of sexual and reproductive health and each has at least one specific project approved for funding and implementation	HRP, objective 2, WHO Exp. Result 2, output TC_AF/EM2.2, rank A, priority 1
233	Enhancing institutional capacities to respond to regional priorities in sexual and reproductive health (AFRO/EMRO Regions)	Support provided for establishing or strengthening regional training facilities to facilitate the conduct of operations research	-	A well structured operations research training programme developed in collaboration with interested partners in one centre per Region	HRP, objective 2, WHO Exp. Result 2, output TC_Core2.2.4, rank Core, priority 2
234	Improving ethical standards for sexual and reproductive health research at country and regional levels (AFRO/EMRO Regions)	Support provided to improve the operation of ethics review boards of regional institutions	Actions taken to assist the establishment and/or strengthening of ethics review boards in centres receiving RCS support	Ethics review boards established/strengthened and in operation in all centres receiving RCS support	HRP, objective 2, WHO Exp. Result 2, output TC_AF/EM2.2, rank A, priority 1
235	Strengthening institutional sexual and reproductive health research capacities (AFRO/EMRO Regions)	Long-term institutional development grants, resource maintenance grants, courses, workshops and seminars grants, and small grants awarded to selected centres to further develop research capacities	Research capacity strengthening support provided to six to ten centres. At least one project per centre completed, published and disseminated	Research capacity strengthening support provided to six to ten centres. At least one project per centre completed, published and disseminated	HRP, objective 2, WHO Exp. Result 2, output TC_AF/EM2.3, rank A, priority 1
236	Strengthening skills and abilities of individuals for sexual and reproductive health research (AFRO/EMRO Regions)	Provide research training and re-entry grants to staff from research institutions	Support provided enabling at least two fellows to complete research training programmes. At least one re-entry research grant approved and supported	Support provided enabling at least two more fellows to complete research training programmes. At least one more re-entry research grant approved and supported	HRP, objective 2, WHO Exp. Result 2, output TC_AF/EM2.3, rank A, priority 1
237	Maintaining adequate mechanisms for the monitoring and evaluation of RCS activities (AFRO/EMRO Regions)	Support the process for monitoring and evaluation of RCS activities	Support provided to all research centres that are receiving RCS grants. Each centre visited at least once during the biennium. Meeting of Regional Advisory Panel held	Support provided to all research centres that are receiving RCS grants and each centre visited at least once during the biennium. Meeting of Regional Advisory Panel held	HRP, objective 2, WHO Exp. Result 2, output TC_AF/EM2.3, rank A, priority 1
238	Developing improved mechanisms to enhance the dissemination and utilization of research findings (AFRO/EMRO Regions)	Develop and provide guidelines for preparing dissemination and utilization plans and support information-dissemination workshops of research findings	Develop and pilot-test guidelines for dissemination and utilization plans. At least two national or regional workshops held	Support provided for the use of developed guidelines in at least two centres or for two research projects	HRP, objective 2, WHO Exp. Result 2, output TC_AF/EM2.4, rank A, priority 2

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
239	Improving researchers' communication skills (AFRO/EMRO Regions)	Provide assistance to develop scientific writing and communication skills among researchers	Assistance provided to hold two scientific writing or communication workshops and/or at least ten persons supported to develop skills in these areas	Assistance provided to hold two more scientific writing or communication workshop and/or at least ten more persons supported to develop skills in these areas	HRP, objective 2, WHO Exp. Result 2, output TC_AF/EM2.4, rank A, priority 2
240	Support relevant regional research and programmatic initiatives in AFRO/EMRO	Provide assistance to develop research and programmatic project proposals on priority RH issues in the regions	At least two proposals from the regions developed and approved	At least one project initiated in each region	HRP, objective 2, WHO Exp. Result 2, output TC_AF/EM, rank , priority 1
241	Assisting the development of an enabling environment at country level to facilitate increased utilization of research findings (AFRO/EMRO Regions)	Support the process for increased dialogue between policy-makers, managers and researchers to promote and enhance the utilization of research findings	At least four national workshops bringing together researchers and policy-makers held. Policy briefs prepared for completed research projects	At least four more national workshops bringing together researchers and policy-makers held. Policy briefs prepared for completed research projects	HRP, objective 2, WHO Exp. Result 2, output TC_AF/EM2.4, rank A, priority 1
242	Expanding the role of national research institutions in policy and programme development (AFRO/EMRO Regions)	Develop national and intra-regional networks through Competitive Intra-regional (CIR) grants	Call for proposals issued	Approval by Regional Advisory Panel to award CIR grant to one research institution per Region	HRP, objective 2, WHO Exp. Result 2, output TC_Core, rank Core, priority 3
243	Selection of appropriate set of indicators and identification of sexual and reproductive health research priority needs (SEARO/WPRO Regions)	Providing methodologies, tools and guidance to selected countries for establishing sexual and reproductive health research needs	Process initiated in two countries in each Region	Process completed in the four selected countries	HRP, objective 2, WHO Exp. Result 2, output TC_SE/WP2.1, rank A, priority 1
244	Identifying new recipients of Research Capacity Strengthening (RCS) grants and developing RCS plans (SEARO/WPRO Regions)	Full RCS programme (including linked research and research training, dissemination and utilization plans and budget) developed for new centres identified	Institutional profile submitted by candidate centres. One new recipient identified per Region and RCS grant applications developed	Site-visit to each centre done and RCS programmes submitted for approval to Regional Advisory Panel	HRP, objective 2, WHO Exp. Result 2, output TC_SE/WP2.2, rank A, priority 1
245	Developing critical mass of individuals at country level to conduct improved research and programmatic activities (SEARO/WPRO Regions)	Providing support at country and regional levels to develop specific technical competencies as identified within the thematic areas relevant to national or regional needs	One research methodology course/workshop organized per Region	Two fully developed research proposals submitted to Regional Advisory Panel and Scientific and Ethical Review Group for approval and funding	HRP, objective 2, WHO Exp. Result 2, output TC_SE/WP2.2, rank A, priority 1
246	Develop critical mass of individuals at country level to conduct improved research and programmatic activities (SEARO/WPRO Regions)	Organize and support group-learning activities on data management and analysis and on research management skills strengthening at the institutional level	Two data management and analysis courses held at country level	Follow-up guidance and support given to the two selected countries	HRP, objective 2, WHO Exp. Result 2, output TC_SE/WP2.2, rank A, priority 2
247	Enhancing capacities for operations research (SEARO/WPRO Regions)	Support provided to make possible the conduct of operations research in a centre or centres	Operations research course organized	At least one specific operations research project approved for funding and implementation	HRP, objective 2, WHO Exp. Result 2, output TC_SE/WP2.2, rank A, priority 1
248	Enhancing institutional capacities to respond to regional priority issues (SEARO/WPRO Regions)	Support provided to establish or strengthen a regional training facility to facilitate the conduct of operations research in selected centres	Regional centres to host operations research training programme identified	A well structured operations research training programme developed in collaboration with interested partners in one centre per Region	HRP, objective 2, WHO Exp. Result 2, output TC_Core2.2.4, rank Core, priority 2

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
249	Improving ethical standards for sexual and reproductive health research at country and regional levels (SEARO/WPRO Regions)	Support provided to improve the operation of ethical review boards of regional institutions	Actions taken to assist the establishment and/or strengthening of ethics review boards in selected centres receiving RCS support	Ethics review boards established/strengthened and in operation in at least three centres per Region receiving RCS support	HRP, objective 2, WHO Exp. Result 2, output TC_SE/WP2.2, rank A, priority 1
250	Strengthening institutional sexual and reproductive health research capacities (SEARO/WPRO Regions)	Long-term institutional development grants, resource maintenance grants, courses, workshops and seminars grants, and small grants awarded to selected centres to further develop research capacities	Research capacity strengthening support provided to four centres in each Region. At least one project per Region completed, published and disseminated	Research capacity strengthening support provided to a further four centres and at least one more project per Region completed, published and disseminated	HRP, objective 2, WHO Exp. Result 2, output TC_SE/WP2.3, rank A, priority 1
251	Strengthening skills and abilities of individuals for sexual and reproductive health research (SEARO/WPRO Regions)	Provide research training and re-entry grants to staff from research institutions	At least one fellow for training supported per Region focusing on selected regional priorities	One further fellow supported per Region for training focusing on selected regional priorities. One re-entry research grant approved and supported	HRP, objective 2, WHO Exp. Result 2, output TC_SE/WP2.3, rank A, priority 1
252	Maintaining adequate mechanisms for the monitoring and evaluation of RCS activities (SEARO/WPRO Regions)	Support the process for monitoring and evaluation of RCS activities	Support provided to all research centres that are receiving RCS grants. Each centre visited at least once during the biennium. Meeting of Regional Advisory Panel held	Site visit to each centre undertaken during the biennium. Meeting of Regional Advisory Panel held	HRP, objective 2, WHO Exp. Result 2, output TC_SE/WP2.3, rank A, priority 1
253	Developing improved mechanisms to enhance the dissemination and utilization of research findings (SEARO/WPRO Regions)	Provide support for promoting the utilisation of research findings at country level and guidelines for disseminating and utilization of the results of research	Develop and pilot-test guidelines for dissemination and utilization plans. One national or regional workshop held per Region	Support provided for the use of developed guidelines in at least one centre or for one research project per Region	HRP, objective 2, WHO Exp. Result 2, output TC_SE/WP2.4, rank A, priority 2
254	Improving researchers' communication skills (SEARO/WPRO Regions)	Provide assistance to develop scientific writing and communication skills among researchers	Assistance provided to hold one scientific writing or communication workshop and /or at least five persons supported to develop skills in these areas	Assistance provided to hold one more scientific writing or communication workshop and /or at least five more persons supported to develop skills in these areas	HRP, objective 2, WHO Exp. Result 2, output TC_SE/WP2.4, rank A, priority 1
255	Assisting the development of an enabling environment at country level to facilitate increased utilization of research findings (SEARO/WPRO Regions)	Support the process for increased dialogue between policy-makers, managers and researchers to promote and enhance the utilization of research findings	At least two national workshops joining researchers and policy-makers held. Policy briefs prepared for completed research projects	At least two more national workshops joining researchers and policy-makers held. Policy briefs prepared for completed research projects	HRP, objective 2, WHO Exp. Result 2, output TC_SE/WP2.4, rank A, priority 1
256	Expanding the role of national research institutions in policy and programme development (SEARO/WPRO Regions)	Develop national and intra-regional networks through Competitive Intra-regional (CIR) grants	Call for proposals issued	Approval by Regional Advisory Panel to award CIR grant to one research institution per region	HRP, objective 2, WHO Exp. Result 2, output TC_Core2.2.4, rank Core, priority 3
257	Assisting the development of research on priority issues of common interest (SEARO/WPRO Regions)	Findings of ongoing regional research initiatives disseminated through regional fora; new themes identified for the development of new proposals	Development of proposals for new regional research initiatives initiated based on guidance from Regional Advisory Panel	At least two new proposals for regional projects completed and approved for funding	HRP, objective 2, WHO Exp. Result 2, output TC_SE/WP 2.4, rank A, priority 1

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
258	Translation, reprinting and dissemination of existing HRP technical materials relating to technical support to countries	-	Translation, reprinting and dissemination of existing materials carried out	Translation, reprinting and dissemination of existing materials carried out	HRP, objective Core, WHO Exp. Result Core, output TC_Core, rank Core, priority 1

PRODUCT LISTING FOR POLICY AND PROGRAMMATIC ISSUES

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
259	Dissemination and promotion of utilization of the Strategic Approach for sexual and reproductive health policy and programme development	Technical assistance to countries and other activities to promote and support utilization of the Strategic Approach	Regional workshop implemented. Technical support provided to countries	Continued technical support provided. Materials developed and disseminated	PDRH, objective 3, WHO Exp. Result 3, output PPI1.1, rank A, priority 1
260	Adaptation of the Strategic Approach methodology to address specific sexual and reproductive health issues	Adaptation of the Strategic Approach methodology to address specific sexual and reproductive health issues including maternal health, HIV/AIDS prevention and MTCT, adolescent sexual and reproductive health, cervical cancer, etc	Strategic assessment conducted in one country	Strategic assessment implemented in one additional country	HRP, objective 3, WHO Exp. Result 3, output PPI1.1, rank A, priority 1
261	Adaptation of the Strategic Approach methodology for comprehensive sexual and reproductive health policy and programme development	Adaptation of the Strategic Approach for comprehensive sexual and reproductive health policy and programme development with an emphasis on issues such as access to and utilization of services by the poor, issues of service delivery integration, and rights-based approaches to service access	Strategic assessment conducted in one country	Strategic assessment planned in one additional country	HRP, objective 3, WHO Exp. Result 3, output PPI1.1, rank A, priority 1
262	Country strategies for sexual and reproductive health policy and programme development and improved quality of care (Stage II Strategic Approach)	Introductory and operations research to test recommendations from strategic assessments in countries	Recommendations tested in two countries	Research completed in two countries and initiated in a third country	HRP, objective 3, WHO Exp. Result 3, output PPI1.1, rank A, priority 1
263	Scaling-up of tested interventions in countries (Stage III Strategic Approach)	Technical support for scaling-up of tested interventions in countries	Scaling-up of tested interventions initiated in one country	Scaling-up of tested interventions completed in one country	PDRH, objective 3, WHO Exp. Result 3, output PPI1.1, rank A, priority 1
264	Enhanced support for Strategic Approach and scaling-up activities in additional countries	Enhanced support for Strategic Approach and scaling-up activities in additional countries	Additional support provided (as funding permits)	Additional support provided (as funding permits)	HRP, objective 3, WHO Exp. Result 3, output PPI1.1, rank A, priority 2
265	Enhanced support for Strategic Approach and scaling-up activities in additional countries	Enhanced support for Strategic Approach and scaling-up activities in additional countries	Additional support provided (as funding permits) for activities in additional countries	Additional support provided (as funding permits) for activities in additional countries	HRP, objective 3, WHO Exp. Result 3, output PPI1.1, rank A, priority 3
266	Enhanced support for Strategic Approach and scaling-up activities in additional countries	Enhanced support for Strategic Approach and scaling-up activities in additional countries	Additional support provided (as funding permits) for activities in additional countries	Additional support provided (as funding permits) for activities in additional countries	PDRH, objective 3, WHO Exp. Result 3, output PPI1.1, rank A, priority 2

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
267	Enhanced support for Strategic Approach and scaling-up activities in additional countries	Enhanced support for Strategic Approach and scaling-up activities in additional countries	Additional support provided (as funding permits) for activities in additional countries	Additional support provided (as funding permits) for activities in additional countries	PDRH, objective 3, WHO Exp. Result 3, output PPI1.1, rank A, priority 3
268	Improved strategies for scaling-up of pilot projects – operations research	Research on and technical support for scaling-up of demonstration projects	Research on scaling-up initiated in two countries. Technical assistance provided	Research on scaling-up completed in two countries	HRP, objective 3, WHO Exp. Result 3, output PPI1.4, rank B, priority 1
269	Improved strategies for scaling-up of pilot projects – guidelines	Testing, printing and dissemination of guidelines for programme managers relating to scaling-up of pilot projects	Guidelines for scaling-up of pilot projects tested	Guidelines printed, finalized and disseminated	PDRH, objective 3, WHO Exp. Result 3, output PPI1.4, rank B, priority 1
270	ExpandNet consultation on scaling-up	Meetings of ExpandNet network members on scaling-up to discuss guidelines	Meeting held	Meeting held	PDRH, objective 3, WHO Exp. Result 3, output PPI1.4, rank B, priority 1
271	New strategic directions and plans for future collaboration with partners supporting implementation of the Strategic Approach	Meeting of partners from international organizations, NGOs, and countries providing technical support and collaboration on the implementation of the Strategic Approach	-	Meeting of Strategic Approach partners held and plans for future collaborative work developed	PDRH, objective 3, WHO Exp. Result 3, output PPI1.1, rank B, priority 1
272	Increased coordination within WHO to support national sexual and reproductive health programmes	Goal-oriented meeting of HQ staff, Regional Advisers and country experts to identify mechanisms for enhancing country support	Meeting of WHO HQ, Regional Office and country staff held and necessary follow-up actions identified	Implementation of identified follow-up actions started	PDRH, objective 3, WHO Exp. Result 3, output PPI1.1, rank B, priority 1
273	Increased coordination within WHO to support national sexual and reproductive health programmes	Goal-oriented meeting of HQ staff, Regional Advisers and country experts to identify mechanisms for enhancing country support	-	Meeting of WHO HQ, Regional Office and country staff held and necessary follow-up actions identified	PDRH, objective 3, WHO Exp. Result 3, output PPI1.1, rank B, priority 3
274	Increased understanding of effects of health sector reforms on sexual and reproductive health and HIV/AIDS policies and programmes	Support for adapting national sexual and reproductive health and HIV/AIDS policies and programmes within health sector reform	Technical support provided	Support provided. Policy and programmatic guidance briefs developed	PDRH, objective 5, WHO Exp. Result 5, output PPI3.1, rank B, priority 1
275	Increased understanding of effects of health sector reforms on sexual and reproductive health and HIV/AIDS policies and programmes	Support for adapting national sexual and reproductive health and HIV/AIDS policies and programmes within health sector reform	Additional support provided. Policy and programmatic guidance briefs developed	Additional support provided. Policy and programmatic guidance briefs developed	PDRH, objective 5, WHO Exp. Result 5, output PPI3.2, rank C, priority 2
276	Increased understanding of the effects of health sector reforms on sexual and reproductive health and HIV/AIDS policy and programmes	Conduct of literature reviews, meta-analyses and case studies on the effects of health sector reform on sexual and reproductive health	Literature review, meta-analysis completed; case studies identified and initiated	Case studies completed and synthesised	HRP, objective 5, WHO Exp. Result 5, output PPI3.1, rank B, priority 1
277	Evaluation research on health sector reform and sexual and reproductive health including HIV/AIDS	Evaluation research on health sector reform and sexual and reproductive health including HIV/AIDS	Two descriptive studies developed and initiated; one prospective study continued	Descriptive studies completed and a further prospective study planned	HRP, objective 5, WHO Exp. Result 5, output PPI3.1, rank B, priority 1
278	Additional evaluation research on health sector reform and sexual and reproductive health including HIV/AIDS	Additional evaluation research on health sector reform and sexual and reproductive health including HIV/AIDS supported	Additional research supported (as funding permits)	Additional research supported (as funding permits)	HRP, objective 5, WHO Exp. Result 5, output PPI3.1, rank B, priority 2

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
279	Additional evaluation research on health sector reform and sexual and reproductive health including HIV/AIDS	Additional evaluation research on health sector reform and sexual and reproductive health including HIV/AIDS supported	Additional research supported (as funding permits)	Additional research supported (as funding permits)	HRP, objective 5, WHO Exp. Result 5, output PPI3.1, rank B, priority 3
280	Increased understanding of the impact of improved sexual and reproductive health on poverty reduction	Evaluation research studies and analytic work on targeting methodologies, interaction between poverty and core components of national sexual and reproductive health programmes	Research study initiated and one analytic product (e.g., policy brief) produced on targeting methodologies and evaluations of pro-poor sexual and reproductive health programmes	Research study completed evaluating targeting methodology and evaluations of pro-poor sexual and reproductive health programmes	HRP, objective 5, WHO Exp. Result 5, output PPI3.2, rank C, priority 1
281	Enhanced prominence and value given to sexual and reproductive health programming in sector-wide approaches (SWAps) and poverty reduction strategy papers (PRSPs)	Technical support provided and analytic work produced on country implementation of sexual and reproductive health programmes within context of SWAps and PRSPs	Case studies, meta-analysis and/or policy brief on sexual and reproductive health and SWAps and PRSPs commissioned; at least one completed	Additional analytic work completed and synthesised	HRP, objective 5, WHO Exp. Result 5, output PPI3.3, rank B, priority 2
282	Enhanced prominence and value given to sexual and reproductive health programming in sector-wide approaches (SWAps) and poverty reduction strategy papers (PRSPs)	Consultation to synthesize the knowledge gathered and the programmatic implications of SWAps and PRSPs on sexual and reproductive health programmes	Expert consultation held	Synthesis of lessons learnt on implications of SWAps and PRSPs compiled and disseminated	HRP, objective 5, WHO Exp. Result 5, output PPI3.3, rank B, priority 3
283	Enhanced prominence and value given to sexual and reproductive health programming in sector-wide approaches (SWAps) and poverty reduction strategy papers PRSPs	Support to countries engaged in SWAps, PRSPs and other related initiatives to ensure adequate integration of sexual and reproductive health in national planning	Support provided	Additional support provided	PDRH, objective 5, WHO Exp. Result 5, output PPI3.3, rank B, priority 3
284	Strategies for motivating increased investments in sexual and reproductive health advocacy and development - advocacy materials	Development of appropriate materials for enhancing global and national advocacy for sexual and reproductive health	Advocacy materials developed	Advocacy materials disseminated	PDRH, objective 5, WHO Exp. Result 5, output PPI3.4&3.5, rank B, priority 1
285	Strategies for motivating increased investments in sexual and reproductive health advocacy and development - technical consultation	Technical consultation to develop consensus on new directions in sexual and reproductive health	Expert consultation held	National adaptation of generic advocacy materials initiated	PDRH, objective 5, WHO Exp. Result 5, output PPI3.4&3.5, rank B, priority 3
286	Strategies for motivating increased investments in sexual and reproductive health advocacy and development - cost-effectiveness of interventions	Cost-effective interventions identified and recommended for increased investment	Literature on cost-effectiveness of interventions reviewed	Cost-effectiveness studies synthesized and published as guideline for policy-makers/ programme managers	HRP, objective 5, WHO Exp. Result 5, output PPI3.4&3.5, rank B, priority 3
287	Translation, reprinting and dissemination of existing PDRH technical materials relating to technical support to countries	-	Translation, reprinting and dissemination of existing materials carried out	Translation, reprinting and dissemination of existing materials carried out	PDRH, objective Core, WHO Exp. Result Core, output PPI_Core, rank Core, priority 1

PRODUCT LISTING FOR MAPPING AND IMPLEMENTING BEST PRACTICES

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
288	Second phase of development of the IBP Electronic Communication System, Information Exchange and Resource Centre	Second phase of development of the Electronic Communication System completed and introduced to two WHO Collaborating Centres and country programmes in two Regions	Second phase of enhancements implemented	IBP Electronic Communication System and Resource Centre linked to two WHO Collaborating Centres and introduced into four additional countries	HRP, objective 3, WHO Exp. Result 3, output TC_IBP1.2, rank A, priority 2
289	Electronic IBP mentorship and follow-up programme for IBP countries	Expanded use of the Electronic Communication System (ECS) including the introduction of new models of knowledge sharing, such as e-learning initiatives	Membership of the ECS increased by 25% and e-learning modules developed with support from WHO Collaborating Centres	IBP Electronic Communication System and e-learning introduced into two regions and three countries	PDRH, objective 3, WHO Exp. Result 3, output TC_IBP1.2, rank A, priority 1
290	IBP Secretariat support to the 2006–2007 IBP Consortium programme of work	IBP Secretariat coordinates IBP programme of work and IBP Consortium activities	BP Consortium functions. Programme of work published, monitored and reported on	IBP Consortium functions. Programme of work published, monitored and reported on	PDRH, objective 3, WHO Exp. Result 3, output TC_IBP1.2, rank A, priority 1
291	IBP collaborative networks focus on capacity development issues	IBP Consortium partners plan, implement and follow up the introduction, adaptation and application of evidence-based norms and tools to support capacity development in two regions and eight countries	-	IBP Initiative launched and followed up in one region (four countries)	PDRH, objective 3, WHO Exp. Result 3, output TC_IBP1.2, rank A, priority 1
292	IBP Information Exchange workshops on RHR norms and tools	Regional information exchange on recently published RHR research and technical guidelines	-	One regional workshop in AFRO or WPRO held on practical application of evidenced-based technical guidelines	PDRH, objective 3, WHO Exp. Result 3, output TC_IBP1.2, rank A, priority 3
293	Literature review on improving access to and the use of information by health care providers	Literature review identifying key interventions required to improve access to and the use of information to improve service provision, support knowledge management and the diffusion of innovation	Literature review undertaken and global meeting held to review models/possible approaches to improve access to and use of information by health care providers	Literature review findings published and disseminated, e.g. through the IBP Information Exchange and Resource Centre	PDRH, objective 3, WHO Exp. Result 3, output TC_IBP1.2, rank A, priority 3
294	Guideline on approaches to the dissemination and application of evidence to change and improve clinical practice	Literature review to identify different models of knowledge sharing that will improve access to and the utilization of information by health care providers	-	Literature review and background paper for IBP-supported global meeting prepared	PDRH, objective 3, WHO Exp. Result 3, output TC_IBP1.2, rank A, priority 1
295	Operational research on capacity strengthening to put evidence into practice	Pilot-study supported by IBP partners on managerial and educational approaches for using evidence to change and improve practice	Pilot-study prepared	Pilot-study implemented and report submitted	HRP, objective 3, WHO Exp. Result 3, output TC_IBP1.2, rank A, priority 1
296	Assessment of strategies to implement technical tools in family planning	Assessment of recommended family planning approaches that may have impact on poverty reduction	-	Assessment process developed with participation of the IBP Consortium	HRP, objective 3, WHO Exp. Result 3, output TC_IBP1.2, rank A, priority 2

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
297	Capacity strengthening for scaling-up of effective approaches to applying evidence to change policy and practice in countries	IBP partners scale up effective capacity development approaches in four countries	-	IBP partners support capacity strengthening projects in two countries	PDRH, objective 3, WHO Exp. Result 3, output TC_IBP1.2, rank A, priority 1
298	Assessment of impact of evidence-based guidelines on policy and practice	Assessment tool to determine the impact of evidence-based guidelines to inform policy and practice guidelines	-	Assessment process developed	HRP, objective 3, WHO Exp. Result 3, output TC_IBP1.2, rank A, priority 2
299	Joint project with the WHO Department of Medicines Policy and Standards to support the dissemination of <i>The interagency list of essential medicines for reproductive health</i> and quality assurance procedures	Develop strategies for introducing to countries essential drugs lists and quality assurance procedures on essential reproductive health medicines and commodities	Strategy and quality assurance procedures formulated	Strategy introduced in two countries supported by Electronic Resource Centre	PDRH, objective 3, WHO Exp. Result 3, output TC_IBP1.2, rank A, priority 3
300	Training network for review and harmonization of training curricula	Use of the Electronic Communication System to form a regional network of training institutions to review and harmonize training curricula and training processes in line with evidence-based technical norms and tools	Training network established in one region using the Electronic Communication System	Training network established in one region using the Electronic Communication System	PDRH, objective 3, WHO Exp. Result 3, output TC_IBP1.3, rank B, priority 1
301	Capacity development for improving the impact of in-service training	Assessment tool to review and improve the quality of in-service family planning training programmes	Regional and country offices involved in the development of an assessment tool	Assessment tool tested in three countries	HRP, objective 3, WHO Exp. Result 3, output TC_IBP1.3, rank B, priority 3
302	Tool to evaluate in-service training	Design of an evaluation tool to assess impact of in-service training	Evaluation tool prepared	Evaluation tool tested in three countries	HRP, objective 3, WHO Exp. Result 3, output TC_IBP1.3, rank B, priority 3
303	Inter-agency guidelines and fact sheets on sexual and reproductive health provision in post-conflict and emergency settings	Update of inter-agency guidelines and preparation of ten fact sheets that support establishing appropriate sexual and reproductive health services in post-conflict and emergency settings	Inter-agency guidelines updated through inter-agency consultation(s)	Fact sheets drafted addressing common problems and frequently asked questions	PDRH, objective 3, WHO Exp. Result 3, output TC_IBP1.5, rank A, priority 3
304	Capacity strengthening for provision of sexual and reproductive health care services in post-conflict and emergency settings	Work with inter-agency group to support use of guidelines and technical tools in emergency settings	In-country activities undertaken in at least three countries	In-country activities undertaken in at least three countries. Report of lessons learnt published	PDRH, objective 3, WHO Exp. Result 3, output TC_IBP1.5, rank A, priority 2
305	<i>WHO Reproductive Health Library</i> (RHL) - production and publication	Annual issues of RHL in English and Spanish produced, and publicity materials published	RHL No.8 published in full in English and Spanish. RHL launched online	RHL No.9 published in full in English and Spanish	PDRH, objective Core, WHO Exp. Result Core, output IBP, rank Core, priority 1
306	<i>WHO Reproductive Health Library</i> (RHL) - dissemination	RHL dissemination in the regions through meetings, conferences and workshops identified or planned specifically	Around 20 workshops and meeting presentations held. RHL subscriber contact list maintained	Around 20 further workshops and meeting presentations held. User survey(s) conducted	PDRH, objective Core, WHO Exp. Result Core, output IBP, rank Core, priority 2
307	<i>WHO Reproductive Health Library</i> (RHL) - translation projects	RHL partial translation in French and Chinese with the standard methodology	RHL No.8 published in French and Chinese	RHL No.9 published in French and Chinese	PDRH, objective Core, WHO Exp. Result Core, output IBP, rank Core, priority 2

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
308	Capacity strengthening in evidence-based decision-making	Training programme for policy-makers and trainers implemented in Africa and Asia	Three workshops in Africa and one in Asia held	A further six workshops held in two Regions	HRP, objective Core, WHO Exp. Result Core, output IBP, rank Core, priority 2
309	Systematic reviews of effects of practices in sexual and reproductive health	Cochrane systematic reviews of sexual and reproductive health practices other than maternal and neonatal health	Three more Cochrane systematic reviews commissioned, completed and published	Three more Cochrane systematic reviews commissioned, completed and published	HRP, objective Core, WHO Exp. Result Core, output IBP, rank Core, priority 2
310	WHO Programme to Map Best Reproductive Health Practices - Editorial Group meeting	Annual meeting of the RHL Editorial Group to advise on RHL, systematic reviews, the RHL trial and related research issues	Annual Editorial Group meeting held	Annual Editorial Group meeting held	HRP, objective Core, WHO Exp. Result Core, output IBP, rank Core, priority 1
311	Translation, reprinting and dissemination of existing PDRH technical materials relating to best practices	-	Translation, reprinting and dissemination of existing materials carried out	Translation, reprinting and dissemination of existing materials carried out	PDRH, objective Core, WHO Exp. Result Core, output IBP_Core, rank Core, priority 1
312	Research synthesis and knowledge-share consulting	Support provided to other units within the Department and WHO on research synthesis	Support provided on setting up three research synthesis projects, grading evidence, commissioning reviews, methodology development	Support provided on setting up three research synthesis projects, grading evidence, commissioning reviews, methodology development	PDRH, objective Core, WHO Exp. Result Core, output IBP, rank Core, priority 1
313	International Clinical Trial Registry Platform (ICTRP)	Coordination of the WHO ICTRP project, setting standards, IT solution, fundraising	Technical Advisory Group meeting held, ISRCTN scheme ownership to WHO finalized, funds raised, business plan finalized	One-stop portal implemented, 3-5 registers certified	HRP, objective Core, WHO Exp. Result Core, output IBP, rank Core, priority 1
314	Implementation research in sexual and reproductive health	Participation in international, multicentre implementation research projects with partner agencies	Two implementation research protocols developed	One project advanced to implementation phase	HRP, objective Core, WHO Exp. Result Core, output IBP, rank Core, priority 1
315	WHO/UNFPA Strategic Partnership Programme	Support provided through UNFPA CSTs and country offices, WHO regional and country offices and intercountry collaborating agencies	Annual agreed joint programme of work implemented	Annual agreed joint programme of work implemented	PDRH, objective 3, WHO Exp. Result 3, rank A, priority 1

PRODUCT LISTING FOR MONITORING AND EVALUATION

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
316	Maternal mortality database	Update of systematic review of maternal mortality data. Preparation of maternal mortality estimates at global, regional and national levels	Maternal mortality estimates for 2005 are produced	Database kept up-to-date. Maternal mortality estimates published on the web site and in peer-reviewed journal	PDRH, objective 6, WHO Exp. Result 6, output MAE6.1, rank A, priority 1
317	Skilled attendant and antenatal care coverage databases	Preparation of estimates for skilled attendant at delivery as well as antenatal care coverage at global, regional and national levels	Annual update for skilled attendant at birth published on the web site. Antenatal care coverage database developed	Annual updates for both skilled attendant at birth and antenatal care coverage published on the web site. One article published in a peer-reviewed journal	PDRH, objective 6, WHO Exp. Result 6, output MAE6.1, rank A, priority 1

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
318	Stillbirth estimates	Update of systematic review of prevalence of stillbirth. Development of estimates at global, regional and national levels	Estimates for 2005 produced	Database kept up-to-date. Stillbirth estimates published on the web site and in peer-reviewed journals	PDRH, objective 6, WHO Exp. Result 6, output MAE6.1, rank A, priority 1
319	Systematic reviews of perinatal mortality and neonatal mortality/morbidity. Estimates for perinatal and neonatal mortality	Conduct of systematic review. Development of estimates at global, regional and national levels	Protocol for one new systematic review developed	One systematic review completed. Estimates for 2005 produced	HRP, objective 6, WHO Exp. Result 6, output MAE6.1, rank A, priority 1
320	Strategic Review Committee for Monitoring and Evaluation	Establishment of a group to advise and oversee technical work related to Millennium Development Goals (MDGs) and International Conference on Population and Development (ICPD) recommendations	Group established. First meeting held	Follow-up actions initiated	PDRH, objective 6, WHO Exp. Result 6, output MAE6.1, rank A, priority 1
321	Systematic review to assess equity of access to sexual and reproductive health care	Conduct of systematic review	Systematic review completed	-	HRP, objective 6, WHO Exp. Result 6, output MAE6.1, rank A, priority 1
322	Instruments to measure access to sexual and reproductive health care	Development and testing of standardized instruments that will measure access to sexual and reproductive health care while capturing contextual differences across different country settings	Instruments developed. Data for testing in South Africa collected and analysed	Two articles (methodology and results) published in peer-reviewed journals	PDRH, objective 6, WHO Exp. Result 6, output MAE6.1, rank A, priority 1
323	Representation of the Department in ICPD and MDG related activities.	Preparation and presentation of technical information on issues related to ICPD and MDGs	Department represented in relevant international and/or interagency meetings	Department represented in relevant international and/or interagency meetings	PDRH, objective 6, WHO Exp. Result 6, output MAE_Core6.1, rank A, priority 1
324	Other sexual and reproductive morbidity assessments	Mapping of incidence of sexual and reproductive health morbidities through systematic reviews	Two systematic reviews completed	Two more systematic reviews completed	HRP, objective Core, WHO Exp. Result Core, output MAE_IBP_Core, rank A, priority 2
325	Global reproductive health indicators	Update of reproductive and socio-economic indicators available in the web database	Software on the web updated and functioning. CD-ROM available	Data updated	PDRH, objective 6, WHO Exp. Result 6, output MAE6.1, rank A, priority 3
326	Translation, reprinting and dissemination of existing PDRH technical materials relating to monitoring and evaluation	-	Translation, reprinting and dissemination of existing materials carried out	Translation, reprinting and dissemination of existing materials carried out	PDRH, objective Core, WHO Exp. Result Core, output MAE_Core, rank Core, priority 1



RESEARCH COORDINATION AND SUPPORT

COORDINATION OF RESEARCH ACTIVITIES

Building on its traditional strength, the Department will continue to ensure the scientific rigour of its research through a series of scientific review activities.

- Specialist Panels provide independent scientific, technical and financial review of research activities in their respective field of expertise (namely, social science and operations research; basic and biomedical research; epidemiological research; support of country programme development), ensuring that each project proposed for support is scientifically and financially sound.
- The Scientific and Ethical Review Group (SERG) Panel contributes members to the Specialist Panels to review the ethical aspects of all clinical and animal research proposed for support by the Department. The SERG Panel also develops new ethical guidelines as and when needed and advises the Department on ethical aspects of new scientific developments, in the sexual and reproductive health field. The Toxicology Panel assesses the adequacy of toxicological data for new drugs or devices (or new applications of existing drugs and devices) proposed for clinical research.

Goal

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

The improvement and maintenance of ethical standards in research will continue to be promoted through regional and national workshops.

In order to enhance the impact of its research, the Department will continue to actively promote research and disseminate findings at national and international meetings. In addition, in some areas, the Department is in a unique position to coordinate research activities globally.

The statistical and methodological rigour of supported research projects, including adherence to Good Clinical Practice guidelines, remains a critical concern of the Department. The Statistics and Informatics Services Team assists the research supported by the Department by providing:

- Biostatistical and data-processing support, as well as technical advice on the design, management, analysis and interpretation of findings, to all multinational clinical trials and epidemiological studies conducted or sponsored by the Department, and to other research projects not requiring centralized data coordination.
- Support in the formulation, review and execution of research capability strengthening activities in biostatistics and data processing, including training statisticians and data managers in collaborating institutions.

PRODUCT LISTING

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
327	Scientific and Ethical Review Group (SERG)	Ethical review of research projects	Up to two meetings held during the year	Up to two meetings held during the year	HRP, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
328	Specialist Panel on Social Science and Operations Research in Reproductive Health	External review of social science and operations research projects	One meeting held during the year	One meeting held during the year	HRP, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
329	Specialist Panel on Basic and Biomedical Research in Reproductive Health	External review of basic science and biomedical research projects	One meeting held during the year	One meeting held during the year	HRP, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
330	Specialist Panel on Country Programme Development in Reproductive Health	External review of programme development projects	One meeting held during the year	One meeting held during the year	HRP, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
331	Specialist Panel on Epidemiological Research in Reproductive Health	External review of epidemiological research projects	One meeting held during the year	One meeting held during the year	HRP, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
332	External coordination for HRP	Coordination of HRP activities with external partners	HRP activities coordinated with partners in sexual and reproductive health	HRP activities coordinated with partners in sexual and reproductive health	HRP, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
333	Promotion of research by HRP	Activities in support of promotion of sexual and reproductive health research	Research in sexual and reproductive health promoted by HRP	Research in sexual and reproductive health promoted by HRP	HRP, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
334	Informed consent research	Multinational research on informed consent procedures in sexual and reproductive health using a common protocol	Research started in two countries	Research in two countries completed. Reports published and interventions proposed	HRP, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
335	Strengthening the capacity of collaborating centres to communicate and disseminate sexual and reproductive health research information	Workshop to strengthen the capacity of collaborating institutions and scientists to disseminate the findings of their research	Two scientific writing workshops, one communication workshop, and one information management workshop held	Two further scientific writing workshops, one further communication workshop, and one further information management workshop held	HRP, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
336	Informatics support for HRP clinical research (in support of Priority 1 research)	Computer equipment upgraded as necessary, supplies made available, licenses for software renewed, other support services	Informatics support provided for clinical trials and other research (Priority 1 products)	Informatics support provided for clinical trials and other research (Priority 1 products)	HRP, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
337	Informatics support for HRP clinical research (in support of Priority 2 research)	Computer equipment upgraded as necessary, supplies made available, licenses for software renewed, other support services	Informatics support provided for clinical trials and other research (Priority 2 products)	Informatics support provided for clinical trials and other research (Priority 2 products)	HRP, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 2
338	Informatics support for HRP clinical research (in support of Priority 3 research)	Computer equipment upgraded as necessary, supplies made available, licenses for software renewed, other support services	Informatics support provided for clinical trials and other research (Priority 3 products)	Informatics support provided for clinical trials and other research (Priority 3 products)	HRP, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 3



GENERAL TECHNICAL ACTIVITIES

In addition to the work described in the preceding pages, the Department undertakes a series of General Technical Activities. These activities comprise, among others, the convening of strategic and technical advisory bodies; the provision of advice to Member States on issues in sexual and reproductive health; information dissemination, advocacy and communication; and contingency funding of unanticipated research needs through the Director's Initiative Fund.

SCIENTIFIC ADVISORY BODIES

Overall strategic direction for the Department's work is provided by the Scientific and Technical Advisory Group (STAG) and by the Gender Advisory Panel (GAP), both of which meet annually and advise the Policy and Coordination Committee of HRP and the Meeting of Interested Parties for the RHR Department as a whole. STAG provides overall strategic guidance on all activities of the Department, recommends priorities, reviews plans of action and budgets, and provides a continuous and independent evaluation of implementation and impact. The role of GAP is to give guidance to the Department to ensure that considerations of gender equality and reproductive rights are brought into all of the Department's work.

COMMUNICATIONS, ADVOCACY AND INFORMATION

A primary function of the Department is to generate, disseminate and facilitate the application of sexual and reproductive health knowledge for the betterment of people's health. Knowledge is transmitted in the form of information and is shared through different media and instruments. This information needs to be managed at three levels: at the point of entry (journals, newsletters,

press releases of other institutions); when information is being shared within the Department; and when information is designed and packaged for outside consumption.

Goals

To communicate, proactively and in a cost-effective manner, the whole spectrum of issues in sexual and reproductive health to intended target audiences and stakeholders worldwide.

To facilitate the transfer of sexual and reproductive health knowledge using appropriate strategies and media.

To evaluate the impact of information dissemination as well as other activities aimed at strengthening of dissemination/ communication strategies.

To implement advocacy and public relations interventions.

The potential users of the disseminated information are scientists, policy-makers, programme managers and other health care providers, donors, journalists, and the general public. These target audiences need materials of different levels of technical complexity in different languages. In order to reach all the diverse audiences, the Department needs to work with its collaborating institutions and partners (WHO Regional Offices, governments, nongovernmental organizations, etc.). In the case of the collaborating institutions, there is often a need to strengthen their capacity to disseminate information. Finally, there is a need to demonstrate that the disseminated information is reaching the target audiences and is being used in the intended manner and having the desired impact.

PRODUCT LISTING

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
339	Director's Initiative Fund for HRP	Funding for relevant policy and strategy issues and small-scale research projects that do not fall within specific programme areas	Work on emerging issues in sexual and reproductive health supported	Work on emerging issues in sexual and reproductive health supported	HRP, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
340	Standards and guidelines on emerging sexual and reproductive health issues	Production of guidance materials on key issues in sexual and reproductive health	Expert consultation(s) on key issues in sexual and reproductive health supported and findings disseminated	Expert consultation(s) on key issues in sexual and reproductive health supported and findings disseminated	PDRH, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 2
341	Advice to Member States (RHR)	Provision of advice to Member States on standards, guidelines, policies and programmatic issues in sexual and reproductive health	Advice provided to Member States on sexual and reproductive health matters	Advice provided to Member States on sexual and reproductive health matters	PDRH, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
342	Advice to Member States (HRP)	Provision of advice to Member States on methodologies, findings and implications of research in sexual and reproductive health	Advice provided to Member States on sexual and reproductive health matters	Advice provided to Member States on sexual and reproductive health matters	HRP, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
343	External coordination for the Department	Departmental work coordinated with external partners	Departmental activities coordinated with partners in sexual and reproductive health	Departmental activities coordinated with partners in sexual and reproductive health	PDRH, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
344	Strengthened professional support for sexual and reproductive health	Continue collaboration with FIGO, ICM and other professional organizations	Participation in WHO/FIGO Alliance meeting	Participation in WHO/FIGO Alliance meeting	PDRH, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
345	RHR Scientific and Technical Advisory Group (STAG) meeting	STAG is funded in alternate years by HRP and PDRH	-	One meeting of the Scientific and Technical Advisory Group held during the year	PDRH, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
346	RHR Scientific and Technical Advisory Group (STAG) meeting	STAG is funded in alternate years by HRP and PDRH	One meeting of the Scientific and Technical Advisory Group held during the year	-	HRP, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
347	RHR Gender Advisory Panel (GAP) meeting	GAP is funded in alternate years by HRP and PDRH	One meeting of the Gender Advisory Panel held during the year	-	HRP, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
348	RHR Gender Advisory Panel (GAP) meeting	GAP is funded in alternate years by HRP and PDRH	-	One meeting of the Gender Advisory Panel held during the year	PDRH, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
349	Sexual and reproductive health web site	Web site for Department of Reproductive Health and Research	Department web site operational and continuously updated, including research and programme development activities	Department web site operational and continuously updated, including research and programme development activities	PDRH, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
350	HRP web site	HRP on the Internet	HRP web site operational and continuously updated, including research and research capacity strengthening activities	HRP web site operational and continuously updated, including research and research capacity strengthening activities	HRP, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
351	<i>HRP Progress Newsletter</i>	-	<i>Progress</i> published four times in 2006	<i>Progress</i> published four times in 2007	HRP, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
352	<i>RHR Annual Technical Report</i>	-	<i>RHR Annual Technical Report 2005</i> published	<i>RHR Annual Technical Report 2006</i> published	PDRH, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
353	<i>HRP Biennial Report</i>	-	<i>HRP Biennial Report 2004-2005</i> published	-	HRP, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
354	<i>RHR Biennial Report</i>	-	<i>RHR Biennial Report 2004-2005</i> published	-	PDRH, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
355	<i>RHR Programme Budget</i>	-	-	<i>RHR Programme Budget 2008-2009</i> submitted to STAG and Meeting of Interested Parties and published	PDRH, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
356	<i>HRP Programme Budget</i>	-	-	<i>HRP Programme Budget 2008-2009</i> submitted to STAG, approved by PCC, and published	HRP, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
357	State of world report on sexual and reproductive health	Publication and dissemination of report on global state of sexual and reproductive health	Report finalised and published. Worldwide launch	-	PDRH, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
358	Departmental promotional materials	Production of information materials designed to promote the work of the Department among donors, partners, and civil society	Department brochure published and distributed	Two or more fact sheets on the work of the Department published	PDRH, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
359	Translation, reprinting and dissemination of existing PDRH technical materials relating to general technical activities	-	Translation, reprinting and dissemination of existing materials carried out	Translation, reprinting and dissemination of existing materials carried out	PDRH, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
360	Translation, reprinting and dissemination of existing HRP technical materials relating to general technical activities	-	Translation, reprinting and dissemination of existing materials carried out	Translation, reprinting and dissemination of existing materials carried out	HRP, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1



PROGRAMME MANAGEMENT

This component is concerned with leadership, direction, external relations and resource mobilization, as well as managerial and administrative support. An important function of this component is the organization of the meetings of HRP's Policy and Coordination Committee that convenes annually in June and of the Standing

Committee of HRP cosponsors which generally meets three times a year.

Other activities in programme management include support to staff development and training, office equipment and supplies, and other related expenses.

PRODUCT LISTING

ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
361	Informatics support for Department activities	Computer equipment upgraded as necessary, supplies made available	Informatics needs of RHR staff addressed, assuring efficient office operation	Informatics needs of RHR staff addressed, assuring efficient office operation	PDRH, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
362	HRP Standing Committee	Three meetings (one in Geneva) of Standing Committee per year	Up to three meetings of HRP Standing Committee convened during 2006	Up to three meetings of HRP Standing Committee convened during 2007	HRP, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
363	HRP Policy and Coordination Committee (PCC) meeting	Annual meeting of HRP's Policy and Coordination Committee	One meeting of PCC held in 2006	One meeting of PCC held in 2007	HRP, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
364	HRP programme planning and evaluation	Planning and evaluation for HRP programme management (consultants, duty travel)	Planning and evaluation for HRP programme management provided	Planning and evaluation for HRP programme management provided	HRP, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
365	Departmental programme planning and management	Planning and evaluation for Departmental programme management (consultants, duty travel)	Planning and evaluation for Departmental programme management provided	Planning and evaluation for Departmental programme management provided	PDRH, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
366	TRIMS - HRP implementation of research project management and administration system	HRP contribution to cost of maintaining TDR research project management system (TIMS)	Informatics needs of staff addressed, assuring efficient research project management	Informatics needs of staff addressed, assuring efficient research project management	HRP, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
367	Administrative support for HRP	Staff and activities normally included under WHO Programme Support Cost	Administrative support provided to HRP through WHO	Administrative support provided to HRP through WHO	HRP, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
368	Training and development for HRP staff	Seminars on recent developments in public health and science, computer training, team-building activities, etc.	Staff development and training needs of HRP staff addressed	Staff development and training needs of HRP staff addressed	HRP, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1

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ID	Product Title	Product description	Milestone for end-2006	Milestone for end-2007	Funding and priority ranking
369	Training and development for Department staff	Seminars on recent developments in public health and science, computer training, team-building activities, etc.	Staff development and training needs of Department staff addressed	Staff development and training needs of Department staff addressed	PDRH, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
372	Stationery, supplies, office machines for HRP	Coded articles, stationery, office supplies	Supply needs of HRP staff addressed, assuring efficient office operation	Supply needs of HRP staff addressed, assuring efficient office operation	HRP, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
373	Stationery, supplies, office machines for PDRH	Coded articles, stationery, office supplies	Supply needs of PDRH staff addressed, assuring efficient office operation	Supply needs of PDRH staff addressed, assuring efficient office operation	PDRH, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
374	Postage and communication charges for HRP programme management	-	Communications ensured and materials disseminated as required	Communications ensured and materials disseminated as required	HRP, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1
375	Postage and communication charges for PDRH programme management	-	Communications ensured and materials disseminated as required	Communications ensured and materials disseminated as required	PDRH, objective Core, WHO Exp. Result Core, output Core, rank Core, priority 1

BUDGET TABLES AND FIGURES

Table 4. RHR consolidated budget for 2006-2007, by budget section

Budget Section	Priority 1+2+3 Products		Priority 1+2 Products		Priority 1 Products	
	Budget US\$	% of total	Budget US\$	% of total	Budget US\$	% of total
Promoting Family Planning	8,229,990	14.7%	6,681,990	14.1%	5,703,990	13.5%
Improving Maternal and Perinatal Health	4,312,450	7.7%	3,692,450	7.8%	2,627,450	6.2%
Preventing Unsafe Abortion	3,609,780	6.5%	3,239,780	6.8%	2,969,780	7.0%
Controlling Sexually Transmitted and Reproductive Tract Infections	6,249,500	11.2%	4,145,500	8.7%	3,950,500	9.3%
Gender, Reproductive Rights, Sexual Health and Adolescence	4,155,000	7.4%	3,247,000	6.9%	2,832,000	6.7%
Technical Cooperation with Countries	20,162,570	36.1%	17,485,570	36.9%	15,500,570	36.6%
Research Coordination	1,770,000	3.2%	1,720,000	3.6%	1,670,000	3.9%
General Technical Activities	2,474,300	4.4%	2,474,300	5.2%	2,444,300	5.8%
Programme Management	4,834,410	8.7%	4,714,410	9.9%	4,652,410	11.0%
Grand total	55,798,000	100.0%	47,401,000	100.0%	42,351,000	100.0%
WHO Programme Support Cost (PSC) (see note)	2,014,870		1,358,240		1,278,810	
Total including PSC	57,812,870		48,759,240		43,629,810	

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

Table 5. RHR consolidated budget for 2006-2007, by budget section, excluding staff costs

Budget Section	Priority 1+2+3 Products		Priority 1+2 Products		Priority 1 Products	
	Budget US\$	% of total	Budget US\$	% of total	Budget US\$	% of total
Promoting Family Planning	5,624,000	16.0%	4,076,000	15.2%	3,098,000	14.2%
Improving Maternal and Perinatal Health	3,524,000	10.0%	2,904,000	10.8%	1,839,000	8.5%
Preventing Unsafe Abortion	1,896,000	5.4%	1,526,000	5.7%	1,256,000	5.8%
Controlling Sexually Transmitted and Reproductive Tract Infections	4,059,000	11.5%	1,955,000	7.3%	1,760,000	8.1%
Gender, Reproductive Rights, Sexual Health and Adolescence	2,762,000	7.8%	1,854,000	6.9%	1,439,000	6.6%
Technical Cooperation with Countries	13,394,000	38.1%	10,717,000	40.0%	8,732,000	40.2%
Research Coordination	1,139,000	3.2%	1,089,000	4.1%	1,039,000	4.8%
General Technical Activities	793,000	2.3%	793,000	3.0%	763,000	3.5%
Programme Management	2,000,000	5.7%	1,880,000	7.0%	1,818,000	8.4%
Grand total	35,191,000	100.0%	26,794,000	100.0%	21,744,000	100.0%

Table 6. RHR consolidated budget for 2006-2007, detailing staff and product costs

	Priority 1+2+3		Priority 1+2		Priority 1	
	Budget US\$	% of total	Budget US\$	% of total	Budget US\$	% of total
UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP)						
Products	24,847,000	44.5%	21,501,000	45.4%	17,062,000	40.3%
Staff Posts	13,951,000	25.0%	13,951,000	29.4%	13,951,000	32.9%
<i>Sub-total HRP</i>	<i>38,798,000</i>	<i>69.5%</i>	<i>35,452,000</i>	<i>74.8%</i>	<i>31,013,000</i>	<i>73.2%</i>
Programme Development in Reproductive Health (PDRH)						
Products	10,344,000	18.5%	5,293,000	11.2%	4,682,000	11.1%
Staff Posts	6,656,000	11.9%	6,656,000	14.0%	6,656,000	15.7%
<i>Sub-total PDRH</i>	<i>17,000,000</i>	<i>30.5%</i>	<i>11,949,000</i>	<i>25.2%</i>	<i>11,338,000</i>	<i>26.8%</i>
Grand total RHR Department						
Products	35,191,000	63.1%	26,794,000	56.5%	21,744,000	51.3%
Staff Posts	20,607,000	36.9%	20,607,000	43.5%	20,607,000	48.7%
Grand total RHR	55,798,000	100.0%	47,401,000	100.0%	42,351,000	100.0%

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

Table 7. RHR consolidated budget for 2006-2007, by departmental objective

	Priority 1+2+3 Products		Priority 1+2 Products		Priority 1 Products	
	Budget US\$	% of total	Budget US\$	% of total	Budget US\$	% of total
Departmental objective						
To broaden the provision of quality services	7,899,000	14.2%	5,788,000	12.2%	5,081,000	12.0%
To widen the range of products or technologies	25,892,000	46.4%	23,460,000	49.5%	20,300,000	47.9%
To strengthen health management and support systems	9,419,000	16.9%	7,175,000	15.1%	6,729,000	15.9%
To foster a supportive environment	803,000	1.4%	773,000	1.6%	773,000	1.8%
To promote sound national policies and laws	2,674,000	4.8%	1,596,000	3.4%	1,321,000	3.1%
To ensure effective international efforts and collaboration	2,491,000	4.5%	2,325,000	4.9%	2,315,000	5.5%
<i>Subtotal departmental objective</i>	49,178,000	88.1%	41,117,000	86.7%	36,519,000	86.2%
Core functions						
	6,620,000	11.9%	6,284,000	13.3%	5,832,000	13.8%
Grand total	55,798,000	100.0%	47,401,000	100.0%	42,351,000	100.0%

Figure 4. RHR 2006-2007 Programme budget, by budget section and departmental objective (priority 1 only, excluding staff costs, US\$)

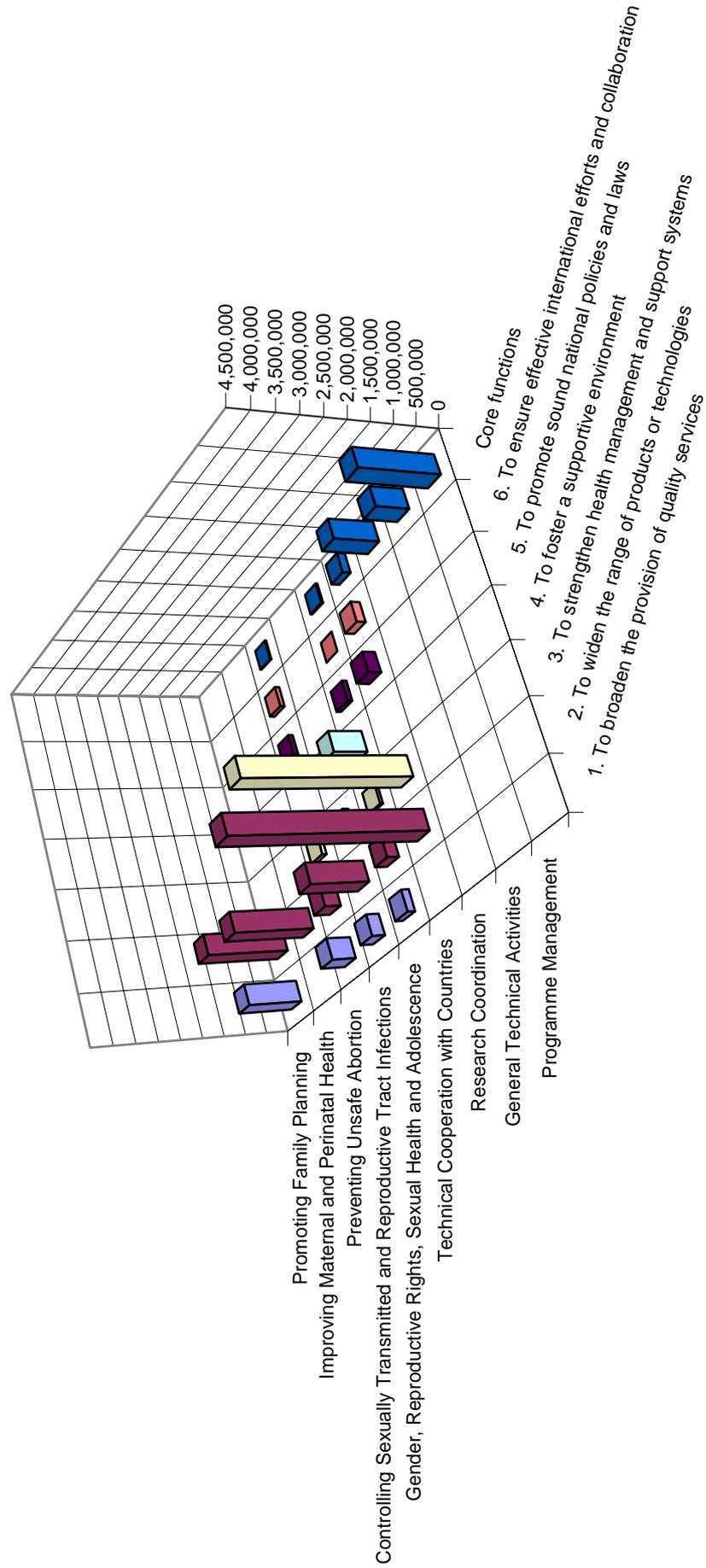


Figure 5. HRP 2006-2007 Programme budget, by budget section and HRP objective (priority 1 only, excluding staff costs, US\$)

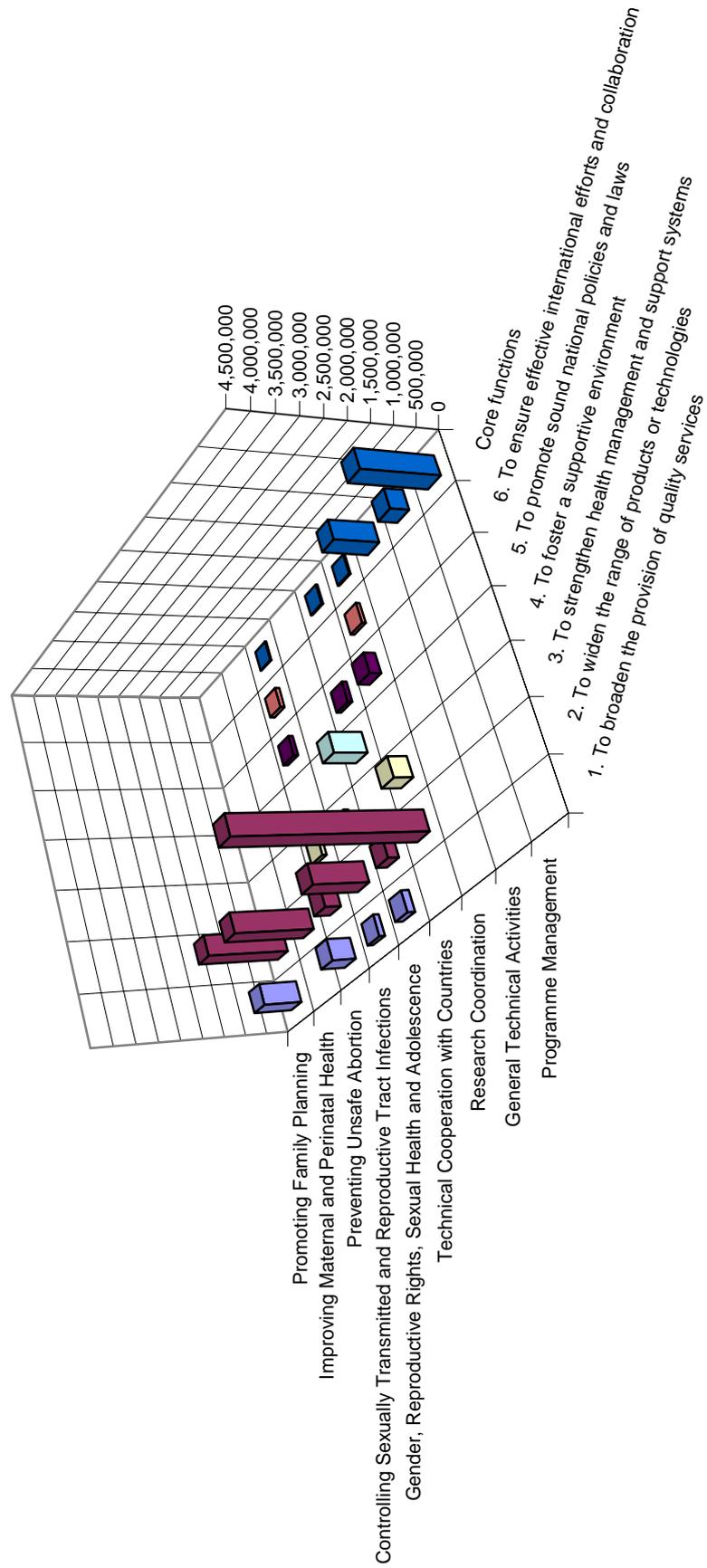


Figure 6. PDRH 2006-2007 Programme budget, by budget section and departmental objective (priority 1 only, excluding staff costs, US\$)

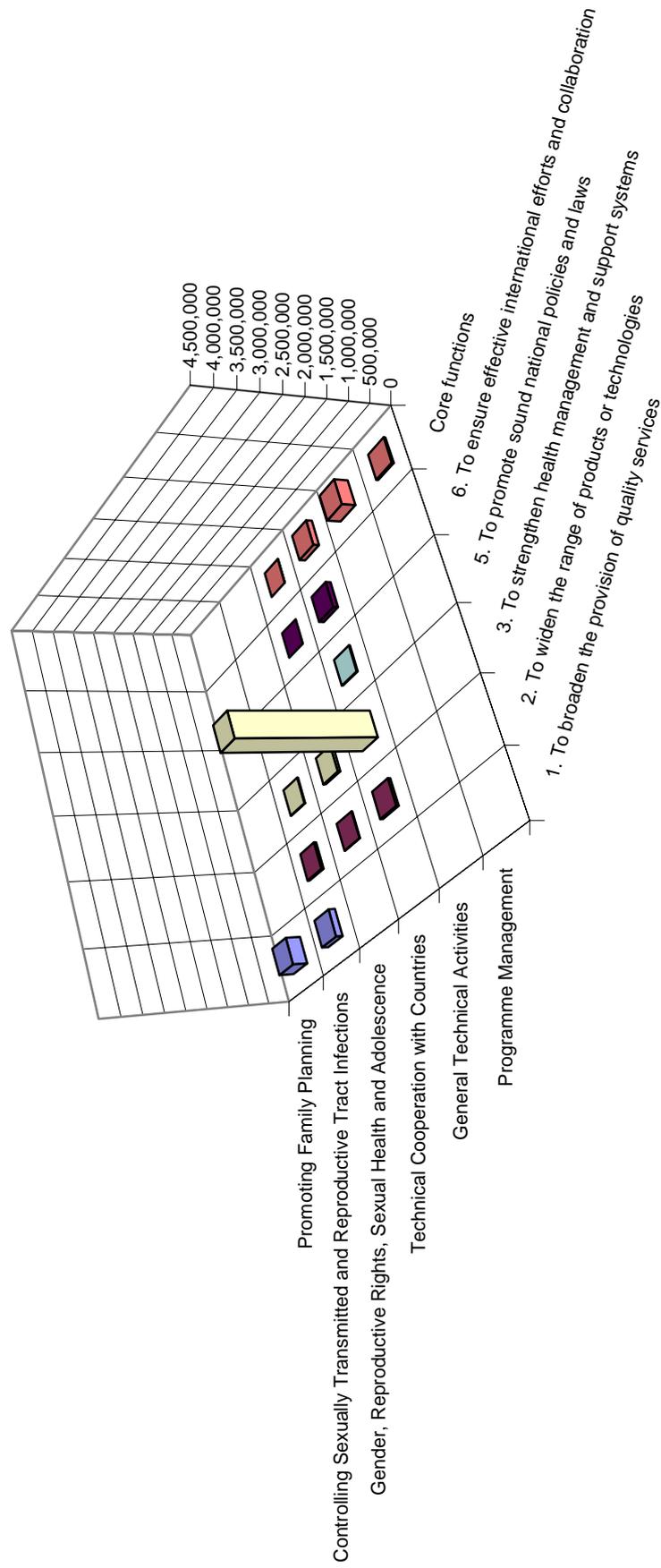


Table 8. RHR consolidated income requirements and sources of funds for 2006-2007

	Priority 1+2+3		Priority 1+2		Priority 1	
	Budget US\$	% of total	Budget US\$	% of total	Budget US\$	% of total
UNDP/JNFP/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP)						
WHO Regular Budget	1,500,000	3.9%	1,500,000	4.2%	1,500,000	4.8%
Extrabudgetary sources	37,298,000	96.1%	33,952,000	95.8%	29,513,000	95.2%
<i>Total HRP</i>	<i>38,798,000</i>		<i>35,452,000</i>		<i>31,013,000</i>	
Programme Development in Reproductive Health (PDRH)						
WHO Regular Budget	1,501,000	8.8%	1,501,000	12.6%	1,501,000	13.2%
Extrabudgetary sources	15,499,000	91.2%	10,448,000	87.4%	9,837,000	86.8%
<i>Total PDRH</i>	<i>17,000,000</i>		<i>11,949,000</i>		<i>11,338,000</i>	
Grand total RHR Department						
WHO Regular Budget	3,001,000	5.4%	3,001,000	6.3%	3,001,000	7.1%
Extrabudgetary sources	52,797,000	94.6%	44,400,000	93.7%	39,350,000	92.9%
Grand total RHR	55,798,000		47,401,000		42,351,000	
WHO Programme Support Cost (PSC) (see note)						
	2,014,870		1,358,240		1,278,810	
Grand total income requirement, including PSC	57,812,870		48,759,240		43,629,810	

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

Table 9. RHR 2006-2007 budget compared with 2004-2005 budget (priority 1+2+3)

Budget section	HRP			PDRH			RHR consolidated budget		
	2004-05	2006-07	Change	2004-05	2006-07	Change	2004-05	2006-07	Change
Promoting Family Planning	5,992,000	6,106,990	2%	2,058,000	2,123,000	3%	8,050,000	8,229,990	2%
Improving Maternal and Perinatal Health	4,286,000	4,312,450	1%	0	0	0%	4,286,000	4,312,450	1%
Preventing Unsafe Abortion	3,180,000	3,609,780	14%	156,000	0	-100%	3,336,000	3,609,780	8%
Controlling Sexually Transmitted and Reproductive Tract Infections	3,270,000	2,442,500	-25%	3,420,000	3,807,000	11%	6,690,000	6,249,500	-7%
Gender, Reproductive Rights, Sexual Health and Adolescence	3,057,000	3,328,000	9%	940,000	827,000	-12%	3,997,000	4,155,000	4%
Technical Cooperation with Countries	11,755,000	11,724,570	0%	3,791,000	8,438,000	123%	15,546,000	20,162,570	30%
Research Coordination	1,524,000	1,770,000	16%	0	0	0%	1,524,000	1,770,000	16%
General Technical Activities	1,295,000	1,125,300	-13%	1,918,000	1,349,000	-30%	3,213,000	2,474,300	-23%
Programme Management	3,937,000	4,378,410	11%	610,000	456,000	-25%	4,547,000	4,834,410	6%
Grand total	38,296,000	38,798,000	1%	12,893,000	17,000,000	32%	51,189,000	55,798,000	9%

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- ³¹ The comparative advantages are: credibility as a technical organization of high scientific standards; neutrality, objectivity and independence; convening power with access to a wide resource base and significant collective skills; strong position as an intergovernmental agency focusing on the needs of developing nations and a commitment to the public sector; leadership role in the health field.
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- ⁴³ The RHR Department in collaboration with the WHO Department of Management Information Systems, Technology and Telecommunications and IBP partners has designed, pilot tested and launched the IBP Electronic Communication System (ECS). This system uses adapted web-based technology to foster country-to-country and in-country transfer and exchange of research findings, evidence-based information, published technical and performance improvement materials and tools, country experience, success stories and lessons learned. The Department works closely with the WHO Department of Knowledge Management and Sharing on knowledge management issues and the development of communities of practice.