Third WHO/UNFPA High-level Consultation

Summary report of a meeting held in Geneva, Switzerland 16 June 2006
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Abbreviations

AIDS         Acquired immunodeficiency syndrome
CAH          Department of Child and Adolescent Health and Development (WHO)
CST          Country Technical Services Team (UNFPA)
FCH          Family and Community Health Cluster (WHO)
HIV          Human immunodeficiency virus
IAEG         Inter-Agency Expert Review Group (on the MDG indicators)
IBP          Implementing Best Practices initiative (WHO)
ICPD         International Conference on Population and Development
MDG          Millennium Development Goal
MPS          Department of Making Pregnancy Safer (WHO)
PRSP         Poverty Reduction Strategy Paper
RHR          Department of Reproductive Health and Research (WHO)
SPP          Strategic Partnership Programme (UNFPA/WHO)
STI          Sexually transmitted infection
SWAp         Sector-wide approach
TSD          Technical Support Division (UNFPA)
UNAIDS       Joint United Nations Programme on HIV/AIDS
UNDP         United Nations Development Programme
UNFPA        United Nations Population Fund
WHA          World Health Assembly
WHO          World Health Organization
Executive summary

The first WHO-UNFPA High-level meeting took place on 9 December 2002, followed by a second meeting on 22 June 2004. Both meetings issued joint letters to staff at all levels from the respective Executive Heads of the partner organizations which, among other issues, underscored the need for building on the collective strength and comparative advantages of the organizations to contribute towards the sustainable development of the communities they serve. The third High-level meeting took into account recent developments to accelerate progress in achieving universal access to [sexual and] reproductive health, in particular, the outcome of the September 2005 World Summit when world leaders committed to:

“Achieving universal access to reproductive health by 2015, as set out at the International Conference on Population and Development and integrating this goal in strategies to attain the internationally-agreed development goals, including those contained in the Millennium Declaration …”

This is the highest level of endorsement of the critical role that sexual and reproductive health plays in achieving the Millennium Development Goals (MDGs). It echoes the earlier calls made by Member States through World Health Assembly (WHA) Resolution 57.12 which adopted the Global Reproductive Health Strategy in 2004, followed in 2005 by WHA Resolution 58.30 on accelerating the achievement of the internationally agreed health-related development goals including those contained in the Millennium Declaration and Resolution 58.31 on working towards universal coverage of maternal, newborn and child health interventions. The achievement of the MDGs, particularly those related to health, is strongly underpinned by the progress that can be made on the attainment of sexual and reproductive health.

In 2005, UNFPA and the Government of Sweden convened a high-level roundtable to draw global attention to the need for increased investments in reproductive health and rights. The meeting, among other issues, recognized:

- that strong links exist between poverty, unequal gender relations, fertility, ill-timed and unwanted pregnancies, and unsafe abortion; and that evidence shows that investments in and access to reproductive health, including family planning and sexual health, are essential to breaking the cycle of poverty and freeing national and household resources for investments in health, nutrition, and education, thereby promoting economic growth with tangible returns;

- that access to sexual and reproductive health information and services is integral to efforts to curb the HIV/AIDS epidemic and/or prevent individuals and households from falling deeper into poverty, given that (i) the overwhelming majority of HIV infections are due to sexual transmission or associated with pregnancy, childbirth, and breastfeeding, and (ii) women and girls are highly vulnerable to HIV infections for social and biological reasons;

- that addressing the persistence of high levels of maternal mortality and morbidity in low-income countries, despite the existence of effective interventions, requires stronger health systems including universal access to reproductive health and greater attention to the nutritional needs of women and children.

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Participants in the Stockholm roundtable further re-affirmed commitment to the MDGs and, *inter alia*, called for action towards “ensuring priority investment in reproductive health, guided by the Global Reproductive Health Strategy adopted by the World Health Assembly in 2004 … to ensure access to quality reproductive health services, including youth-friendly services” and to “link HIV/AIDS and STI prevention with reproductive health settings, and vice versa”. The Global Reproductive Health Strategy draws the world’s attention to the extent of sexual and reproductive ill-health and calls for actions in key areas to accelerate progress.

The UN Millennium Project Report Investing in development: a practical plan to achieve the Millennium Development Goals, identified 17 high-impact “quick wins” or “solutions to implement now” towards reaching the Goals. The Report underscored the role of sexual and reproductive health and proposed to governments “to expand access to sexual and reproductive health information and services, including family planning and contraceptive information and services, and close existing funding gaps for supplies and logistics”. The Report noted that, although various sexual and reproductive health components are included in the monitoring framework of Goals 4, 5 and 6, sexual and reproductive health is essential for all other goals including those of reducing extreme poverty and hunger, ensuring educational opportunities and gender equality, and attaining environmental sustainability. It contends: “at the macro-levels, these services affect population dynamics. A demographic transition to lower fertility and mortality (including that from HIV/AIDS) creates an opportunity to escape poverty traps and to accelerate economic and social development …” The UN Millennium Project calls for sexual and reproductive health issues to be included in regional, national, and international poverty reduction efforts. Poor sexual and reproductive health exacerbates poverty and perpetuates the cycle of intergenerational poverty.

Against this background, senior technical staff of the WHO Family and Community Health Cluster (FCH), led by Mrs Joy Phumaphi, Assistant Director-General, met with senior UNFPA staff led by Mr Kunio Waki, Deputy Executive Director on 2–3 February 2006 in New York, to review progress. The third High-level meeting held on 16 June 2006 in Geneva and led by Dr Anders Nordström, Acting Director-General, WHO and Ms Thoraya Obaid, Executive Director, UNFPA, was apprised of the outcome of the technical meeting and of progress made. Dr Nordström and Ms Obaid suggested actions to be taken to accelerate progress and the strengthening of collaboration to improve sexual and reproductive health (see joint letter to staff).

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1. Objectives of the consultation and discussion

The overall objectives of the meeting were to identify necessary actions for accelerating progress in improving sexual and reproductive health and to reinforce the need for collaboration, in particular towards the attainment of related international goals and targets. It discussed strategies for supporting policy and programmes towards achieving universal access to sexual and reproductive health and its linkage with universal access to HIV prevention, care and treatment.

During the discussions led by the respective Executive Heads, it was acknowledged that the adoption at the September 2005 World Summit of the goal of universal access to reproductive health [services] and its expected inclusion in the MDG framework opened great opportunities that should not be missed. It was time to ensure that, using their complementary mandates, both UNFPA and WHO coordinate their resources at country level to achieve results, in the spirit of the United Nations reform. There has been an unacceptable lack of progress in maternal and newborn health in the past decades and strong advocacy is needed to ensure that sexual and reproductive health is integrated into Poverty Reduction Strategy Papers and Sector-wide Approaches. Common country assessments and UN Development Assistance Frameworks need to be made substantive for health, especially sexual and reproductive health. Ministries of finance need to be sensitized so that they make resources available.

UNFPA and WHO share a common vision which must be demonstrated at country level by developing a strategy that integrates the Global Reproductive Health Strategy, the Global Strategy for the Prevention and Control of Sexually Transmitted Infections and World Health Assembly resolutions on the strategies. Implementation of this comprehensive strategy needs to be expressed in a single plan, strengthened with a monitoring framework reflecting the accountability of both organizations. This will require the upgrading of capacity in country offices with joint training to improve the effectiveness and coordination of country support.

The meeting concluded with the issuance of the joint letter reproduced on page 4.
2. Joint WHO/UNFPA letter to staff

Dear colleagues,

The third High-level meeting between WHO and UNFPA on 16 June 2006 agreed on strengthening our cooperation, particularly to enhance our collaboration and work at country level. The meeting appreciated many good examples of achievements since the last joint letter sent to all of you in 2004. In that letter, emphasis was placed on creating coherence and consistency in policy and advocacy for effective sexual and reproductive health programmes. We have seen important progress in many areas but the levels of morbidity and mortality attributable to sexual and reproductive ill-health remain unacceptably high. In crisis settings, this situation is even more acute. There is recognition that the Millennium Development Goals (MDGs) cannot be achieved without investing in sexual and reproductive health.

Within this still challenging situation and making use of our collective strength and complementary mandates, we ask for your commitment and engagement in the implementation of plans for improving reproductive, maternal, newborn and adolescent health, in a spirit of achieving better results and building on existing mechanisms.

We call on all offices to come up with examples of how interagency work can be realized. Upon receipt of this letter, WHO and UNFPA country offices are invited to discuss and share possible opportunities and existing examples, including those using our joint tools.

We urge offices at all levels to make every effort to help countries mobilize the necessary resources to address our common challenges in sexual and reproductive health.

1. Progress

During the two years that have elapsed since the last High-level consultation, considerable commitment by the international community has also been seen:

- during the September 2005 World Summit, world leaders committed to achieving universal access to reproductive health by 2015 and to integrating this goal in strategies to attain the MDGs;
- the World Health Assembly adopted two strategies which provide a renewed foundation and focus of the collaboration between WHO and UNFPA, and further guide our respective and complementary implementation efforts: The Global Reproductive Health Strategy (2004) and the Global Strategy for the Prevention and Control of Sexually Transmitted Infections (2006);
- the April 2005 UNFPA and Government of Sweden Roundtable drew global attention to the need for increased investment in sexual and reproductive health;
- the 31 May–2 June 2006 United Nations General Assembly Special Session (UNGASS) Political Declaration emphasized the need to strengthen policy and programme linkages, and coordination between HIV/AIDS and sexual and reproductive health;
- the 2–3 February 2006 third Bilateral technical consultation between WHO and UNFPA outlined key recommendations and an action plan for accelerating progress.

2. WHO and UNFPA collaborative actions for accelerating progress – next steps

In light of the above, we request that collaborative actions and concrete strategies be developed and implemented addressing the following priority areas:
2.1 Translation of global strategies into integrated national plans for sexual and reproductive health

- Development of collaborative plans for supporting countries in the implementation of the Global Reproductive Health Strategy, based on its implementation framework for “accelerating progress towards the attainment of international reproductive health goals”.

- Enhancement of joint work as members of the Country Team to assist countries to integrate the goal of universal access to sexual and reproductive health during the MDG situation analysis and national strategy development. This should include assistance in defining indicators, reporting with attention to age and sex disaggregation of outcome and programme data and costing of interventions.

- Strengthening and implementation of plans for accelerating progress on maternal and newborn health and family planning, including the African Road Map for MDGs 5 and 4 and other regional initiatives, using the opportunity at country level provided by the Partnership for Maternal, Newborn and Child Health. This should include strategies to ensure access to family planning, to skilled attendance during pregnancy, childbirth and the postpartum period, and to emergency obstetric and neonatal care.

- Development of an action plan, a timeframe and performance indicators for implementing the Global Strategy for the Prevention and Control of Sexually Transmitted Infections, giving priority to the needs of adolescents and young people.

- Collaborative planning, promotion and implementation of recommended strategies for linking HIV/AIDS prevention, care and treatment and sexual and reproductive health services. Development of action plans for areas identified in the UNAIDS Prevention Working Plan for which WHO and UNFPA are lead agencies, giving particular focus to HIV prevention among adolescents, young people and other vulnerable populations.

2.2 Strengthening of capacities for programming and effective service delivery

- Advocacy and capacity building at country level to prioritize inclusion of sexual and reproductive health and maternal and newborn health into key national development processes including poverty reduction strategies, national development plans, health sector reviews and United Nations Development Assistance Frameworks. Build national capacity for MDG monitoring, and provision of technical support to programme implementation.

- Support to the development of national strategies to improve human resources available in the provision of reproductive and maternal health services, particularly midwives and others with midwifery skills.

- Support countries to develop systems and build capacity to ensure reproductive health commodity security including the implementation of The Interagency List of Essential Medicines for Reproductive Health.

- Re-energize family planning, recognizing that addressing the unmet need for contraception is key to decreasing reproductive mortality and morbidity, reducing recourse to abortion, alleviating poverty and enhancing development.

2.3 Enhancing attention to gender-related sexual and reproductive health issues

- Advocacy for the elimination of female genital mutilation, in all its forms, taking into account the recent findings by WHO on the adverse obstetric outcomes for mothers and increased perinatal mortality associated with the practice.
- Work together to end sexual violence against women and promote gender-sensitive approaches.
- Support to the worldwide campaign to end obstetric fistula through provision of guidelines for treatment and social reintegration, and, more importantly, prevention by promoting emergency obstetric care.
- Support to the introduction of the human papilloma virus vaccine for prevention of cancer of the cervix in countries with the required primary health infrastructure and high political commitment.

These areas of collaboration, many of which are ongoing, should build on existing mechanisms and, where necessary, enhance them further. Such collaborative actions at the national level should take place within the context of United Nations Country Teams to ensure coordinated, joint action and programme coherence in support of national efforts and priorities.

We acknowledge the extent of ongoing collaboration between WHO and UNFPA in many areas of sexual and reproductive health, population and development at country, regional and headquarters levels, among others the work within the WHO-UNFPA Strategic Partnership Programme, collaboration on defining reproductive health indicators, the proposed MDG toolkits, and various technical consultations and joint publications.

We look forward to receiving information on collaborative activities between WHO and UNFPA within the regular country activities progress reports. We agreed furthermore to hold follow-up meetings to which we plan to invite some country offices to report on achievements and challenges.

Anders Nordström  
Acting Director-General, WHO

Thoraya Obaid  
Executive Director, UNFPA
3. Technical presentations

3.1 Highlights of ongoing technical collaboration

Dr Michael Mbizvo, Coordinator, Department of Reproductive Health and Research (RHR)/WHO, gave an overview on areas of WHO-UNFPA collaboration, with special reference to the following:

**Strategic Partnership Programme**
- WHO/RHR and UNFPA are collaborating within the Strategic Partnership Programme (SPP) in the introduction, adaptation and adoption, in countries, of evidence-based practice guides developed to promote sexual and reproductive health. The activities being implemented in this partnership entail a strong linkage between key programme areas of WHO and UNFPA, namely those concerned with development of normative guidance and tools and assisting governments in the application of evidence-based interventions to improve sexual and reproductive health service delivery.
- Country-level partners in the implementation of the SPP are led by the respective Ministries of Health and include a number of development agencies, nongovernmental organizations, professional bodies and other stakeholders. In February 2004, a global workshop was convened at WHO to update staff from UNFPA country technical services teams (CSTs) and WHO regional offices on scientific and technical developments contained in recent guidelines. Six regional workshops involving 60 countries were jointly convened during 2004–2005 by WHO and UNFPA, involving staff from headquarters, regional and subregional offices, to update national programme managers and relevant stakeholders and enhance the utilization of evidence-based guidelines.

**Reproductive health indicators**
- Inter-agency expert group on MDG indicators (IAEG): WHO and UNFPA have been collaborating in the process of reproductive health-related revisions to the MDGs monitoring framework in line with the outcome of the World Summit in 2005. This entails providing technical input in IAEG discussions to ensure the inclusion of the most conceptually and technically appropriate indicators under a target of universal access to reproductive health.
- Technical work on sexual and reproductive health indicators:
  a) WHO and UNFPA, together with UNICEF and the Averting Maternal Death and Disability project at Columbia University, will jointly organize a meeting (20–22 June 2006) to examine and revise the Guidelines on the availability and use of obstetric services in line with the accumulated evidence and country
experience since their publication in 1997, and to explore their usefulness as a tool to measure health systems’ functioning, in the context of programmes to reduce maternal mortality.

b) The two agencies, together with UNICEF, develop global estimates of maternal mortality at five-year intervals.

Controlling sexually transmitted and reproductive tract infections

- A joint WHO-RHR/UNFPA technical consultation, organized in collaboration with other key departments in WHO was held in Montreux, Switzerland, from 14–16 March 2006 on the “Role of Sexual and Reproductive Health Programmes in the Introduction of HPV Vaccines”. The main outcomes of the meeting were:
  a) the background paper for this consultation, Assuring access to HPV vaccines - maximizing the role of the sexual and reproductive health community, is being developed for discussion. This paper will serve as a basis for the further development of a guidance note for policy-makers and programme managers in sexual and reproductive health: Preparing for HPV vaccine introduction: guidance for sexual and reproductive health programmes. The guidance note is intended to alert a broad array of stakeholders in sexual and reproductive health, vaccination, child and adolescent health and cancer control programmes to several of the key issues related to the upcoming introduction of new vaccines against cervical cancer;
  b) the development of an action plan, specific to sexual and reproductive health, at international, regional and country levels, for the introduction of HPV vaccines in countries, to be coordinated by WHO/RHR and UNFPA in collaboration with other WHO departments and partners;
  c) the consultation was followed by a two-day meeting during which WHO and UNFPA agreed on an action plan for the development of the guidance note and the implementation of recommendations raised during the meeting. Discussions are ongoing with countries and regions on the issue.

Gender, reproductive rights, sexual health and adolescence

- Maternal health and human rights tool: UNFPA has been involved as a key partner in the national project teams guiding the process of field-testing of the tool in each country (Brazil, Indonesia and Mozambique).
- Gender and rights in reproductive health training course: UNFPA is involved in all local activities of this course in Kazakhstan, Malaysia, Peru and Sudan, either as participant and/or through providing technical input and financial support for regional participants.
- Sexual and reproductive health of women living with HIV/AIDS:
  a) Guidelines for care, treatment and support of women living with HIV/AIDS and their children living in resource-poor settings. This document, published in June 2006, is a joint production of WHO (Department of HIV/AIDS with RHR) and UNFPA, published with financial support from UNFPA.
  b) “Global Consultation on the Rights of People Living with HIV to Sexual and Reproductive Health”, 23–30 March, Addis Ababa, Ethiopia. This consultation was organized jointly by WHO/RHR, UNFPA.
and EngenderHealth, in order to build on the document listed above, and to contribute to the production of policy and programmatic guidance for ensuring the reproductive rights and choices of people living with HIV.

Promoting family planning

- Evidence-based guidelines: UNFPA is involved in the development of the Medical eligibility criteria for contraceptive use, the Selected practice recommendations for contraceptive use, and the Handbook for family planning providers.


- Development of a rapid assessment tool to monitor improvement in quality of care of family planning and other reproductive health services (collaboration between WHO Headquarters and the UNFPA Country Technical Services Team, Fiji).

- Devices used in the multicountry Implanon/Jadelle safety and efficacy study: devices were provided by the UNFPA procurement office in Copenhagen.

Maternal and newborn health

- Introduction to countries of jointly developed guidelines within the SPP: the guidelines include: Managing complications in pregnancy and childbirth: a guide for midwives and doctors; Pregnancy, childbirth, postpartum and newborn care: a guide for essential practice; and Managing newborn problems: a guide for doctors, nurses and midwives.

Policy and programmatic issues

- Building UNFPA/WHO country office capacity to support sexual and reproductive health in national development and health-sector planning processes, including Poverty Reduction Strategy Papers (PRSPs) and sector-wide approaches (SWAps). Products of this collaborative project include:
  a) four country-case studies (Mongolia, Nicaragua, Senegal, Yemen);
  b) joint UNFPA/WHO publication: Summary of case studies;
  c) poll of UNFPA and WHO country offices to assess capacity building needs for working on SWAps and PRSPs to support sexual and reproductive health;
  d) web page added to RHR departmental web page on SWAps and PRSPs.

- The UNFPA/WHO/UNICEF/ILO-STEP project: “Improving the quality of sexual and reproductive health care through empowering users”. The project is looking at whether the organization of community demand can influence the quality of sexual and reproductive health care and, if so, what mechanisms can be used to effectively increase the capacity of communities to influence the way sexual and reproductive health care is delivered. The project is ongoing in six countries: India, Kyrgyzstan, Mauritania, Nepal, Peru and Tanzania, where the impact of different approaches, including empowerment of women’s groups and development of community insurance schemes, on strengthening demand for quality sexual and reproductive health services is being examined.

- “Stronger voices” quality of care project: collaboration with UNFPA continued in 2004–2005 with the Department providing technical assistance to the pilot-project in
Kyrgyzstan and Nepal. In 2006, the project will support the field-testing of the WHO/RHR ExpandNet guidance document on scaling-up in Kyrgyzstan and Peru. As a prelude to this work, RHR and ExpandNet staff made a technical presentation on scaling-up to the UNFPA-HQ Technical Support Division. The presentation included a theoretical framework, country-case studies and lessons learnt on scaling-up of sexual and reproductive health interventions.

Support to implementing sexual and reproductive health programmes in countries

- A number of collaborative country activities are taking place in all regions, particularly towards improving quality of sexual and reproductive health care through the adaptation and adoption of normative guidance tools or updating of national guidelines. A map showing the distribution of joint activities was presented.

- Essential reproductive health medicines and commodities. Improving access to essential reproductive health medicines and commodities by promoting global standards, developing guidance on good-quality suppliers and products, and building procurement capacity in resource-limited countries: RHR, in collaboration with the WHO Department of Medicines, Policy and Standards, UNFPA, the Program for Appropriate Technology in Health and other partner agencies are working on this project funded by the Gates Foundation.

- Male latex condom. RHR has traditionally worked with UNFPA and other partners on all issues related to the quality assurance, prequalification and procurement of male latex condoms.

- Implementing Best Practices (IBP) initiative. UNFPA and WHO are members of this global partnership established in 1999 that now involves 24 international agencies and their associated projects. The partnership works collaboratively with networks at the regional and country levels to reduce duplication of effort and ensure that evidence-based technical practices and managerial performance improvement and training techniques of proven effectiveness are introduced, utilized and scaled-up.

The partnership works closely with the SPP and UNFPA country offices. The IBP initiative, through its Secretariat based at WHO, is involved in all planning, preparation of materials and in-country activities in support of SPP activities. IBP partners are implementing programmes in all 25 SPP countries of intensified focus and offer an ideal opportunity to link with and support the SPP programmes. Specific activities linking IBP partners with SPP activities have taken place in Benin, Ethiopia, India, Kenya and Zambia.

3.2 Recommendations of the Third Bilateral Technical Consultation

Mr Rogelio Fernandez-Castilla, Director, Technical Support Division, UNFPA, presented a summary of the recommendations from the technical consultation of 2–3 February 2006.

Discussion

The discussion covered key areas of possible collaboration based on ongoing work in various areas of sexual and reproductive health, including maternal and newborn health, HIV/AIDS and adolescent sexual and reproductive health. It was important to continue sharing and exchanging information from the various areas of work, even if it was independent work that did not result from collaborative activities. Such continuous information flow has the advantages of minimizing duplication, harmonizing messages and identifying
areas for further collaboration. It also helps to identify entry points that offer opportunities for creating synergies. For example, UNFPA country programmes benefit from using tools developed or being developed by WHO and partners in the support they provide to governments. Amongst the potential benefits of regular UNFPA-WHO technical consultations was the harnessing of the collective strengths and comparative advantages of both partners, enhancing information-sharing and advocacy, harmonizing messages and fostering more systematic collaboration.

Recommendations/follow-up actions

1. Establish interagency working groups which should coordinate and follow up on actions of mutual interest for accelerating progress towards universal access to sexual and reproductive health care. The working groups will, among others, outline strategies and take necessary actions to:
   - include a target on universal access in the MDG monitoring framework to ensure continued attention to the topic and provision of financial resources;
   - refine indicators of access and ensure complete presentation of technical information to the Secretariat of the IAEG on the MDG indicators to have them accepted;
   - define targets if not yet defined;
   - review emergency obstetric care (EmOC) indicators;
   - review the reproductive health-related disability-adjusted life years (DALYs) measure and promote work to improve the measure or develop an alternative metric to supplement its use in resource allocation;
   - define/select/improve indicators for national and programme monitoring and evaluation.

2. Assist countries in incorporating a universal access target into national strategies to achieve MDGs:
   - build on earlier joint work on PRSPs/SWAps, including capacity building to work with civil society, in order to provide joint technical assistance to countries and leadership through, among others, the development of an integrated service package to incorporate sexual and reproductive health into PRSPs, SWAps and national plans;
   - identify sexual and reproductive health interventions for inclusion in the UNDP-Millennium Project integrated package of services and the UN-MDG toolkit (for SWAps, UNFPA has an advanced set of good practices from countries such as India, Nicaragua, Tanzania and Yemen). Sources of technical assistance should be recorded and shared, e.g. UNFPA country technical services teams, headquarters, national experts, regional institutions;
   - operationalize commitment to universal access goal by implementing the WHO Global Reproductive Health Strategy;
   - assist with costing of implementation of national strategies (Essential Health Technologies Package) and with financing and costing of reproductive health packages, essential interventions (human resources, equipment, etc.);
   - identify alternative sources of financial aid such as through including sexual and reproductive health into proposals for the Global Fund to Fight AIDS, TB and Malaria or other funding sources;
   - integrate approaches to improve universal access into broader strategic partnerships to improve programmes such as the SPP and Quality of Care projects;
identify potential demonstration or flagship countries where representatives from both organizations work together to incorporate sexual and reproductive health into national policy and programming;

establish and work with countries that already have a national sexual and reproductive health strategy, e.g. obtain information from the country offices and develop a joint plan as a basis for MDG country assessment and national strategies’ formulation to ensure incorporation of sexual and reproductive health. UNFPA/HQ will encourage UNFPA representatives to take leadership and engage their WHO counterparts and vice versa (letter and other means of motivation by the Executive Heads to follow);

share information with all UNFPA and WHO regional and country offices of the two agencies on regional networks in sexual and reproductive health and centres of excellence, including WHO-supported centres and UNFPA CST and regional/national experts.

3. Develop strategies and implementation plans based on identified needs in countries:

- develop necessary guidance materials on integration of services, including rationale, supporting evidence and necessary operations research as well as guidance on specific elements such as the role of sexual and reproductive health services in HPV vaccine delivery and sexual and reproductive health in HIV/AIDS services;

- compile and develop normative and technical guidelines on good practices, scaling-up approaches (demonstration projects), quality assurance (prequalification of sexual and reproductive health drugs and supplies) and all areas of capacity building from human resource training (e.g. midwives training) to introduction and adoption of essential drug lists;

- identify evidence gaps that would require new research and identification of new approaches.

4. Monitoring and evaluation:

- continue global monitoring of sexual and reproductive health (including definition of possible additional indicators through expert meeting);

- continue joint work on estimations of selected indicators (e.g. maternal mortality ratio);

- review the need to have clear indicators for youth knowledge, attitudes, behaviours and participation for use in programme evaluation;

- develop capacity in countries for better monitoring, e.g. through collaboration with the Health Metrics Network;

- improve the monitoring of resource flows (continuing work with the Netherlands Interdisciplinary Demographic Institute, with the addition of health expenditure tracking and analysis of health financing through analysis of sub-accounts, with particular attention to investments made for the poor;

- conduct evaluation, specifically of integration in the area of adolescent sexual and reproductive health, e.g. sexual and reproductive health and HIV/AIDS prevention and care and access/coverage of adolescents, integration of behaviour change communication for adolescents with family planning services.

5. Advocacy and other recommendations/areas of action:

- identify fora where sexual and reproductive health and universal access can be
promoted; use events, platforms (Economic Forum, African Union ministerial meetings), media (non-technical) to convey information to the general public;

- global advocacy – address strategic issues, including how to counteract the negative perceptions of sexual and reproductive health, such as the notion of it being only about rights to abortion;

- agree on effective adolescent services and other interventions and collaborate to synthesize evidence on this topic as well as on coverage/access for young people and develop the necessary tools;

- share information on pending significant events for advocacy;

- plan ahead past September 2006 in case universal target is approved (following the UN Secretary-General’s report on the Millennium Project);

- continue collaboration to introduce guidance tools through the SPP and work towards sustainability and scaling-up through incorporation of the SPP objectives into national plans by linking it to other opportunities, e.g. the MERCOSUR (Mercado Común del Sur) Health Ministers’ meeting which endorsed a statement on the use of sexual and reproductive tools and guidelines being promoted in the SPP;

- use the opportunity of high-impact publications, e.g. on female genital mutilation and vesicovaginal fistulae, to involve the respective Executive Heads of WHO and UNFPA;

- establish opportunities onto which sexual and reproductive health issues could be piggy-backed, e.g. the Three Ones;

- engage the civil society movement to advocate for sexual and reproductive health (AIDS has the public momentum now and sexual and reproductive health had it after ICPD);

- consider, where appropriate, joint media activities, i.e. the Information and Executive Board Resource Mobilization Division (UNFPA) to work with the respective WHO counterparts;

- focus on target areas that can be done quickly, are measurable and have impact;

- arrange for a high-level meeting between the Executive Heads of the respective agencies which would endorse the proposed activities and actions from the Third Bilateral Technical Consultation as well as issue a joint letter to reinforce collaboration, particularly at country level.

In designing a joint plan for the above, we should be mindful of the timeframe given to the agencies to meet emerging needs from the MDG country analyses. An easy way to deal with it is to share each other’s plans and timeframe for delivery.
Annex 1: Joint news release

Top level push to tackle priorities in sexual and reproductive health

Joint News Release WHO/UNFPA

20 June 2006, Geneva – Leaders of the World Health Organization (WHO) and UNFPA, the United Nations Population Fund, are coordinating action to reverse the global trend of deteriorating levels of sexual and reproductive health and reduce the adverse impact on mothers, babies and young people.

Globally, inadequate sexual and reproductive health services have resulted in maternal deaths and rising numbers of sexually transmitted infections (STIs), particularly in developing countries. WHO estimates that 340 million new cases of sexually transmitted bacterial infections, such as chlamydia and gonorrhoea, occur annually in people aged 15–49. Many are untreated because of lack of access to services. In addition, millions of cases of viral infection, including HIV, occur every year. The sexually transmitted human papilloma virus (HPV) infection is closely associated with cervical cancer, which is diagnosed in more than 490,000 women and causes 240,000 deaths every year. Around eight million women who become pregnant each year suffer life-threatening complications as a result of sexually transmitted infections and poor sexual health. Annually, an estimated 529,000 women, almost all in developing countries, die during pregnancy and childbirth from largely preventable causes.

“There is a really worrying rise in the number and severity of sexually transmitted infections,” says Dr Anders Nordström, Acting Director-General, WHO. “But the consequences of poor sexual and reproductive health go well beyond STIs. They lead directly to completely preventable illness and death. It is unacceptable today for a woman to die in childbirth, or for a person to become HIV positive for lack of information and resources.”

Young people are particularly vulnerable. More than 100 million curable sexually transmitted infections occur each year and a significant proportion of the 4.1 million new HIV infections occur among 15–24 year olds. In sexually active adolescents (aged 10–19 years), sexual and reproductive health problems include early pregnancy, unsafe abortion, STIs including HIV, and sexual coercion and violence.

“It is clear that MDGs 5 and 4 to reduce mother and child deaths by 2015 cannot be achieved without investing in sexual and reproductive health,” says Ms Thoraya Ahmed Obaid, Executive Director, UNFPA. “For example, averting unintended pregnancy and reducing unmet need for family planning are key interventions in improving maternal health and reducing perinatal death. Yet, in developing countries and those in transition, an estimated 200 million women lack access to family planning.”

In addition, in some cultures, three million girls and young women are subjected each year to genital mutilation/cutting which, in recent studies by WHO, has been shown to significantly increase the risk of death and serious injury for newborn babies and their mothers around childbirth.

Following a high-level meeting on Friday, the leaders agreed the agencies will coordinate action in countries to ensure programmes are more effective and accountable for results.

The aim is to scale-up work to put a number of global proposals and initiatives into action in countries: The Global Reproductive Health Strategy, endorsed by the World Health Assembly, a 2005 Resolution on achieving internationally agreed health-related development goals, including those contained in the Millennium
Third WHO-UNFPA High-level Consultation

Declaration, another on working towards universal coverage of maternal, newborn and child health interventions, and this year’s World Health Assembly Resolution agreeing to the Global Strategy to tackle sexually transmitted infections.

A communiqué issued at the end of the meeting identified a number of priority areas including:

- A coordinated action plan to implement the Global STI Prevention and Control Strategy;
- Support to countries to increase skilled health attendants in target countries;
- Coordinated workplans on improving reproductive, maternal, newborn and adolescent health;
- “One framework” plans for the 16 African countries covered by the strategic framework just completed by the UN agencies;
- Advocacy for inclusion of sexual and reproductive health in national economic planning such as Poverty Reduction Strategies (PRSPs);
- Strengthening the linkages between HIV and sexual and reproductive health through coordinated action in HIV prevention, care and treatment;
- Joint training of country teams on the process for planning and working together at country level and joint competency reviews;
- Coordinated work in countries addressing:
  - Female genital mutilation/cutting
  - Obstetric fistula
  - Violence against women, including in emergencies
  - A pilot programme in two countries to introduce the Human Papilloma Virus (HPV) vaccine
  - Human resources for health.

“The key is to make practical plans in order to implement these strategies,” says Ms Obaid. “We are faced with an urgent need to increase investment in sexual and reproductive health to ensure access to quality reproductive health services, including youth-friendly services, and to link HIV/AIDS and STI prevention with reproductive health services and vice versa.”

“Country support and advocacy are going to be vital elements for any successful attempt to reduce the impact of poor sexual and reproductive health,” says Dr Nordström. “Evidence shows that investments in and access to sexual and reproductive health, including family planning, are essential to breaking the cycle of poverty. This then frees national and household resources for investments in health, nutrition, and education, promoting economic growth with tangible returns.”
Annex 2: List of participants

Ms Thoraya Obaid, Executive Director
Ms Mari Simonen, Deputy Executive Director, External Relations, United Nations Affairs and Management
Mr Kunio Waki, Deputy Executive Director, Programmes
Ms Safiye Cagar, Director, Information, Executive Board and Resource Mobilization Division
Mr Rogelio Fernandez-Castilla, Director, Technical Support Division (TSD)
Mr Bjorn Andersson, Chief of Staff
Mr Ian McFarlane, Special Assistant to Mr Kunio Waki

Other UNFPA Offices
Ms Siri Tellier, Director, Geneva
Dr Vincent Fauveau, Senior Adviser, Reproductive Health Branch, TSD, Geneva
Dr Luc de Bernis, Senior Maternal Health Adviser, UNFPA, Addis Ababa

World Health Organization (WHO) Headquarters, Geneva
Office of the Director-General
Dr Anders Nordström, Acting Director-General
Dr Bill Kean, Director
Dr Regina Winkelmann, External Relations Officer, Governing Bodies and External Relations
Mr Peter Mertens, Coordinator, Coordination with the United Nations and other Intergovernmental Agencies

Assistant Director-Generals
Mrs Joy Phumaphi, Assistant Director-General, Family and Community Health (FCH)
Dr Abdelhay Mechbal, Acting Assistant Director-General, Evidence and Information for Policy (EIP)
Dr Anarfi Asamoa-Baah Assistant Director-General, HIV/AIDS, TB and Malaria (HTM)
Dr Howard Zucker*, Assistant Director-General, Health Technology and Pharmaceuticals (HTP)

Directors
Dr Paul Van Look* Director, Department of Reproductive Health and Research (RHR), FCH
Dr Isabelle de Zoysa, Senior Adviser for HIV/AIDS, Office of the Assistant Director-General (ADGO), FCH
Dr Elizabeth Mason, Director, Department of Child and Adolescent Health and Development (CAH), FCH
Dr Emilienne Anikpo N’Tame, Director, Emergency Preparedness and Capacity Building (EPC), Department of Health Action in Crises (HAC)
Dr Marie-Paule Kieny, Director, Initiative for Vaccine Research (IVR), FCH
Dr Monir Islam, Director, Department of Making Pregnancy Safer (MPS), FCH
Dr Kevin De Cock*, Director, HIV/AIDS (HIV), HTM
Mrs Malebona Matsoso Director, Technical Cooperation for Essential Drugs and Traditional Medicine (TCM), HTP

Relevant senior staff
Dr Michael Mbizvo Coordinator, Office of the Director, RHR
Dr Catherine d’Arcangues Coordinator, Office of the Director and Acting Team Coordinator, Promoting Family Planning (PFP), RHR
Ms Jane Cottingham, Team Coordinator, Gender, Reproductive Rights, Sexual Health and Adolescence (GRR), RHR
Dr José Villar, Team Coordinator, Improving Maternal and Perinatal Health (MPH), RHR
Dr Iqbal Shah, Team Coordinator, Preventing Unsafe Abortion (PUA), RHR
Dr Tim Farley, Team Coordinator, Controlling Sexually Transmitted and Reproductive Tract Infections (STI), RHR
Dr Alexis Ntabona, Team Coordinator, Technical Cooperation with Countries for Sexual and Reproductive Health (TCC), RHR
Dr Venkatraman Chandra-Mouli Coordinator, Adolescent Health and Development, CAH
Dr Wim Van Lerberghe, Coordinator, Health Policy and Strategic Planning, Department of Health Policy, Development and Services (HDS)
Dr Jelka Zupan, Acting Team Coordinator, Norms and Country Support Coordination, MPS

Dr Juliana Yartey, Acting Team Coordinator, Partnership, MPS

Dr Davy Chikamata, Area Manager, Africa (Anglophone) and the Eastern Mediterranean, TCC, RHR

Dr Heli Bathija*, Area Manager, Africa (Francophone) and the Eastern Mediterranean, TCC, RHR

Dr Enrique Ezcurra, Area Manager, Americas, TCC, RHR

Dr Katherine Ba-Thike, Area Manager, Asia and the Pacific, TCC, RHR

Dr Francis Ndowa, Medical Officer, STI, RHR

Dr Lale Say, Medical Officer, Monitoring and Evaluation, TCC, RHR

Ms Margaret Usher-Patel, Scientist/IBP Secretariat, TCC, RHR

Dr Peter Fajans, Scientist, Policy and Programmatic Issues, TCC, RHR

Ms Beverly J. Ferguson, Scientist, Adolescent Health and Development (ADH), CAH

Dr Kevin O'Reilly, Scientist, Treatment and Prevention Scale-up, HIV

Dr Dale Huntington, Technical Officer, Policy and Programmatic Issues, TCC, RHR

Ms Suzanne Reier, Technical Officer, TCC, RHR

Ms Tala Dowlatshahi, Communication Officer, MPS

* unable to attend
For further information, please contact:
Department of Reproductive Health and Research
World Health Organization
Avenue Appia 20, CH-1211 Geneva 27
Switzerland
Fax: +41 22 791 4171
E-mail: reproductivehealth@who.int
www.who.int/reproductive-health