Towards increased access to sexual and reproductive health: strengthening collaboration
Third Bilateral Technical Consultation

New York, 2–3 February 2006
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Abbreviations

ASRH adolescent sexual and reproductive health
CAH Department of Child and Adolescent Health and Development (WHO)
CST Country Technical Services Team (UNFPA)
DFID Department for International Development (United Kingdom)
DMPA depot-medroxyprogesterone acetate
FCH Family and Community Health Cluster (WHO)
HRP UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction
IAEG Inter-Agency Expert Review Group (on the MDG indicators)
ICPD International Conference on Population Development
IERD Information and Executive Board Resource Mobilization Division (UNFPA)
MDG Millennium Development Goal
MERCOSUR Mercado Común del Sur (Southern Common Market)
MPS Department of Making Pregnancy Safer (WHO)
MTCT mother-to-child transmission (of HIV)
NIDI Netherlands Interdisciplinary Demographic Institute
PRSP Poverty Reduction Strategy Paper
RHL Reproductive Health Library (WHO/RHR)
RHR Department of Reproductive Health and Research (WHO)
RTI reproductive tract infection
SPP Strategic Partnership Programme (UNFPA/WHO)
STI sexually transmitted infection
SWAp sector-wide approach
TAP Technical Advisory Programme (UNFPA)
TSD Technical Support Division (UNFPA)
UNAIDS Joint United Nations Programme on HIV/AIDS
UNDG United Nations Development Group
UNDP United Nations Development Programme
UNFPA United Nations Population Fund
UNICEF United Nations Children's Fund
WHO World Health Organization
Background

Senior technical staff from the Departments of Reproductive Health and Research (RHR), Making Pregnancy Safer (MPS) and Child and Adolescent Health and Development (CAH) of WHO's Family and Community Health Cluster (FCH), led by the Assistant Director-General, Mrs Joy Phumaphi, met with senior Headquarters staff from UNFPA's Technical Support Division (TSD), led by Mr Kunio Waki, the Deputy Executive Director, on 2-3 February 2006, in a third bilateral technical consultation.

The overall objective of the consultation was:

To contribute to the improvement of sexual and reproductive health, including STI/HIV prevention and care, through strengthening WHO-UNFPA collaboration in defined areas.

The specific objectives of the consultation were:

1. To share highlights on progress in the implementation of activities of mutual interest, particularly actions agreed at the June 2004 High-level Consultation between Dr Thoraya Obaid, Executive Director, UNFPA and Dr Jong-Wook Lee, Director-General, WHO and senior staff of the respective organizations.

2. To explore and elaborate opportunities for enhancing collaboration on the global strategy to accelerate progress towards the attainment of international development goals and targets related to sexual and reproductive health.

3. To define key actions for collaborative implementation that are aimed at improving access to sexual and reproductive health, including STI/HIV prevention and care.

4. To identify complementary efforts most likely to yield the best results in reducing the disease burden from sexuality and reproduction.

The expected outcomes of the consultation were:

1. An outline of an action plan for accelerating progress in and further elaboration of areas of mutual interest.

2. Achievement of a shared understanding of complementary efforts most likely to yield the best results in reducing the disease burden from sexuality and reproduction.

3. The enhancement of team spirit, mutually supportive roles and knowledge-sharing.
1. Welcome remarks and introduction

Mr Kunio Waki, opened this third bilateral technical consultation between WHO and UNFPA. He welcomed all participants, particularly Mrs Joy Phumaphi, stressing her important role as a leader in sexual and reproductive health and in the establishment of the new Partnership for Maternal, Newborn and Child Health. He highlighted the joint strategic role that both organizations as members of the Partnership have in furthering implementation of Millennium Development Goals (MDGs) 4, 5 and 6.

Mr Waki reminded the group that the objectives of the meeting were two-fold: to take stock of progress in the areas of common interest, and to explore avenues for strengthening collaboration in a changing environment. This will allow further harmonization of the work of the two organizations, particularly in a context of decreasing resources, and help maximize the impact of joint work. He stressed that this collaboration should be guided by the 2005 World Summit Outcome document\(^1\), in particular its adoption of the target of universal access to reproductive health and to HIV prevention services. There should be a clear plan for countries that can be identified to demonstrate universal access to sexual and reproductive health. UNFPA sees WHO (RHR, including HRP, MPS and CAH) as natural partners providing some of the evidence and technical knowledge needed to support countries in their efforts to develop their MDG strategies. However, scaling-up remains a challenge as was discussed at the recent meeting of the Global Steering Committee on scaling-up towards universal access with the Department for International Development (DFID), United Kingdom and the Joint United Nations Programme on HIV/AIDS (UNAIDS). There is need to scale up interventions and monitor results with relevant indicators and to provide guidelines on the promotion of mother-friendly services.

As ex-Chair of the United Nations Development Group (UNDG), he witnessed how joint work by both agencies could make a major contribution to the UN Country Team and develop capacity for an integrated approach in service delivery. The recent Paris Declaration on Aid Effectiveness had highlighted the need to draw on all sources of substantive and operational knowledge and to strive for harmonization and alignment in order to develop capacity and support countries towards sustainability. UNFPA and RHR, including HRP, have a comparative advantage in jointly providing policy, technical and programme guidance for strengthening health systems within the context of the changing aid environment, poverty reduction strategies and health sector reforms. Within the Global Task Team for HIV/AIDS Prevention signed on by donors, recipient countries and the UN community need to articulate and support linkages between maternal health, young people and STI management and HIV prevention.

Staff at UNFPA have courage and competence and are proud to work in a sensitive area. Issues of preventing unsafe abortion, post-abortion care, adolescents’ sexual and reproductive health and gender-based violence are all of great importance to UNFPA and the Fund also recognizes that family planning requires revitalization.

Mrs Phumaphi responded by stressing that her staff felt privileged to work with the committed staff of UNFPA. The collaboration between both agencies needs to build on the foundations laid in previous years. The international community is waiting for practical technical support. Unfortunately, the agenda that has fallen behind is not only child and infant mortality but also maternal mortality and sexual and reproductive health and it is important to turn evidence-based information into tools and guidelines that support

programmes and policies in countries. UNFPA, WHO and development partners at country level need to coordinate and join forces, rather than compete, engaging not only government but also civil society in implementation. She further stressed the importance of the continuum of care from the home and the community to adequately-functioning health systems.

The World Health Report 2005 focused on universal access as well as on the need for harmonization of approaches and of reducing systems barriers. The *Lancet* series on sexual and reproductive health provides an opportunity to reassess how the sexual and reproductive health, child health and maternal health strategies are being implemented. It is clear that services for malaria, tuberculosis and HIV care are poorly linked to sexual and reproductive health services at country level. Mrs Phumaphi concluded by stating that the time for criticism was over; 2006 should be the year of action on the ground, using the benefits of research and demonstrating that UN agencies are critical partners.

**Mr Rogelio Fernandez-Castilla**, Director, Technical Services Division (TSD), UNFPA echoed this by emphasizing the benefits that can be drawn from the complementarity of both organizations' mandates. Research can help strengthen the response at country level. Issues of continuum of care and integration of services must be communicated to political leaders so that they are addressed in the context of the UN reform and assistance to national programmes. The challenge is to engage field offices more strongly in accelerating work towards the universal access goal. Lessons learnt should be used to improve cooperation towards universal access to sexual and reproductive health and attainment of the MDGs.

2. **Objectives and expected outcome**

**Dr Mike Mbizvo**, Coordinator, Department of Reproductive Health and Research, WHO, thanked UNFPA for providing this opportunity to reflect and continue dialogue on collaboration. Referring to the report of the 2004 2nd High-Level Consultation and to the background paper prepared for this meeting, he reviewed the objectives of the meeting and, particularly, the expected outcome, namely: a draft action plan; the identification of complementary efforts; and enhancing team spirit, mutually supportive roles and knowledge-sharing. He quoted Dr Thoraya Obaid who had signalled at the UNDP/UNFPA Executive Board meeting that 2006 would be a pivotal year in advancing commitments made at the 2005 World Summit on achieving universal access to sexual and reproductive health by 2015. This will be critical to the attainment of the MDGs.

**Dr Hedia Belhadj**, Deputy Director, TSD, UNFPA further emphasized the importance of coordination in order to maximize the efforts invested. She underscored the role of synergy and coherence of the various areas and programmes managed by WHO and supported by UNFPA in order to have maximum impact in countries.
3. Keynote presentation: Improving sexual and reproductive health through research and development in HRP

Dr Paul Van Look, Director, Department of Reproductive Health and Research (RHR), WHO, reviewed the origin, the scope and the modus operandi of sexual and reproductive health research by the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP). He then went on to present some of the achievements of the Programme, including processes developed to facilitate the translation of research into practice. He gave a number of examples of HRP products in each of the core areas of sexual and reproductive health and emphasized that these had contributed to global public goods. He thanked UNFPA for its continued support and emphasized that, through this support, these products reflected the outcome of collective efforts. He went on to mention that the joint work around the Poverty Reduction Strategy Papers and the Sector-wide Approaches had been an important first step in capacity building, and that the UNFPA/WHO Strategic Partnership Programme had been instrumental in increasing collaboration between both agencies. He hoped that these initiatives could be sustained in the future. He concluded with a review of the specific areas of the rich and long collaboration that had existed between UNFPA and RHR, in particular HRP.

Mr Fernandez-Castilla in turn, stressed the key role of WHO and UNFPA field offices in supporting national strategies to achieve the MDGs. The challenge was how best to engage and support these offices and how to stimulate and enhance further collaboration at country level. He stressed the need to develop a joint package of services and tools to increase capacity of country office staff for policy dialogue so that they could be effective advocates for the incorporation of sexual and reproductive health in national strategies.

4. Highlights of progress and opportunities for improving sexual and reproductive health policy and programme development

4.1 Global trends in maternal health indicators and current status of indicators for universal access to reproductive health

Presentation highlights

Dr Lale Say, Medical Officer in the Department of Reproductive Health and Research, WHO, gave an overview of the reproductive health-related indicators within the MDG monitoring framework, with a focus on potential revisions of these indicators. She presented current data on maternal mortality, together with the new WHO data on regional distribution of the causes of death and pointed to the increasing trends in the proportion of births attended by skilled health personnel in all regions except sub-Saharan Africa. She then referred to the decision to include contraceptive use as an indicator of Goal 5 of improving maternal health and stressed the relationship between the two. Contraceptive use has increased impressively during the last two decades in many parts of the world, but unmet need for contraception remained significant, particularly in Africa and Asia. It was significantly greater in adolescents in all regions. Indeed, the proportion of births occurring in adolescents has increased substantially in almost all developing countries, most significantly in Southern Africa, Central America and Latin America. Dr Say finished her presentation by referring to the limitations of the current MDG framework in monitoring Goal 5 and to the need for incorporating reproductive health measures. The inclusion of the “universal access to reproductive health target” and the indicators related to adolescent fertility and unmet contraceptive need would provide a broader perspective.
Mr Francois Farah, Chief, Population and Development Branch, TSD, UNFPA presented a scenario for defining “universal access to reproductive health services” through the establishment of an “index.”

He highlighted the fact that quantifying universal access to reproductive health services for policy and global monitoring purposes represented a challenge in terms of: a) definition of meaningful units to measure, b) robustness and consistency of methodologies of calculation of indicators, c) feasibility and functionality of the statistical and health information systems, particularly in countries where such systems experience serious institutional, managerial and skills deficits, and d) the existence and maintenance of quality assurance and monitoring mechanisms. He suggested that one of the questions that warranted discussion in this context was the difference between an epidemiological approach to indicators and systems and a developmental approach and the extent to which emphasis could be placed more towards one end of the equation than the other.

Taking stock of the achievements made so far in the areas of reproductive health indicators and the remaining gaps, the lessons learnt from data management experiences and practices, and the ongoing discussions on health information systems and health matrix networks, it might be useful to explore collaboration in the following processes:

build on the earlier work initiated on the range of indicators and measurements that can be used to quantify and ascertain the levels, trends and linkages of different reproductive health constituents and identify the gaps and shortages that continue to impede a policy-relevant analysis of “universal access”;

develop and test the feasibility of a composite-compounded index that is likely to report on the extent to which a particular meaningful package of reproductive health indicators is below, at, or above a conventional line of a minimum common denominator that meets with tested and agreed benchmarks; involve in so doing the relevant arms (divisions, units and branches) of both organizations to ensure the necessary integration of the different mandates and activities involved in reporting on health outcomes, with particular emphasis on reproductive health outcomes.

In conclusion, Mr Farah suggested initiating discussion and consultations on the possible development of a "Reproductive Health Index - RHI" which is a compounded meaningful normative value that would be calculated out of a scaled and weighed set of key indicators that represent relevant reproductive health constituents that have a significant bearing on reproductive health processes and outcomes such as demand for and use of family planning methods, adolescent fertility, maternal mortality, skilled birth attendance and many others.

After these presentations, the discussion revolved around three main themes: policy, advocacy and methodological challenges associated with measurements (sources and consistency of data).

Discussion and recommendations

**Policy**

Regarding policy on indicators, interagency groups should have coherent positions. There are three kinds of indicators, namely:

1) clarifying "universal access to reproductive health", and its dimensions;
2) what countries measure for their development plans;
3) indicators to assess progress in national programmes.

- If the target of universal access to reproductive health is accepted by the UN General Assembly, the adolescent fertility rate could move from Goal 3 to Goal 5. Other aspects of reproductive health, apart from maternal health, should not be excluded.

- Religion does not prevent individuals from using family planning services. However, the Catholic Church is often successful in influencing governments not to provide family planning services.

- WHO and UNFPA should enhance collaboration in this area. UNFPA and WHO should work together at the country level to support the development of indicators as well as capacity building in result-based management and accountability in the area of sexual and reproductive health and its integration into primary health care. This entails support to harmonization/standardization of data collection methodologies and health statistics. It is hoped that UNICEF will join as well, as a member of the UN country team.

**Advocacy**

- The political environment should be separated from the technical requirements. In the short term, the Interagency Expert Group (IAEG) should be encouraged to overcome its insistence on a limited number of indicators. It should be ensured that unmet need for contraception among adolescents is considered to be important. In the long term, there is a need to harmonize what should be monitored globally with work supporting countries’ efforts to monitor their national strategies and programmes.

- In stressing the importance of reproductive health-related MDG indicators, there is a need to differentiate between those addressing health status as opposed to health care.

- The key specific elements should be addressed rather than concentrating on the broader issues.

**Measurement**

- Universal access to reproductive health does not consist of one defined outcome but rather is a package of components or indicators.

- A list of such components can be finalized to produce a compounded index akin to the Human Development Index, which could be graded from 0 to 1. A joint WHO/UNFPA team could work on this activity and hold a workshop to reach a consensus.

- Population Action International has produced a reproductive health risk index which is useful for advocacy.

- There is a dearth of data and capacity building of countries is needed to improve their systems to produce reliable data.

- There is a frequent discrepancy between country estimates and international figures for numerous indicators and it is important for action to be taken to review the
situation and come up with a strategy to produce consistent numbers and/or recognize and explain the variant estimates.

- The need for robust indicators must be addressed, especially for HIV prevention; reliance on knowledge only is no longer sufficient.

- Regarding resource flows, trends were analysed for the following categories: family planning, reproductive health, HIV and research/data. The Netherlands Interdisciplinary Demographic Institute (NIDI) carried out a separate analysis for STIs, which shows a recent decline in STI funding. However, there is a need to validate various data estimates and caution must be exercised regarding drawing a cause-and-effect conclusion when looking at this kind of data. More in-depth analysis is definitely needed.

4.2 HIV/AIDS and reproductive health services: interface and opportunities for integration

**Presentation highlights**
(Drs Arletty Pinel, Steve Kraus, Elizabeth Mason, Laura Laski, Catherine d'Arcangues)

The interface between sexual and reproductive health and HIV/AIDS presents an opportunity for WHO and UNFPA to make an effective contribution to HIV prevention, treatment and care. There have been good examples of outcome documents from collaborative efforts, including the Glion Call to Action, the Policy on Intensifying HIV Prevention paper, and the Framework for Priority Linkages. In addition, a number of joint meetings are planned. The scientific literature on integration of HIV into sexual and reproductive health services is still inadequate. More data are needed on mutual benefits. The UN reform at country level should be seen as an opportunity to strengthen integration of HIV/AIDS and sexual and reproductive health. Guidance tools for countries and country representatives of both WHO and UNFPA (as well as other UN organizations) are needed.

**Discussion and recommendations**

- There is need for operations research and evaluation of case studies on the effectiveness of integration of HIV/AIDS and sexual and reproductive health services, exploring areas of enhanced service uptake and access and defining core elements for integrated services or necessary linkages. There is need for interventions targeted on adolescents and young people.

- Research should be conducted on whether HIV testing facilitates or inhibits access to sexual and reproductive health services, including impact on morbidity.

- If agreement is reached between UNFPA and WHO on initiating joint work in demonstration countries, it will be necessary to define the key issues to be introduced or tested, taking advantage of the Global Fund's recent willingness to address health systems' issues. There may be a need for an initial mapping exercise involving country offices of both agencies.

Collaboration of UNFPA and WHO in support of country offices to address sexual and reproductive health and HIV prevention and care creates important synergies and opportunities for advancing programmes and should ensure the prompt availability of objective and balanced information in a format that is easily used by country offices whenever there are scientific reports that may affect country programmes, for example, on opportunities for interface.
4.3 Research and technical capacity strengthening to improve sexual and reproductive health programmes and development planning processes

Presentation highlights
(Drs Mike Mbizvo, Dale Huntington, Dia Timmermans)

The working definition for capacity building was that of leveraging know-how towards sustainable development and self-reliance. HRP has used a number of mechanisms for research and technical capacity strengthening in developing countries, which are outlined in different brochures. The main goal is to improve sexual and reproductive health at country and regional levels through strengthening of human and material resources so as to create a network of expertise in sexual and reproductive health research and the establishment of centres of excellence involved in global, regional and country research. These centres should contribute to sexual and reproductive health programming, advocacy for best practices and the utilization of WHO guidelines in programmes and service delivery. Other initiatives in capacity strengthening include courses on gender and reproductive rights, strengthening the planning and management of adolescent sexual and reproductive health and HIV programmes, evidence-based decision-making and use of the WHO Reproductive Health Library (RHL), scientific writing, operations research and getting research into practice. The supported centres are serving as national resources for sexual and reproductive health and are contributing to national policy formulation and programme strengthening.

Another aspect of capacity strengthening discussed was that of developing WHO and UNFPA regional and country office capacity to engage in national health and development planning processes in support of sexual and reproductive health. This is a follow-up to the June 2004 High-level consultation which identified the continued importance of complementary efforts to mainstream sexual and reproductive health in planning processes. The results of case studies and polling of country offices were presented and will be outlined in a joint WHO-UNFPA publication.

UNFPA contributed to this presentation by sharing some of the experiences regarding the agency’s response to working in the new aid environment and merging this with the follow-up strategy of the 2005 World Summit. UNFPA is preparing to provide proactive support (from HQ and Country Technical Services Team (CSTs)) to country offices in order to empower colleagues to take up a leadership role in the advocacy for integration of sexual and reproductive health in national development strategies.

Discussion and recommendations

- Strengthening of national and regional capacities is key to improving sexual and reproductive health.

- There is need for cooperation with regional and national centres of excellence to establish potential roles they can play towards the goal of universal access. The research and technical capacity strengthening mechanism should serve as a potential model, e.g. for training of skilled providers.

- Identify centres for intensive cooperation and raise capacity in policy dialogue, including promotion of sexual and reproductive health advocacy tools.

- Include sexual and reproductive health programme development and strengthening issues in research and technical capacity building.
The group took notice of several important contextual issues including: the relevance of UN reform and formation of the new UN Country Team; adapting to the follow-up of the Paris Declaration on Aid Effectiveness; the changing aid environment and accepting the challenge for the UN to assume new working modalities; and harmonization and alignment with government processes. These are driving forces that require representatives of both organizations and front-line staff to have the skills and knowledge to participate in these processes and to support national capacity development.

Persistence of factors constraining progress with sector-wide approaches (SWAs) at the country level is significant. There is a risk that sensitive issues, such as sexual and reproductive health and reproductive rights, may disappear from national agendas. Hence, the country need for sustained attention to capacity strengthening-clarifying concepts and terminology and sharing country experiences.

4.4 Research and programme development to improve postabortion care, family planning, STI/RTIs, and essential drugs list and prequalification

**Presentation highlights**

(Drs Catherine d’Arcangues, Lindsay Edouard, Jagdish Upadhyay)

The presentation shared a number of tools and guidelines developed by RHR in the areas of family planning and STI/RTIs. It also discussed research advances in the biomedical and social science areas, including work on microbicides, prevention of mother-to-child transmission of HIV and dual protection. Reference was also made to initiatives such as that on the global elimination of congenital syphilis and programme needs for HPV vaccine introduction. Finally, the presentation covered plans made for prequalification of manufacturers of 12 reproductive health commodities and inclusion of essential reproductive-health medicines into WHO’s Model List of Essential Medicines.

**Discussion and recommendations**

- Prequalification of oral contraceptive pills and depot-medroxyprogesterone acetate (DMPA) should be expedited.

- Issues related to female condom reuse and updating of male condom specifications such as shelf life, should be reviewed.

- Further research should be supported on new contraceptive methods, and any controversies related to their use should be addressed jointly.

- The development of strategies for a sexual and reproductive health programme approach for the introduction of the HPV vaccine should be pursued.

- There is need to collect data on the contribution of unsafe abortion to maternal mortality by age.

- Higher priority needs to be given to research and guidance to strengthen postabortion care.
4.5 Improving sexual and reproductive health of young people: strategies and opportunities

Presentation highlights
(Drs Elizabeth Mason, Steve Kraus, Catherine d'Arcangues)

Issues raised by the speakers included youth participation and married adolescents. Regarding the latter group, particular attention needs to be given to their rights and protection and the need for a link to health education and empowerment. Married adolescents are often a particularly vulnerable group and the WHO Department of Child Health and Development is publishing a report on this group. Regarding HIV and AIDS, there is a new cohort of HIV-positive survivors of childhood infection; this group will increase over the coming years and will need specific attention. Entry points to reach young people include those in school and those out of school.

- Different policy briefs have been prepared by RHR including one on adolescent sexual and reproductive health (ASRH), which serves different target groups including policy-makers.
- The evidence base for specific youth interventions is rather weak. No 'rigorous' evaluations are available. However, the systemic review of evidence regarding “universal access to reproductive health” has clearly shown that, for example, young women are less likely to use hospitals for giving birth and to attend antenatal care as compared to older women. It was recommended to have a joint inventory of work in this area.
- WHO and UNFPA could collaborate in the area of linkages between married adolescents and, for example, fistula repair (being an entry point/opportunity for empowerment of young girls including discussions on family spacing).
- UNFPA HIV/AIDS branch: an evidence-based policy document is being elaborated in collaboration with WHO. This is a methodology for approaching young people and there is a need to develop new strategies, especially for the 10 to 14 year-old population.
- UNFPA: young people's sexual and reproductive health and population and development. The basis for the work is a framework for action which will include a programme on youth, showing how by investing in young people one can contribute to reducing poverty, in addition to meeting their rights for access to education and services and ensuring their participation in all stages of social and economic development.
- WHO/HRP is supporting a major sociobehavioural research initiative focusing on adolescent sexual and reproductive health. Research tools have been developed and a call for research proposals has been sent out. From some of these research studies evidence will be obtained for youth-friendly services. There is an opportunity for collaboration between the two agencies in linking the introduction of HPV with access to sexual and reproductive health services for young people (including STI and unsafe abortion) within a context of adolescent-friendly health services.
4.6 Using evidence-based guidelines to improve national sexual and reproductive health policies and programmes: the Strategic Partnership Programme

**Presentation highlights**
(Dr Patricia Guzman, Mrs Yegeshen Ayehu, Dr Mike Mbizvo)

The WHO-UNFPA Strategic Partnership Programme (SPP) is coordinating the systematic introduction and utilization of evidence-based guidelines through a collaborative process that fosters a synergistic approach to development support. The process entails collaboration at headquarters, regional and country levels of both WHO and UNFPA. Country-level activities are also being supported by the 23 partners of the Implementing Best Practices (IBP) initiative through their respective country offices. Thus, the SPP framework brings together WHO, UNFPA and relevant partners in sexual and reproductive health under the leadership of the respective ministries of health to update and revise national standards' guidelines and introduce, adapt and adopt normative tools and guidelines to improve the quality of sexual and reproductive health care. Support has been given to 60 countries, of which 28 have approved projects for intensified support.

**Discussion and recommendations**

- The SPP needs to be subsumed within the context of the overall collaboration between the two agencies, including incorporation within country programmes.

- Ensure linkages with ongoing country activities to support the incorporation of evidence-based guidelines to service delivery. It is important for recommendations from the guidelines to reach the health worker in the field who needs guidance to provide arguments for sexual and reproductive health.

- The SPP should continue to take advantage of regional and global meetings of ministers of health to obtain commitment and endorsement of guidelines as it did for the MERCOSUR region, as this should contribute to sustainable scaling-up of recommended interventions.

- Develop and promote tools for sexual and reproductive health advocacy at community level.

5. **Roundtable discussion on "Enhancing collaboration to accelerate progress in sexual and reproductive health: defining key areas and actions"**

5.1 **Discussion**

The discussion covered key areas of possible collaboration based on preceding presentations and ongoing work in the area of sexual and reproductive health, including maternal and newborn health, HIV/AIDS and adolescent sexual and reproductive health. The meeting noted that 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. This 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, e.g. UNFPA country programmes that could benefit from some tools developed or being developed by WHO and partners. Amongst the potential benefits of regular UNFPA-WHO technical
consultation was the harnessing of the collective strengths and comparative advantages of both partners, enhancing information-sharing and fostering more systematic collaboration.

5.2 Recommendations/follow-up actions

1. Establish interagency working groups (see Annex 1), 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 IAEG Secretariat 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 Poverty Reduction Strategy Papers (PRSPs)/SWAps, including capacity building to work with civil societies, 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 reproductive health interventions for inclusion in the UNDP-Millennium Project integrated package of services and the UN-MDG toolkit (in 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. CSTs, HQs, 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); 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 or other funding sources;
   - integrate aspects to improve universal access into broader strategic partnerships to improve programmes, e.g. 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 health 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 NIDI), 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;
• 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 Health Ministers’ meeting which endorsed a statement on the use of sexual and reproductive tools and guidelines being promoted in the Strategic Partnership Programme);

• use the opportunity of high-impact publications, e.g. on female genital mutilation and vesicovaginal fistulae to involve the respective 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 it now and sexual and reproductive health had it after the International Conference on Population Development (ICPD);

• consider, where appropriate, joint media activities (the Information and Executive Board Resource Mobilization Division (IERD/UNFPA)) to work with their 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 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: Areas and listing of core interagency working groups

1. Advocacy for sexual and reproductive health
   1.1 Objective: to identify opportunities and elaborate strategies for increased global advocacy for sexual and reproductive health.

2. Countries of focus for joint activities
   2.1 Objective: to identify countries of mutual interest for implementing sexual and reproductive health activities, particularly towards achieving universal access and elaborate areas and plans for joint work.
   2.2 Working group members: Elizabeth Mason, Monir Islam, Hedia Belhadj, Arletty Pinel, Alexis Ntabona.

3. Indicators of access to sexual and reproductive health including monitoring and evaluation
   3.1 Objective: to provide and strengthen technical evidence for indicators of sexual and reproductive health for interagency discussions (i.e. IAEG on MDG indicators); to identify ways for improving use/measurement of indicators of access to sexual and reproductive health care and their use at country level.
   3.2 Working group members: François Farah, Lale Say, Stan Bernstein, Anna Betran.

4. Interface between sexual and reproductive health and HIV/AIDS services and opportunities for integration (where appropriate)
   4.1 Objectives: to identify the most efficient ways and opportunities for integration of sexual and reproductive health and HIV/AIDS prevention and care services.
   4.2 Working group members: Steve Kraus, Lynn Collins, Tim Farley, Peter Fajans, Isabelle de Zoysa, representative from HIV/AIDS Department, representative from UNAIDS, Juliana Yartey.

5. Adolescent sexual and reproductive health
   5.1 Objectives: to identify strategies to improve sexual and reproductive health of young people as well as for increasing their access to quality services.
   5.2 Working group members: Elizabeth Mason, Laura Laski, Jane Cottingham, Steve Kraus, Iqbal Shah, Juliana Yartey.

6. Capacity building to improve sexual and reproductive health programmes and service delivery
   6.1 Objectives: to elaborate initiatives for capacity building in sexual and reproductive health programme development and service delivery.
   6.2 Working group members: Hedia Belhadj, Arletty Pinel, Mike Mbizvo, Dale Huntington, Dia Timmermans, Jelka Zupan, Jane Ferguson.
Annex 2: List of participants

<table>
<thead>
<tr>
<th>World Health Organization (WHO)</th>
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<tbody>
<tr>
<td>Cluster on Family and Community Health (FCH)</td>
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<tr>
<td>Mrs Joy Phumaphi</td>
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<tr>
<td>Department of Reproductive Health and Research (RHR)</td>
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<tr>
<td>Dr Paul Van Look</td>
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<td>Dr Michael Mbizvo</td>
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<td>Dr Catherine d’Arcangues</td>
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<td>Dr Dale Huntington</td>
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<tr>
<td>Dr Lale Say</td>
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<tr>
<td>Department of Child and Adolescent Health and Development (CAH)</td>
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<tr>
<td>Dr Elizabeth Mason</td>
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<tr>
<td>Department of Making Pregnancy Safer (MPS)</td>
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<td>Dr Monir Islam</td>
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<tr>
<th>United Nations Population Fund (UNFPA), New York</th>
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<tbody>
<tr>
<td>Mr Kunio Waki</td>
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<td>Mr Rogelio Fernandez-Castilla</td>
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<td>Dr Hedia Belhadj</td>
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<td>Dr Arletty Pinel</td>
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<td>Mr Jagdish Upadhyay</td>
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<td>Mr François Farah</td>
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<td>Mr Steve Kraus</td>
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<td>Ms Patricia Guzman</td>
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<td>Dr Dia Timmermans</td>
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<td>Dr Lindsay Edouard</td>
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<td>Dr Laura Laski</td>
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<td>Mrs Yegeshen Ayehu</td>
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<td>Dr Stan Bernstein</td>
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<td>Dr Lynn Collins</td>
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### Day 1 (2 February)

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<tr>
<th>Time</th>
<th>Agenda item</th>
<th>Presenter / Discussants</th>
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<tr>
<td>09:00</td>
<td>1. Welcome remarks and introductions:</td>
<td>Kunio Waki / Joy Phumaphi</td>
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<td>• Opening</td>
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<td></td>
<td>• Reinforcing collaboration</td>
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<td>09:15</td>
<td>2. Objectives and expected outcome</td>
<td>Mike Mbizvo / Hedia Belhadj</td>
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<td>09:30</td>
<td>3. Keynote presentation: <em>Improving sexual and reproductive health through research and development by HRP</em></td>
<td>Paul Van Look</td>
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<td>Discussion</td>
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<td>10:30</td>
<td>Coffee break</td>
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<td>11:00</td>
<td>4. Highlights on progress and opportunities for improving sexual and reproductive health policy and programme development</td>
<td>Lale Say / François Farah / Stan Bernstein</td>
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<td></td>
<td>4.1 Global trends in maternal health indicators and current status on indicators for universal access to reproductive health</td>
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<td>Discussion</td>
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<td>12:00</td>
<td>4.2 HIV/AIDS and reproductive health services: Interface and opportunities for integration</td>
<td>Arletty Pinel / Steve Kraus / Elizabeth Mason / Laura Laski / Catherine d'Arcangues</td>
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<td>Discussion</td>
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<td>13:00</td>
<td>Lunch break</td>
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<td>14:00</td>
<td>4.3 Research and technical capacity strengthening to improve sexual and reproductive health programmes and development planning processes</td>
<td>Mike Mbizvo / Dale Huntington / Dia Timmermans</td>
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<td>Discussion</td>
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<td>15:00</td>
<td>4.4 Research and programme development to improve postabortion care, family planning, STI/RTIs, and essential drug list and prequalification</td>
<td>Catherine d'Arcangues / Lindsay Edouard / Jagdish Upadhyay</td>
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<td>Discussion</td>
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<td>16:00</td>
<td>Tea break</td>
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<td>Afternoon</td>
<td>Informal consultations</td>
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### Day 2 (3 February)

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<tbody>
<tr>
<td>09:00</td>
<td>4.5 Improving sexual and reproductive health for young people: strategies and opportunities Discussion</td>
<td>Elizabeth Mason/ Steve Kraus/ Catherine d'Arcangues</td>
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<td>09:45</td>
<td>4.6 Using evidence-based guidelines to improve national sexual and reproductive health policies and programmes: The Strategic Partnership Programme (SPP) Discussion</td>
<td>Patricia Guzman/ Yegeshen Ayehu/ Mike Mbizvo</td>
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<td>10:30</td>
<td>Coffee break</td>
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<td>10:45</td>
<td>5. Roundtable discussion on &quot;Enhancing collaboration to accelerate progress in sexual and reproductive health: defining key areas and actions&quot;</td>
<td>Paul Van Look/ Hedia Belhadj/ Elizabeth Mason/Monir Islam/ Arletty Pinel</td>
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<td>12:00</td>
<td>6. Recommendations and follow-up actions including strategies for global advocacy for sexual and reproductive health</td>
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<td>Afternoon</td>
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<td>16:30</td>
<td>Wrap up</td>
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<td>17:00</td>
<td>Closure</td>
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For further information, please contact:
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