The WHO Department of Reproductive Health and Research combines groundbreaking research and the implementation, especially in developing countries, of new solutions to reproductive health problems. The Department aims to strengthen the capacity of countries to enable people to promote and protect their own health as it relates to sexuality and reproduction and to have access to, and receive, sound sexual and reproductive health care when needed. To achieve this, the Department:

- conducts research to identify reproductive health problems and to find evidence-based solutions to them
- uses new research knowledge to develop norms, guidelines, tools and interventions for developing countries
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- undertakes advocacy work to promote a rights-based approach to reproductive health and the social and other changes needed for sound sexual and reproductive health for all.

The specific thematic areas of work of the Department, selected on the basis of its comparative advantage, include: promoting family planning, controlling sexually transmitted and reproductive tract infections, including HIV, improving maternal and perinatal health, preventing unsafe abortion and the cross-cutting areas of gender, reproductive rights, sexual health and adolescence.
High-level Consultation on WHO-World Bank Collaboration

Summary Report of a Meeting held in Washington, DC, on 16 June 2005
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Collaboration between the World Health Organization and the World Bank to improve sexual and reproductive health was reinforced at the High-level Consultation between the two organizations, held in Washington, DC, USA on 16 June 2005. The Consultation was led by Mr Jean-Louis Sarbib, Senior Vice-President, Human Development Network, and Dr Jacques Baudouy, Director, Health, Nutrition and Population (HNP), Human Development Network, both of The World Bank and Mrs Joy Phumaphi, Assistant Director-General, Family and Community Health Cluster of the World Health Organization. The main objectives of the meeting were to enhance collaboration in the implementation of activities of mutual interest and explore opportunities for expanding the collaboration towards implementation of the WHO global reproductive health strategy, building on the complementary strengths of both organizations.

The Consultation was convened in recognition of the long-standing collaboration between WHO and The World Bank, particularly in the areas of population and development and of sexual and reproductive health. This collaboration is reflected, among others, by The World Bank’s co-sponsorship of the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP). WHO also collaborates with The World Bank Institute to build capacity in developing countries through relevant global and regional courses such as the course on “Achieving the Millennium Development Goals: Poverty Reduction, Reproductive Health and Health Sector Reform”.

The World Bank, as a co-sponsor of HRP, appreciated the positive outcome and findings of the recent external evaluation of the Special Programme. The Consultation served as an opportunity to review further historical accomplishments of the Special Programme and the strategies needed to accelerate progress in the attainment of sexual and reproductive health in the context of current global trends and challenges. It discussed how information being generated by HRP on global trends, needs and effective interventions in sexual and reproductive health could be exploited further to enhance progress in countries.

The keynote presentations highlighted, among other things, the contribution of HRP to research and development in sexual and reproductive health, particularly in the areas of family planning and maternal health. In his presentation, Dr Paul Van Look, Director, WHO Department of Reproductive Health and Research, discussed the recently-published report from the Millennium Project and the initial draft of the political declaration for the 2005 World Summit of the United Nations General Assembly Special Session. Both highlighted the crucial role of universal access to reproductive health in achieving the Millennium Development Goals (MDGs). Critical elements for ensuring this universal access are research and development to identify and test new interventions, and the building of research capacity in developing countries to undertake the research that is needed to address local and national needs. Mrs Joy Phumaphi reflected on the magnitude of sexual and reproductive health problems, particularly as they disproportionately affect developing countries. Her presentation covered what a health minister expects from development partners and the challenges encountered by countries in their efforts towards achieving international development goals and targets related to sexual and reproductive health. Other presentations were made by senior staff and representatives from both The World Bank and WHO and from the Partnership for Safe Motherhood and Newborn Health (see Annex 1: Agenda and Annex 2: List of participants).

Both Mr Jean-Louis Sarbib and Dr Jacques Baudouy appreciated very much the past record on the collaboration and saw this Consultation as “yet another step in a productive marriage”. The conclusions and recommendations from the meeting are summarized below.

1 WHO Reproductive Health Strategy to accelerate progress towards the attainment of international development goals and target. WHA57.12, 2004 http://www.who.int/reproductive-health/strategy.htm

Recommendations

- Research knowledge that is generated and available at the global level needs to continuously inform and impact policies and practices at the country level. Convergence of actions, particularly at the country level, is a critical objective of the WHO/World Bank dialogue.

**Action:**

1. Identify countries of joint focus from which successful case studies can be drawn to serve as examples of the WHO/World Bank collaboration.

- The fact that one-third of HRP’s operational budget goes to research and technical capacity strengthening in developing countries is very important from The World Bank perspective.

**Actions:**

1. Capacity building should remain an essential area of focus within HRP.
2. Research efforts in the effective use of human resources should continue to identify levels of expertise capable of ensuring delivery of key reproductive and sexual health services, particularly in the context of limited human resources in developing countries.
3. WHO, together with UNFPA, should formally collaborate with The World Bank to mainstream the sexual and reproductive health component for the course (convened by The World Bank Institute) on “Achieving the Millennium Development Goals: Poverty Reduction, Reproductive Health and Health Sector Reform”.

- The verticalization and separation of key reproductive health elements, in particular HIV prevention, is counter-productive. Often, as a result, primary health care services are not given integrated technical support because of the vertical nature of technical programmes. The channelling of health sector funds into mainly HIV/AIDS programmes is resulting in rises in fertility and maternal mortality rates in some countries. The WHO/World Bank partnership should help to reduce verticalization, ensuring in particular that sexual and reproductive health services are strengthened so that they are better able to address HIV prevention, care and management.

**Actions:**

1. Play a leading role in developing normative guidance that defines and promotes appropriate entry points for HIV prevention and management.
2. Coordinate research on the contraceptive needs of people infected with HIV and interactions between contraception and the use of antiretroviral drugs.
3. Foster synergies which promote the recognition among key partners of linkages between sexual and reproductive health and HIV/AIDS, including approaching the Global Fund to Fight HIV/AIDS, TB and Malaria to become an additional co-sponsor of the Programme.

- Equity in sexual and reproductive health care should be of central concern. Poverty is almost universally associated with inequitable access to health services. The burden of sexual and reproductive ill-health is greatest in the poorest countries.

**Actions:**

1. WHO and The World Bank should collaborate to ensure health sector reforms and financing mechanisms have a strong sexual and reproductive health focus. There should also be messages promoting the need for equity and poverty reduction to enhance sexual and reproductive health.
2. Special attention should be given to strengthening programmes that target the poor and disadvantaged groups, including young people.
3. Targeted interventions and messages for young people, such as those addressing unsafe sex, should be developed.
4. WHO should engage more in discussions that precede PRSPs\(^3\) and SWAps\(^4\), such as ‘the medium-term expenditure frameworks’, to ensure the mainstreaming of sexual and reproductive health. For instance, WHO could provide data and relevant technical information on sexual and reproductive health needs and disparities to inform the strategic planning and preparation of the above instruments.

- Development is increasingly becoming evidence-based. WHO and The World Bank should adapt and respond to the needs of a changing world. Advocacy for sexual and reproductive health and the role of HRP therein are critical. Global partnerships should help promote harmonized messages as well as identify anticipated needs.

**Actions:**

1. WHO and The World Bank should work jointly to publicize and promote utilization of HRP-sponsored research.

2. Information should be phrased to target policy-makers and to give high-level visibility to pertinent sexual and reproductive health areas by constantly issuing relevant policy statements such as the “Stockholm Call to Action”.

- Technical leadership of WHO in health as reflected in this and many other partnerships is important to global socioeconomic development.

**Actions:**

1. WHO and The World Bank should assist countries in their strategic planning and in making a case for appropriate resource allocation towards improving sexual and reproductive health.

2. WHO and The World Bank should use their influence to leverage for critical linkages between ministries of health, finance and planning. Sexual and reproductive health outcomes need to be recognized as public goods.

**Actions:**

1. WHO and The World Bank should cooperate in providing technical expertise to ensure that ministries of health can present their cases to the ministries of finance and planning. WHO should provide strong, well-documented evidence on what interventions or practices make a difference in efforts to improve public health, including making a convincing case for appropriate resource allocation towards sexual and reproductive health.

2. The World Bank should undertake economic analysis on the cost-effectiveness of selected interventions that could strengthen the case for sexual and reproductive health.

3. The World Bank should analyse how much countries are spending on sexual and reproductive health and argue for increasing resources accordingly.

4. WHO and The World Bank should collaborate to ascertain how health sector reforms influence sexual and reproductive health outcomes.

- WHO has the global mandate in health and health care. Accordingly, it can make strong statements on important sexual and reproductive health issues, including the need for access to services, and facilitate the convergence of the messages emanating from the various UN and other agencies.

- In the delivery of health care, the demand and supply relationship needs to be reviewed. Research helps to understand the demand-side issues in the uptake of services. This can help to increase demand for quality services. Sexual and reproductive health programmes should be supported to meet and sustain the demand that is created. HRP has a critical role in addressing research and programmatic needs within this paradigm.

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\(^3\) Poverty Reduction Strategy Papers.

\(^4\) Sector-wide Approaches.
• Fostering of public/private partnerships is seen as an important aspect of sexual and reproductive health promotion, particularly as some sensitive sexual and reproductive health issues are addressed by the private sector in many countries.

• Strengthening of health systems will need strong management skills and the provision of evidence-based guidance. Monitoring and evaluation of health systems are important components at all levels.

Actions:
1. HRP should continue to compile and disseminate relevant data on global trends and indicators in sexual and reproductive health.
2. Technical assistance to countries by The World Bank should include planning of sustainable mechanisms for financing sexual and reproductive health programmes.

Particular areas of collaboration
• Advocating jointly on the significance of sexual and reproductive health in socioeconomic development, including advocacy on the crucial role of achieving universal access to reproductive health for achieving the MDGs.

• Promoting sexual and reproductive health before and within PRSPs, SWAPs and other financing mechanisms.

• Supporting research and capacity building in the development of sexual and reproductive health strategies within national health planning.

• Identifying, documenting and disseminating critical linkages and entry points, particularly for HIV prevention and care, and for accelerating progress in attainment of sexual and reproductive health goals and targets.

• Strengthening HRP’s co-sponsored status in order to coordinate and execute relevant projects including generation of the evidence base for policy formulation.

• Providing technical support and other relevant inputs to country-level activities on health-care financing.

• Strengthening collaboration in the areas articulated within WHO’s Global Reproductive Health Strategy including support to monitoring and evaluation of the strategy.

• Following up on the implementation of relevant areas of the 2005 World Health Report⁵.

• Supporting case studies on good practices in sexual and reproductive health which can be scaled-up.

• Understanding and stimulating demand for sexual and reproductive health services.

Immediate steps
• HRP should develop a “business plan” for increased funding from The World Bank and other donors. The core objective of such a plan would be to show that the research being done will have significant operational impact. It should also include a strong case for increasing research in the field.

• Both The World Bank and WHO should provide support to, and advocate for, sexual and reproductive health at the forthcoming five-year review of the MDGs (2005 World Summit).

• The World Bank should consider participating in the joint work plans being developed by WHO Headquarters and the WHO Regional Office for Africa (AFRO) as a follow-up to the World Health Report 2005 and share relevant tools such as those from its Multi-country AIDS Program (MAP) initiative at the forthcoming meeting in Mozambique (31 August - 1 September) following the AFRO Regional Committee meeting.

The World Bank should consider collaborating with WHO and UNFPA on the project “Developing regional and country office capacity to engage in national health and development planning processes, SWAs, PRSPs, UNDAF⁶, and MDGs in support of sexual and reproductive health” which aims to strengthen the capacity of WHO and UNFPA country representatives to contribute to discussions related to these planning processes.

The World Bank should be invited to contribute to the technical consultation on reproductive choices for people living with HIV/AIDS being organized by WHO.

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Conclusion:

A second high-level consultation should be convened in about a year’s time to review progress in the implementation of the identified actions and recommendations.

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⁶ United Nations Development Assistance Framework
## Agenda

### Thursday, 16 June 2005

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| 09:00 – 10:30 | Welcome remarks and introductions  
Objectives and expected outcome of the meeting  
Discussion | Jean-Louis Sarbib (The World Bank)  
Jacques Baudouy (The World Bank)  
Paul Van Look (WHO) |
| 11:00 – 12:30 | The WHO Global Reproductive Health Strategy  
• Perspectives of WHO on collaboration to accelerate progress towards attainment of international development goals and targets on sexual and reproductive health, including opportunities for HIV prevention and care  
• World Bank perspective on collaboration on the WHO Global Reproductive Health Strategy  
Round Table Discussion on the theme: “Enhancing collaboration on the global strategy to accelerate progress in sexual and reproductive health; exploring opportunities”  
*Sub-themes:*  
**financing mechanisms and strengthening health systems' capacity**  
**generation and synthesis of evidence and tools for improving quality of care** | Joy Phumaphi (WHO)  
Jacques Baudouy (The World Bank)  
Chair: Jacques Baudouy (The World Bank)  
Oscar Picazo (The World Bank)  
Catherine d’Arcangues (WHO) |
12:30 – 14:00  | Panel presentations  
| Improving sexual and reproductive health through research and development: the vision of WHO  
| Can development agencies’ support effect change at country level? Expectations and experience of a policy-maker  
| Discussion  
| Paul Van Look (WHO)  
| Joy Phumaphi (WHO)  

14:00 – 15:30  | Theme: Collaboration to improve maternal and child health  
| Global trends in maternal health indicators  
| Case studies on maternal and child mortality  
| Challenges and barriers to achieving global targets on maternal and child health  
| A report on convergence of partnerships for safe motherhood and child survival  
| Lale Say (WHO)  
| Elizabeth Lule (The World Bank)  
| Khama Rogo (The World Bank) and Monir Islam (WHO)  
| Petra ten Hoope-Bender (Partnership for Safe Motherhood and Newborn Health)  

16:00 – 17:00  | A summary of key actions and opportunities for closer collaboration at global and country levels  
| Draft of statement that elaborates actions, areas and opportunities for collaboration, and reinforces the existing partnership between The World Bank and WHO towards improving sexual and reproductive health, for submission to the respective heads of each organization  
| Michael Mbizvo (WHO)  

Note: Thematic areas for collaboration within sexual and reproductive health include: promoting family planning, controlling sexually transmitted and reproductive tract infections including HIV, improving maternal and perinatal health, preventing unsafe abortion, and the cross-cutting areas of gender, reproductive rights, sexual health and adolescents.
Annex 2: Participants

World Bank

Mr Jean-Louis Sarbib
Senior Vice President, Human Development Network

Dr Jacques Baudouy
Director, Health, Nutrition and Population (HNP), Human Development Network

Ms Kei Kawabata
Sector Manager, HNP

Ms Elizabeth Lule
Population/Reproductive Health and Maternal and Child Health Adviser, HNP

Ms Kimberly Switlick
Junior Professional Associate, HNP

Dr Samuel Mills
Consultant, HNP

Dr Khama Rogo
Lead Health Sector Specialist, Africa Region

Ms Eva Jarawan
Lead Health Specialist, Africa Region

Dr Michele Lioy
Lead Operations Officer, Africa Region

Dr Ok Pannenborg
Senior Adviser, Africa Region

Dr Oscar Picazo
Senior Health Economist, Africa Region

Dr John May
Senior Population Specialist, Africa Region

Dr Katherine Anne Tulenko
Public Health Specialist, Africa Region

Dr Son Nam Nguyen
Health Specialist, Africa Region

Dr Gaston Sorgho
Health Specialist, Africa Region

Dr Feng Zhao
Health Specialist, Africa Region

Mr Ousmane Bangoura
Coordinator, Africa Region

Ms Nami Kurimoto
Consultant, Africa Region

Mr Richard M. Seifman
Extended Term Consultant, ActAfrica

Dr Kees Kostermans
Lead Public Health Specialist, South Asia Region

Dr Sadia Chowdhury
Senior Public Health Specialist, South Asia Region

Dr GNV Ramana
Senior Public Health Specialist, South Asia Region

Ms Mary T. Mulusa
Senior Public Health Specialist
Latin America/Caribbean Region

Mr Patrick Lumumba Osewe
Senior HIV/AIDS Specialist
The World Bank Institute

Ms Anna K. Laidoson
Finance Assistant, FM & Disbursement
Office of the Director

Ms Virginia Barreto
Contractor
World Health Organization (WHO)

Mrs Joy Phumaphi  
Assistant Director-General, Cluster on Family and Community Health (FCH), Headquarters Geneva

Dr Xavier Leus  
Director, WHO Office to the World Bank and IMF, Washington, DC

Dr Paul Van Look  
Director, Department of Reproductive Health and Research (RHR), Geneva

Dr Monir Islam  
Director, Department of Making Pregnancy Safer (MPS), Geneva

Dr Michael Mbizvo  
Coordinator / Senior Scientist, RHR, Geneva

Dr Catherine d’Arcangues  
Coordinator / Senior Medical Officer, RHR Geneva

Dr Lale Say  
Scientist, Monitoring and Evaluation, RHR Geneva

Mrs Petra ten Hoope-Bender  
Executive Officer, Partnership for Safe Motherhood and Newborn Health, c/o WHO Geneva

Dr Gina Tambini  
Area Manager, Family and Community Health, PAHO, Washington, DC

Dr Ricardo Fescina  
Unit Chief a.i., Women and Maternal Health Family and Community Health, PAHO Washington, DC

Dr Virginia Camacho Hubner  
Advisor for the Regional Maternal Mortality Reduction Initiative, PAHO, Washington, DC

Mr Thomas Harkins  
Technical Officer, Male Involvement in Sexual and Reproductive Health, Women and Maternal Health Unit, PAHO, Washington, DC

Dr Dale Huntington*  
Responsible Officer, Health Sector Reform Policy and Programmatic Issues, RHR Geneva

* unable to attend
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