



**World Health
Organization**

**The Human Reproduction Programme
at World Health Organization**
*Providing the foundation for
sexual and reproductive health*

**Cutting-edge global research
on family planning and
improving adolescent sexual
and reproductive health**



UNDP · UNFPA · WHO · World Bank
Special Programme of Research, Development
and Research Training in Human Reproduction



HRP: an investment in research and innovation, for development

About HRP

HRP, the UNDP/UNPFA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction was established by the World Health Organization (WHO) in 1972.

HRP is the body within the United Nations (UN) with a global mandate to lead research in human reproduction and is the main instrument within the UN for the conduct, coordination, promotion and evaluation of international research on sexual and reproductive health. This role is endorsed by its cosponsors – the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), WHO and the World Bank.

HRP is committed to coordinating academic and research institutions, to generate and synthesize evidence for accelerating progress on sexual and reproductive health and rights and has a distinguished 40-year record of bringing together policy-makers, scientists, health-care providers, clinicians, consumers and community representatives, to identify priority sexual and reproductive health problems and find sustainable solutions to them.

Its business plan is underpinned by various global mandates and commitments, including those of the International Conference on Population and Development (ICPD), the Millennium Development Goals (MDG) framework and the WHO *Global reproductive health strategy*, and, more recently, it has incorporated elements of the UN Secretary-General's *Global strategy for women's and children's health*. As a cosponsored special research programme, more than 90% of HRP's funding is through additional voluntary contributions.

HRP recognizes the centrality of gender equality and equity and human rights in efforts to achieve universal access to sexual and reproductive health care. It is uniquely placed to provide scientific leadership in global

research, and support the development of evidence-based interventions to improve sexual and reproductive health worldwide. It identifies research gaps and barriers to access to reproductive health care, including family planning, and works with countries to develop interventions tailored to addressing these gaps, while also coordinating upstream research relevant to the needs of low-income countries.

Why invest in research for expanding family planning coverage and access?

The health and economic benefits of family planning or contraception are well known. Spacing pregnancies enhances women's health and child survival. Limiting overall family size alleviates poverty by reducing the stress on meagre family finances and creating opportunities for women to seek paid employment. Delaying child bearing empowers young girls and has socio-economic and health benefits. Current levels of contraceptive use will prevent 218 million unintended pregnancies in low-income countries during 2012, and, in turn, will avert 138 million abortions (of which 40 million are unsafe), 25 million miscarriages and 118 000 maternal deaths. However, the number of women who have an unmet need for modern contraception in 2012 is estimated at a staggering 222 million globally.

Adolescents face many sexual and reproductive health risks, stemming from early, unprotected, or unwanted sexual activity. Key factors underlying this issue are lack of accessible, affordable, and appropriate contraception services and the absence of sexuality



education. Designing effective and appropriate services for adolescents should take their needs into account (both within and outside formal unions, including marriage). The level and context of sexual activity among adolescents varies widely by sex and location. About 14% of adolescent girls in low-income countries are married by the age of 15 years, and as many as 30% by the age of 18 years. Adolescents who are married, or in a formal union, need contraceptive services, because early pregnancy is associated with increased maternal and neonatal morbidity and mortality. Sexually active adolescents who are not in a formal union also have a need for contraceptives, which is likely to be unmet and often goes unmeasured and unacknowledged. Moreover, substantial numbers of adolescents experience coercive sexual intercourse, or are forced into transactional sexual intercourse, with limited opportunities to protect themselves. More extensive research and evidence-based programming are vital to meet the need for contraceptive services among adolescents. More reliable research data are urgently needed, particularly in Africa, South-East Asia, the Western Pacific, and regions of the Middle East/North Africa.

HRP and family planning

HRP is uniquely placed to jointly plan and conduct robust and multicountry research on innovative approaches to contraception for women and men, in a range of settings and different populations. It has developed effective, collaborative relationships with numerous research institutions worldwide, to develop, support and conduct research in contraception (including operational research studies) and ongoing trials aim to significantly increase the choices available for family planning. HRP's long history of investment in contraceptive research and development has already led to development of several family planning methods, such as combined monthly hormonal injectable contraception, regimens for emergency contraception using levonorgestrel, and proof of concept of a reversible hormonal approach to male contraception.

Addressing unmet need among adolescents

HRP has been a global leader in producing evidence on social and behavioural aspects of adolescent sexual and reproductive health, for more than 15 years. It is therefore strongly positioned to coordinate epidemiological, descriptive and implementation research on a global scale, working with over 100 partners and collaborating centres worldwide.

It is essential to implement research findings in policy and practice, and HRP has a long track record of translating evidence into guidance to shape national sexual and reproductive health policies and programmes, and recommendations for further action.

With your support, HRP will contribute to the vision articulated at the Family Planning Summit of a world in which the contraceptive needs of adolescents are known, accepted and acted upon – by adolescents themselves; their families and communities; the workforces of different sectors including the health sector; civil society bodies; and leaders and decision-makers.

Examples of progress

Intrauterine contraceptive device (IUD)

A range of different kinds of IUD have been produced and marketed since the 1970s, generating a need for rigorous evidence on their safety and efficacy as a reversible long-acting method of contraception. Over the last three decades, HRP has commissioned a series of international trials of large cohorts of women, monitoring the performance and safety record of many popular IUDs. The data and guidelines provided from these studies facilitate informed choices by programme managers and providers, significantly contributing to the prevention of unintended pregnancies.

Hormonal contraceptive implants

These are long-acting methods using slow release of hormones to produce a contraceptive effect over several years. Current studies are investigating the effectiveness of implants that work for longer periods, requiring fewer implants, and with fewer side-effects. With support from HRP, these studies are being conducted in many additional countries, with promising results. This could increase access to long-acting methods that may be more easily provided to a wider group of women.

Guidelines and tools

HRP develops and disseminates evidence-based family planning guidelines and tools, among which The WHO *Medical eligibility criteria for contraceptive use* (4th edition) was awarded the first prize in the Obstetrics and Gynaecology category in the 2011 British Medical Association Book Awards. This family planning guidance tool has been a pillar of HRP's work since its inception and has had a huge impact on the lives of women and their families in many different countries.

Adolescent sexual and reproductive health

HRP has supported countries to carry out social and behavioural studies aiming to understand the sexual and reproductive health needs and problems of adolescents, and how best to respond to them. The findings of these studies have improved collective knowledge of adolescent's needs, and have shaped national policies and programmes in Bangladesh, China, Panama, Senegal and many other countries. HRP has also worked with other WHO departments to strengthen the evidence base and formulate recommendations for action. One example is the recently completed guidelines on preventing intimate partner violence and sexual violence, produced in conjunction with the Department of Violence and Injury Prevention and Disability.

Research and opportunities for investment to improve family planning

Following on from the London summit, and in collaboration with other agencies, HRP aims to coordinate a global research response involving academic and research institutions, to address unmet need for family planning and generate research interventions designed to reduce the number of unintended pregnancies. This will require additional resources, as the needs are extensive. With support from its partners, HRP will take the following actions:

Global family planning research

- Coordinate a major programme of implementation research in five key selected countries to systematically define barriers and identify factors influencing the use of contraception, more accurately determine the reasons for unmet family planning need, and develop and implement targeted interventions to address the barriers.
- Expand efforts on the development of family planning methods and assessment of the safety and efficacy of existing methods, to widen the choice of methods available. There is a need for continuous synthesis of evidence from such studies to provide evidence-based policy and programme guidance, and to strengthen research capacity in low-income countries to support the translation of evidence into practice.
- Intensify biomedical research, with a focus on the most promising leads for contraceptive methods that target both women and men. For men, studies will take into account HRP's pioneering work that first demonstrated reversible hormonal contraception.



- Continue studies on long-term temporary contraceptive methods, to widen the range of choice and acceptability in this area.
- Intensify work on dual-protection methods, which offer protection against both unintended pregnancies and HIV/sexually transmitted infections (STIs). HRP will also scale-up research on pericoital contraception.
- Provide evidence-based family planning guidance for use worldwide (*Medical eligibility criteria for contraceptive use and Selected practice recommendations for contraceptive use*).
- Work to strengthen research capacity in countries and support implementation of effective interventions to improve access to contraceptive methods. It is important that local research capacity is built up, to help overcome barriers of choice for the people who need family planning, to identify research gaps and to conduct relevant research studies.

Addressing adolescent sexual and reproductive health

- Support programmatic evaluations and implementation research on effective approaches to scale-up sexuality education in different socioeconomic contexts. This is urgently needed, as only a handful of low-income countries have large-scale and sustained sexuality education programmes nationwide.
- Support research to generate evidence on the needs, preferences and life circumstances of different groups of adolescents, including those who are marginalized. This will contribute to strengthening existing services and building new contraceptive services and methods of delivery that are appropriate and acceptable to this group.
- Support national health information systems to gather, analyse and use age-disaggregated data on the need for, and use of, contraceptives. This will help countries determine the real needs for contraceptives and assess whether these are being met.

- Document the examples of countries in which sound policies and strong programmes mean that adolescents receive accurate, age-appropriate and comprehensive sexuality education, and are able to access a full range of contraceptive methods and services in an appropriate and acceptable way. Such case-examples could stimulate and challenge other countries to meet the needs and fulfil the rights of adolescents.

Summary

HRP has a proven track record of achievements in the field of human reproduction, and specifically sexual and reproductive health. It is uniquely placed to support and conduct evidence-based research on family planning and adolescent sexual and reproductive health in a range of settings in low-income countries and to develop suitable programmes to implement research findings. With support from its partners, HRP aims to coordinate a global research response to address unmet need for family planning and generate research interventions designed to reduce the number of unintended pregnancies.

An investment in HRP is an investment based on evidence

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