



Department of Reproductive Health and Research *including* UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP)

Highlights of 2009

Through its work in research and programme development, WHO's Department of Reproductive Health and Research contributes to the Millennium Development Goals (MDGs), in particular the targets for achieving universal access to reproductive health by 2015. Countries are supported to improve quality of sexual and reproductive health care through the generation, synthesis, adaptation and adoption of evidence-based information. Below are selected highlights of activities undertaken in 2009.

Promoting family planning

- The fourth edition of the *Medical Eligibility Criteria for Contraceptive Use* (MEC) was published online, and includes reclassifications of contraceptive use for drug interactions and conditions such as viral hepatitis; assessment of and new recommendations for deep vein thrombosis and antiretroviral therapy. To reflect the new recommendations, the *MEC Wheel* (a tool for family planning providers) was updated and printed in English and Spanish, and an interactive electronic version was developed. Through the WHO, Internet-based Continuous Identification of Research Evidence (CIRE) system, new evidence was identified on: benign breast disease; breast cancer; endometriosis; postabortion; postpartum; and sickle cell disease. New evidence on five family planning practice recommendations was identified on: advanced provision of emergency contraception; when to start combined oral contraceptives (COCs); what should be done when COCs are missed; when can progestin-only injectables be started; and what can be done for women with bleeding abnormalities during implant use.
- In collaboration with the International Committee for Monitoring Assisted Reproductive Technologies (ICMART), the 2000 Glossary on assisted reproductive technologies was revised, and published in November in both *Fertility & Sterility* and *Human Reproduction*. Its objective is to develop an internationally accepted and updated set of definitions, to standardize and harmonize international data collection, and assist in monitoring the availability, efficacy and safety of assisted reproductive services being practised worldwide.
- A study in the rural Department of Sololá, Guatemala, found that given appropriate training, community-based health workers can screen clients effectively, provide contraceptive injections safely, and counsel on side-effects appropriately, resulting in continued use and client satisfaction comparable to that recorded among clients receiving injections at clinics.
- The results of the Phase III trial of testosterone undecanoate as a male contraceptive were published. The regimen was determined to be safe, effective and acceptable for a population of Chinese couples.
- Results from a cross-sectional study of HIV-positive adults in Cape Town (South Africa) showed that a similar percentage of women and men reported not intending to have children, while the remaining respondents were open to the possibility of having children. Being on highly active antiretroviral therapy was strongly associated with a woman's intention to have a child. Only 19% of women and 6% of men had consulted a doctor, nurse or counselor in HIV care about their fertility intentions. The study highlighted the critical need for key reproductive health services to be available in HIV care and treatment settings.

About the Department of Reproductive Health and Research



The vision of the WHO Department of Reproductive Health and Research (RHR) is the attainment by all peoples of the highest possible level of sexual and reproductive health.

RHR combines ground-breaking research and the implementation, especially in developing countries, of new solutions to sexual and 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 sexual and reproductive health problems and to find evidence-based solutions to them;
- uses new research knowledge to develop norms, guidelines, tools and interventions for sexual and reproductive health programmes in countries;
- develops mechanisms for the delivery and implementation at the country level of the new tools and interventions;
- undertakes advocacy work to promote a rights-based approach to sexual and 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 including infertility care; improving maternal and perinatal health; controlling sexually transmitted and reproductive tract infections; preventing unsafe abortion; addressing violence against women; working to eliminate female genital mutilation; advancing gender equality, reproductive rights, sexual health and sexual and reproductive health of adolescents; and monitoring and evaluating sexual and reproductive health.

- A study examined the needs for sexual and reproductive health services of mostly young women working in the entertainment sector in three cities of Sichuan Province, China. Findings revealed early sexual debut for women (age 10 years) and men (age 14 years). In addition, two-thirds of the female and half of the male respondents who had experienced sexual intercourse had had commercial sex. There was little knowledge about STIs and HIV. Interventions to address STIs and sexual and reproductive health issues are urgently needed for this population.

- A community-based household survey of 1245 adult men in Rosario and Reconquista in Argentina showed that 47% of men preferred health services to be available for both men and women together. For pregnancy, infertility and reproductive health information and services, the majority of men preferred public health facilities; 59% of men would prefer to obtain contraceptives at a pharmacy, and 66% of men experienced no preference for the sex of the provider. The authors highlighted the need to take into account men's perspectives in addressing their sexual and reproductive health needs.

- An adaptation of the *Decision-making tool for family planning clients and providers* for countries with high HIV prevalence was developed and includes a new module on provider-initiated HIV testing and counselling, developed in collaboration with WHO's HIV/AIDS Department. This new module is being tested in South Africa and the United Republic of Tanzania.

Improving maternal and perinatal health

- HRP led the international effort that produced, for the first time, global and regional estimates of preterm birth rates. Globally it is estimated that preterm birth occurs in 9.6% of pregnancies. HRP collaborated with March of Dimes to publish a report based on the estimates that was widely cited by the media worldwide.
- A large, multicountry, randomized trial provided valuable evidence to inform

management of postpartum haemorrhage, one of the major causes of maternal mortality.



Photo : Jim Daniels

- HRP, in collaboration with the National Observatory for Women's Health (ONDA), the Partnership for Maternal Newborn and Child Health and the Permanent Mission of Italy to the UN, organized the first meeting of the "Italian Women Parliamentarians for Reproductive Health" group who collectively represent the four major Italian political parties. The parliamentarians drafted two resolutions, which were approved by the Parliament, and focus on introducing legislation to create conditions supportive of a reversal in the trend towards increasing caesarean sections in Italy, and to ensure Italy delivers on its commitments to provide development assistance for maternal, newborn and child health.

- The WHO "Global survey for maternal and perinatal health" project, conducted in Asia between 2007 and 2008, was published in *The Lancet*. Four secondary analyses of the global database have been finalized and another 14 are in preparation, involving various research groups.
- WHO recommendations on postpartum haemorrhage and retained placenta were published online and formally launched at the 2009 World Congress of the Interna-

tional Federation of Gynecology and Obstetrics (FIGO), Cape Town, South Africa. A statement on the use of misoprostol for preventing and treating postpartum haemorrhage was issued in response to requests from WHO Member States and WHO country offices.

- HRP actively contributed to the establishment of several platforms to promote implementation research with the objective of reducing the gap between knowledge and delivery of effective interventions for the reduction of maternal and newborn mortality, in low-resource settings.

Controlling sexually transmitted and reproductive tract infections

- Results of the Kesho Bora study on the role of combination antiretroviral drugs (ARV) in reducing the risk of HIV transmission during late pregnancy and the breastfeeding period were released and presented at the 2009 International AIDS Conference in July (Cape Town, South Africa). Results showed a 42% reduction in the risk of HIV transmission when a mother received triple-ARV prophylaxis during pregnancy, delivery and breastfeeding compared with short-ARV prophylaxis stopped soon after delivery. WHO (HIV/AIDS Department) convened an expert meeting in October



to review new scientific evidence on the use of antiretroviral drugs for the prevention of mother-to-child transmission of HIV and revise recommendations where appropriate.

- A demonstration project was finalized in May that assessed the acceptability and feasibility of implementing a cervical cancer prevention programme based on the “screen and treat” approach, using visual inspection with acetic acid (VIA) and cryotherapy, in six countries (Madagascar, Malawi, Nigeria, Uganda, United Republic of Tanzania, and Zambia). Of the 19 500 women screened, 1980 were VIA positive and 1745 were eligible for cryotherapy: 61.4% received treatment and a further 28.7% are on the waiting list. The project found that the procedure is highly acceptable to women.
- Technical advice to develop and implement male circumcision programmes was given to Botswana, Kenya, Lesotho, Malawi, Namibia, Swaziland, Uganda, United Republic of Tanzania, Zambia and Zimbabwe, ensuring that these programmes are set within the context of a comprehensive approach to HIV prevention and of improving the sexual and reproductive health of young men and women, and that potential undesired adverse effects of the programmes are minimized.

About the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP)



HRP was established in 1972 by WHO. In 1988, the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), and The World Bank joined WHO as the Programme’s co-sponsors. The four cosponsoring agencies, together with the major financial contributors and other interested parties, make up the Programme’s governing body, the Policy and Coordination Committee (PCC), which sets policy, assesses progress, and reviews and approves the Programme’s budget and programme of work.

Broad strategic technical advice on the Programme’s work is provided by the Scientific and Technical Advisory Group (STAG). In 1999, STAG assumed the responsibility for reviewing, and advising on, the work of the whole Department.

Regional Advisory Panels (RAP) monitor and evaluate the work in their respective geographical regions. At an annual meeting, progress is reviewed and evaluated, and joint plans for the coming year are made for headquarters and for each region.

The Research Project Review Panel (RP2) reviews all projects which are supported by the Programme, from a scientific, technical, financial and ethical perspective. In addition, the Programme has several strategic review committees, expert groups and specialist panels that advise on detailed research strategies and promote debate on sexual and reproductive health issues.

WHO recommendations on postpartum haemorrhage and retained placenta

The image shows a detailed flowchart titled "Care pathways for Postpartum haemorrhage and retained placenta" from the WHO. It outlines various clinical scenarios and the corresponding management steps. Key sections include:

- Treat for uterine atony:** Uterine massage, Uterotonic drugs (Oxytocin, Ergometrine, Prostaglandins, Misoprostol, Prostaglandin F2a).
- If bleeding continues:** Non-surgical uterine compression, Manual uterine compression, Balloon or condom tamponade, Tranexamic acid.
- If bleeding continues (further steps):** Compression sutures, Artery ligation (External, hypogastric), Uterine artery embolization, Hy hysterectomy.
- If intra-abdominal bleeding occurs after hysterectomy, consider abdominal packing.**
- For whole retained placenta:** Manual removal with prophylactic antibiotics.
- If whole placenta still retained:** Manual removal with prophylactic antibiotics.
- Retained placenta fragments:** Manual removal to remove fragments for separation.
- If bleeding continues:** Manage as uterine atony.
- Genital tract trauma:** Manual repair of haematoma.
- If bleeding continues:** Tranexamic acid.
- Perforation or dehiscence:** Manual repair of uterus.
- If bleeding continues:** Tranexamic acid.
- If treatment not successful:** Laparotomy to correct inversion.
- If laparotomy correction not successful:** Hysterectomy.

The flowchart also includes a "Drugs and doses" section with specific dosages for Oxytocin, Misoprostol, Prostaglandin F2a, and Tranexamic acid.

Preventing unsafe abortion

- As part of the continuing effort to map the evidence on the incidence and consequences of unsafe abortion and with the availability of maternal mortality estimates for 2005, mortality due to unsafe abortion was estimated. Overall, 70 500 maternal deaths due to unsafe abortion were estimated for 2005, all in developing countries, except for fewer than 60 in developed countries. About half (54%) of all maternal deaths due to unsafe abortion occur in Africa.
- A randomized, multicentre trial was conducted to determine whether the dose of mifepristone in the standard regimen for medical abortion could be halved, and whether the interval between the administration of mifepristone and misoprostol could be shortened. The trial determined that both 100 mg and 200 mg doses of mifepristone and 24- and 48-hour intervals have a similar efficacy to achieve complete abortion in early pregnancy when mifepristone is followed by 800 µg of vaginally administered misoprostol.
- A study on the optimal regimen of misoprostol when used alone for second-trimester abortion did not demonstrate equivalence between vaginal and sublingual administration. Vaginal administration was more effective than sublingual administration in women who had never had children, whereas the effectiveness of the routes was similar among those who had already given birth. Fever was more common with vaginal administration.
- HRP successfully concluded a four-year project on 'Research and action to prevent unsafe abortion', which included work in three specific areas: (1) improving abortion technologies; (2) mapping and generating evidence on unsafe abortion; and (3) supporting implementation of safe abortion services. The achievements in all areas exceeded the targets set out in the proposal: for example, the work led to 36 publications compared with the target of 6, and almost twice as many countries were supported as the number originally proposed.

Gender, reproductive rights, sexual health and adolescence

- The *Human Rights Tool for Sexual and Reproductive Health* and its adaptation to adolescents' sexual and reproductive health was developed, field tested and applied in Republic of Moldova, Sri Lanka and Tajikistan.
- RHR supported research to elucidate the possible association between female genital mutilation (FGM) and obstetric fistula, as well as the reasons for the persistence or abandonment of the practice, so as to improve efforts for abandonment. Work has also been carried out on how to prevent health-care providers from performing FGM, and how to care for its victims.
- An expert consultation on the health sector response to violence against women was held in March 2009 to review existing evidence and different models of care. The meeting set out the scope for WHO guidelines on the health sector response to violence against women, for which systematic reviews have been commissioned.
- A synthesis of key findings of the research initiative on adolescent sexual and reproductive health (ASRH) was undertaken. A review of the evidence pointed to seven recommendations for ASRH programmes: (1) encourage open dialogue about adolescent sexual and reproductive health within families; (2) challenge gender norms among youth and parents; (3) implement programmes in early adolescence; (4) incorporate peer networks into adolescent sexual and reproductive health programmes; (5) increase pro-

gramme efforts for vulnerable adolescents in marginalized communities; (6) target misinformation and misperception about risk; and (7) design research on effective intervention strategies.

Linkages between sexual and reproductive health and HIV interventions

- RHR provided support to Botswana, Malawi, Uganda, and United Republic of Tanzania to implement the *Rapid assessment tool for sexual and reproductive health and HIV linkages*. The experiences from these countries will enable policy and programme managers to shape more effective national health programmes and to provide new opportunities for strengthening SRH/HIV linkages in other countries in the region.
- An intercountry workshop on SRH/HIV: sharing evidence and best practices was held in Botswana. In-country follow up actions were proposed, including recommendations on activities that could be included within HIV proposals submitted to the Global Fund to Fight AIDS, Tuberculosis and Malaria.
- An operations research protocol was developed in collaboration with the Population Council to evaluate the feasibility, acceptability, quality and effectiveness of innovative models for strengthening post-natal/postpartum care and family planning, including for women living with HIV.
- New documents released, developed through a collaborative process with partners, include: *Strategic considerations for strengthening the linkages between family planning and HIV/AIDS policies, programs, and services*; *Sexual & reproductive health and HIV linkages: evidence review and recommendations*; *Making the case for interventions linking sexual and reproductive health and HIV in proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria*, and a *WHO Bulletin* theme issue on strengthening linkages between SRH and HIV.

Publications on linking sexual and reproductive health and HIV interventions



Technical cooperation with countries

Interregional activities

- Through the WHO–UNFPA Strategic Partnership Programme (SPP), 16 countries (Burkina Faso, Burundi, Central African Republic, Chad, Comoros, Democratic Republic of Congo, Equatorial Guinea, Gabon, Guinea, Guinea Bissau, Madagascar, Mauritania, Republic of Congo/Brazzaville, Senegal, Sao Tome, and Togo), were introduced to the full set of guidelines on family planning, sexually transmitted infections and maternal and neonatal health, including reproductive health commodity security and introduction of maternal death audits.
- Two new WHO Collaborating Centres were granted designation status for a period of four years: The International Training and Research Centre in Reproductive Health and Population, Tunis, Tunisia, and the Guttmacher Institute, New York, USA. This brings to a total of 44 the number of Centres that are officially designated as linked to the work of WHO on sexual and reproductive health at national, regional and global levels.

Africa and Eastern Mediterranean

- RHR has provided support to strengthen reproductive health research capacity in Afghanistan since 2004, and the development of a health research policy with a special emphasis on reproductive health has been identified as an important and urgent priority. With RHR support, the process started in 2009 and included: undertaking a situation analysis on what research is being carried out, by whom and with which funding source and identifying the research needs, using a wide ranging consultation process with stakeholders. RHR gave technical support for the initiation of a similar process in Yemen.
- With RHR support, The Ministry of Health in Guinea, in collaboration with a Guinean research NGO, Cellule de Recherche en Santé de Reproduction en Guinée (CER-REGUI), carried out a strategic assessment on unsafe abortion to: (1) learn how to prevent unsafe abortion, how to improve access to abortion services authorized by

the law, and how to improve the existing post-abortion care services; (2) to propose recommendations in order to address the problems identified during the assessment and reduce the maternal mortality related to unsafe abortion. Data collection took place in the four main natural regions of Guinea and in the capital, Conakry, through 40 focus group discussions and 108 in-depth interviews.

- Research capacity strengthening grants were awarded to 13 centres. Long-term institutional development grants were continued in Afghanistan, Cote d'Ivoire, Ethiopia, Guinea, Malawi, Nigeria, South Africa, and United Republic of Tanzania. A new long-term institutional development grant was awarded to a centre in Burkina Faso. Centres in Sudan and Zimbabwe received resource maintenance grants and centres in Kenya and Uganda received service guidance centre grants.
- RHR supported the Center for Research on Population and Health at the Faculty of Health Sciences, American University of Beirut, Lebanon, to organize the first course on Strengthening national capacity in reproductive health operations research in the Eastern Mediterranean Region, which was aimed at decision makers, programme managers and researchers working in ministries, universities, social centres, nongovernmental organizations and community-based organizations from countries of the Region.
- The African Network for Research and Training in Sexual and Reproductive Health and HIV/AIDS (REPRONET-Africa) was created in 2003. Its mission is "to act as an umbrella regional network linking, coordinating and strengthening existing reproductive health research networks for the purpose of improving reproductive health in Africa." REPRONET has, with support from RHR, taken off in 2009 and currently has 16 member and 5 partner institutions. REPRONET publishes a monthly electronic newsletter, and the web site www.repronet-africa.org went live in November.

The Americas

- Significant progress was made by the two institutions that were awarded long-term institutional development grants: the Center for Population Studies, Asuncion, Paraguay, and the Centre for Research in Development of the San Andres University, La Paz, Bolivia (Plurinational State of). Both institutions completed the programme of work they had planned for the first year of the grant; they both increased the number of staff involved in sexual and reproductive health research and also implemented their respective staff development programme, which reached not only institutional staff members but also personnel from other national institutions.
- RHR supported the Meeting of the Latin American Association for Research in Human Reproduction, and made possible the attendance and participation of 18 directors of HRP collaborating institutions in the Region and 15 young scientists selected through a competitive process.



Spanish version of the *Decision Making Tool for family planning clients and providers*

- Introduction and implementation of RHR guidelines and tools continued through a coordinated effort with the Centro Latinoamericano de Perinatología/Salud de la Mujer y Reproductiva (CLAP/SMR) and with the United Nations Population Fund (UNFPA). Nearly 5000 copies of the Spanish language versions of the *Decision Making Tool for family planning clients and providers* (DMT) and of the *Global handbook for family planning providers* were distributed in 16 of the 18 hispanophone countries in Latin America. Updating of national family planning norms was supported and new norms were completed in Cuba, Guatemala, and the Plurinational State of Bolivia. A training workshop on

the DMT and on the global handbook was organized in September for English-speaking Caribbean countries.

- A concerted effort was deployed to assist El Salvador, a least developed country from the Region, to address some of the technical and knowledge gaps relevant to sexual and reproductive health. Workshops were organized on gynaecologic ultrasonography, *The WHO Reproductive Health Library*, and gender and rights based on the RHR curriculum.

Asia and Western Pacific

- Sixteen research capacity strengthening grants were awarded to institutions in South-East Asia and in the Western Pacific regions for the development of the human resources and infrastructure necessary to undertake research in priority areas of reproductive health.
- Twelve workshops on research methodology, ethical issues in reproductive health and scientific writing were supported at the national level. Workshops on research ethics were held in Pyin-Oo-Lwin, Myanmar, and Hanoi, Viet Nam; and those on scientific writing were held in Surabaya, Indonesia, and Chandigarh, India.
- National programme officers (NPOs) from WHO country offices and staff of WHO regional offices participated in regional and national training workshops on operations research organized by the Programme, while an NPO from China received support to attend the training course in sexual and reproductive health research jointly organized by the Geneva Foundation for Medical Education and Research (GFMER) and RHR.
- HRP supported 15 national studies in 7 countries, 5 of which were re-entry grants submitted by research training grant recipients.
- As a follow-up to the UNFPA–WHO Strategic Partnership Programme (SPP) for implementation of guidelines and tools

on family planning, RTIs and STIs and maternal and neonatal health, technical support was provided to eight countries and funding provided to five countries. In Lao People's Democratic Republic, funds were provided for printing the Laotian version of the *Decision-making tool for family planning clients and providers* (DMT) and for conducting an orientation workshop. In Myanmar, the same tool was simplified for use by community health workers. As a partner of the Ministry of Health, the Family Planning Association of Nepal implemented DMT in 40 villages in four districts, two of which are UNFPA project sites.

- Translation of *The WHO Reproductive health library* (RHL) No. 11 was undertaken by Shanghai Institute of Planned Parenthood Research in China and by a team in Viet Nam led by Hung Vuong Hospital, Ho Chi Minh City. Dissemination of the translated versions of RHL took place at national obstetric and gynaecological meetings held annually and through the web site of the Ministry of Health in Viet Nam. Sri Lanka adapted the *Medical eligibility criteria for contraceptive use wheel*.



Spanish version of *The WHO Reproductive Health Library*

- The WHO–UNFPA framework on “national level monitoring of indicators of the achievement of universal access to reproductive health” was introduced during regional workshops in the South-East Asia Region.

Eastern Europe and Central Asian Republics

- A course on operations research in reproductive health was conducted in Russian at the Kaunas University of Medicine, Kaunas, Lithuania, and was attended by 17 participants: programme managers, researchers and/or university staff from Armenia, Kazakhstan, Tajikistan, Turkmenistan, and the Russian Federation.
- Work on systematic introduction and adaptation of WHO guidelines in Central Asian countries continued in Kyrgyzstan, Turkmenistan and Uzbekistan in partnership with local offices of UNFPA for country-wide dissemination of the newly adapted national guidelines, focusing on the integration of family planning and management of sexually transmitted infections at primary health care level (Turkmenistan and Uzbekistan).
- Through European Region counterparts, RHR guidelines were disseminated at national and regional meetings and congresses organized by scientific societies and collaborating partners, including the European Society of Contraception and Reproductive Health, International Planned Parenthood Federation European Network, and the European Federation of Sexology.

Mapping best practices in reproductive health

- *The WHO Reproductive Health Library* (RHL) No. 12 (CD-ROM) was published in April with 148 Cochrane reviews and new training videos. Since then the online version has been expanded with 12 new and 13 updated Cochrane reviews and corresponding commentaries and one new video. RHL continues to be translated into Chinese, French, Russian, Spanish and Vietnamese.
- Systematic reviews on high-priority topics in maternal/perinatal health and fertility regulation were conducted and updated by RHR staff and collaborating institutions.

Implementing best practices in reproductive health

- Implementing Best Practices Initiative (IBP) partners supported the Bill and Melinda Gates Institute for Population and Reproductive Health to plan and organize the International Conference on Family Planning: Research and Best Practices, Kampala, Uganda, which was attended by over 1300 leading policy-makers, researchers and health professionals from 61 countries. IBP partners sponsored the third day of the conference, focusing on strategies for transferring the large body of existing knowledge into actions for improved access to family planning. Partners committed to support and follow-up countries.
- Workshops on an advocacy toolkit were held in Lomé, Togo, for 11 West African countries through the WHO/AFRO/USAID-led initiative Repositioning Family Planning in Africa
- The IBP's Knowledge Gateway, a global electronic communication tool, is proving to be a best practice for supporting virtual knowledge networks around the world, particularly in settings with low Internet bandwidth. The number of users of this platform (including those outside the IBP network) increased six-fold in 2009, rising to approximately 175 000 users. This large increase is in response to demand for such a tool and an agreement with partners that organizations and agencies can customize, brand, own and manage their own communities on the Knowledge Gateway.

- Strategic assessments on the prevention of unsafe abortion and increasing access to comprehensive abortion care were conducted in Guinea, Malawi and the Russian Federation.
- Draft national norms and standards for abortion care were developed in Macedonia in response to recommendations from a previous strategic assessment.



Guidance documents for scaling up health innovations

- HRP staff members continued to serve as member of ExpandNet, a global network to advance the science and practice of scaling up for health innovations, through which two guidance documents were completed: *Practical guidance for scaling up health service innovations* and *A nine-step guide to developing a scaling-up strategy*.

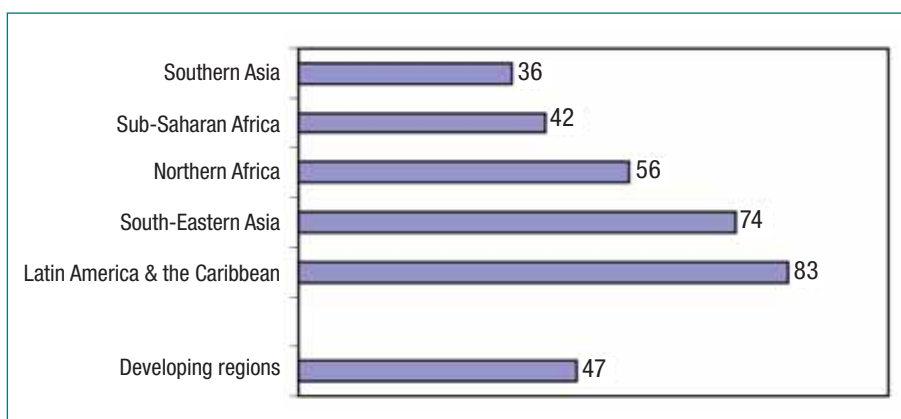
Monitoring and evaluating sexual and reproductive health

- RHR maintains global databases of: births attended by a skilled health worker, antenatal care coverage, caesarean section rates, and facility deliveries, with annual updates. The 2009 updates were published in the latest World Health Statistics and the UN Secretary-General's report on the Millennium Development Goals to the General Assembly. Low rates of women receiving antenatal care at least four times were notable.
- A new classification system for identification of causes of maternal death (vital for implementing necessary interventions) was developed via a robust process, and received widespread interest following its launch at the World Congress of the International Federation of Obstetricians and Gynaecologists (FIGO), Cape Town, South Africa.
- A set of standard criteria for identifying maternal near miss cases were developed, tested and published, which aim to help identify health system shortcomings and the actions needed to address them.
- An indicator to monitor unmet need for family planning among women enrolled in HIV care and treatment was developed as a national indicator of prevention of mother-to-child transmission of HIV, in collaboration with partners within and outside WHO; a protocol was prepared for its pilot testing.

Policy and programmatic issues in sexual and reproductive health

- Two related multiregional projects were implemented that aim to increase national funding for reproductive health. These capacity-building projects seek to develop UN agencies' – United Nations Population Fund (UNFPA) and WHO primarily – and Civil Society Organizations' ability to work through contemporary aid-effectiveness procedures to advance reproductive health in both national and local-level public health programmes.

Proportion of women (15–49 years old) attended four or more times during pregnancy, 2003–2008



Communication, advocacy and information

- Eighty-five information materials were produced and distributed widely; of these, two were in Chinese, six in French, four in Spanish, and four in Russian. Information materials were actively disseminated at 20 major conferences and workshops, some of which included training sessions in using RHR tools and guidelines.
- The technical work of the Department was migrated to a web site with a revised URL: www.who.int/reproductivehealth and the content updated. A new site was created describing the scope of work of HRP: www.who.int/hrp.
- As in previous years, the complete contents of RHR's web site were also made available on CD-ROM allowing those without good Internet services to access all the Department's materials in searchable electronic form. This remains the most popular way for people attending conferences to obtain a complete yet lightweight set of RHR materials.

Statistics and informatics support

- OpenClinica a new, in-house data-management system was deployed for the data management of three randomized clinical trials: a nonpneumatic anti-shock garment for obstetric haemorrhage; active management of the third stage of labour without controlled cord traction; comparison of the safety, efficacy and feasibility of medical abortion provided by physicians and nonphysicians in Nepal.
- A laptop-based randomization concealment program to improve the validity of clinical trials in resource poor settings was developed, and is being used in the 'Active management of the third stage of labour clinical trial'.
- An online document repository using wiki technologies was developed that allows version tracking, and sharing and updating by a geographically distributed team, while preserving document confidentiality. Ten active projects have already been included in the repository.

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