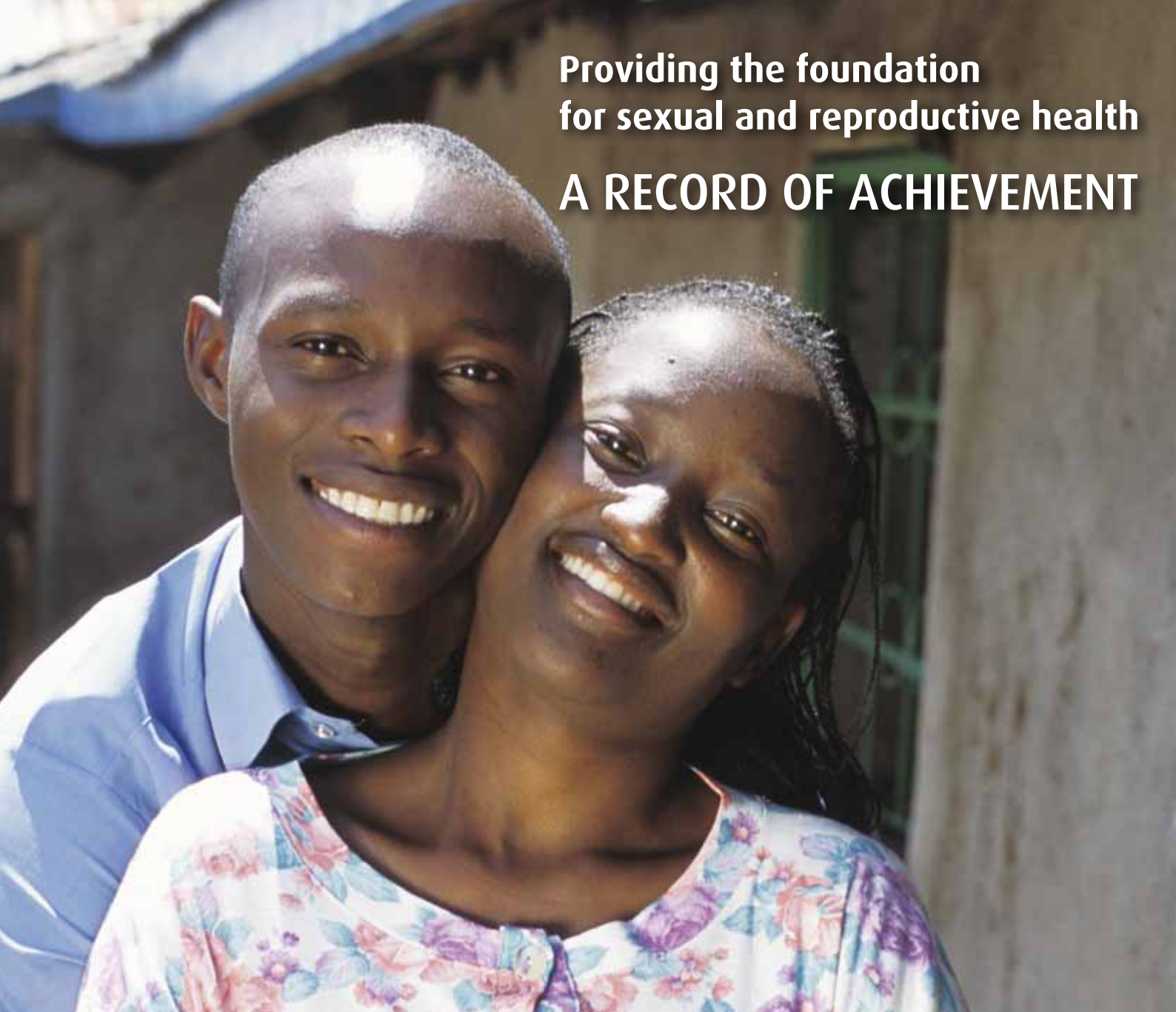


Providing the foundation
for sexual and reproductive health
A RECORD OF ACHIEVEMENT



UNDP/UNFPA/WHO/WORLD BANK
Special programme of research, development
and research training in human reproduction (HRP)



World Health
Organization





Who we are and what we do

The UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction has been widely known for many years by the abbreviation, HRP.

Established by the World Health Organization (WHO) in 1972, HRP has a distinguished 35-year record of bringing together policy-makers, scientists, health-care providers, clinicians, consumers and community representatives to identify priorities in sexual and reproductive health and to find sustainable solutions.

HRP is the only body within the United Nations system with a global mandate to lead research in human reproduction, a role endorsed by our cosponsors, the United Nations Development Programme, the United Nations Population Fund, WHO and the World Bank.

We support and coordinate research on a global scale and conduct research in partnership with countries to provide the high-quality information needed to achieve universal access to effective services and to enable people to protect and promote their own health. We also synthesize research through systematic reviews of the literature, build research capacity in low-income countries and develop tools to facilitate access to the latest research information by the people who need it.

Why sexual and reproductive health is important

Less than a decade ago, the world's countries and its leading development institutions agreed to eight international goals in poverty alleviation, education, disease prevention and gender equality that provide a blueprint for unprecedented efforts to meet the needs of the world's poorest peoples. Sexual and reproductive health—already recognized as fundamental to individuals, couples and families—is now viewed as essential to attaining all eight of the 'Millennium Development Goals' and for the successful social and economic development of communities and nations. In 2005, world leaders resolved to ensure universal access to reproductive health services and information by 2015, but the challenges remain daunting. Ill-health from causes related to sexuality and reproduction remains a major cause of preventable death, disability and suffering, particularly among women in the developing world.

The principal areas in need of improvement include:

- antenatal, delivery, postpartum and newborn care;
- provision of high-quality family planning and infertility services;
- elimination of unsafe abortion;
- prevention and treatment of sexually transmitted infections, including HIV and cervical cancer, and of other reproductive tract infections and gynaecological diseases; and
- promotion of sexual health and reproductive rights.

Why research is needed

High-quality research yields the evidence that underlies the sound policy-making and services required to address these challenges. Research is also needed to improve the technologies for protecting and promoting sexual and reproductive health and to understand how best to provide them, especially in areas of great poverty. Much information already exists, but it is scattered and sometimes contradictory; it needs to be reviewed by a body with the authority to achieve consensus among all those committed to improving health.





STD
SEXUALLY TRANSMITTED DISEASES



TANU
WORLDWIDE



536,000 women die each year from preventable complications of pregnancy

Protecting mothers and their newborn infants

For many women in developing countries, pregnancy and childbirth are risky undertakings. Poverty, lack of education, low social status and lack of access to high-quality maternal health care mean that each year tens of millions of women suffer disability resulting from hypertensive disorders, haemorrhage or other complications of pregnancy, and more than half a million die in pregnancy and childbirth—a rate of one woman every minute of every day. All but 1% of these deaths occur in the developing world, and almost all are preventable.

Poor maternal health contributes to the death of newborns. Each year, 3 million infants are stillborn, and 3.7 million newborns die within one month.

The prevalence of HIV infection raises important questions about maternal and newborn health care, such as how to prevent transmission of the virus from an infected mother to her infant during pregnancy, childbirth or breastfeeding.

Selected achievements

- On the basis of the latest research, HRP established a model of antenatal care that halves the time and money women spend in accessing services, without compromising the quality of care. At least 15 developing countries now use the model. The United States Agency for International Development has adapted it and promotes its use as ‘focused antenatal care’. The health sector could save as much as US\$ 16 billion annually by implementing this new approach worldwide.
- We established that magnesium sulfate is the most effective treatment for women with eclampsia due to hypertensive disorders of pregnancy and can prevent the seizures associated with this complication. We also showed that a daily calcium supplement of 1.5 mg can reduce severe complications of pre-eclampsia and hence maternal disability and newborn deaths.
- In Latin America, we found that high rates of delivery by caesarean section, far from indicating better care, may be associated with harm and poorer health for mothers and newborns.
- HRP’s expert group has reviewed evidence on the safety and efficacy of new antiretroviral drugs for preventing mother-to-child transmission of HIV and updated the guidelines for optimal use of various antiretroviral drugs in areas with scarce resources.



1.2 billion adolescents are
preparing to enter adulthood

Promoting the health of adolescents

Adolescents, especially young women, are particularly vulnerable to sexual and reproductive ill-health. Lack of knowledge, inability to negotiate no sex or safe sex, and cultural demands for marriage at a young age combine to yield alarming incidences among adolescents of sexual coercion, especially at first sexual intercourse, sexually transmitted infections, including HIV/AIDS, low use of contraception and hence high pregnancy and birth rates, and four in ten unsafe abortions being performed in girls aged 15–24 years.

More information is needed to understand what adolescents need and how best to reach them to encourage responsible sexual behaviour and help them protect and promote their sexual and reproductive health.

Selected achievements

- The Senegal Ministry of Health used results from HRP's research in creating its first action plan for improving adolescent sexual and reproductive health services.
- Our researchers in Shanghai, China, found that young people considered a dedicated website to be a responsive, effective means to improve their knowledge about sexual and reproductive health. We also confirmed that sex education via the Internet does not increase sexual activity. The website is now part of the 'life education' programme for Shanghai's secondary schools, and the mass media have given it wide coverage.
- The national education policy in Panama changed when an HRP collaborating centre showed that a significant proportion of adolescent girls is sexually active, leading to unintended pregnancies and withdrawal from school. Teachers are now trained to discuss issues of sexuality with students, and pregnant schoolgirls are allowed to continue their studies.
- We constructed approaches to empower married adolescents in Bangladesh to make informed decisions about their sexual and reproductive health and to reduce the negative impacts of poverty, social and cultural norms and lack of information demonstrated by our research.



At least 120 million couples have an unmet need for family planning

Strengthening the health and welfare of women and their families

The health and economic benefits of family planning 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. Yet, at least 120 million couples are not using any form of contraception even though they want to space pregnancies or limit the size of their families, while couples with access to contraception may not be able to find a safe, effective, affordable method that suits their needs. Others who believe that they are at risk of HIV infection may worry that using a particular method will increase their risk. The result is that as many as 40% of pregnancies are unplanned and some 42 million women resort to induced abortion, many putting their health and lives at risk because their pregnancies are terminated by unskilled providers in unsafe, perhaps illegal, circumstances.

Selected achievements

- An HRP expert group found no scientific foundation for reports that women at high risk for HIV infection further increase their risk when using some hormonal contraceptive methods. There is no need to change current guidelines.
- We showed that long-term use of oral, injectable and implantable hormonal contraception products does not increase the risk for heart disease or cancer and that the copper-releasing TCu 380A intrauterine device is safe and effective for 10 years.
- The Chinese Government initiated a change to copper intrauterine devices when we showed that they were more effective than the Chinese stainless-steel ring device. Within 10 years of the switch, China will see reductions of 28 million unplanned pregnancies, 18 million induced abortions, 9 million live births and 0.8 million spontaneous abortions and stillbirths. Families will save the equivalent of US\$ 13 billion and the State more than US\$ 5 billion.
- We pioneered research into emergency contraception, worked with an international consortium (including industry) to put a dedicated product on the market, and confirmed a new, effective emergency contraception regimen that has now been registered in more than 100 countries, covering 80% of the world's population.



When encouraged and provided with opportunities, men will seek out sexual and reproductive health care

Helping men take responsibility

Despite the influence men may have on their partner's health, they are often largely unaware of women's sexual and reproductive issues or the risks of childbearing because their involvement in the care of their wives and newborn infants is so limited. Men may nevertheless make most of the decisions about health matters in the family. Men also have sexual and reproductive health issues of their own, but services often ignore men entirely.

Many men would be willing to take greater responsibility for the sexual and reproductive health of their partners and the well-being of their families. An effective contraceptive method for men would be one means for men to share responsibility.

Selected achievements

- HRP research led to a policy brief to the Kenyan Ministry of Health, advising that men want access to information and services yet are often ignored or disregarded in current health programmes.
- Our studies in South Africa and Uganda indicate that both men and women make decisions about condom use within a marriage and that the use is higher than expected. Such information helps programme managers to design services that are appropriate for clients.
- Our advanced clinical trials show that a monthly injectable steroidal contraceptive for men has a high level of contraceptive efficacy, with no serious side-effects, resulting in a high degree of continued use.
- The *WHO laboratory manual for the examination of human semen and sperm cervical-mucus interaction*, first published by HRP in 1980, has become the world standard for clinical andrology and infertility laboratories. The fifth edition is due in 2008.



42 million pregnancies are terminated each year by induced abortion—20 million in unsafe conditions, with high risks of severe disability and death

Protecting women from harm

Women bear the brunt of sexual and reproductive ill-health because of their vulnerability to sexually transmitted infections and HIV/AIDS, cancers affecting their reproductive organs and the tragedy of death and disability during pregnancy and childbirth.

Almost half of the 42 million abortions carried out each year are considered unsafe because of inadequate skills, hazardous techniques or unsanitary conditions, resulting in the deaths of almost 70 000 women and disability for close to five million others. While correct, consistent use of contraceptives would reduce the number of unintended pregnancies, when these occur, women who decide to have an abortion need access to safe legal methods to terminate their pregnancy and to high-quality post-abortion care.

Almost one in four women reports sexual violence by an intimate partner in her lifetime, and one third of adolescent girls report forced sexual initiation. Between 100 million and 140 million women have undergone genital mutilation, a harmful traditional practice that remains common in some countries.

Selected achievements

- For 30 years, HRP has led in the development of safe, acceptable options for medical abortion, including use of mifepristone-misoprostol. Research is continuing to improve efficacy and reduce side-effects.
- Our measures to improve the quality of post-abortion care and post-abortion acceptance of contraception in Buenos Aires, Argentina, were so successful that the Ministry of Health has recruited the project team to train health-care professionals nationwide.
- With others in WHO, we revealed the extent and nature of domestic violence against women in 10 countries and the impact on sexual and reproductive health. The findings support advocacy and indicate new ways to help women and health-care providers to manage, treat and prevent such violence.
- We have shown for the first time that women who have undergone genital mutilation have more complications at childbirth and a greater risk for death of the newborn. These results have boosted advocacy movements to stop the practice and are being used in training materials for health-care providers. With nine other United Nations agencies, WHO has drawn up a new Interagency Statement on the Elimination of Female Genital Mutilation, launched in 2008.



**3.7 million newborns each year
die in the first month of life**

Working in partnership with countries

The core objective of our technical cooperation with countries is to support governments in achieving universal access to sexual and reproductive health services. We work with our counterparts in countries to identify sexual and reproductive health needs, build capacity for participation in national, regional and global research and support dissemination and uptake of research results by policy-makers and programme managers.

Selected achievements

- Using tools developed by HRP for the purpose, the Indonesian Ministry of Health engaged with multiple governmental and nongovernmental stakeholders to align laws and policies related to maternal and newborn health with human rights commitments, such as the Convention on the Elimination of All Forms of Discrimination against Women.
- HRP publishes *The WHO Reproductive Health Library* on the Internet and on a CD-ROM. The Library includes systematic reviews of research, expert commentaries, videos for training in new clinical techniques and other information to enable sound policy decisions about sexual and reproductive health services.
- We examined the impact of a performance-based payment scheme on providers' behaviour in Egypt, the fairness of reforms in women's health care in the Philippines and interactions of multiple, large-scale, system-wide changes in China. All these measures were aimed at strengthening the ability of health systems to provide equitable and sustainable sexual and reproductive health services.
- Our research helps the public sector to promote public-private partnership in sexual and reproductive health services through policy formulation and implementation.



Between 100 million and 140 million women have undergone genital mutilation

Ensuring good governance, accountability and respect for rights

Several complementary oversight and advisory bodies hold HRP accountable for meeting its stated objectives and monitor our scientific and ethical rigour, our gender sensitivity and the relevance of our work to sexual and reproductive health priorities in developing countries.

- Oversight of HRP's mission and overall direction are the responsibility of the Policy and Coordination Committee, comprising cosponsors, major donors, selected WHO Member States and other interested parties, which meets annually. This group commissions periodic in-depth evaluations of HRP's work by independent experts.
- The Scientific and Technical Advisory Group meets annually to review progress, to recommend strategic priorities and to advise on the allocation of resources.
- The Gender and Rights Advisory Panel reviews our work from the perspective of gender and reproductive rights.
- The Regional Advisory Panels recommend priority activities for the region and monitor and evaluate our work.
- The Scientific and Ethical Review Group Panel provides peer review and independent ethical assessment of research proposals.

How we work

A genuine international effort: Our multinational scientific and technical staff works in collaboration with scientists throughout the world to undertake research guided and monitored by experts from many countries. Our capacity-building efforts enable the participation of developing country institutions in seeking solutions to local problems.

Strong connections in countries: The network of sexual and reproductive health and HIV/AIDS advisers in WHO's regional and country offices ensures day-to-day contact with countries.

A bottom-up approach: Our well-defined, inclusive consultative process draws upon developing country policy-makers, programme managers, service providers, consumers and scientists to define research and technical activities that respond to the priorities of the poor and disadvantaged.

Effective partnerships: We collaborate in research and technical support with a global network of scientists and health professionals in universities, professional and other nongovernmental organizations, the private sector and government bodies as well as foundations and multilateral development agencies.

The highest standards: Our rigorous technical and ethical review mechanisms ensure that our work meets the highest standards of science, good clinical and laboratory practice and human rights.

Consensus building: We use the authority of our position in WHO to convene expert organizations and individuals to discuss all available evidence from research and achieve consensus on the underlying causes of sexual and reproductive ill-health and best practices in prevention, treatment and care.

From research to practice: The consensus views are transformed into peer-reviewed guidance documents, which are distributed worldwide, with plans to ensure their widespread use.

Dissemination of information: In addition to the practice guidelines and other normative publications, our research is reported in the scientific literature. Since 1990, institutions collaborating with HRP have published at least 2 500 articles in peer-reviewed journals.



What we offer that others do not

HRP combines the authority and neutrality of our unique position in the United Nations system, the credibility and standing resulting from our 35 years of leadership in research and a reputation based on repeated demonstrations of our ability to deliver on promises.

As a cosponsored programme executed by WHO, the lead international agency in health, we have:

- the mandate to provide guidance to all of WHO's 193 Member States on scientific, technical and ethical issues in sexual and reproductive health;
- unrivalled access to government health authorities through country offices of WHO and our other cosponsors to bring rapid and sustainable benefits to health policy and programming;
- the neutrality and authority to achieve consensus in defining research agendas and establishing internationally acceptable standards and guidelines;
- the scientific integrity, objectivity and independence to conduct research on sensitive issues;
- immediate access to a broad range of expertise in public health and research at relatively low cost; and
- partnerships with countries to leverage additional support, resulting in cost savings and augmenting the value of donor contributions.

How to get involved

You can join HRP and its partners throughout the world to establish the foundation for policies and programmes that achieve universal access to sexual and reproductive health and ensure healthy, productive lives for women and their families.

Reliable, predictable, flexible financial support provides the working capital we need to sustain our research, respond to new challenges and opportunities and continue our unrivalled leadership in generating the information and tools that make a difference.

“In return for long-term, multi-year support, funders can appropriately expect top-notch performance from non-profit organizations in strategic planning, financial management, evaluation, development, and ultimate impact.”
(*Building Value Together Initiative*, The Independent Sector)

Our work in 2006–2008 was made possible by the generosity of our donors and partners

HRP Cosponsors and other UN system agencies

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United Nations Development Programme
United Nations Population Fund
World Health Organization
The World Bank

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HRP delivers on the promise of improved sexual and reproductive health by leveraging thirty-five years of research leadership, an authoritative position and unrivalled access to policy-makers and health-care systems in the developing world.

