



World Health Organization - Organisation mondiale de la Santé

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

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**Policy and Coordination Committee (PCC)**

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**Department of Reproductive  
Health and Research**

**Summary Medium-term  
Programme of Work 2004-2009**

## Summary Medium-term Programme of Work 2004-2009

The goal of the Department of Reproductive Health and Research is to assist countries

*"to make accessible through the primary health-care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than 2015"*

as was agreed at the International Conference on Population and Development in Cairo in 1994 (ICPD Programme of Action, para 7.6). In order to contribute to this goal, the Department's work is aimed towards the following six objectives<sup>1</sup>:

- 1: Broaden the provision of quality services, which are both cost-effective and available, accessible, and affordable as well as evidence-based, gender-sensitive and respectful of reproductive rights
- 2: Ensure and widen the range of safe and effective health products and technologies, available 'on the market' in sufficient quantities, at affordable prices
- 3: Strengthen health management and support systems (public and private) to ensure health programmes are executed efficiently given the resources available
- 4: Foster a supportive enabling environment at individual, family and community levels
- 5: Promote sound national policies and laws, and conducive policy and legal processes
- 6: Ensure there is effective international collaboration - including effective global initiatives and sound implementation of international development efforts.

Each objective was applied to eight main areas of sexual and reproductive health, namely:

1. Family planning, including infertility
2. Maternal and newborn health
3. Sexually-transmitted and reproductive tract infections, including HIV and cervical cancer
4. Unsafe abortion
5. Technical cooperation with countries
6. Gender issues and reproductive rights
7. Sexual health, including female genital mutilation.
8. Adolescent sexual and reproductive health

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<sup>1</sup> These objectives are shared with many other actors in the field. These include UN Organizations (UNAIDS, UNFPA, UNICEF, the World Bank, and others), international partnerships (e.g. the Inter-Agency Group for Safe Motherhood, now the Partnership for Safe Motherhood and Newborn Health), professional organizations (such as the International Federation of Gynecologists and Obstetricians - FIGO, the International Confederation of Midwives - ICM, the International Council of Nurses - ICN, the International Pediatric Association - IPA), collaborating agencies (such as The Population Council, the Johns Hopkins Program of International Education in Gynecology and Obstetrics - JHPIEGO, Family Health International - FHI, the Program for Appropriate Technology in Health - PATH, the CONRAD Program and others) and non-governmental organizations (The International Council for the Management of Population Programmes - ICOMP, and others).

Taking into account the current needs of the field, the trends shaping the future of sexual and reproductive health, the strengths of other actors and the comparative advantages of WHO, each Objective was developed into a series of Outputs as potential areas which WHO could aim to deliver as its own contribution.

To prioritise among these Outputs, a number of Committees were convened and asked to review in detail the Outputs in one of the eight main areas of sexual and reproductive health, finalise their formulation and give each Output a priority ranking on the basis of ten criteria:

1. its public health significance
2. its utility and sustainability
3. its contribution to the promotion of reproductive rights and gender equity
4. its practicality (should not be excessively complex)
5. cost and time needed for its implementation
6. the importance of WHO's credibility and neutrality to its achievement
7. the advantage of WHO's collective skills and resource base for its undertaking
8. the importance of WHO's position to its impact
9. its contribution to capacity building
10. the importance of WHO's leadership role in the issue.

The following chapters list, within each area, the Objectives and the Outputs agreed by these Committees. Under each Objective, the Outputs are listed in their ranked order with their original numbering. It should be noted that some numbers are "missing" as certain Outputs were not retained or were merged by the Committees. The priority grouping given to each Output is shown by the letter A (highest), B, or C (lowest) next to each one.

A comparative analysis of the eight areas highlights the following:

- Many of the Outputs contributing to Objective 1 under the heading "Setting norms and standards" were ranked high, suggesting a strong expectation from the field that the Department should pursue its normative work.
- Under Objective 2, the Outputs which aim at "Setting the agenda for and stimulating fundamental research" were ranked very low, indicating a recommendation that the Department could play a catalytic role in this area but should not invest much of its own resources. By contrast, the Outputs which ranked the highest under the headings "Stimulating new and improved technologies" and "Monitoring and ensuring the safety and effectiveness of existing technologies" were those where the Programme<sup>2</sup> has accumulated considerable experience and recognition in the past 30 years. The high rank given to "Research capacity strengthening" is also testimony to the 30 years of investment and achievements by the Programme in this area.
- Under Objective 3, support was given to a number of Outputs seeking to develop and test management and system delivery guidelines, with a view to provide direct assistance to countries in such areas as: integrating gender equity and reproductive rights into programmes, developing strategies to implement best practices, adopting and adapting guidelines, strengthening their health system capacity.

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<sup>2</sup> The "Programme" in this document refers to the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction which is part of the Department of Reproductive Health and Research.

- With a few exceptions, the ranking of Outputs under Objective 4 was low. Clearly, it was considered that the Department did not have a comparative advantage in working at the individual, family and community levels. However, most Committees recommended that these issues should be integrated in the work planned under the other Objectives.
- Support for the Outputs under Objective 5 was generally low except for the areas of maternal and neonatal health and of adolescent sexual and reproductive health where it was recognised that progress could only be achieved with sufficient government commitment.
- Finally, under Objective 6, a number of Outputs ranked high, in recognition of WHO's unique role at the international level, both for global advocacy and for global monitoring.

The Medium-term Programme of Work for each main area of work can be found as follows:

	Pages
1. Family planning, including infertility	5 - 11
2. Maternal and newborn health	13 - 20
3. Sexually transmitted and reproductive tract infections, including HIV and cervical cancer	21 - 29
4. Unsafe abortion	31 - 41
5. Technical cooperation with countries	43 - 49
6. Gender issues and reproductive rights	51 - 55
7. Sexual health, including female genital mutilation	57 - 61
8. Adolescent sexual and reproductive health	63 - 70

Tables giving estimates of the budgetary implications of this Medium-term Programme of Work can be found in the Annex.



# 1. Family planning, including infertility

## Issues and challenges

In the new century, family planning programmes will face the challenge of finding better ways to deliver high-quality services to the millions of people who would use family planning if they had access to it. Over the last four decades, use of contraceptives has increased worldwide, particularly in developing countries where contraceptive prevalence among married women (including those in permanent unions) has increased from less than 10% in the 1960s to over 60% today. However, in the developing world as a whole, an estimated 123 million women have an unmet need for family planning, either for limiting or for spacing births. Outside sub-Saharan Africa, most women with an unmet need do not want to have any more children; in sub-Saharan countries, most unmet need is for birth spacing.

Another telling indicator of the challenge facing family planning programmes - an indicator sometimes described as “the ultimate unmet need for family planning” - is the estimated 40-50 million women who resort to induced abortion each year, 19 million of them putting their lives at risk because the abortions are carried out under illegal and/or unsafe conditions. Sadly, they contribute about 13% of maternal deaths worldwide. Further, at the end of the 20<sup>th</sup> century, it was considered that about 300 million couples, not included in the unmet need estimate, were using methods with which they were dissatisfied or which they considered unreliable, and it is estimated that 8-30 million unintended pregnancies occur each year among people practising contraception. If programmes could meet all unmet need for acceptable family planning among sexually active people, irrespective of marital status, about half a billion more women and men would be able to achieve the reproductive intention they want, effectively and safely.

The reasons why family planning needs are often not met are varied, but include poor access to quality family planning services (including a limited choice of methods), limited access to key information for contraceptive decision-making, concerns about the suitability, safety, and side-effects of available contraceptives, and lack of a supportive environment within families and communities.

Furthermore, a number of trends are continuously reshaping the context of family planning and affect the magnitude and type of needs to be met. These include the increasing rates of HIV/STI transmission worldwide, the changing patterns of adolescent sexuality, and the growing number of people living in poverty and other vulnerable situations. There is also a greater awareness of the importance of family planning in the context of promoting sexual and reproductive health more broadly.

In addition, some sixty to eighty million people experience infertility around the world and most of those people live in developing countries. As many as 8% of the world's population have primary infertility and secondary infertility can be as high as 35%, depending on the geographical area. Most primary and secondary infertility among women in developing countries is attributable to tubal damage from infectious diseases. As a result, large numbers of infertile couples seek treatment. Although availability of infertility services in developing countries is limited, in the last decade there has been a growing number of private clinics providing assisted reproductive technology (ART) to infertile couples.

In order to meet effectively the family planning needs of the millions of individuals and couples who are currently poorly served, or not served at all, we must enhance the likelihood that our programme of work contributes meaningfully to improving the quality of family planning care globally. The proposed quality improvements will flow from three major streams of work. The three streams will:

1) support the provision of high-quality family planning services, including the production of evidence-based guidance, delivered by a health system committed to continuous quality improvement;

2) assure a broad range of safe, effective and acceptable family planning methods;

3) foster an enabling environment at family, community, national and international levels for addressing unmet need and for promoting access to high-quality services for those who desire them.

Attainment of the three streams will be achieved through a combination of both research and normative guidance/technical support.

## GOAL

To enable couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so and to ensure informed choices and make available a full range of safe and effective methods. (ICPD Programme of Action, para 7.12)

## OBJECTIVE 1

**To increase availability of high-quality family planning services, understood as services that:**

- (a) promote informed contraceptive choices;**
- (b) offer a full range of affordable contraceptive methods to clients;**
- (c) offer appropriate services for the prevention and treatment of infertility;**
- (d) where appropriate, offer integrated reproductive and sexual health services, including the prevention and care of RTIs, pregnancy care, post-partum and post-abortion services;**
- (e) meet the needs of adolescents and other groups with special needs;**
- (f) offer appropriate follow-up and continuity of care;**
- (g) are gender and culturally based;**
- (h) are given by technically competent providers;**
- (i) adhere to professional ethical standards.**

## OUTPUTS

### **1.1 Evidence-based tools and guidelines for family planning available for countries to adapt and use. (A)**

#### ***Indicators:***

- *No. of partners supporting application of tools and guidelines*
- *No. of national programmes with tools and guidelines adopted and implemented*

- 1.1.1 Develop and disseminate evidence-based guidelines to aid decision-makers, programme managers and health care providers in the delivery of high-quality family planning services
- 1.1.2 Develop and disseminate evidence-based tools to aid health care providers deliver high-quality family planning services
- 1.1.3 Create a system to identify and critically appraise new evidence to assure that guidance for family planning remains current and based on the best available science

- 1.1.4 Evaluate the contribution of evidence-based guidelines and tools to improve the quality of care in family planning:
- the impact of WHO guidelines and tools on country-level policies and programmes
  - the impact of WHO guidelines and tools on the behaviours of family planning clients and providers

**1.2 Evidence-based tools and guidelines for infertility diagnosis, management and treatment available for countries to adapt and use. (B)**

**Indicators:**

- *No. of partners supporting application of tools and guidelines*
- *No. of national programme, where available, with tools and guidelines adopted and implemented*

- 1.2.1 Develop new or revise existing guidance and tools for infertility prevention, diagnosis and management
- 1.2.2 Support the development of guidance for establishment of national ART registers

**1.5 Operations research on improving family planning services being supported. (B)**

**Indicator:**

*Research programmes established and ongoing for improving family planning service quality*

- 1.5.1 Review WHO comparative advantage in the context of gaps in operations research
- 1.5.2 Conduct operations research on key issues in family planning and disseminate findings

**1.4 The barriers to the uptake of family planning services among groups of underserved and/or vulnerable populations evaluated, and appropriate strategies to overcome them defined. (B)**

**Indicator:**

- *Research programmes established and ongoing on the needs of, and strategies for, the following population groups:*
  - *adolescents*
  - *men*
  - *commercial sex workers*
  - *migrants*
  - *other vulnerable populations*

- 1.4.1 Conduct and disseminate research on strategies which address the family planning needs of vulnerable and under-studied populations

**1.3 The social and behavioural determinants of the successful use of family planning methods and services, including method acceptability, preferences, choices and use, as well as the use/non-use, continuation/discontinuation of family planning are determined. (B)**

**Indicator:**

- *Research programmes established and ongoing on:*
  - *user, non-user and provider perspectives on contraceptive methods*
  - *client-provider interactions*
  - *factors influencing the non-use and discontinuation of services*
  - *method compliance*

- 1.3.1 Conduct and disseminate research to assess user, non-user and provider perspectives on family planning methods, including research on method acceptability, preferences, choices and use
- 1.3.2 Conduct and disseminate research on quality of care and its impact on contraceptive use, including user satisfaction
- 1.3.3 Conduct and disseminate research on family planning in the era of STI/HIV

## **OBJECTIVE 2**

**To broaden the range of safe, effective, acceptable and affordable family planning and infertility care methods available to all women and men.**

### **OUTPUTS**

- 2.3 The safety and effectiveness of existing methods of contraception, including side-effects, health impacts, clinical performance, and long-term effectiveness evaluated. (A)**

#### ***Indicator:***

- *No. of research programmes or studies initiated, ongoing and completed on the safety and effectiveness of different methods of contraception*

- 2.3.1 Conduct and disseminate research on:
  - the impact of recently introduced hormonal methods of contraception and the risk of reproductive system cancers (endometrium, ovary, breast, cervix)
  - the impact of different types of hormonal contraception and subsequent risk of osteoporotic fracture
  - the impact of different hormonal methods on mood and sexuality, including the relationship between mood changes and method acceptability and continuation rates
  - the clinical performance of new hormonal methods
  - the long-term safety and effectiveness of different methods for male and female sterilization
  - the interaction between anti-retroviral therapy (ARV) and hormonal contraception in HIV-infected women.

- 2.1 New contraceptive technologies available [emergency contraception, dual protection methods, long-acting hormonal and non-hormonal methods for women, long-acting hormonal and non-hormonal methods for men, new methods of sterilization (female and male)]. (B)**

#### ***Indicators:***

- *No. of new/improved products completing preclinical evaluation and Phase 1,2,3, or 4 trials*
- *No. of new and improved products registered in countries*

- 2.1.1 Develop and evaluate improved treatment modalities and regimens for emergency contraception
- 2.1.2 Develop and evaluate improved two-monthly and three-monthly injectable preparations, vaginal rings and intra-uterine devices as contraceptives for women
- 2.1.3 Develop an hCG immunocontraceptive for women
- 2.1.4 Develop and evaluate long-acting injectable contraceptives for men
- 2.1.5 Develop and evaluate improved and new modalities for tubal and vasal occlusion

2.1.6 Collaborate with countries on the introduction of new reproductive health technologies into existing family planning programmes

## **2.4 Evaluation of technologies for the treatment of infertility. (B)**

### **Indicators:**

- *Development of draft protocol on low-cost ART*
- *Field testing low-cost ART protocol*

2.4.1 Conduct and disseminate research on low-cost infertility treatments

## **2.2 Evaluation of male and female reproductive functions to identify new targets for contraception research. (C)**

### **Indicator:**

- *No. of research programmes or studies initiated, ongoing or completed on:*
    - *luteal and endometrial factors involved in implantation*
    - *sperm production, function and fertilising ability*
    - *mechanisms of menstrual and hormone-induced endometrial bleeding*
- 2.2.1 Conduct and disseminate research on luteal and endometrial factors involved in implantation as leads for the development of new once-a-month, menses-inducing agents
- 2.2.2 Conduct and disseminate research on sperm production, function and fertilising ability as leads for the development of new methods for use by men
- 2.2.3 Conduct and disseminate research on mechanisms of menstrual and hormone-induced endometrial bleeding

## **OBJECTIVE 3**

**To strengthen national health system capacity to ensure high-quality and sustainable family planning programmes and services in resource-poor settings.**

## **OUTPUTS**

### **3.2 Support to countries provided to adapt and implement evidence-based norms and tools for family planning. (A)**

#### **Indicators:**

- *No. of workshops held in developing countries to introduce family planning guidance*
  - *No. of technical support missions to assist countries in implementation/ adaptation of guidelines*
  - *Guidance prepared for countries on adaptation and training of family planning norms/tools*
- 3.2.1 Conduct technical workshops to introduce guidelines into regions or countries.
- 3.2.2 Provide ongoing technical advice on introduction of guidelines, including guidance on adaptation processes
- 3.2.3 Support the development of adapted tools and guidelines within countries or regions

### **3.4 Evidence-based guidance provided to countries on quality improvement processes within family planning and/or reproductive health programmes. (B)**

**Indicators:**

- *Guideline developed*
- *No. of national programmes that adopted and implemented guideline*
- *No. of partners supporting application of guideline*

3.4.1 Conduct and disseminate reviews on quality improvement processes

3.4.2 Develop, disseminate and evaluate guidelines on quality improvement processes

### **OBJECTIVE 4**

**To foster family and community support for quality family planning services and informed reproductive choices.**

#### **OUTPUT**

### **4.3 Guidance developed for health systems on involving the community in quality improvement processes. (C)**

**Indicators:**

- *Systematic review prepared on approaches to involve communities in defining and monitoring the quality of family planning services*
- *Guideline developed*
- *No. of national programmes that adopted and implemented guideline*
- *No. of partners supporting application of guideline*

4.3.1 Build and disseminate a body of evidence and documentation of experiences on community involvement in quality improvement, including systematic review(s), operations research, and expert consultation on different approaches used

4.3.2 Develop guidance document on strategies to assure community involvement in the design, monitoring and evaluation of services

### **OBJECTIVE 5**

**To foster an enabling environment at the national level supportive of sound family planning programmes, policies, laws and initiatives.**

#### **OUTPUT**

### **5.6 Evaluation of the contribution of family planning programmes to women's empowerment and gender equity carried out at national level. (C)**

**Indicator:**

- *No. of research studies initiated, ongoing or completed*

5.6.1 Conduct and disseminate research on the contribution of family planning programmes to women's empowerment and gender equity

**OBJECTIVE 6**

**To foster an enabling environment at the global level supportive of family planning.**

**OUTPUT****6.2 Advocacy for family planning carried out at international level. (B)*****Indicators:***

- *No. of international meetings and forums where Department staff members advocate for family planning and reproductive health*
- *No. of advocacy materials developed to promote equity of access to family planning*

6.2.2 Develop advocacy materials supporting the importance of equity of access to family planning, utilizing research into the contribution of family planning programmes to poverty reduction strategies and wider development initiatives; HIV prevention; the reduction of maternal and neonatal mortality; and women's empowerment and gender equity.



## 2. Maternal and newborn health

### Issues and challenges

Trends in maternal morbidity and mortality show that only a few countries, mostly those where levels of maternal mortality are already relatively low, have been able to demonstrate sustained reductions in maternal mortality ratios between 1990 and 2000. In most developing countries, ratios remain disturbingly high and more than 500 000 women continue to die each year as a result of causes related to pregnancy and childbirth. The same disconcerting observation applies to perinatal mortality, where over three million newborn babies die within the first week of life, whilst 3.8 million babies are born dead. Both tragedies are common in developing countries and countries in transition. Yet, the major causes of suffering and death are well documented and known to be amenable to therapeutic as well as preventive interventions, i.e., evidence-based, cost-effective interventions that are affordable, acceptable and, in the majority of cases, can be made available, even when resources for health care are seriously limited.

Therefore, one of the major challenges for maternal and newborn health (MNH) programmes remains how to accelerate the implementation of appropriate interventions so that:

- all women and their newborns, especially among the poor and marginalized communities, have access to skilled care;
- evidence-based practices are implemented and quality of care is ensured;
- effective collaboration with key stakeholders, including women, families and the communities, and within the health sector and other sectors is achieved for improved maternal and newborn health as well as for the alleviation of poverty.

The Department, through the Making Pregnancy Safer initiative, proposes to meet this challenge by implementing the following Medium-term Programme of Work. The intent is to contribute to achieving the goal stated below, in accordance with the Programme of Action and the Millennium Development Goals.

### GOAL

To contribute to the progress towards reduction of the maternal mortality ratio by three quarters between 1990 and 2015, and to the reduction by two-thirds of under-five mortality by 2015 through a reduction in the number of newborn deaths.

### OBJECTIVE 1

**To improve the provision of quality maternal and newborn health services, including essential and emergency obstetric and neonatal care (during pregnancy, childbirth and the postnatal period), referral care, family planning and post-abortion care.**

### OUTPUTS

- 1.1 **Evidence-based norms and tools for quality maternal and newborn health (MNH) services developed and made available in regions and countries. (A)**

**Indicators:**

- *No. of countries having made a needs assessment for evidence-based norms, guidelines, standards and tools for MNH services*
- *No. of MNH tools produced (developed/updated) in line with the needs of countries*
- *No. of national programmes where MNH tools are introduced*
- *No. of training institutions that adopted WHO MNH tools*

- 1.1.1 Develop and disseminate new tools to address gaps in the area of MNH service provision, including guidance to assist countries in identifying gaps and strategies to meet these gaps
- 1.1.2 Review, update and disseminate tools that are already available to countries
- 1.1.3 Evaluate the package of tools and guidelines produced and disseminated under the Making Pregnancy Safer initiative (See also related activities under Outputs 1.2 and 6.1)

**1.2 Technical support provided to regions and countries to adapt, implement and monitor a package of key, cost-effective and evidence-based maternal and newborn health interventions. (A)**

**Indicator:**

- *No. of countries receiving technical support for developing and implementing appropriate evidence-based interventions*
- 1.2.1 Provide technical support to WHO Regional Offices for assisting countries to develop, monitor and evaluate action plans for improving maternal and newborn health and services, including adapting and using Making Pregnancy Safer tools
  - 1.2.2 Provide technical support to priority countries to develop, implement, monitor and evaluate Making Pregnancy Safer plans of action

## **OBJECTIVE 2**

**To broaden the range of effective and evidence-based preventive and therapeutic interventions to reduce the major causes of maternal and newborn morbidity and mortality.**

### **OUTPUTS**

**2.2 New and updated knowledge and evidence on unresolved maternal and newborn health issues produced through the conduct of research synthesis and research activities and made available in regions and countries. (A)**

**Indicators:**

- *No. of interventions evaluated through randomized controlled trials and other research strategies*
  - *No. of follow-up studies conducted and disseminated*
  - *No. of systematic reviews completed and disseminated*
  - *No. of epidemiological studies conducted and disseminated*
- 2.2.1 Conduct research to improve knowledge of the magnitude/ burden of leading causes of maternal morbidity and mortality
  - 2.2.2 Identify, develop, adapt and evaluate effective practices for maternal health
  - 2.2.3 Evaluate the long-term effects of pregnancy-related conditions and identify the most appropriate indicators to quantify the benefit of maternal and perinatal health interventions

2.2.4 Coordinate the "Global Programme to Conquer Preeclampsia-Eclampsia"

**2.1 Evidence on cost-effectiveness and cost-benefits of known effective maternal and newborn health interventions produced and made available in regions and countries. (A)**

**Indicators:**

- *No. of effective interventions costed*
- *No. of cost-benefit analyses of recommended MNH interventions conducted and disseminated*

2.1.1 Conduct research to improve the quality of services for the mother, including access to effective care and gender issues

2.1.2 Promote the implementation of research results to make programmatic strategies operational in countries

**2.3 Fundamental research on unresolved major causes of maternal and perinatal mortality and morbidity of global importance conducted and made available in regions and countries. (C)**

**Indicator:**

- *No. of collaborative research undertakings initiated*

2.3.1 Conduct collaborative research with major research agencies on the pathophysiology of hypertensive disorders of pregnancy and different factors associated with impaired fetal growth

**OBJECTIVE 3**

**To strengthen the capacity of health-care management, training and support systems at all levels in order to ensure sustainable quality maternal and newborn health services are available and accessible to all, especially the poor and marginalized.**

**OUTPUTS**

**3.2 Technical support provided to regions and countries to strengthen management, leadership, negotiation and training capacity of maternal and newborn health teams. (B)**

**Indicators:**

- *No. of countries that have received technical support to develop/strengthen MNH strategies and plans*
- *No. of countries that have received technical support for capacity building in management and training*
- *No. of countries that have received support for developing strategies and plans for training, recruitment, deployment and retainment of skilled attendants*
- *No. of countries that have received support to revise/update their national list of essential medicines to include essential medicines for maternal and newborn care*

3.2.1 Provide technical support to WHO Regional Offices in the area of management, leadership, negotiation and training capacity of MNH health teams in countries

3.2.2 Develop a WHO website and other information technologies to disseminate relevant MNH management and training materials (establishment of an evidence-based MNH management and training resource centre)

### **3.1 Gender-sensitive and rights-based guidelines for enhancing the competencies of maternal and newborn health managers, teachers and leaders produced and made available in regions and countries. (B)**

**Indicators:**

- *No. of gender-sensitive and right-based managerial tools produced (developed/updated) in line with needs of countries*
  - *No. of countries that have received assistance for the introduction of MNH managerial tools*
  - *No. of training institutions that have received WHO MNH managerial tools*
- 3.1.1 Develop and disseminate tools to address gaps in the area of MNH management, negotiation and leadership, including guidance to assist countries in identifying gaps and strategies to meet these gaps
  - 3.1.2 Develop and disseminate tools and guidelines to enhance better planning of human resources with focus on skilled attendants for MNH services and activities
  - 3.1.3 Develop and disseminate strategies and tools for improving competencies of skilled attendants, including tools and workshop manuals for strengthening capacity of teachers
  - 3.1.4 Provide guidance to enhance integration of maternal and newborn priorities and programmes into governments' macro-economic planning processes (national development plans, etc.) in the context of health sector reforms

## **OBJECTIVE 4**

**To enhance the role of women, men, families and communities in improving maternal and newborn health.**

### **OUTPUTS**

#### **4.1 Guidance on the range of measures which ensure that individuals, families and communities have the knowledge and skills to facilitate decision-making and care-seeking behaviour relating to maternal and newborn health needs produced and made available in regions and countries. (B)**

**Indicators:**

- *No. of research studies completed and disseminated on health education and counselling approaches*
  - *No. of guidance documents produced (developed/updated) in line with the needs of countries*
  - *No. of countries receiving support for the introduction of guidelines that support development of knowledge and skills among individuals, families and communities*
- 4.1.1 Provide technical support to regions and countries for developing strategies for working with individuals, families and communities for improved maternal and newborn health
  - 4.1.2 Build a body of evidence and documentation of experiences on educational and counselling approaches, empowerment approaches and community actions that support the development of capacities and skills of individuals, families and communities in improving maternal and newborn health and increase access and use of skilled care
  - 4.1.3 Develop, disseminate and evaluate guidelines on the approaches and community actions that support the development of capacities and skills of individuals, families and communities in improving maternal and newborn health and an increase in access and use of skilled care

#### **4.2 Guidance on enhancing the role of individuals, families and communities in supporting improved maternal and newborn health and in strengthening linkages with health services produced and made available to regions and countries. (B)**

**Indicators:**

- *No. of research studies completed and disseminated on approaches to increase male and community support and involvement in MNH*
- *No. of guidance documents produced (developed/updated) in line with the needs of countries*
- *No. of countries receiving technical support for the introduction of guidelines on enhancing the role of individuals, family and communities in improving maternal and newborn health*

Activities have been included in Outputs 1.1, 3.1 and 4.1.

#### **4.3 Guidance on the delivery of quality services from the perspectives of the community served (users and non-users) and other stakeholders, and from the perspective of the health system mechanism (responsiveness), to ensure their ongoing involvement in the definition and monitoring of the quality of services produced and made available in regions and countries. (C)**

**Indicators:**

- *No. of research studies completed and disseminated on the approaches to involve women and the community in quality of care*
- *No. of guidelines produced in line with the needs of countries*
- *No. of countries that received support for the introduction of guidelines relating to delivery of services*

Activities have been included in Outputs 1.1, 3.1 and 4.1.

### **OBJECTIVE 5**

**To strengthen policy and governance at national and regional levels that enhances equitable access to, and use of, maternal and newborn health services, with special focus on the poor and marginalized.**

#### **OUTPUTS**

##### **5.5 Support provided to increase government commitment and action for skilled attendants for maternal and newborn health. (A)**

**Indicators:**

- *No. of countries that received support for the development of adequate policies/regulations for skilled attendants*
- *No. of countries receiving technical support for the implementation of action plans (supported by adequate budgets) for skilled attendants*

5.5.1 Increase national capacity to create an enabling legal, policy and regulatory environment for maternal and newborn health

5.5.2 Increase national- and regional-level commitment for improved access to skilled attendants through advocacy and partnerships

5.5.3 Assist countries to increase equitable access to skilled care for poor and marginalized populations

**5.3 Effective partnership coalition achieved at national levels (with all relevant stakeholders) to increase resources, promote consistent, ethical and evidence-based policies and ensure that maternal and newborn health is kept high on national health and development agendas. (C)**

**Indicators:**

- *No. of MNH partner coalitions active at country level*
- *Percent increase in resource allocation for maternal and newborn health at national level by relevant stakeholders*
- *No. of countries receiving technical/policy support for the integration of MNH issues into health sector policies (sector-wide approaches, United Nations Development Assistance Frameworks, Poverty Reduction Strategy Papers, etc.)*

5.3.1 Provide support for building partnerships at regional and country levels for maternal and newborn health

5.3.2 Provide support for enhancing the implementation of maternal and newborn health interventions by partners

**5.2 Increased awareness achieved at national and regional levels about the role of improved maternal and newborn health services on poverty alleviation. (C)**

**Indicators:**

- *No. of research studies completed demonstrating the linkage between improved maternal and newborn health and poverty alleviation*
- *No. of countries implementing Poverty Reduction Strategy Papers (PRSPs) that address maternal and newborn health*

5.2.1 Develop guidelines on conducting key advocacy activities at national level for improving maternal and newborn health with a focus on access to skilled attendants for the poor

5.2.2 Provide support at regional and national levels for the development and use of information materials addressing improvement of maternal and newborn health

**5.1 Guidance on the formulation, implementation, monitoring and evaluation of national maternal and newborn health policies, laws and regulations that are gender-sensitive, respect cultural diversity and are responsive to the needs of the people produced and made available in regions and countries. (C)**

**Indicators:**

- *No. of documents developed which provide guidance on formulation, implementation, monitoring and evaluation of national legal policy and regulatory issues related to maternal and newborn health*
- *No. of countries that receive technical assistance for the introduction of guidance documents*

5.1.1 Develop a strategic policy framework for assessing policies and identifying policy gaps related to maternal and newborn health

5.1.2 Develop guidance on mechanisms for evaluating maternal and newborn health policy implementation

**5.4 Guidance on policy and financing for maternal and newborn health interventions (including well functioning referral systems), ensuring that the needs of the poor and marginalized are protected throughout health sector reforms, produced and made available in regions and countries. (C)**

**Indicators:**

- *No. of countries that received technical support for the revision of national policies to improve maternal and newborn health*
- *No. of national documents developed which provide guidance on policy and/or financing options for maternal and newborn health*

5.4.1 Develop guidance on policy for financing maternal and newborn health interventions

**OBJECTIVE 6**

**To strengthen and sustain commitment and action at global level towards the achievement of the Millennium Development Goals for reduction of maternal and neonatal mortality.**

**OUTPUTS**

**6.4 Increased commitment and an effective partnership coalition with all relevant stakeholders at the global level established to ensure that safe motherhood, including skilled attendants for maternal and newborn care, is kept high on the health and development agenda. (A)**

**Indicators:**

- *No. of formal partnerships established*
- *No. of informal partnerships/relationships established*
- *No. of information exchange networks established*
- *No. of partners actively contributing to the global action on skilled attendants/care*

6.4.1 Coordinate with partners, academic institutions, ministries of health, non-governmental organizations to ensure that safe motherhood, including skilled attendants for maternal and newborn care, is kept high on the health and development agenda

6.4.2 Orient, and build capacities of, a cadre of experts for Making Pregnancy Safer

6.4.3 Develop advocacy training materials for Making Pregnancy Safer leaders

6.4.4 Organise, support and participate in MNH meetings and conferences at international and national levels

6.4.5 To disseminate information to reach the general public, and other lay stakeholder groups

**6.1 Improved data and data collection systems established for monitoring the magnitude/burden of leading causes of maternal and newborn morbidity and mortality and progress towards attainment of Millennium Development Goals. (A)**

**Indicators:**

- *No. of systematic reviews on maternal and neonatal mortality and morbidity rates conducted and disseminated in countries*
- *No. of guidance documents published and disseminated in line with data needs of countries*
- *Validity and reliability of data on maternal and newborn health, including burden of disease, published*
- *A strong system of monitoring for maternal and newborn health established*

- 6.1.1 Provide assistance to improve monitoring of maternal and perinatal health outcomes at country level
- 6.1.2 Develop methodologies and tools for monitoring and evaluation of implementation of the Making Pregnancy Safer initiative, including the country adoption and implementation of the initiative's strategy, IMPAC (Integrated Management of Pregnancy and Childbirth) tools, and provision of technical support to countries

### **3. Sexually transmitted and reproductive tract infections, including HIV, and cervical cancer**

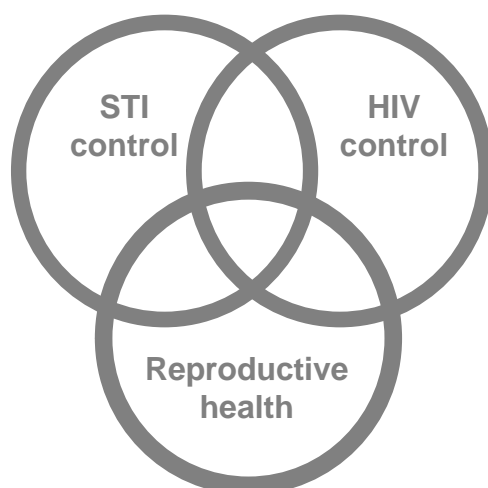
#### **Issues and challenges**

In the 1960s and 1970s, the control of sexually transmitted infections (STIs) was considered only primarily as a means to prevent infertility and was stigmatized on all other fronts. In the late 1980s STI control was highlighted as one of the key approaches to controlling the HIV pandemic. The HIV/AIDS community has since moved to other frontiers, including the challenges of increasing access to antiretroviral therapies and providing sustainable care. These threaten to overshadow the importance of primary prevention and the key role that STIs can play to stem the HIV epidemic. Nevertheless, STIs represent an important family of diseases, with their own major disease burden and big impact on reproductive health.

Sexually transmitted and reproductive tract infections (STIs and RTIs) constitute an important health threat, both directly and through their potentiating effect on HIV transmission. The persistent upward trend in HIV prevalence has been reversed in countries that have adopted aggressive policies for STI control and primary prevention of HIV and other STIs. Some 340 million curable STIs are estimated to occur worldwide every year, the majority of which are asymptomatic, particularly in women. The greatest burden is in developing countries. About one-third of cases of infertility are due to these infections. In addition, many millions of incurable viral STIs, including an estimated 5 million HIV infections, occur annually. In many countries, STIs are among the top five conditions for which both men and women seek care, representing a considerable drain on health services. Appropriate diagnostic facilities and resources for case management are lacking, contributing to considerable avoidable morbidity. The consequences of the incurable STIs are even more serious.

Approximately 500,000 cervical cancers are diagnosed annually. It is estimated that 231,000 women, particularly poor and multiparous women in developing countries, die each year from this disease. It is the leading cause of cancer deaths among women in developing countries. It is now clear that infection with human papilloma virus (HPV), one of the most common STIs, is a necessary cause for this disease.

In developing the Medium-term Programme of Work the Department undertook a comprehensive review of the needs and opportunities for STI and RTI control and their interface with reproductive health, family planning and HIV prevention and care services. The conceptual model (Figure) helps locate different programme components, disease prevention and management services in a common framework, identifying areas of overlap and potential synergies, as well as recognizing those components that are separate. The details of the areas of overlap and distinctness vary according to geographical, temporal and social contexts. It is important to recognize differences and specificities of the particular context in order to adapt strategies, programmes and services. There are opportunities for synergies between reproductive health, HIV- and STI-control programmes where integration and adoption of common approaches are possible. However, such opportunities do not necessarily exist in all contexts. Integration may be detrimental to coverage, cost-effectiveness and responsiveness of services in some settings. This conceptual framework has helped plan the Department's work on STI and RTI control and place it in the context of other related work in the Department and elsewhere in WHO.



**Components and areas of work in a comprehensive model of sexual and reproductive health, STI control and HIV control**

**GOAL**

To reduce the burden of sexually transmitted and reproductive tract infections (STIs and RTIs).

**Specific Goals**

- By 2005, 60% of primary health care and family planning facilities should offer prevention and management of reproductive tract infections, including STDs, and barrier methods to prevent infection. (Key actions for the further implementation of the Programme of Action of the International Conference on Population and Development, Twenty-first session of the United Nations General Assembly, 1999, para 53)
- Reduction of congenital syphilis by 90% in four countries by 2009 as a step toward the subsequent elimination of congenital syphilis.

**OBJECTIVE 1**

**To increase availability of high-quality, culture- and gender-sensitive and non-stigmatizing services for the prevention, care and management of STIs and RTIs and their complications.**

**OUTPUTS**

- 1.2 Evidence-based tools, guidelines and strategies developed and disseminated for the effective control, prevention, care and management of STIs and RTIs that address the specific needs of special populations such as pregnant and post-partum women, newborns, adolescents, sex workers, mobile populations, military personnel, migrants, refugees, prisoners and intravenous drug users. (A)**

***Indicators:***

- *No. of guidelines, tools and strategies developed*
- *No. of countries in which these guidelines/tools/strategies have been adopted*
- *No. of countries adopting strategies for the elimination of congenital syphilis*

- 1.2.1 Evaluate and update existing guidelines (*STI Case Management Guidelines, Essential Care Practice Guides for STIs/RTIs in Reproductive Health Settings* and others)
- 1.2.2 Develop, test and disseminate models for provision of high-quality STI/RTI services for sex workers
- 1.2.3 Develop, test and disseminate models for provision of high-quality STI/RTI services for adolescents
- 1.2.4 Develop, test and disseminate models for provision of high-quality STI/RTI services for prisoners
- 1.2.5 Develop, test and disseminate models for provision of high-quality STI/RTI services for other special groups (military personnel and injecting drug users)
- 1.2.6 Support operations research to assess impact of guidelines and strategies

**1.1 Evidence-based tools, guidelines and strategies developed and disseminated for the clinical management of STIs and RTIs and their complications, with particular focus on STI syndromes, syphilis, herpes simplex virus, complications and sequelae of PID, cervical cancer. (A)**

**Indicators:**

- *No. of tools, guidelines and strategies developed*
  - *No. of countries in which these guidelines/tools/strategies have been adopted*
- 1.1.1 Develop, test and disseminate clinical guideline for prevention and management of cervical cancer
  - 1.1.2 Develop, test and disseminate clinical guideline on prevention of PID and its sequelae, in particular infertility and ectopic pregnancy
  - 1.1.3 Develop, test and disseminate clinical guidelines on the control of maternal and congenital syphilis in the context of a congenital syphilis elimination strategy
  - 1.1.4 Develop, test and disseminate clinical guidelines on herpes simplex virus 2 (HSV2), chancroid and syphilis management and control

**1.3 Evidence-based tools and guidelines for new, innovative programmatic approaches developed and promoted. (B)**

**Indicators:**

- *No. of guidelines, tools and strategies developed*
  - *No. of countries in which these guidelines/tools/strategies have been validated*
- 1.3.1 Develop and promote screening tools for STI and RTI control
  - 1.3.2 Develop and promote tools for local data collection and monitoring of STIs and RTIs for guideline and policy adaptation
  - 1.3.3 Develop and promote tools for appropriate integration across reproductive health, STI-control and HIV-control and other programmes
  - 1.3.4 Develop and promote tools and strategies for the elimination of congenital syphilis
  - 1.3.5 Develop and promote tools and strategies for control of syphilis in the community
  - 1.3.6 Develop and promote tools and strategies for eradication of chancroid

## **OBJECTIVE 2**

**To broaden the range of safe, effective, acceptable and affordable methods to prevent and manage STIs and RTIs and mother-to-child transmission of HIV (MTCT).**

### **OUTPUTS**

**2.5 Strategies with a focus on vulnerable populations (including impact evaluation, cost-effectiveness and operations research) developed and assessed to reduce STI and RTI burden at the community level. (A)**

***Indicators:***

- *No. of strategies reviewed and assessed*
- *No. of research studies on new strategies completed and disseminated*

2.5.1 Assess cost-effectiveness and impact of different STI control strategies in selected populations, such as sex workers, substance users, miners, migrant populations

2.5.2 Develop new strategies for partner notification

**2.2 New and improved tools and strategies for STI and RTI surveillance, prevention and care available and assessed. (B)**

***Indicators:***

- *No. of tools and strategies validated*
- *No. of research studies completed and disseminated*

2.2.1 Support and participate in proof-of-concept studies of the impact of HSV2 treatment on HSV2-related disease, vertical transmission and HIV incidence

2.2.2 Assess impact of HSV2 vaccines on HSV2-related disease, vertical transmission and HIV incidence

2.2.3 Assess impact of human papilloma virus (HPV) vaccine on epidemiology of HPV and cervical cancer

2.2.4 Support and promote research on impact of highly active antiretroviral treatment (HAART) on evolution of pre-cancerous cervical lesions and validation of visual inspection with acetic acid (VIA) in HIV-positive women

2.2.5 Develop tools for the management of HPV lesions in HIV-positive women and men

2.2.6 Assess impact and cost-effectiveness of improved STI diagnostic tests on case management, prevention of complications and vertical transmission

2.2.7 Assess burden of RTI disease, in particular bacterial vaginosis, and impact of treatment in selected populations

**2.1 Existing, new and/or improved chemical and physical barrier methods for protection against HIV and/or STIs with or without pregnancy protection assessed or developed. (B)**

***Indicators:***

- *No. of new products assessed*
- *No. of research studies completed and disseminated*

2.1.1 Conduct clinical safety and acceptability studies of microbicide(s)

2.1.2 Assess the effectiveness of microbicide(s) for pregnancy prevention

2.1.3 Assess the clinical effectiveness of cellulose sulphate against HIV

- 2.1.4 Assess the contraceptive effectiveness of the female condom
- 2.1.5 Assess the effectiveness of the condom for STI prevention
- 2.1.6 Conduct clinical safety studies of combinations of physical and chemical barrier methods

**2.3 Safety of drugs used in HIV care (antiretroviral therapies and treatments for opportunistic infections) in women of reproductive age, including pregnant and lactating women in resource-limited settings, assessed. (C)**

**Indicator:**

- *No. of safety assessments completed and disseminated*

- 2.3.1 Conduct a multicentre observational study on the safety and efficacy of HAART in women previously exposed to antiretroviral MTCT prophylaxis
- 2.3.2 Monitor and encourage the documentation of the adverse effects of antiretroviral drugs (ARVs) and treatment of opportunistic infections in pregnant and lactating women
- 2.3.3 Assess the interaction between antiretroviral treatments and hormonal contraception

**2.4 Safety, efficacy and effectiveness of prophylactic use of ARVs and other interventions to prevent MTCT assessed. (C)**

**Indicator:**

- *No. of safety, efficacy and effectiveness assessments completed and disseminated*

- 2.4.1 Conduct a multicentre prospective study on the safety, acceptability and efficacy of HAART for the prevention of MTCT of HIV, and the reduction of mother's morbidity and mortality
- 2.4.2 Assess impact of introducing comprehensive care package on acceptability, uptake and effectiveness of MTCT-prevention interventions
- 2.4.3 Assess impact of effective psychosocial support facilities on acceptability, uptake and effectiveness of MTCT-prevention interventions
- 2.4.4 Maintain survey of the scientific literature related to MTCT - prevention interventions (ARV- and non ARV-based)

**OBJECTIVE 3**

**To strengthen national health system capacity to improve quality and sustainability of culture- and gender-sensitive and non-stigmatizing programmes to prevent and control STIs and RTIs, including HIV, and their complications.**

**OUTPUTS**

- 3.4 Countries assisted to strengthen health system capacities (including management, laboratory, commodity management, research and pre- and in-service training) to implement STI and RTI prevention, control and surveillance programmes. (A)**

**Indicators:**

- *No. of countries applying the Strategic Approach<sup>3</sup> to strengthen STI and RTI control programmes*
- *No. of countries with strengthened STI and RTI training curricula*
- *No. of countries with national STI reference laboratories and adequate quality assurance systems*

- 3.4.1 Assist countries to strengthen national pre- and in-service training related to STI/RTI case management
- 3.4.2 Support implementation of the Strategic Approach for STI/RTI control
- 3.4.3 Strengthen national research capacity by providing support to build laboratory capacity through regional networks in each of three regions
- 3.4.4 Support countries with establishment of STI and RTI commodity quality assurance

**3.5 Effective models to integrate appropriately across STI and RTI, reproductive health and HIV programmes, as well as across public, private, traditional and informal sectors, documented, developed and assessed. (A)**

**Indicators:**

- *No. of cost-effectiveness studies disseminated*
- *No. of country demonstration projects supported*

- 3.5.1 Develop, assess and disseminate effective models to integrate appropriately across STI and RTI, reproductive health and HIV programmes with a particular focus on private sector involvement

**3.1 Countries assisted to develop and implement strategic planning process for STI and RTI control strategies including the use, promotion and integration of new approaches, methods and technologies into existing health services. (B)**

**Indicators:**

- *No. of countries applying Strategic Approach to introduce new strategies, methods and technologies*
- *No. of new strategies, methods and technologies introduced into countries*

- 3.1.1 Provide tools and technical support for establishing national STI/RTI programme priorities
- 3.1.2 Develop strategies for the use, promotion and integration of new and/or improved physical and chemical barrier methods into existing reproductive health services
- 3.1.3 Develop strategies for the introduction of HSV2 and HPV vaccines

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<sup>3</sup> The Strategic Approach is a three stage process to assist national level decision-making to improve the quality of care of reproductive health services. Stage I strategic assessments examine users' needs and perspectives, the available technologies and services and the capacity of the service delivery system, so as to determine appropriate strategies for improving the quality of care. Stage II involves action research to design and test optimal models for introducing technologies or services. Stage III uses research results and lessons learned in Stage II for policy and programme development and the scaling-up of activities.

## **OBJECTIVE 4**

**To foster an enabling social environment towards non-stigmatizing and culture- and gender-sensitive STI and RTI prevention and care at individual, family and community levels.**

### **OUTPUTS**

#### **4.2 Capacity strengthened for STI prevention and care focusing on vulnerable groups, such as sex workers and their clients, adolescents, prison populations, mobile and migrant populations. (A)**

***Indicators:***

- *No. of guidelines and successful prevention and care models for vulnerable populations identified, assessed and disseminated*
- *No. of networks and community-based initiatives supported*

- 4.2.1 Develop a set of case studies with lessons learned, core principles for strategic direction and directory of resources that improve capacity for STI prevention and care for vulnerable individuals
- 4.2.2 Compile an inventory of successful initiatives for community mobilization to address needs of vulnerable populations and core principles for success
- 4.2.3 Carry out operations research on community mobilization initiatives for vulnerable populations, consolidate the experience, extract and disseminate guiding principles

#### **4.1 Effective models addressing gender power dynamics, sexual behaviour, health-care seeking behaviour and preventive behaviour, including prevention of parent-to-child transmission (PTCT), partner management and promotion of barrier methods identified, evaluated and promoted. (B)**

***Indicator:***

- *No. of guidelines and models identified and disseminated*

- 4.1.1 Evaluate family, peer, and community influences and interventions towards an enabling environment for partner management and increased use of barrier methods

#### **4.4 Effective models for financing and supporting the provision of community-based care and services for vulnerable populations identified and promoted. (C)**

***Indicator:***

- *No. of successful financing models for vulnerable populations identified, assessed and disseminated*

- 4.4.1 Identify, assess and disseminate effective financing examples for community-based services for vulnerable populations

## **OBJECTIVE 5**

**To ensure an enabling environment at the national level supportive of non-stigmatizing and culture- and gender-sensitive STI and RTI programmes, policies, laws and initiatives.**

### **OUTPUTS**

#### **5.3 Rights-based legal and regulatory measures for STI and RTI control in vulnerable populations formulated and adopted. (B)**

***Indicators:***

- *No. of policy analyses conducted and disseminated*
  - *No. of countries assisted to formulate health policies adequately addressing STI and RTI control policies, laws and regulations*
  - *No. of countries supported to oversee and regulate microbicide research and deployment*
- 5.3.1 Assist countries with formulation of ethical, legal, rights and policy issues for improved STI prevention and control among vulnerable populations
- 5.3.2 Strengthen capacity of national regulatory authorities to oversee and regulate microbicide research, and develop regional consensus on ethical issues in microbicide research and development and product introduction

#### **5.1 National, multisectoral partnerships and networks to support STI and RTI prevention and care promoted, including dissemination of best practices. (B)**

***Indicator:***

- *No. of multidisciplinary national STI networks supported*
- 5.1.1 Identify and promote STI/RTI Networks of Excellence (multisectoral and multidisciplinary) and action plans
- #### **5.2 Strategies for incorporating private, non-governmental and traditional systems of health providers for effective STI and RTI control at all levels from national to community identified and promoted, including quality assurance and regulatory provisions. (C)**

***Indicators:***

- *No. of countries adopting regulatory, accreditation and quality assurance measures to improve STI and RTI control*
  - *No. of public, private and multidisciplinary initiatives supported*
- 5.2.1 Identify and promote public-private partnerships in STI and RTI prevention, care and surveillance and quality assurance and regulatory standards

## **OBJECTIVE 6**

**To ensure an enabling environment at the regional and global levels supportive of non-stigmatizing and culture- and gender-sensitive STI and RTI programmes, policies, laws and initiatives.**

### **OUTPUTS**

#### **6.2 Equity in access to affordable, effective and safe STI and RTI drugs, commodities and care, including procurement and manufacture, facilitated and advocated. (A)**

***Indicators:***

- *No. of STI and RTI drugs and commodities added to WHO Model List of Essential Medicines*
- *No. of countries benefiting from preferential pricing mechanisms*

6.2.1 Develop global partnerships and financing strategies for equitable access to STI and RTI drugs, commodities and care

#### **6.4 STI and RTI surveillance at national, regional and global levels enhanced. (A)**

***Indicators:***

- *No. of regional laboratories strengthened*
- *No. of prevalence and sentinel surveillance studies supported*

6.4.1 Improve quality, quantity, timeliness and relevance of national STI surveillance data

#### **6.1 Effective partnerships and coalitions achieved at global and regional levels (including stakeholders) to develop and adopt new strategies to advocate for the importance of STIs and RTIs, increase resources and promote consistent and evidence-based policies for national programmes in the context of sexual health and human rights. (B)**

***Indicators:***

- *No. of global and regional partnerships established*
- *No. of countries with explicit support for STI control in national strategies*

6.1.1 Develop global partnerships and financing strategies for renewed advocacy for STI prevention and care



## 4. Unsafe abortion

Each year, an estimated 210 million women throughout the world become pregnant and a significant percentage (22%) of them resort to abortion. It is estimated that 46 million abortions are performed annually, corresponding to 35 abortions per 1,000 women aged 15-44 years. Of these 46 million, 19 million are estimated to be unsafe abortions.

In contexts where access to safe abortion is restricted, mortality due to abortion is high. For example, 680 women die per 100,000 abortions in Africa compared to less than 1 (0.7) in developed regions. Globally, it has been estimated that in addition to some 70,000 women who die each year as a consequence of unsafe abortion, a further five million suffer temporary or permanent disability. The persistence of high levels of unintended pregnancies is the root cause for women's recourse to abortion. The reasons for unintended pregnancies are several and include lack of access to or non-use of a contraceptive method as well as failure of the method. More complex reasons include, but are not limited to, unwanted or forced sexual intercourse and a lack of women's empowerment over sexual and reproductive matters.

The growing number of women of reproductive age together with a rise in the desire to regulate fertility and to have fewer children requires high levels of correct and consistent use of effective contraceptive methods. However, difficulties associated with access to preferred methods of contraception and with correct and consistent use of contraceptive methods, and the problem of contraceptive method-failure are not easily resolved and may lead to unintended pregnancies. Societal norms, economic conditions and other systemic factors are also likely to have a profound impact on recourse to abortion and especially to unsafe abortion. Poverty, including uncertain economic circumstances, is an important determinant of the decision-making process leading to abortion when women face an unintended pregnancy.

At the International Conference on Population and Development (ICPD), issues and challenges for work in the area of abortion were outlined. In the Programme of Action, governments and other relevant organizations are urged *"to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family planning services"* (paragraph 8.25). It is further stated that *"Prevention of unwanted pregnancies must always be given the highest priority and every attempt should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counselling. .... In circumstances where abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion. Post-abortion counselling, education and family planning services should be offered promptly, which will also help to avoid repeat abortions."* (paragraph 8.25).

The key actions adopted by the Twenty-first Special Session of the United Nations General Assembly for the further implementation of the ICPD Programme of Action noted: *"In recognizing and implementing of the above, and in circumstances where abortion is not against the law, health systems should train and equip health-service providers and should take other measures to ensure that such abortion is safe and accessible. Additional measures should be taken to safeguard women's health."* [Key actions for the further implementation of the Programme of Action of the International Conference on Population and Development, paragraph 63 (iii)]. The reduction and elimination of unsafe abortion is central to reducing maternal mortality and therefore to achieving the ICPD and Millennium Development Target on maternal mortality reduction.

The Department's work on preventing unsafe abortion is unique and is not addressed by other departments within WHO. The department's experience and expertise in conducting rigorous biomedical, epidemiological, social science and programmatic research on preventing unsafe abortion is widely acknowledged by experts in the field and by other agencies. WHO is well suited to conduct multidisciplinary research on preventing unsafe abortion, develop tools and guidelines, and provide technical assistance that address abortion-related issues. The goal to eliminate unsafe abortion is pursued by the Department by undertaking three closely interrelated activities, namely: (1) mapping evidence, improving technologies, and testing interventions; (2) developing norms, tools, and guidelines; and (3) providing technical support to countries. The work thus focuses on generating scientifically sound information on abortion-related issues for policies and programmes, developing new and improved regimens of safe abortion, promoting best practices and high-quality abortion services and post-abortion care, and assisting with evidence-based advocacy for the prevention of unsafe abortion. The regular exchange of information with other agencies active in this area of work enables the Department to address issues and undertake activities which complement and reinforce the overall agenda of preventing unsafe abortion.

## GOAL

To reduce and eventually eliminate unsafe abortion, and make legal abortion safe.

## OBJECTIVE 1

**To support implementation of safe abortion services and post-abortion care in accordance with WHO best practices and in accordance with national laws.**

## OUTPUTS

### **1.3 Evidence-based guidelines developed for the provision of abortion by mid-level providers. (A)**

#### *Indicators:*

- *No. of national programmes with guidelines adapted or implemented*
- *No. of training institutions using guidelines*
- *No. of partners supporting application of guidelines*

1.3.1 Develop or adapt guidelines on the provision of abortion by mid-level providers

1.3.2 Implement, evaluate and disseminate guidelines

### **1.7 Evidence-based guidelines developed to remove the barriers to access, such as misunderstanding and misapplication of the law; third-party authorization; lack of confidentiality; scope and limits of conscientious objection; lack of knowledge for legal indications; certification of rape and incest; criminalization and stigmatization; poor quality of care, including negative provider attitudes. (A)**

#### *Indicators:*

- *No. of national programmes with guidelines adapted and implemented*
- *No. of training institutions using guidelines*
- *No. of international agencies and NGOs supporting implementation of guidelines*

1.7.1 Provide assistance to review available evidence in selected countries, through multidisciplinary working groups

1.7.2 Develop and review guidelines

1.7.3 Assist with implementation, monitoring and evaluation, and mobilise international and national agencies for such implementation

**1.1 Guidance provided to countries to develop, test, and implement strategies for improving the quality of abortion services and post-abortion care, including provision of information and counselling for free and informed decision-making and contraceptive services. (A)**

**Indicators:**

- *No. of strategic assessments conducted in selected countries.*
- *Recommendations from strategic assessments implemented in selected countries*
- *Guidelines produced*

1.1.1 Adapt the Strategic Approach to the area of preventing unsafe abortion

1.1.2 Provide assistance to countries to utilize the Strategic Approach to develop strategies for introducing medical abortion

**1.6 Evidence-based guidelines available on managing abortion complications in different resource-settings and for groups in vulnerable situations. (B)**

**Indicators:**

- *No. of national programmes with guidelines adapted and implemented*
- *No. of training institutions/courses using guidelines*
- *No. of international agencies and NGOs supporting implementation of guidelines*

1.6.1 Develop or adapt guidelines on managing abortion complications in different resource-settings and for groups in vulnerable situations

1.6.2 Implement, evaluate, and disseminate guidelines

**1.2 Evidence-based guidance developed and training provided to improve capacity of service providers to meet better the needs of women requiring abortion or post-abortion care, with special attention to their attitudes, skills and provision of appropriate services, through basic training and continuing professional development. (B)**

**Indicators:**

- *No. of national programmes with guidelines adapted and implemented*
- *No. of training institutions using guidelines*
- *No. of training courses held*
- *No. of providers trained*
- *Training modules available*
- *No. of international agencies and NGOs supporting implementation of training guidelines*

1.2.1 Develop or adapt guidelines on integrating abortion and post-abortion care into training curricula to improve provider performance

1.2.2 Implement, evaluate, and disseminate guidelines

1.2.3 Organise a consultation to develop contents of the training curricula. Test and finalise the training curricula

1.2.4 Disseminate training curricula and organize national meetings with governments and other stakeholders including service providers to discuss use of the training curricula

## **OBJECTIVE 2**

**To improve the safety, efficacy and acceptability of methods of abortion and post-abortion care.**

### **OUTPUT**

**2.1 Improved understanding generated on the safety, effectiveness and acceptability of existing methods of medical and surgical abortion, including research on side-effects, health impacts, and clinical performance. (A)**

#### ***Indicators:***

- *No. of newly developed and approved drugs that are registered for use by country*
- *Publications available*

2.1.1 Develop and evaluate improved treatment modalities and regimens for induced abortion

## **OBJECTIVE 3**

**To strengthen national health system capacities (management and support systems) to reduce unsafe abortions and to ensure the availability of high-quality and sustainable safe abortion services and post-abortion care in accordance with national laws, ethical principles and relevant international conventions and agreements.**

### **OUTPUTS**

**3.5 The necessary means to provide safe abortion and post-abortion services included on the WHO Model List of Essential Medicines. (A)**

#### ***Indicator:***

- *Essential drug lists containing necessary information to provide safe abortion and post-abortion services*

3.5.1 Organise a consultative meeting to review the evidence and discuss inclusion of information in the WHO Model List of Essential Medicines

3.5.2 Mobilise international agencies, national authorities, and NGOs for the inclusion of information in essential drug lists.

**3.3 Training curriculum developed for reproductive health programme managers for introducing high-quality abortion services using an ethical/legal framework. (A)**

#### ***Indicators:***

- *Training curriculum developed*
- *No. of training institutions using the curriculum*
- *No. of training courses held using the curriculum*
- *No. of providers trained*
- *No. of international agencies and NGOs supporting implementation of curriculum*

3.3.1 Conduct situation analysis in selected countries documenting laws and policies, their implementation and the ethical context

3.3.2 Organise a consultation to review findings and their implications as well as suggest contents of the training curriculum. Develop, test, and finalise the training curriculum

3.3.3 Disseminate training curriculum and organise national meetings with governments and other stakeholders to discuss use of the training curriculum

**3.6 A manual developed summarising and assessing existing approaches to estimating the incidence of unsafe abortion, including the evaluation of the impact of increased use of drug-induced abortion, incomplete record-keeping, etc. on the completeness of reporting, and exploring adaptation of methods of data collection. (A)**

***Indicators:***

- *Manual produced*
- *Estimation procedures used*
- *Partner agencies supporting the manual*

3.6.1 Commission a background paper reviewing existing methodologies and their limitations in providing reliable estimates

3.6.2 Organise a consultative meeting to review the evidence and to recommend optimal methodology

3.6.3 Develop a manual describing and recommending the optimal approach

**3.8 Guidelines produced on regulation and quality assurance of abortion services and post-abortion care including public and private sector services. (B)**

***Indicators:***

- *Guidelines available*
- *No. of national programmes with guidelines adapted and implemented*
- *No. of international agencies and NGOs supporting implementation of guidelines*

3.8.1 Develop or adapt guidelines on regulation and quality assurance of abortion services and post-abortion care including public and private sector services

3.8.2 Implement, evaluate, and disseminate guidelines

**3.1 All related costs of providing different methods of abortion by type of providers assessed. (B)**

***Indicators:***

- *No. of studies completed in selected countries*
- *Comparative cost-effectiveness data available from a range of country and programmatic settings*

3.1.1 Develop *Calls for Proposals* and/or core protocols with instruments to launch studies

3.1.2 Organise research training workshops to strengthen research proposals and their implementation

3.1.3 Support a number of approved studies

3.1.4 Provide technical support for the analysis of data and write-up of results

3.1.5 Organise national, regional, and international meetings to disseminate research findings and to discuss policy and programme implications including the development of evidence based guidelines and policy briefs.

### **3.7 Guidelines developed for improved record-keeping and reporting, based on a review of approaches and formats used worldwide. (B)**

**Indicators:**

- *No. of national programmes with guidelines adapted and implemented*
- *No. of data collection institutions using guidelines*
- *No. of international agencies and NGOs supporting implementation of guidelines*

3.7.1 Develop or adapt guidelines on improved record-keeping and reporting, based on a review of approaches and formats used worldwide

3.7.2 Implement, evaluate, and disseminate guidelines

### **3.4 Regular surveillance of the administration of surgical and non-surgical abortion methods, including reported side-effects and effectiveness, established or improved and quality assurance of public and private sector provision of abortion services monitored. (B)**

**Indicators:**

- *Quality assurance methodology and process developed and implemented*
- *No. of countries implementing methodology*

3.4.1 Organise a consultation with experts and international agencies and NGOs to review the evidence and agree on improved methods of surveillance for surgical and non-surgical methods of abortion

## **OBJECTIVE 4**

**To foster community, individual, and family support for the elimination of unsafe abortion and for post-abortion care.**

### **OUTPUTS**

#### **4.4 Dialogue with community leaders on the causes and consequences of unsafe abortion and on the benefits of access to safe abortion promoted. (B)**

**Indicator:**

- *No. of dialogue meetings held*

4.4.1 Organise regional meetings to promote dialogue with community leaders on the causes and consequences of unsafe abortion and on the benefits of access to safe abortion.

#### **4.3 Effective social support networks, especially for young people, identified. (C)**

**Indicators:**

- *No. of studies completed in different contexts*
- *Findings disseminated*

4.3.1 Develop *Calls for Proposals* and/or core protocols with instruments to launch studies

4.3.2 Organise research training workshops to strengthen research proposals and their implementation

- 4.3.3 Support a number of approved studies
- 4.3.4 Provide technical support for the analysis of data and write-up of results
- 4.3.5 Organise national, regional, and international meetings to disseminate research findings and to discuss policy and programme implications including the development of evidence-based guidelines and policy briefs

**4.2 Evidence generated on men's roles, knowledge, perceptions, and attitudes regarding abortion as well as their involvement in: (a) the decision-making process leading to having an abortion; (b) post-abortion care; (c) home-based abortion procedures (whether traditional or new). (C)**

***Indicators:***

- *No. of studies completed in a range of contexts*
- *Findings disseminated*
- *Publications available*

- 4.2.1 Develop *Calls for Proposals* and/or core protocols with instruments to launch studies
- 4.2.2 Organise research training workshops to strengthen research proposals and their implementation
- 4.2.3 Support a number of approved studies
- 4.2.4 Provide technical support for the analysis of data and write-up of results
- 4.2.5 Organise national, regional, and international meetings to disseminate research findings and to discuss policy and programme implications including the development of evidence-based guidelines and policy briefs

**OBJECTIVE 5**

**To assist with the development of national health policies which are based on an up-to-date understanding of the determinants and consequences of unsafe abortion.**

**OUTPUTS**

**5.1 Research conducted on the operation of abortion laws and how they impact different subgroups of women in equitable or inequitable ways. (A)**

***Indicators:***

- *No. of studies completed*
- *Findings disseminated*
- *Publications available*

- 5.1.1 Develop *Calls for Proposals* and/or core protocols with instruments to launch studies
- 5.1.2 Organise research training workshops to strengthen research proposals and their implementation
- 5.1.3 Support a number of approved studies
- 5.1.4 Provide technical support for the analysis of data and write-up of results
- 5.1.5 Organise national, regional, and international meetings to disseminate research findings and to discuss policy and programme implications including the development of evidence-based guidelines and policy briefs

## **5.8 Estimates available of the costs to the health system and to individuals of providing or not providing safe abortion. (A)**

### ***Indicators:***

- *No. of studies completed in a range of contexts*
- *Documentation of hospital expenditures for treating abortion complications available*
- *Documentation of costs of public health sector provision of abortion available*
- *Findings disseminated*

5.8.1 Develop *Calls for Proposals* and/or core protocols with instruments to launch studies

5.8.2 Organise research training workshops to strengthen research proposals and their implementation

5.8.3 Support a number of approved studies

5.8.4 Provide technical support for the analysis of data and write-up of results

5.8.5 Organise national, regional, and international meetings to disseminate research findings and to discuss policy and programme implications including the development of evidence-based guidelines and policy briefs

## **5.2 Evidence reviewed and generated on the impact of changes in abortion-related laws and/or policy on service provision, and on health and other outcomes such as the status of women. (A)**

### ***Indicators:***

- *No. of studies completed in a range of contexts*
- *Documentation of evidence on the impact of changes in abortion-related laws obtained*
- *Publications available*

5.2.1 Develop *Calls for Proposals* and/or core protocols with instruments to launch studies

5.2.2 Organise research training workshops to strengthen research proposals and their implementation

5.2.3 Support a number of approved studies

5.2.4 Provide technical support for the analysis of data and write-up of results

5.2.5 Organise national, regional, and international meetings to disseminate research findings and to discuss policy and programme implications including the development of evidence-based guidelines and policy briefs

## **5.7 Dialogue, especially with policy-makers and service providers, promoted on the importance of women's health and rights, on the causes and consequences of unsafe abortion, and on access to safe and quality abortion services. (B)**

### ***Indicator:***

- *No. of dialogue meetings held*

5.7.1 Organise regional meetings on the subject of women's rights and abortion

## **5.5 Improved understanding of the pathways to abortion following an unintended pregnancy generated. (B)**

### ***Indicators:***

- *No. of studies completed*
- *Evidence generated on the pathways to abortion following an unintended pregnancy*
- *Publications available*

- 5.5.1 Develop *Calls for Proposals* and/or core protocols with instruments to launch studies
- 5.5.2 Organise research training workshops to strengthen research proposals and their implementation
- 5.5.3 Support a number of approved studies
- 5.5.4 Provide technical support for the analysis of data and write-up of results
- 5.5.5. Organise national, regional, and international meetings to disseminate research findings and to discuss policy and programme implications including the development of evidence-based guidelines and policy briefs.

**5.6 Evidence reviewed to establish if counselling men and women on contraception following abortion leads to improved uptake and continuation of contraceptive use, and guidance provided on what constitutes good contraceptive counselling and information provision in abortion care. (B)**

**Indicators:**

- *No. of studies completed*
- *Evidence on contraceptive uptake following abortion generated*
- *Decline in repeat abortion demonstrated*
- *Policy guidance available*

- 5.6.1 Develop background papers reviewing the available evidence and ongoing programmes
- 5.6.2 Organise a consultation with experts and international agencies and NGOs to review the evidence and to agree on method of study and indicators
- 5.6.3 Support a number of operations research studies evaluating different models of counselling and their comparative impact
- 5.6.4 Provide technical support for the analysis of data and write-up of results
- 5.6.5 Organise national, regional, and international meetings to disseminate research findings and to discuss policy and programme implications including the development of evidence-based guidelines and policy briefs.

**5.9 Guidance developed on addressing abortion services in the Poverty Reduction Strategy Papers (PRSP) process. (B)**

**Indicators:**

- *No. of PRSPs using guidance on abortion services*
- *No. of PRSPs reports with information on abortion services*
- *International and national agencies supporting the implementation of guidelines*

- 5.9.1 Develop guidelines on addressing abortion services in the Poverty Reduction Strategy Papers (PRSP) process

**5.3 Technical support provided for mapping of provision of abortion services and post-abortion care (where, by type of provider, and by methods) in order to support policy analysis (1) to improve access to safe abortion services and post-abortion care in decentralised health systems (including at primary, secondary and tertiary levels); (2) to integrate abortion services and post-abortion care with other reproductive health services; and (3) to determine policy on how abortion care is paid for, to improve equity of access to safe care. (C )**

**Indicators:**

- *Evidence generated on abortion services and post-abortion care by type of provider and method*
- *Policy implications and guidelines on decentralisation, integration and financing available*

- 5.3.1 Develop *Calls for Proposals* and/or core protocols with instruments to launch studies in the three areas
- 5.3.2 Organise research training workshops to strengthen research proposals and their implementation
- 5.3.3 Support a number of approved studies
- 5.3.4 Provide technical support for the analysis of data and write-up of results
- 5.3.5 Organise national, regional, and international meetings to disseminate research findings and to discuss policy and programme implications including the development of evidence-based guidelines and policy briefs.

## **OBJECTIVE 6**

**To strengthen commitment, advocacy, and action at the global level to reduce and eliminate (where possible) unsafe abortion.**

### **OUTPUTS**

#### **6.2 Estimated incidence of unsafe abortion and its associated morbidity and mortality for women in general, and particularly those who are in vulnerable situations, documented and regularly monitored. (A)**

***Indicators:***

- *Updated estimates on the incidence of unsafe abortion available*
- *Updated estimates of abortion-related mortality available*
- *Findings published*

- 6.2.1 Organise a consultation with experts and international agencies and NGOs to discuss a plan for monitoring the incidence of unsafe abortion and abortion-related maternal mortality
- 6.2.2 Maintain a database on the current incidence of unsafe abortion and maternal mortality and produce updates every two years
- 6.2.3 Undertake periodic substantive analyses of the incidence of unsafe abortion in relation to unmet need for family planning and/or contraceptive method mix

#### **6.1 Health effects of laws, policies and processes on the provision of safe abortion and of post-abortion care analysed. (A)**

***Indicator:***

- *International report on abortion laws and policies available*

- 6.1.1 Commission background overview papers
- 6.1.2 Organise a consultation with experts and international agencies and NGOs to develop a plan for monitoring abortion laws and policies and the contents of the review
- 6.1.3 Develop policy briefs or other documents to highlight policy and programmatic implications and mobilise international agencies, local NGOs and officials to discuss the findings

#### **6.3 Contributions made to the development of norms relating to reproductive self-determination relating to abortion evolved through UN Human Rights Treaty Bodies and other mechanisms. (B)**

***Indicators:***

- *Norms developed*
  - *Human rights reports with norms relating to abortion*
- 6.3.1 Provide to the UN Treaty Monitoring Bodies data on abortion relating to the countries reporting.
- 6.3.2 Convene meetings with UN Treaty Monitoring Bodies, other UN agencies and international NGOs to further understanding of the available data and to elaborate and publish norms relating to reproductive self-determination in relation to abortion



## 5. Technical cooperation with countries

### Issues and challenges

In follow-up to the ICPD and ICPD+5 goal on making sexual and reproductive health services accessible to all couples and individuals, policy-makers and programme managers in most countries undertook with enthusiasm the efforts needed to enhance the internalisation of the concept of sexual and reproductive health. They endeavoured to develop new policies and programmes that are responsive to the constantly changing needs of people across their life span. To the extent possible, this "paradigm shift" took due account of the diversity of cultural, religious and economic factors that affect reproductive health behaviours and gender relationships.

Consequently, there are many examples of developing countries that made remarkable progress towards the operationalisation of the core elements of sexual and reproductive health and the development of relevant programmes outlined in the ICPD Programme of Action. However, as recent programme reviews have shown, there is an urgent call to address the following concerns, both at national and international levels:

- Many attempts to implement holistic and integrated sexual and reproductive health programmes are often patchy and fragmented. The broad concept of sexual and reproductive health has indeed brought together multiple players and disciplines that are striving to build new partnerships, but their respective interventions are often uncoordinated or result in competition. More importantly, the little gains made are being jeopardised by the divergence of opinion and the polarisation of debates around sexuality and reproductive rights issues at recent international forums. The regrettable failure of the Millennium Declaration to make reference to the goal on universal access to reproductive health is perhaps the clearest example of these tensions.
- The availability of human resources endowed with the technical and managerial skills required to manage sexual and reproductive health programmes and services remains uneven between and within countries. This is further compounded by external events such as high attrition due to brain drain and political instability, high internal turnover, and high death toll from HIV/AIDS in countries hardest hit by the epidemic. Achieving self-reliance for the delivery of an essential package of services through the availability of a critical mass of national experts is beyond reach for most countries.
- Also, the priority-setting processes are seldom participatory and modalities for scaling-up pilot projects to sustainable programmes still have to be developed. Recent evidence has increasingly shown that the needs of poor people and other vulnerable groups, including refugees and internally displaced persons, are not being met by the ongoing programmes, owing to ill-functioning health systems.
- Although the vicious circle of poverty and ill-health, particularly its negative impact on reproductive health, became a topical issue, solid research-based evidence that better reproductive health reduces poverty and enhances economic growth still needs to be gathered and widely disseminated so as to strengthen the case for investing in this area.
- The claim that market-led types of health sector reforms and other related structural or organisational changes (e.g. decentralisation changes in the regulatory role of government, new financing and resource allocation mechanisms) may improve quality of services and equity in health outcomes has not yet materialized; rather, hot debates have been sparked that these changes probably had more drawbacks on the delivery,

utilisation and outcomes of reproductive health services. But, again, research-based evidence is lacking.

- In this era of constrained resources, many governments and donor partners have embarked on the implementation of sector-wide approaches (SWAp) as a programmatic tool for ensuring comprehensive and sustainable development of the health sector. Likewise, it has been recognised that national programmes on sexual and reproductive health have a significant role to play in the efforts to strengthen national health systems. Yet, successful ways of bring these constituencies together in order to secure commensurate resources for addressing the burden of sexual and reproductive ill-health are still to be documented and disseminated.

In accordance with the WHO Corporate Strategy, work on technical cooperation with countries (including between developing countries) in the area of sexual and reproductive health entails a combination of actions with respect to technical and policy advice, advocacy and development of new partnerships, and encouragement of local research and development. Close linkages with the new *Country Focus Initiative* should be developed so as to strengthen the capability of countries to apply knowledge through the formulation of appropriate policies, and through planning and implementing relevant sexual and reproductive health programmes. Increased efforts are also needed to ensure the continued linking of research findings to action plans, policy formulation and programme development and the improvement of practices. Therefore, coherent support must be harnessed from the various parts of the Department, from Regional and Country Offices as well as from partner agencies in order to meet the needs of specific countries.

## GOAL

To improve reproductive health through the provision of services that are accessible, effective, equitable, gender-sensitive, and responsive to the needs of all individuals across the life span.

## OBJECTIVE 1

**To build health system capacity at national and sub-national levels for strategic planning, development, implementation and evaluation of appropriate interventions for the provision of quality sexual and reproductive health services to all people and for ensuring the reproductive rights of all.**

## OUTPUTS

### **1.2 Knowledge and experience on how to introduce and implement best practices for improved delivery of sexual and reproductive health services disseminated and utilized. (A)**

#### *Indicator:*

- *No. of countries that have built their own capacity for mapping, incorporating and implementing best practices into national policies, norms, and provision of services*
- 1.2.1 Provide technical support to national and local institutions for the effective management of knowledge required to adapt and utilize technical materials and tools on sexual and reproductive health services
  - 1.2.2 Support the conduct of operations research in countries addressing sexual and reproductive health programmatic needs
  - 1.2.3 Provide technical support for incorporation of best practices in national sexual and reproductive health policies and programmes

**1.6 National and sub-national capacities strengthened for adaptation and use of evidence-based policies and programmes aimed at ensuring sexual and reproductive rights and gender equity. (B)**

Activities: See Gender issues and reproductive rights, Output 3.1 and Technical cooperation with countries, Output 1.1 below

**1.1 Guidance provided to countries to undertake evaluation and strategic planning for comprehensive sexual and reproductive health programme development at national and sub-national levels. (B)**

**Indicator:**

- *No. of additional countries where strategic assessments and strategic planning have been applied and results have been documented and disseminated*
- 1.1.1 Provide technical support to programme formulation and evaluation at national and district levels
  - 1.1.2 Implement the Strategic Approach in countries for improving reproductive health policies and programmes
  - 1.1.3 Coordinate with Regional and Country Offices to enhance coherent programmatic and technical support to strengthening national sexual and reproductive health plans and programmes, including through operations research

**1.3 Human resources capacities strengthened for the development of sexual and reproductive health strategies and programmes at national and sub-national levels. (B)**

**Indicator:**

- *No. of training institutions assisted to review/adapt reproductive health and/or relevant health systems components as part of human resource development strategy*
- 1.3.1 Assist national health-professionals training institutions to strengthen the sexual and reproductive health and health systems components of the curriculum
  - 1.3.2 Provide assistance to countries to develop and implement appropriate in-service and refresher training to enable health care providers to provide high-quality sexual and reproductive health services

**1.4 Determinants and processes for successful scaling-up of pilot projects and lessons learned from relevant research documented and disseminated for their application in countries by policy-makers, programme managers, technical agencies, NGOs and donor organisations. (B)**

**Indicator:**

- *No. of countries assisted in adapting/applying technical guidelines for scaling-up of interventions based on lessons learned*

- 1.4.1 Identify determinants and processes for successful scaling-up and synthesize lessons learned
  - 1.4.2 Develop and broadly disseminate relevant guidelines
  - 1.4.3 Provide technical assistance to countries for scaling-up of successful interventions and processes
- 1.5 Framework for assessing and establishing appropriate sexual and reproductive health services in conflict, post-conflict and emergency situations developed and used in countries. (C)**

***Indicator:***

- *No. of countries in complex emergency and post-conflict situation where a sexual and reproductive health services package has been adapted based on the inter-agency guidelines*
- 1.5.1 Develop/update and disseminate appropriate guidelines
  - 1.5.2 Provide technical assistance to countries on the use of the guidelines, and the development of appropriate sexual and reproductive health services in conflict, post-conflict and emergency situations

**OBJECTIVE 2**

**To strengthen national research capacities to address sexual and reproductive health needs, as well as contribute to the global research effort.**

**OUTPUTS**

**2.1 Capacities built amongst institutions, groups and networks to identify and prioritise reproductive health research needs at country and regional levels. (A)**

***Indicators:***

- *No. of institutions awarded grants to support the process for assessing national research needs and priorities in sexual and reproductive health*
  - *No. of countries where such process has been completed*
- 2.1.1 Provide assistance to assess the current situation of reproductive health research (publications, ongoing research infrastructure and human resources)
  - 2.1.2 Provide assistance to select the most appropriate set of indicators to establish research needs and determine priorities
  - 2.1.3 Provide assistance for selecting indicators for improved monitoring and evaluation of progress in processes and outcomes of sexual and reproductive health research programmes
  - 2.1.4 Support the process for prioritizing research needs
- 2.2 Capacities created and strengthened to plan, commission and manage reproductive health research projects that are relevant, scientifically and technically sound and responsive to the national and/or regional needs. (A)**

***Indicators:***

- *No. of institutions, groups and networks supported to prepare comprehensive institutional capacity strengthening grants*
- *No. of grants provided for group learning activities and respective outputs*

- 2.2.1 Identify potential recipients of research capacity strengthening grants and provide assistance to prepare comprehensive institutional capacity strengthening plans
- 2.2.2 Develop institutional research capacities in a holistic manner through group learning activities held at regional and country levels in line with sexual and reproductive health priorities
- 2.2.3 Support the process for improving ethical standards for reproductive health research
- 2.2.4 Provide support to develop institutional capacities for operations research

### **2.3 Research centres strengthened to design, implement and sustain research in priority areas of reproductive health. (A)**

**Indicators:**

- *No. of national/regional projects approved and funded (with breakdown by regional priority area)*
- *No. and type of publications arising from national research or participation in global research projects*
- *No. of staff trained and retained in the institutions (with breakdown by sex and discipline)*

- 2.3.1 Provide capacity strengthening grants to research institutions
- 2.3.2 Provide research training and research re-entry grants to staff from research institutions
- 2.3.3 Support the process for monitoring and evaluation of research capacity strengthening activities

### **2.4 Guidance and facilitation provided on effective mechanisms of dissemination and utilization of relevant national research results to all concerned stakeholders. (A)**

**Indicators:**

- *Percentage of new proposals approved and funded which had structured plans for dissemination and utilisation of research findings*
- *No. of institutions undertaking periodical activities linked to the dissemination of specific research findings*
- *Percentage of research projects commissioned and funded by policy-makers in the institutions receiving research capacity strengthening grants*

- 2.4.1 Develop and provide guidelines for developing utilization plans of research findings and supporting the dissemination of research findings
- 2.4.2 Provide assistance to develop communication skills among researchers
- 2.4.3 Support information-dissemination workshops of research findings
- 2.4.4 Support the process for increased dialogue between policy-makers, managers and researchers and the relevant input of Regional Advisory Panels (RAPs) to the process
- 2.4.5 Collaborate with Regional and Country Offices for a coherent technical support process for promoting the utilization of research findings, including through the establishment of Service Guidance Centres

### **OBJECTIVE 3**

**To foster sound national health policies and reforms, that positively impact on sexual and reproductive health and rights, and contribute to country initiatives for the alleviation of poverty.**

#### **OUTPUTS**

**3.4 & 3.5 Support provided for increased visibility and maximisation of resources for sexual and reproductive health programmes, research and implementation as a developmental issue at national and global levels. (B)**

***Indicator:***

- *Examples of countries showing evidence of streamlined funding allocations for sexual and reproductive health and increased investment by donors*

- 3.4.1 Advocacy undertaken for the increased investment in reproductive health on the basis of its contribution to poverty alleviation strategies
- 3.4.2. Advocacy undertaken for health reforms that maximize availability of resources for reproductive health services
- 3.4.3. Technical assistance provided to countries in determining cost-effective interventions for programme implementation

**3.6 Guidance provided to countries for the development of policies and laws that ensure gender equity and reproductive rights, as well as equitable access to services. (C)**

Activities: See Gender issues and reproductive rights, Output 5.1

**3.3 Guidance and support provided for the use of multisectoral and participatory approaches, under the leadership of governments, in the process of planning, implementing and evaluating policies and programmes in sexual and reproductive health and rights (B).**

***Indicator:***

- *No. of countries highlighting sexual and reproductive health as an integral component of sector-wide planning, policy and programme development*

- 3.3.1 Provide guidance to countries to ensure that reproductive health is adequately addressed in the context of sector-wide approaches
- 3.3.2. Provide technical assistance to countries in strategic planning, implementation and evaluation of policies and programmes with the involvement of a broad range of stakeholders (see also Technical cooperation with countries, Output 1.1 above; Gender issues and reproductive rights, Outputs 3.2 and 5.3)

**3.1 Guidance provided to countries to support health sector reforms for which there is evidence of positive impact on sexual and reproductive health. (B)**

***Indicators:***

- *Availability and wide dissemination of evidence on positive and adverse effects of health sector reforms on access and provision of quality sexual and reproductive health services*
- *No. of countries provided assistance to develop guidelines on application of the reforms based on available evidence*

- 3.1.1. Implement research to better understand the impact of different types of health sector reforms on access to and quality of sexual and reproductive health services and on reproductive rights
- 3.1.2. Synthesize research results and develop guidelines based on research findings
- 3.1.3. Provide technical assistance to countries undertaking health sector reforms

**3.2 Guidance provided to countries on the development and implementation of reproductive health policies and programmes that will contribute to efforts towards poverty alleviation. (C)**

***Indicators :***

- *Availability and wide dissemination of evidence on contribution of improved sexual and reproductive health to poverty alleviation*
  - *No. of countries assisted in factoring the improvements in sexual and reproductive health in national plans addressing the MDG on poverty reduction (PRSPs)*
- 3.2.1. Implement research to better understand how improved reproductive health status can contribute to poverty alleviation
  - 3.2.2. Synthesize and disseminate research results



## **6. Gender issues and reproductive rights**

### **Issues and challenges**

The International Conference on Population and Development (ICPD, 1994) and the Fourth World Conference on Women (FCWC, 1995) both clearly emphasised the need for promoting gender equity and equality in reproductive health policies and programmes, as well as the promotion and protection of human rights. These agreements were reinforced in the five-year reviews of both conferences, held in 1999 and 2000, respectively. Among the key issues to be given greater attention were: measures aimed at promoting and achieving gender equality and equity in a systematic and comprehensive manner (ICPD+5 paragraph 39); the incorporation of issues related to sexual and reproductive health in the work of relevant United Nations bodies on indicators for the promotion and protection of the human rights of women (ICPD+5 paragraph 40); and the protection and promotion of human rights by ensuring that all health services and workers conform to ethical, professional and gender-sensitive standards in the delivery of women's health services, including by establishing or strengthening regulatory and enforcement mechanisms (Beijing+5 paragraph 107 g).

Over the past two to three decades an extensive amount of scholarship has brought to light the importance of examining gender differences in development. In the area of health, gender analysis has started to generate an understanding of differentials in risk factors and exposures, manifestation, severity and frequency of disease, and in social and cultural responses to disease. It has also highlighted inequalities between men and women in access to resources to promote and protect health, in responses from the health sector and in the ability to exercise the right to health.

Gender roles are central in sexual and reproductive health. Because it is women who get pregnant and give birth, the risk factors and exposures for women and men are fundamentally different from the outset, with the burden of ill-health being much greater for women. In addition, many of the health issues related to sex and sexuality depend on the nature of men's and women's relationships to each other. Often, for economic, political and social reasons, women have less power in relationships than do men and are therefore not in a position to protect themselves from unwanted sex, from transmission of infections or from violence. At the same time, men may also be constrained by societal expectations of manhood and masculinity, which may have a negative or positive impact on their health and that of women. These aspects must be understood and taken into account in order for research, policies and programmes to be effective in addressing problems in sexual and reproductive health.

Gender discrimination also operates at the level of institutions and the way that people work and shape policies and projects. This means that not only the content but also the process of the work carried out by WHO and other institutions need to take into account discrimination on the basis of sex and to create mechanisms for ensuring that gender equality is promoted. This is an ongoing process that will need to be continued for the foreseeable future.

The respect, protection and fulfilment of human rights related to sexual and reproductive health can only be achieved if national laws and policies reflect a recognition of these rights, either implicitly or explicitly. There is evidence to show that laws which violate human rights – such as the specific restriction of access to health services which only women need, for example those relating to pregnancy and childbirth, thus violating their right to non-discrimination – have a negative impact on health. The absence of laws and policies which protect human rights – such as prohibition of female genital mutilation, punishment and social

condemnation of perpetrators of violence against women – has also been shown to contribute to negative health outcomes. Thus, taking concrete action to ensure that people's rights are protected through the laws and policies surrounding whatever public health intervention is being proposed, should have a positive impact on health.

## **GOAL**

To ensure that research, policy and programmes in sexual and reproductive health foster equity between women and men and integrate human rights, and do not create, maintain or reinforce gender roles that may be damaging to health.

## **OBJECTIVE 1**

**To increase the availability of reproductive health services that are gender-sensitive and adhere to human rights principles.**

### **OUTPUT**

#### **1.1 Evidence-based guidelines developed on identification, care and treatment of pregnant women who are experiencing violence from their partners. (B)**

##### ***Indicators:***

- *No. of national programmes that adopt and implement tools and guidelines on violence in pregnancy*
- *No. of maternal health documents using recommendations from the tools and guidelines*

1.1.1 Develop guidelines on care of pregnant women who have experienced violence, for programme managers and health care providers, based on findings of the WHO Violence Against Women Study; and test effectiveness of guidelines in three sites.

## **OBJECTIVE 2**

**To ensure that the introduction and use of sexual and reproductive health technologies protect rather than violate sexual and reproductive rights.**

### **OUTPUT**

#### **2.1 Research conducted to document the impact of the introduction and use of reproductive technologies on women's and men's sexual and reproductive rights. (C)**

##### ***Indicators:***

- *No. of research studies conducted*
- *No. of publications in peer-reviewed journals*

2.1.1 Conduct research into specific technologies and disseminate findings

### **OBJECTIVE 3**

**To strengthen national health system capacity (public and private sectors) to promoting gender equity and equality and to respect, protect and fulfil human rights.**

#### **OUTPUTS**

##### **3.1 Guidance provided to assist health managers, researchers and service providers to integrate gender equity and human rights into sexual and reproductive health programmes, and ensure that activities conform to human rights standards. (A)**

###### ***Indicators:***

- *No. of training programmes conducted*
  - *No. of countries implementing programmes which integrate gender equity and human rights*
- 3.1.1 Conduct training programmes, including the WHO Gender and Rights in Reproductive Health course, to assist health managers, researchers and service providers understand and integrate gender equity and human rights into sexual and reproductive health programmes
  - 3.1.2 Support national institutions and medical associations to adapt training curriculum of the WHO Gender and Rights in Reproductive Health course in short courses on gender and rights
  - 3.1.3 Evaluate the impact of the WHO Gender and Rights in Reproductive Health training courses
  - 3.1.4 Develop an interactive CD ROM version of the training curriculum *Transforming health systems: gender and rights in reproductive health*

##### **3.2 Assistance provided to countries to evaluate and monitor existing services and programmes for respect, protection and fulfilment of reproductive rights. (A)**

###### ***Indicators:***

- *Indicators developed for measuring reproductive rights at country level*
  - *Rights-based evaluation framework developed*
  - *No. of countries using evaluation tool*
- 3.2.1 Assist countries to review the legal, policy and regulatory environment related to maternal and newborn care using a rights-based approach
- ##### **3.3 Research studies funded by the Department evaluated for the extent to which they positively address gender equality and actively discourage discrimination. (A)**

###### ***Indicators:***

- *No. of research initiatives evaluated*
  - *Evaluation report elaborated*
  - *Research proposal guidelines revised*
- 3.3.1 Evaluate a selection of Department-funded research studies conducted over the past five years

**OBJECTIVE 4**

**To foster individual, family and community support for gender equity/equality and promotion of sexual and reproductive rights.**

**OUTPUT**

**4.1 Guidance given to countries and programmes to ensure that informed choice related to sexual and reproductive health is promoted among individuals, families and communities. (C)**

***Indicators:***

- *No. of workshops held*
- *No. of programmes promoting informed choice*

4.1.1 Conduct workshops on patients rights with community leaders to promote informed choice related to sexual and reproductive health

**OBJECTIVE 5**

**To strengthen policy and governance at the national level, to ensure attention to gender equity and equality and reproductive rights.**

**OUTPUT**

**5.1 Evidence-based guidance provided on positive legal and/or policy changes relating to sexual and reproductive rights. (A)**

***Indicators:***

- *No. of countries conducting a legal/policy assessment on issues related to reproductive health*
- *No. of countries reviewing their laws and policies related to reproductive health*
- *Reviews/guidance on addressing legal barriers to reproductive health developed*
- *No. of countries using guidance documents and tools*

5.1.1 Assist countries to investigate and improve the legal, policy and regulatory environment related to reproductive health care

**5.3 Demonstration made of how a rights-based approach can be integrated into health sector reform at country level. (A)**

***Indicator:***

- *No. of countries adopting this approach*

5.3.1 Conduct one case study in each of three regions (Africa, Asia and Latin America) to accompany a health sector reform process, to test how a rights-based approach may be used, to ensure that such reform processes uphold reproductive rights

## **OBJECTIVE 6**

**To foster an enabling environment at the global level for the promotion of gender equity and equality, and the protection of human rights related to sexual and reproductive health.**

### **OUTPUT**

#### **6.1 Support given to WHO efforts in promoting the Right to Health through the UN Human Rights system. (A)**

*Indicators:*

- *No. of reports prepared for UN Human Rights committees*
- *No. of concluding observations dealing with sexual and reproductive health*

6.1.1 Submit periodic reports on sexual and reproductive health to the Committee on Economic, Social and Cultural Rights (CESCR), the Committee on the Elimination of all Forms of Discrimination against Women (CEDAW), the Committee on the Rights of the Child (CRC) and the Human Rights Committee (HRC) and provide technical support to Regional Offices, Country Offices and governments to use the Treaty Monitoring Bodies system for the promotion of sexual and reproductive health and research

#### **6.2 Increase in international commitment to gender equity and equality and reproductive rights supported. (A)**

*Indicators:*

- *No. of conferences participated in with a paper and/or a presentation*
- *International strategies developed on promoting gender and reproductive rights*

6.2.1 Work with partners to advocate for gender equity and equality and reproductive rights at the international level



## 7. Sexual Health, including female genital mutilation

Sexual health is a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respect, protected and fulfilled. (WHO definition, 2002)

### Issues and challenges

Sexual health is influenced by a complex web of factors ranging from sexual behaviours and attitudes and societal factors, to biological risk and genetic predisposition. It encompasses the problems of HIV and STIs/RTIs, unintended pregnancy and abortion, infertility and cancer resulting from STIs, and sexual dysfunction. Sexual health can also be influenced by mental health, acute and chronic illnesses, and violence. Addressing sexual health at the individual, family, community or health system level requires integrated interventions by trained health providers and a functioning referral system. It also requires a legal, policy and regulatory environment where the sexual rights of all people are upheld.

Addressing sexual health requires understanding and appreciation of sexuality, gender roles and power in designing and providing services. Understanding sexuality and its impact on practices, partners, reproduction and pleasure presents a number of challenges as well as opportunities for improving sexual and reproductive health care services and interventions. Validity of data collection, given researcher bias and difficulties in discussing such a private issue, remains a problem in some settings that must be overcome if a greater understanding of sexuality is to be achieved. Sexuality research must go beyond concerns related to behaviours, numbers of partners and practices to the underlying social, cultural and economic factors that make individuals vulnerable to risks and affect the ways in which sex is sought, desired and/or refused by women, men and young people. Investigating sexuality in this way entails looking at sexual health holistically and comprehensively. To do this will require adding to the knowledge base gained from the field of STI/HIV prevention and care, gender studies, and family planning, among others.

Sexual health represents a new thematic area of work for the Department of Reproductive Health and Research. While sexual health has been implicitly understood to be part of the reproductive health agenda, the emergence of HIV/AIDS, of sexual and gender-based violence and of the extent of sexual dysfunction have highlighted the need for the Department to focus now more explicitly on issues related to sexuality and the promotion of sexual health.

As a new area of work, and given current budgetary constraints, the present Medium-term Programme of Work will allow the Department to embark on a few initial but very critical reviews of the evidence related to sexual health service interventions for both the general population as well as for populations with special needs. The Department will focus on building the evidence base for better understanding the context, meaning and motivations behind sexual practices and behaviours, and the role they play in relation to people's vulnerability and risk to sexual ill-health. The programme of work will also review best practices in various sexual health service areas (e.g. counselling in family planning and antenatal care, HIV/STI/RTI prevention and care, prevention of gender-based violence, elimination of harmful sexual practices including FGM, among others) to distil whether an integrated sexual health service package can and should be offered in both primary and

reproductive health care services settings. To further build the evidence base, the Department will also expand its review on the Global Burden of Disease (GBD) to issues related to sexual health. This study will complement the ongoing work of the Department in looking at the GBD related to reproductive health.

The area of sexuality education, both for young people as well as for health providers, is a priority for the programme of work. Investigation into a range of issues including sexual practices will enhance our understanding of the meanings and motivations behind harmful sexual practices that affect sexual health and well-being. Through increased understanding, the Department will be able to provide better guidance on how to address these sensitive topics through sexuality education. The programme of work will also review existing curricula on sexuality education for providers and, in partnership with other organizations working in this field, assess the current needs and develop appropriate curricula that can be adapted by countries and regions.

The Department will continue its research into female genital mutilation (FGM). Through a grant from the European Union, three research initiatives will be undertaken during the period of the Medium-term Programme of Work. Two research studies will be conducted in six African countries that will focus on decision-making processes and behaviour models that lead to abandonment of the practice, and to understanding the relationship between sexuality and FGM. The third study, an operations research study, will assess the factors that underlie effective intervention programmes. Findings will be analysed, tested and, if successful, promoted as learned lessons for use in national settings by policy-makers.

In an effort to provide normative guidance that is gender- and rights-based to countries, the Department will review and identify sexual and reproductive health indicators that can help countries to build the evidence base for the promotion of sexual health. Toward this end, the Department will review national- and regional-level programmes and initiatives that are using a rights-based approach for the promotion of sexual health.

## GOAL

To promote optimal sexual health and an affirmative view of sexuality of women, men and adolescents.

## OBJECTIVE 1

**To increase the availability of effective evidence-based sexual health programmes (including education and services).**

### OUTPUT

#### **1.1 Evidence-based guidelines, tools and strategies on healthy sexual development and maturation available to assist education and health care providers to promote health, rights and well-being related to sexuality. (A)**

##### *Indicators:*

- *No. of sexual health guidelines/tools/strategies produced*
- *No. of countries or programmes which have adopted and introduced these guidelines/tools/strategies*

##### 1.1.1. Generate evidence-based guidance on key sexual health education and services and programmes that promote sexual health

## **OBJECTIVE 2**

**To assess the sexual health impact of pharmaceutical agents, alternative medicines and health interventions.**

### **OUTPUT**

#### **2.2 Assessment of protocols for the management of sexual dysfunction and disorders, and associated physical and mental sequelae. (C)**

**Indicator:**

- *No. of guidelines produced*

2.2.1 Monitor, document and provide guidelines on the impact of pharmaceutical therapies and treatment for sexual enhancement, sexual dysfunction or infertility, such as androgen treatments, sildenafil, or vaginal tightening agents

## **OBJECTIVE 3**

**To strengthen national health system capacity (public and private) to ensure the availability of high-quality, non-discriminatory, acceptable and sustainable sexual health programmes.**

### **OUTPUTS**

#### **3.2 Identify and evaluate models of integrating sexuality and sexual health into primary health care and reproductive health care systems to establish and promote best practices. (A)**

**Indicator:**

- *No. of studies conducted and published*

3.2.1 Conduct operations research on how sexuality and sexual health is addressed in different countries and clinical settings, for different age groups and various populations including sex workers and migrants

3.2.2 Provide technical support to countries to assist in addressing the sexual health needs of refugees (in collaboration with Technical Cooperation with Countries; Output 1.5)

#### **3.6 Develop or strengthen appropriate pre- and in-service training curricula on human sexuality and implications for practice for diverse health workers and others such as teachers, police, the judiciary, welfare workers. (B)**

**Indicators:**

- *No. of curricula reviewed*
- *Medical curricula developed*

3.6.1 Develop, in partnership with institutions that develop medical curricula, a generic curriculum on human sexuality for different target audiences with modules for in-service training

### **3.3 Evaluate context, models and impact of sexuality education programmes for different ages and sexes to identify and promote best practices for scaling-up. (C)**

**Indicators:**

- *No. of sexuality education programmes reviewed and researched*
- *No. of guidance documents developed*

3.3.1 Investigate the impact of successful sexual health education programmes on HIV prevention and STI transmission rates to identify best practices for scaling-up

## **OBJECTIVE 4**

**To foster community, family, and individual support for sexuality education and sexual health care services and programmes.**

### **OUTPUTS**

#### **4.2 Develop evidence-based guidelines, tools and strategies for interventions with individuals, families and communities related to sexual violence and harmful practices that affect sexuality such as female genital mutilation (FGM), for countries to adapt and use. (A)**

**Indicators:**

- *No. of studies conducted on sociocultural determinants and issues related to FGM and harmful sexual practices*
- *No. of sexuality education strategies reviewed and revised based on findings*
- *No. of countries and/or programmes requesting assistance for using the strategies*

4.2.1 Understand the nature, role and effect of harmful sexual practices on behaviour and their implications for sexual health education/service delivery strategies

4.2.2 Research the relationship between sexuality and FGM

4.2.3 Research the decision-making process with regard to FGM in order to develop better directed anti-FGM messages

4.2.4 Assess and develop innovative community-based interventions to address FGM

#### **4.4 Given diverse sexual and gender identities, investigate differences in sexuality and sexual health care needs and how these are addressed throughout the life cycle in different social and relational contexts, and for people with special needs. (A)**

**Indicators:**

- *No. of studies conducted in different settings and with different populations*
- *No. of countries which use the findings in the development of programmes, plans, strategies or interventions*

4.4.1 Investigate the contextual determinants related to health seeking behaviour of specific vulnerable populations (work to be undertaken in conjunction with activity 3.2.1)

4.4.2 Study notions of masculinity, femininity and other components of sexual identity, and how they can play a positive role in sexual health (in collaboration with Activity 1.1.1)

4.4.3 Investigate the relationship between early sexual experience, child marriage and early childbearing and later sexual and mental health

## **OBJECTIVE 5**

**To ensure an enabling environment at the national level supportive of non-discriminatory sexual health programmes, policies, laws and initiatives.**

### **OUTPUT**

- 5.1 Evidence-based guidance provided to countries for the formulation, implementation, monitoring and evaluation of sexual health and rights policies, laws and regulations, that are gender- and culture-sensitive and responsive to people's diverse needs. (C)**

For activities under this Output, see Gender issues and reproduction rights (Output 5.1)

## **OBJECTIVE 6**

**To foster an enabling environment at the regional and global levels supportive of sexual health programmes, policies, laws, and initiatives that affirm sexual rights.**

### **OUTPUTS**

- 6.1 Effective partnership coalition achieved at global and regional levels (including all relevant stakeholders) to increase resources, promote consistent, sustainable, ethical and evidence-based policies and to ensure that sexual health and human rights are brought onto national and international health and development agendas. (A)**

***Indicator:***

- *No. of recommended sexual health indicators adopted by programmes*

- 6.1.1 Review, identify and make a selection of rights indicators related to sexual and reproductive health in consultation with partners for use by countries
- 6.1.2 Review sexual health programmes and initiatives using a rights-based approach
- 6.1.3 Participate in international advocacy efforts to stop trafficking for sexual purposes

- 6.3 Evidence-base of the Global Burden of Disease strengthened to include the impact of sexual rights violations and sexual ill-health. (A)**

***Indicator:***

- *Improved estimate of the Global Burden of Disease related to sexual health developed and published*

- 6.3.1 Review the Global Burden of Disease (GBD) related to sexual health and develop and disseminate an alternative model for improving assessment of GBD related to sexual health



## **8. Adolescent sexual and reproductive health (ASRH)**

The sexual and reproductive health, rights and needs of adolescents (defined as the population aged 10-19) and youth (defined as the population aged 15-24) remain culturally and politically sensitive topics, and there continues to be a dearth of evidence on these issues, and on best and workable practices in different settings that meet their needs for information and life skills and for services in acceptable and effective ways. This neglect has major implications. Globally, there are a total of about 1.7 billion young people (defined as the population aged 10-24), and 1.4 billion of them live in developing countries – they comprise over one quarter of the world's population. Reproductive and sexual health behaviours adopted in adolescence have far-reaching consequences for the lives of young men and women throughout the life cycle.

Although there is some evidence from a few countries of an increase in age at sexual debut and in condom use, change continues to be gradual. Consequences of unsafe sexual activity remain acute: maternal mortality ratios are high and pregnancy-related causes remain the leading cause of death among adolescent females. Many unintended pregnancies end in abortion, and although data on abortion are notoriously incomplete, it is estimated that abortions per 1000 women aged 15-19 range from 23 to 36 in selected countries for which data are available. Unsafe abortions among women aged 15 to 24 account for 40 per cent of the estimated 18.5 million unsafe abortions that occur in all developing countries each year. In Africa, about 60 per cent of all unsafe abortions are among women aged 15 to 24. About half of all people infected with HIV are under age 25, and in developing countries, up to 60 per cent of all new infections are among youth – among these there are twice as many females as males. For a substantial number of adolescent females, and even males, early sexual activity is not consensual – case studies suggest that small percentages of young males (under 10%) and considerably more females (up to 40%) report a sexually coercive experience and a large percentage of reported rapes occur to adolescents. Moreover, considerable percentages of unmarried adolescent females report receiving money or gifts in exchange for sex in some settings.

Several factors have been identified that reinforce these risky behaviours and adverse outcomes among young people. Clearly, such contextual factors as poverty, lack of education and employment opportunities enhance risk and vulnerability of youth. At the same time, a number of family, community and facility-level factors have been identified that exacerbate risk. While awareness of safe sex behaviours is increasing, much of this remains superficial, and myths, misperceptions and a sense of invulnerability abound. Gender double-standards and power imbalances make risky behaviours acceptable (for males), encourage secrecy and fear of disclosure, and inhibit negotiation among partners. Lack of communication with parents and other trusted adults, similarly, keeps young people ill-informed and unlikely to seek (or obtain) parental support or counsel in relation to sexual matters. Sexuality education remains inadequate or inappropriate to the needs of many young people, and services remain inaccessible, unacceptable, unaffordable and of poor quality in meeting the needs of youth – many providers remain judgmental and confidentiality and privacy are not assured, for example.

The challenge in promoting the sexual and reproductive health of adolescents and young people is to fill gaps in what is known about their sexual and reproductive health needs and perspectives, and to assess the feasibility and acceptability of different models that propose to enhance their access to information and services, and their life skills, and in so doing, assist countries in identifying best practices and evidence-based adolescent- or youth-friendly policies and programmes. Young people are concerned with many aspects of their lives – education, employment and livelihoods, marriage and relationships, as well as sexual and reproductive health – and it is important that activities intended to promote sexual and reproductive health are placed within this wider context.

In recognition of this concern, the *Key Actions for the further implementation of the Programme of Action of the International Conference on Population and Development (ICPD)*, address the need to “protect and promote the right of adolescents to the enjoyment of the highest attainable standard of health, to provide appropriate, specific, user-friendly and accessible services to address effectively their reproductive and sexual health needs, including reproductive health education, information, counselling and health promotion strategies.” (paragraph 73a).

The Department’s work on adolescent sexual and reproductive health complements that of WHO’s Department of Child and Adolescent Health and Development. The Department’s experience, expertise and comparative advantage in conducting rigorous social science, programmatic, and epidemiological research on adolescent sexual and reproductive health is reflected in its portfolio of projects as well as in the large number of publications and in the expanding network of developing country investigators who work in this area. The Department places a high priority on issues that identify gaps in knowledge on adolescent sexual and reproductive health and are of high policy/programmatic relevance in the local context.

Following a research initiative on a wide range of adolescent sexual and reproductive health issues including sexual risk behaviours and health-seeking behaviour, dual protection, sexual coercion, provider perspectives, and socialisation, gender roles, and sexual attitudes, the Department’s work is proposed to shift to include a focus on evaluating interventions and the factors that enable programmes to successfully meet adolescents’ needs. Formative diagnostic research will focus on a limited number of topics of high relevance for policies and programmes for which information is generally lacking. On programmatic and policy issues, the Department will continue to collaborate with the Department of Child and Adolescent Health and Development in their work providing tools and guidelines for policy-makers, programme managers, and health care providers. In its adolescent sexual and reproductive health research programme, the Department will continue its collaboration with other organizations working in the same area, including key players such as YouthNet/Family Health International (FHI), the United Nations Population Fund (UNFPA), and FRONTIERS/Population Council. The regular exchange of information with these agencies and with the Department of Child and Adolescent Health and Development enables this Department to address issues and undertake activities which complement and reinforce the overall agenda of promoting sexual and reproductive health of adolescents (ASRH).

## GOAL

To improve adolescent sexual and reproductive health (ASRH).

### OBJECTIVE 1

**To increase the evidence base for effective ASRH programmes (including education and services), and to foster community, family, and individual support for such programmes.**

#### OUTPUT

#### **1.2 Research evidence generated on "Unintended pregnancy, abortion and decision-making pathways among young people." (A)**

##### *Indicators:*

- *Evidence on sexual and reproductive health decision-making process and health-seeking behaviour available*
- *Policy implications documented*
- *Findings published*

- 1.2.1 Develop *Calls for Proposals* and/or core protocols with instruments to launch studies
- 1.2.2 Organise research training workshops to strengthen research proposals and their implementation
- 1.2.3 Support a number of approved studies
- 1.2.4 Provide technical support for the analysis of data and write-up of results
- 1.2.5 Organise national, regional, and international meetings to disseminate research findings and to discuss policy and programme implications including the development of evidence-based guidelines and policy briefs

#### **1.3 Research evidence generated on "Factors enhancing reproductive autonomy among adolescents and the ways young people act upon their rights in this area." (A)**

##### *Indicators:*

- *Evidence available on the extent of autonomy in sexual and reproductive decision-making and its correlates, by sex*
- *Policy implications documented*
- *Findings published*

- 1.3.1 Develop *Calls for Proposals* and/or core protocols with instruments to launch studies
- 1.3.2 Organise research training workshops to strengthen research proposals and their implementation
- 1.3.3 Support a number of approved studies
- 1.3.4 Provide technical support for the analysis of data and write-up of results
- 1.3.5 Organise national, regional, and international meetings to disseminate research findings and to discuss policy and programme implications including the development of evidence-based guidelines and policy briefs

#### **1.4 Research evidence generated on "The situation and needs of particularly vulnerable populations of young people." (A)**

**Indicators:**

- *Evidence available on the type and level of sexual and reproductive health needs of vulnerable adolescent populations*
- *Policy implications documented*
- *Findings published*

- 1.4.1 Develop *Calls for Proposals* and/or core protocols with instruments to launch studies
- 1.4.2 Organise research training workshops to strengthen research proposals and their implementation
- 1.4.3 Support a number of approved studies
- 1.4.4 Provide technical support for the analysis of data and write-up of results
- 1.4.5 Organise national, regional, and international meetings to disseminate research findings and to discuss policy and programme implications including the development of evidence-based guidelines and policy briefs

#### **1.6 Research evidence generated on "Factors influencing the effectiveness of ASRH programmes, including sexuality education, skill building, service delivery, and behaviour change." (A)**

**Indicators:**

- *Evidence available on factors influencing the effectiveness and acceptability of ASRH programmes*
- *Policy implications documented*
- *Findings published*

- 1.6.1 Develop *Calls for Proposals* and/or core protocols with instruments to launch studies
- 1.6.2 Organise research training workshops to strengthen research proposals and their implementation
- 1.6.3 Support a number of approved studies
- 1.6.4 Provide technical support for the analysis of data and write-up of results
- 1.6.5 Organise national, regional, and international meetings to disseminate research findings and to discuss policy and programme implications including the development of evidence-based guidelines and policy briefs

#### **1.1 Research evidence generated on "Non-consensual sexual experiences and sex in exchange for gifts and cash and its implications for ASRH." (A)**

**Indicators:**

- *Evidence available on the magnitude and patterns of non-consensual sex*
- *Policy implications documented*
- *Publications and policy briefs produced*

- 1.1.1 Develop *Calls for Proposals* and/or core protocols with instruments to launch studies
- 1.1.2 Organise research training workshops to strengthen research proposals and their implementation
- 1.1.3 Support a number of approved studies
- 1.1.4 Provide technical support for the analysis of data and write-up of results
- 1.1.5 Organise national, regional, and international meetings to disseminate research findings and to discuss policy and programme implications including the development of evidence-based guidelines and policy briefs

### **1.7 Research evidence generated on the "Impact of ASRH programmes designed to improve the capacity of health care providers and teachers." (B)**

**Indicators:**

- *Evidence available on the impact of programmes designed to improve capacity of health care providers and teachers*
- *Policy implications documented*
- *Findings published*

- 1.7.1 Develop *Calls for Proposals* and/or core protocols with instruments to launch studies
- 1.7.2 Organise research training workshops to strengthen research proposals and their implementation
- 1.7.3 Support a number of approved studies
- 1.7.4 Provide technical support for the analysis of data and write-up of results
- 1.7.5 Organise national, regional, and international meetings to disseminate research findings and to discuss policy and programme implications including the development of evidence-based guidelines and policy briefs

### **1.5 Research evidence generated on "The special needs of married adolescents, particularly females." (B)**

**Indicators:**

- *Evidence available on the type and level of sexual and reproductive health needs of married adolescents*
- *Policy implications documented*
- *Findings published*

- 1.5.1 Develop *Calls for Proposals* and/or core protocols with instruments to launch studies
- 1.5.2 Organise research training workshops to strengthen research proposals and their implementation
- 1.5.3 Support a number of approved studies
- 1.5.4 Provide technical support for the analysis of data and write-up of results
- 1.5.5 Organise national, regional, and international meetings to disseminate research findings and to discuss policy and programme implications including the development of evidence-based guidelines and policy briefs

### **1.10 Research evidence generated on the "Comparative effectiveness, acceptability and cost of models of imparting information and providing services." (C)**

**Indicators:**

- *Evidence available on the comparative effectiveness, acceptability and cost of programme models*
- *Policy implications documented*
- *Findings published*

- 1.10.1 Develop *Calls for Proposals* and/or core protocols with instruments to launch studies
- 1.10.2 Organise research training workshops to strengthen research proposals and their implementation
- 1.10.3 Support a number of approved studies
- 1.10.4 Provide technical support for the analysis of data and write-up of results
- 1.10.5 Organise national, regional, and international meetings to disseminate research findings and to discuss policy and programme implications including the development of evidence-based guidelines and policy briefs

## **1.9 Research evidence generated on the "Impact of community level programmes intended to involve parents and/or other trusted adults in ASRH." (C)**

### ***Indicators:***

- *Evidence available on the impact of community level programmes*
- *Policy implications documented*
- *Findings published*

1.9.1 Develop *Calls for Proposals* and/or core protocols with instruments to launch studies

1.9.2 Organise research training workshops to strengthen research proposals and their implementation

1.9.3 Support a number of approved studies

1.9.4 Provide technical support for the analysis of data and write-up of results

1.9.5 Organise national, regional, and international meetings to disseminate research findings and to discuss policy and programme implications including the development of evidence-based guidelines and policy briefs

## **OBJECTIVE 2**

**To strengthen national capacities both inside and outside the health system to ensure the availability of high-quality and sustainable ASRH programmes.**

### **OUTPUTS**

#### **2.2 Guidelines for planners that highlight the unique needs of ASRH and best practices in addressing these needs produced. (A)**

### ***Indicators:***

- *Evidence-based guidelines produced*
- *No. of national programmes with guidelines adapted or implemented*
- *No. of training institutions using guidelines*
- *No. of partner agencies supporting application of guidelines*

2.2.1 In collaboration with local researchers, adapt existing guidelines or develop new ones for "youth-friendly services", based on evidence from research, focusing on adolescents' needs, obstacles to meeting these needs, and best practices

#### **2.1 ASRH research capacity in developing countries and countries in transition built. (A)**

### ***Indicators:***

- *No. of research skills building workshops conducted*
- *Continuation of the ASRH researchers network established by WHO*
- *No. of countries adapting or implementing research training materials*
- *No. of institutions with ASRH research activities*

2.1.1 Further strengthen the network of ASRH researchers by producing newsletter and providing relevant resources

2.1.2 Develop research training materials

2.1.3 Conduct regional research training workshops

2.1.4 Provide follow-up technical assistance for implementation of studies and publication of results

2.1.5 Assist with the development of policy briefs and other relevant documents for translating research evidence into programmatic actions

## **2.4 Research conducted on sustainability and scaling-up of pilot programmes. (B)**

### ***Indicators:***

- *No. of pilot programmes scaled-up*
- *No. of pilot programmes still operating at one, two, and five years following the end of project period*

- 2.4.1 Develop *Calls for Proposals* and/or core protocols with instruments to launch studies
- 2.4.2 Organise research training workshops to strengthen research proposals and their implementation
- 2.4.3 Support a number of approved studies
- 2.4.4 Provide technical support for the analysis of data and write-up of results
- 2.4.5 Organise national, regional, and international meetings to disseminate research findings and to discuss policy and programme implications including the development of evidence-based guidelines and policy briefs

## **2.3 Indicators and guidelines developed for programme monitoring and evaluation, and for surveillance of ASRH. (C)**

### ***Indicators:***

- *List of agreed indicators for monitoring and surveillance of ASRH*
- *Guidelines available*
- *No. of countries adapting or implementing the guidelines*

- 2.3.1 Review existing guidelines and set(s) of indicators
- 2.3.2 Organise a consultation, involving, among others, researchers and youth groups, to reach a consensus on the set of indicators
- 2.3.3 Develop guidelines on the use and presentation of indicators and evaluate implementation
- 2.3.4 Promote the use of guidelines by other international and national agencies, as needed

## **OBJECTIVE 3**

**To foster an enabling environment at the national and global levels supportive of sound ASRH policies, laws and initiatives and sustainable ASRH programmes.**

### **OUTPUTS**

## **3.2 Collaboration established/strengthened with governments to build commitment to the sexual and reproductive health needs of young people, and to assist in designing programmes that are evidence-based, acceptable to youth, and equitable (rights-based). (A)**

### ***Indicators:***

- *Consensus policy statements on ASRH issued*
- *No. of ASRH programmes established that are evidence-based and acceptable to youth*
- *Guidelines available to design ASRH programmes*

- 3.2.1 Undertake situation analyses and selected case studies reviewing laws, policies, and guidelines for their impact on ASRH
- 3.2.2 In collaboration with researchers and youth groups, organise regional and national meetings to design, implement, and monitor programmes that are evidence-based, acceptable to youth, and equitable

- 3.2.3 Organise a global consultation with policy-makers to share experiences and to promote the development of additional evidence-based programmes that are acceptable to youth and equitable

**3.4 Getting research into practice (GRIP), including research on policy-making and advocacy for ASRH promoted. (A)**

**Indicators:**

- *No. of policy briefs and references to research evidence on policy and advocacy*
- *No. of policies adopted/changed in the light of research evidence*
- *No. of activities undertaken to inform policy-making*

- 3.4.1 Develop policy-relevant material for dissemination through meetings and other channels of communication, such as websites

**3.3 Research conducted on the operation of laws, policies and norms that affect the availability of, and access to, services for young people. (B)**

**Indicators:**

- *Documentation of laws and policies, by implications for access to ASRH services and country, available*
- *Findings published*

- 3.3.1 Develop *Calls for Proposals* and/or core protocols with instruments to launch studies

- 3.3.2 Organise research training workshops to strengthen research proposals and their implementation

- 3.3.3 Support a number of approved studies

- 3.3.4 Provide technical support for the analysis of data and write-up of results

- 3.3.5 Organise national, regional, and international meetings to disseminate research findings and to discuss policy and programme implications including the development of evidence-based guidelines and policy briefs

Summary budget table for the period 2004-2009, by area of work and by objective  
(HRP, PDRH and MPR combined - US\$ 000s)

Area of work	Biennium	Objective 1	Objective 2	Objective 3	Objective 4	Objective 5	Objective 6	Total
Family planning								
	2004-05	1701	2895	422	0	0	75	5093
	2006-07	4275	5883	915	50	100	350	11573
	2008-09	4044	4822	1265	250	50	0	10431
	Total	10020	13600	2602	300	150	425	27097
Maternal/neonatal								
	2004-05	4140	3265	1280	685	1350	1130	11850
	2006-07	5300	5370	1770	650	1680	1590	16360
	2008-09	4800	5170	1770	650	1660	1580	15630
	Total	14240	13805	4820	1985	4690	4300	43840
STI/RTI								
	2004-05	1070	2525	615	200	405	325	5140
	2006-07	3850	5590	2340	600	1265	800	14445
	2008-09	4330	4485	2605	200	705	1180	13505
	Total	9250	12600	5560	1000	2375	2305	33090
Unsafe abortion								
	2004-05	453	635	375	123	303	97	1986
	2006-07	1980	615	1750	1067	3132	635	9179
	2008-09	1545	550	1510	1230	3465	273	8573
	Total	3978	1800	3635	2420	6900	1005	19738
Technical cooperat.								
	2004-05	0	5125	1923	0	725	0	7773
	2006-07	0	6820	3425	0	1345	0	11590
	2008-09	0	7325	2632	0	950	0	10907
	Total	0	19270	7980	0	3020	0	30270
Gender/rep. rights								
	2004-05	57	0	773	0	109	45	984
	2006-07	120	50	765	60	206	220	1421
	2008-09	103	150	452	60	65	50	880
	Total	280	200	1990	120	380	315	3285
Sexual health								
	2004-05	146	8	37	1125	0	75	1391
	2006-07	227	0	455	875	0	95	1702
	2008-09	277	0	555	630	0	80	1542
	Total	700	8	1047	2630	0	250	4635
Adolescent SRH								
	2004-05	369	95	0	0	56	0	520
	2006-07	4131	1223	0	0	724	0	6078
	2008-09	4615	1372	0	0	740	0	6727
	Total	9115	2690	0	0	1520	0	13325
<b>TOTAL</b>		<b>47583</b>	<b>63973</b>	<b>27634</b>	<b>8455</b>	<b>19035</b>	<b>8600</b>	<b>175280</b>
		<b>27%</b>	<b>36%</b>	<b>16%</b>	<b>5%</b>	<b>11%</b>	<b>5%</b>	<b>100%</b>

Summary budget table for the period 2004-2009, by area of work and by objective  
(HRP only - US\$ 000s)

Area of work	Biennium	Objective 1	Objective 2	Objective 3	Objective 4	Objective 5	Objective 6	Total
Family planning								
	2004-05	765	2895	0	0	0	0	3660
	2006-07	4058	5883	100	50	100	0	10191
	2008-09	2357	4822	0	50	50	0	7279
	<b>Total</b>	<b>7180</b>	<b>13600</b>	<b>100</b>	<b>100</b>	<b>150</b>	<b>0</b>	<b>21130</b>
Maternal/neonatal								
	2004-05	0	3265	0	100	0	0	3365
	2006-07	0	5370	0	200	0	0	5570
	2008-09	0	5170	0	200	0	0	5370
	<b>Total</b>	<b>0</b>	<b>13805</b>	<b>0</b>	<b>500</b>	<b>0</b>	<b>0</b>	<b>14305</b>
STI/RTI								
	2004-05	285	2155	40	0	0	200	2680
	2006-07	830	4410	410	350	0	300	6300
	2008-09	1450	3785	100	150	0	500	5985
	<b>Total</b>	<b>2565</b>	<b>10350</b>	<b>550</b>	<b>500</b>	<b>0</b>	<b>1000</b>	<b>14965</b>
Unsafe abortion								
	2004-05	405	635	350	123	262	55	1830
	2006-07	1580	615	1500	1067	2708	270	7740
	2008-09	1345	550	1360	1230	2895	120	7500
	<b>Total</b>	<b>3330</b>	<b>1800</b>	<b>3210</b>	<b>2420</b>	<b>5865</b>	<b>445</b>	<b>17070</b>
Technical cooperat.								
	2004-05	0	5060	715	0	555	0	6330
	2006-07	0	6480	1850	0	945	0	9275
	2008-09	0	7000	1075	0	0	0	8075
	<b>Total</b>	<b>0</b>	<b>18540</b>	<b>3640</b>	<b>0</b>	<b>1500</b>	<b>0</b>	<b>23680</b>
Gender/rep. rights								
	2004-05	57	0	344	0	59	0	460
	2006-07	120	50	326	0	141	0	637
	2008-09	103	150	100	0	0	0	353
	<b>Total</b>	<b>280</b>	<b>200</b>	<b>770</b>	<b>0</b>	<b>200</b>	<b>0</b>	<b>1450</b>
Sexual health								
	2004-05	146	0	37	1125	0	38	1346
	2006-07	277	0	295	875	0	12	1459
	2008-09	277	0	385	630	0	0	1292
	<b>Total</b>	<b>700</b>	<b>0</b>	<b>717</b>	<b>2630</b>	<b>0</b>	<b>50</b>	<b>4097</b>
Adolescent SRH								
	2004-05	369	26	0	0	0	0	395
	2006-07	4131	927	0	0	630	0	5688
	2008-09	4615	917	0	0	690	0	6222
	<b>Total</b>	<b>9115</b>	<b>1870</b>	<b>0</b>	<b>0</b>	<b>1320</b>	<b>0</b>	<b>12305</b>
<b>TOTAL</b>		<b>23170</b>	<b>60165</b>	<b>8987</b>	<b>6150</b>	<b>9035</b>	<b>1495</b>	<b>109002</b>
		<b>21%</b>	<b>55%</b>	<b>8%</b>	<b>6%</b>	<b>8%</b>	<b>1%</b>	<b>100%</b>

Summary budget table for the period 2004-2009, by area of work and by objective  
(PDRH and MPR only - US\$ 000s)

Area of work	Biennium	Objective 1	Objective 2	Objective 3	Objective 4	Objective 5	Objective 6	Total
Family planning								
	2004-05	936	0	422	0	0	75	1433
	2006-07	217	0	815	0	0	350	1382
	2008-09	1687	0	1265	200	0	0	3152
	<b>Total</b>	<b>2840</b>	<b>0</b>	<b>2502</b>	<b>200</b>	<b>0</b>	<b>425</b>	<b>5967</b>
Maternal/ neonatal								
	2004-05	4140	0	1280	585	1350	1130	8485
	2006-07	5300	0	1770	450	1680	1590	10790
	2008-09	4800	0	1770	450	1660	1580	10260
	<b>Total</b>	<b>14240</b>	<b>0</b>	<b>4820</b>	<b>1485</b>	<b>4690</b>	<b>4300</b>	<b>29535</b>
STI/RTI								
	2004-05	785	370	575	200	405	125	2460
	2006-07	3020	1180	1930	250	1265	500	8145
	2008-09	2880	700	2505	50	705	680	7520
	<b>Total</b>	<b>6685</b>	<b>2250</b>	<b>5010</b>	<b>500</b>	<b>2375</b>	<b>1305</b>	<b>18125</b>
Unsafe abortion								
	2004-05	48	0	25	0	41	42	156
	2006-07	400	0	250	0	424	365	1439
	2008-09	200	0	150	0	570	153	1073
	<b>Total</b>	<b>648</b>	<b>0</b>	<b>425</b>	<b>0</b>	<b>1035</b>	<b>560</b>	<b>2668</b>
Technical cooperat.								
	2004-05	0	65	1208	0	170	0	1443
	2006-07	0	340	1575	0	400	0	2315
	2008-09	0	325	1557	0	950	0	2832
	<b>Total</b>	<b>0</b>	<b>730</b>	<b>4340</b>	<b>0</b>	<b>1520</b>	<b>0</b>	<b>6590</b>
Gender/ rep. rights								
	2004-05	0	0	429	0	50	45	524
	2006-07	0	0	439	60	65	220	784
	2008-09	0	0	352	60	65	50	527
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>1220</b>	<b>120</b>	<b>180</b>	<b>315</b>	<b>1835</b>
Sexual health								
	2004-05	0	8	0	0	0	37	45
	2006-07	0	0	160	0	0	83	243
	2008-09	0	0	170	0	0	80	250
	<b>Total</b>	<b>0</b>	<b>8</b>	<b>330</b>	<b>0</b>	<b>0</b>	<b>200</b>	<b>538</b>
Adolescent SRH								
	2004-05	0	69	0	0	56	0	125
	2006-07	0	296	0	0	94	0	390
	2008-09	0	455	0	0	50	0	505
	<b>Total</b>	<b>0</b>	<b>820</b>	<b>0</b>	<b>0</b>	<b>200</b>	<b>0</b>	<b>1020</b>
<b>TOTAL</b>		<b>24413</b>	<b>3808</b>	<b>18647</b>	<b>2305</b>	<b>10000</b>	<b>7105</b>	<b>66278</b>
		<b>37%</b>	<b>6%</b>	<b>28%</b>	<b>3%</b>	<b>15%</b>	<b>11%</b>	<b>100%</b>