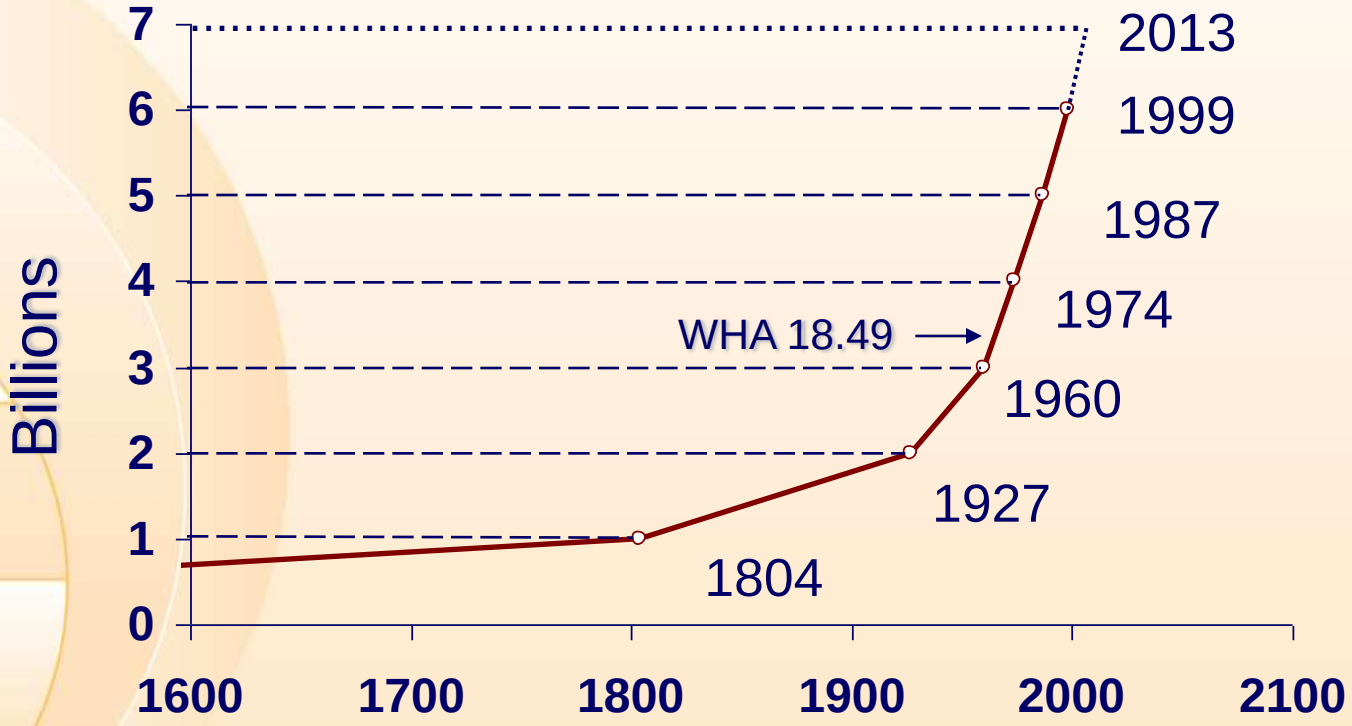
Sexual and reproductive health work at WHO

Catherine d'Arcangues, PhD MD

Department of Reproductive Health and Research
World Health Organization

Training Course in Sexual and Reproductive Health Research
Geneva, 16 February 2009

How it began…


Billions
7
6
5
4
3
2
1
0
1600
1700
1800
1900
2000
2100
2013
1999
1987
1974
WHA 18.49
1960
1927
1804

HRP's history [1]

"REQUESTS the Director-General to develop further the programme proposed:

(a) in the fields of reference services, studies on medical aspects of sterility and fertility control methods and health aspects of population dynamics; …"

(WHA Resolution 18.49; 1965)

HRP's history [2]

1965: Human Reproduction Unit within existing Division of Family Health *(WHA Resolution 18.49; 1965)*

1972-1988: WHO (Expanded) Special Programme of Research, Development and Research Training in Human Reproduction

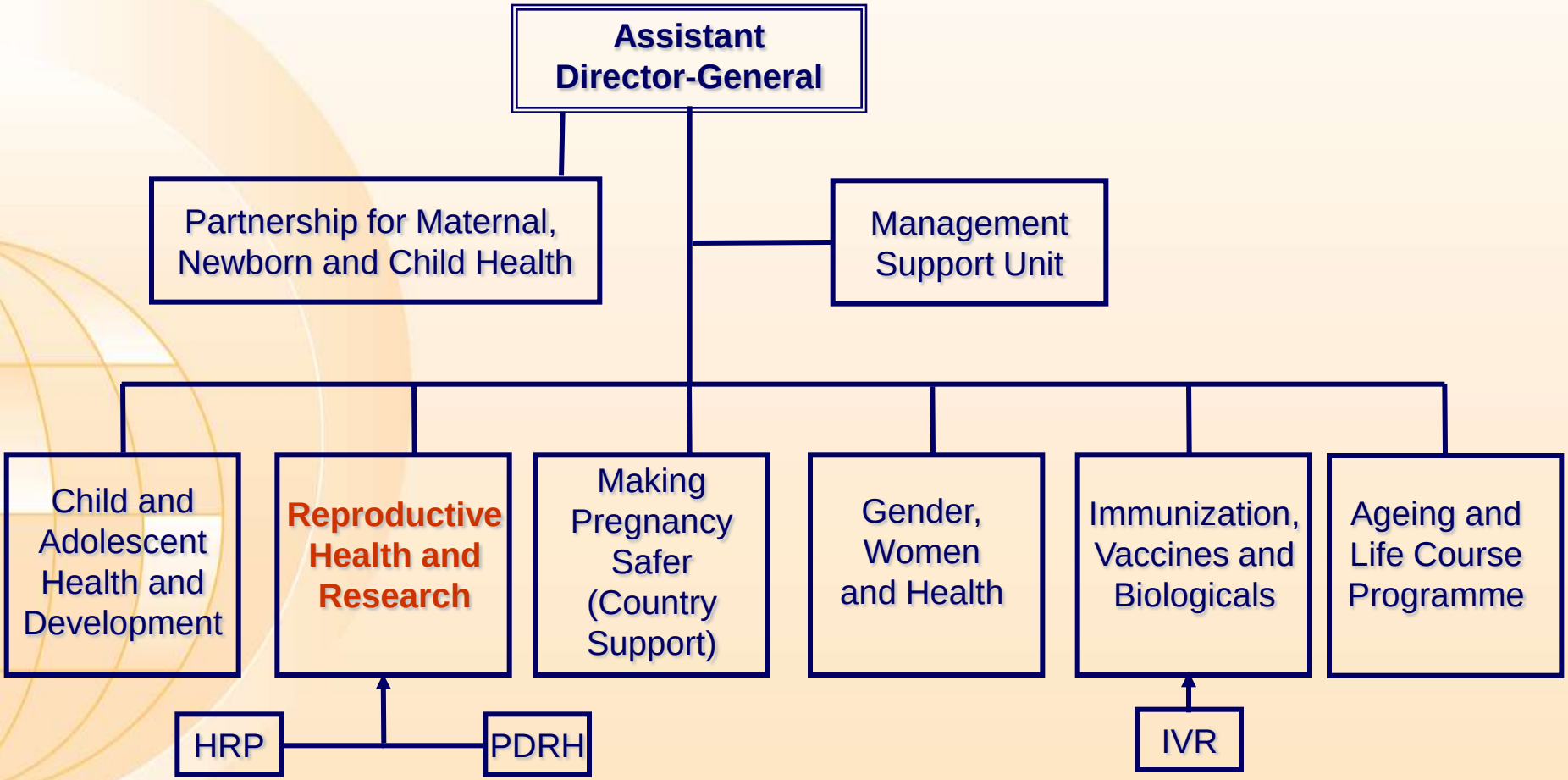
1988-present: UNDP/UNFPA/WHO/World Bank cosponsored Special Programme *(WHA Resolution 41.9; 1988)*

Department of Reproductive Health and Research (RHR)

- Created in November 1998
- Composed of two pre-existing entities
  - UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP)
  - WHO Division of Reproductive Health (Technical Support) (RHT)

RHR = RHT (PDRH)+HRP

Family and Community Health Cluster



World Health Organization

Reproductive Health and Research

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

The International Conference on Population and Development (Cairo, 1994)

The new conceptual framework

"Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes..."

(ICPD Programme of Action, paragraph 7.2)

World Health Organization
Reproductive Health and Research
UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development and Research Training in Human Reproduction

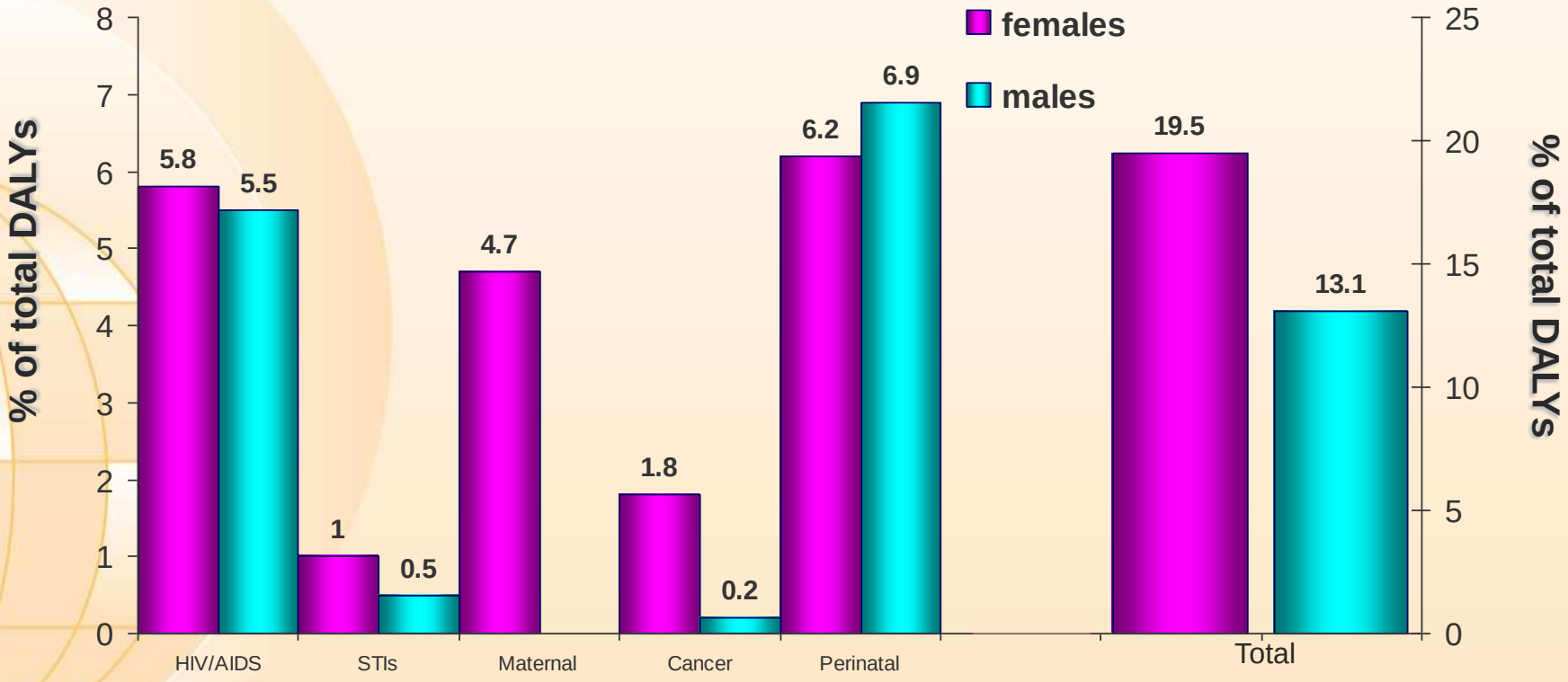
Overall goal

"All countries should strive to make accessible through the primary health-care systems, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015."

(ICPD Programme of Action, para. 7.6)

World Health Organization
Reproductive Health and Research
UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development and Research Training in Human Reproduction

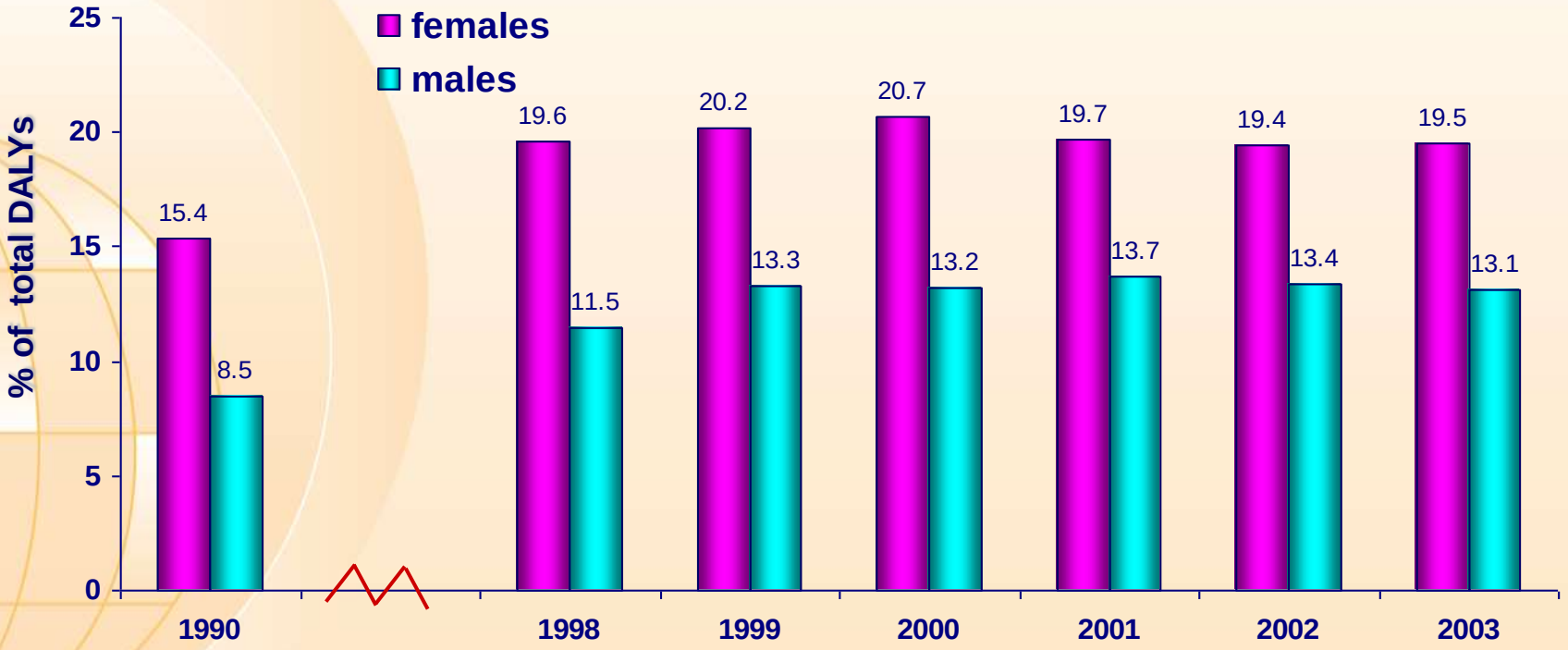
Reproductive ill-health accounts for substantial portions of global burden of disease



(Source: World Health Report, 2004)

World Health Organization
Reproductive Health and Research
UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development and Research Training in Human Reproduction

Reproductive ill-health as proportion of global burden of disease shows no sign of declining



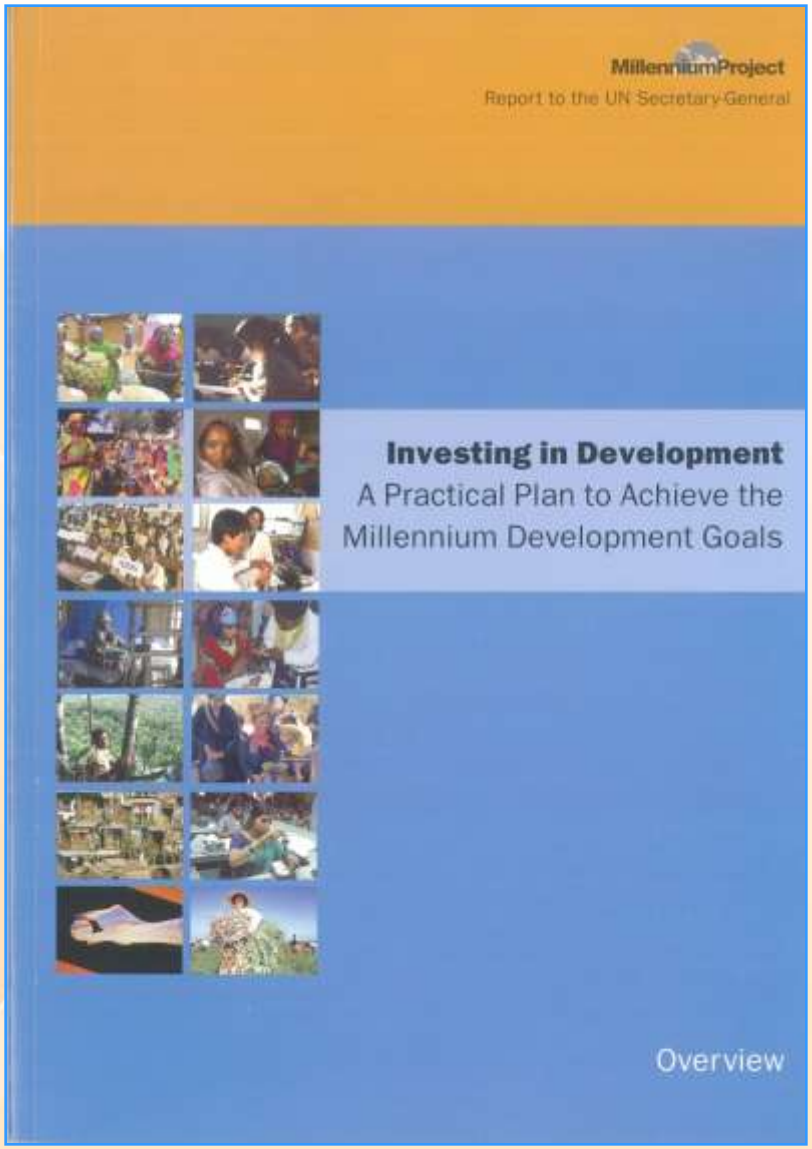
(Source: The Global Burden of Disease, 1996 and World Health Reports, 1999-2004)

World Health Organization
Reproductive Health and Research
hrp
UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development and Research Training in Human Reproduction

Millennium Development Goals

I. Eradicate extreme poverty and hunger
II. Achieve universal primary education
III. Promote gender equity and empowerment of women
IV. Reduce child mortality
V. Improve maternal health
VI. Combat HIV/AIDS, malaria and other diseases
VII. Ensure environmental sustainability
VIII. Develop a global partnership for development

World Health Organization
Reproductive Health and Research
hrp
UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development and Research Training in Human Reproduction



"Sexual and reproductive health – essential for reaching the Goals"

(pages 82-84)

World Health Organization

Reproductive Health and Research

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

"To this end we commit ourselves to:

…

(g) Achieving universal access to reproductive health by 2015, as set out at the International Conference on Population and Development, integrating this goal in strategies to attain the internationally agreed development goals, including those contained in the Millennium Declaration, …"

The final recognition of the role of sexual and reproductive health in achieving MDGs

"...I am therefore recommending the incorporation of these commitments [*i.e. those agreed at the 2005 World Summit*] into the set of targets used to follow up on the Millennium Declaration. This includes: … a new target under Goal 5: to achieve universal access to reproductive health by 2015; …"

Report of the Secretary-General on the work of the Organization,
General Assembly Sixty-first Session, 2 October 2006

World Health Organization
Reproductive Health and Research
hrp
UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development and Research Training in Human Reproduction

2007

Indicators for monitoring MDG 5 recommended by the Inter-Agency and Expert Group on MDG Indicators

Goal 5: Improve maternal health

- Target 5.A.: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

  5.1 Maternal mortality ratio

  5.2 Proportion of births attended by skilled health personnel

- Target 5.B.: Achieve, by 2015, universal access to reproductive health

  5.3 Contraceptive prevalence rate

  5.4 Adolescent birth rate

  5.5 Antenatal care coverage (at least one visit and at least four visits)

  5.6 Unmet need for family planning

(Source: 12th Inter-Agency and Expert Group meeting on MDG indicators, Paris, November 2007)

World Health Organization
Reproductive Health and Research
UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development and Research Training in Human Reproduction

The WHO global reproductive health strategy adopted by WHO's 192 Member States in May 2004

World Health Organization

Reproductive Health and Research

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

An overview of the strategy paper

Guiding principle: human rights
Core aspects of reproductive and sexual health services

1. Improving antenatal, perinatal, postpartum and newborn care
2. Providing high-quality services for family planning, including infertility services
3. Eliminating unsafe abortion
4. Combating sexually transmitted infections including HIV, reproductive tract infections, and cervical cancer
5. Promoting sexual health

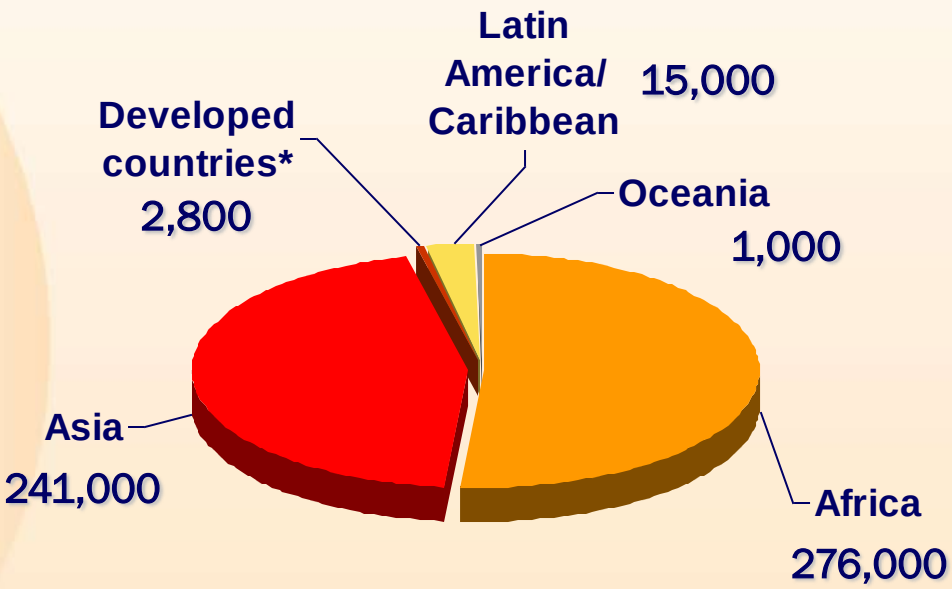
Maternal and perinatal health today

- 536,000 women die each year during pregnancy, childbirth and postpartum period (> 99% in developing countries)
- over 300 million women suffer from short-term or long-term illness brought about by pregnancy and childbirth
- lifetime risk of maternal death in Africa is 1 in 16
- each year nearly 3.3 million babies are stillborn
- 4 million babies die during first 28 days of life (three quarters in the first 7 days)

World Health Organization
Reproductive Health and Research
UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development and Research Training in Human Reproduction

Maternal mortality — the silent epidemic

Total maternal deaths in 2005 = 536,000



* includes countries of the Commonwealth of Independent States (CIS)

(Source: WHO/UNICEF/UNFPA/The World Bank, 2007)

Comparison of 1990 and 2005 regional and global estimates of maternal mortality*

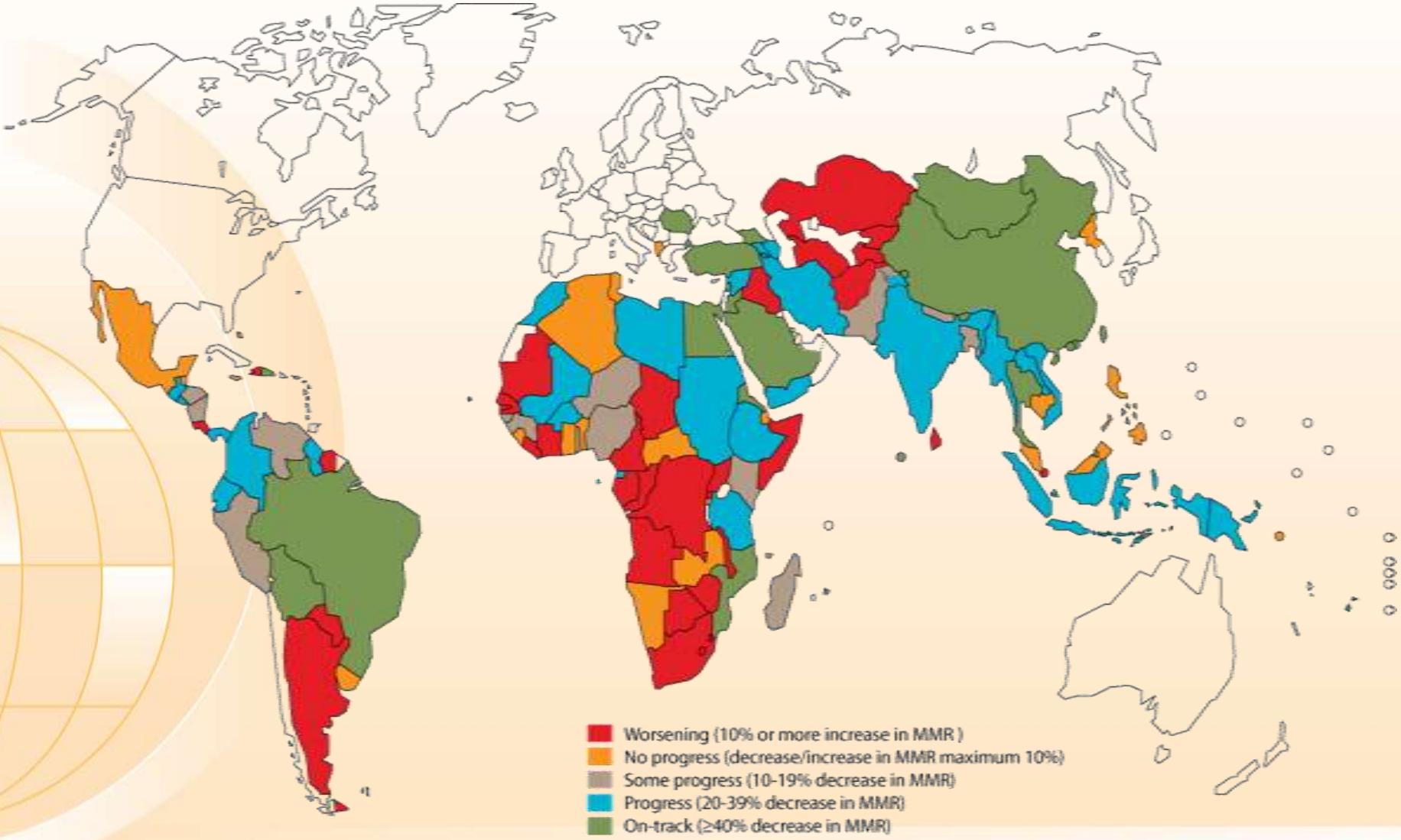
	1990		2005		% Change in MMR 1990-2005
	MMR	Maternal deaths	MMR	Maternal deaths	
WORLD TOTAL	430	576,000	400	536,000	-5.4
DEVELOPED REGIONS	11	1,300	9	960	-23.6
Countries of the CIS	58	2,800	51	1,800	-12.5
DEVELOPING REGIONS	480	572,000	450	533,000	-6.6
Africa	830	221,000	820	276,000	-0.6
North Africa	*250*	*8,900*	*160*	*5,700*	-36.3
Sub-Saharan Africa	*920*	*212,000*	*900*	*270,000*	-1.8
Asia	410	329,000	330	241,000	-19.7
Latin America and the Caribbean	180	21,000	130	15,000	-26.3
Oceania	550	1,000	430	890	-22.2

* Numbers are rounded

(Source: WHO/UNICEF/UNFPA/The World Bank, 2007)

World Health Organization
Reproductive Health and Research
UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development and Research Training in Human Reproduction

Progress (or lack of it) in maternal mortality reduction



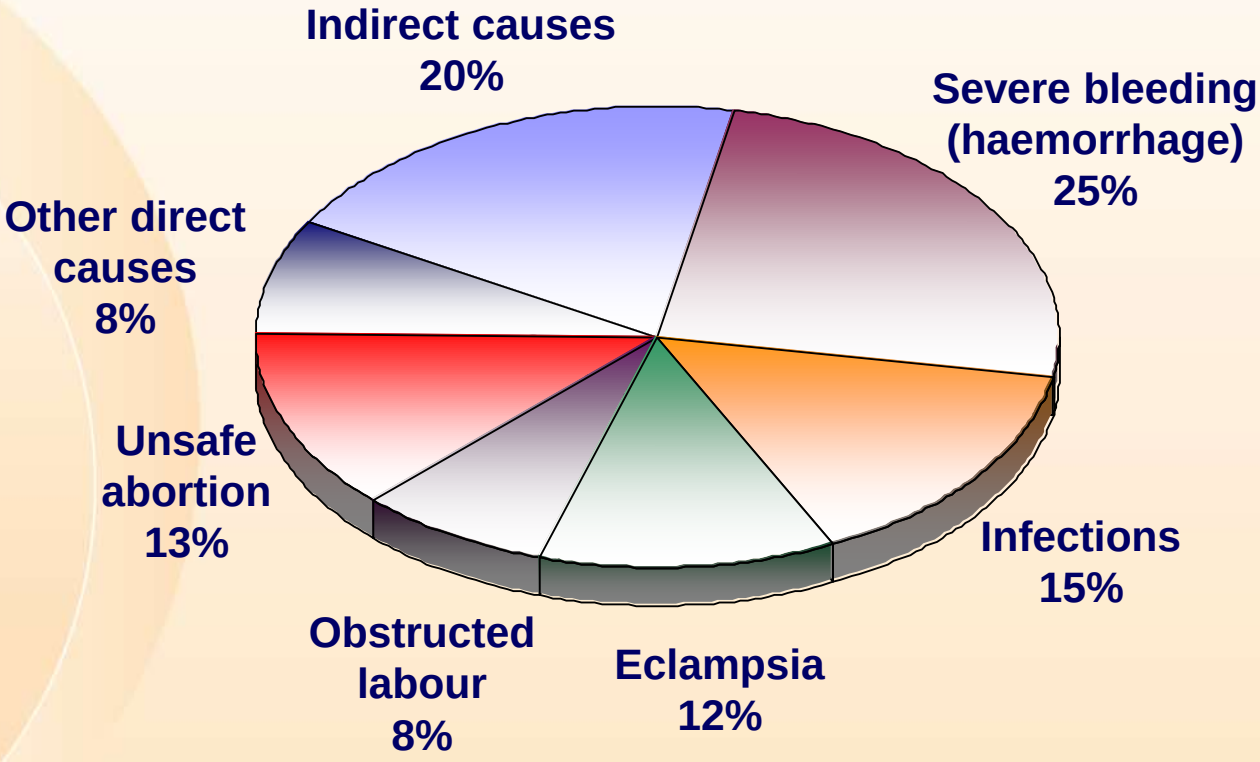
Note: Developed countries and developing countries with baseline MMR<50 and decrease in MMR between 1990-2005 are excluded from this categorization.

World Health Organization

Reproductive Health and Research

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

Causes of maternal deaths[a]



[a] Total is more than 100% due to rounding.

(Source: World Health Report, 2005)

Maternal and perinatal health research completed during 1995-2005 with leading participation of WHO

	Countries	Women	Status
Antenatal care	5	24 678	Published (2001)
Prevention of postpartum haemorrhage	9	18 530	Published (2001)
Treatment of pre-eclampsia (MAGPIE trial)	28	10 141	Published (2002)
Caesarean section	5	149 206	Published (2004)
Epidemiology of preterm delivery and IUGR	4	38 319	Published (2004)
Prevention of pre-eclampsia (calcium supplementation)	6	8 325	Published (2006)
WHO Reproductive Health Library	2	77 765	Published (2007)
Long term follow-up of infants:			
Calcium trial I	1	591	Published (1997)
Magpie trial	19	3 283	Published (2007)
Calcium trial II	2	800	Submitted
Total	25 *	331 638	

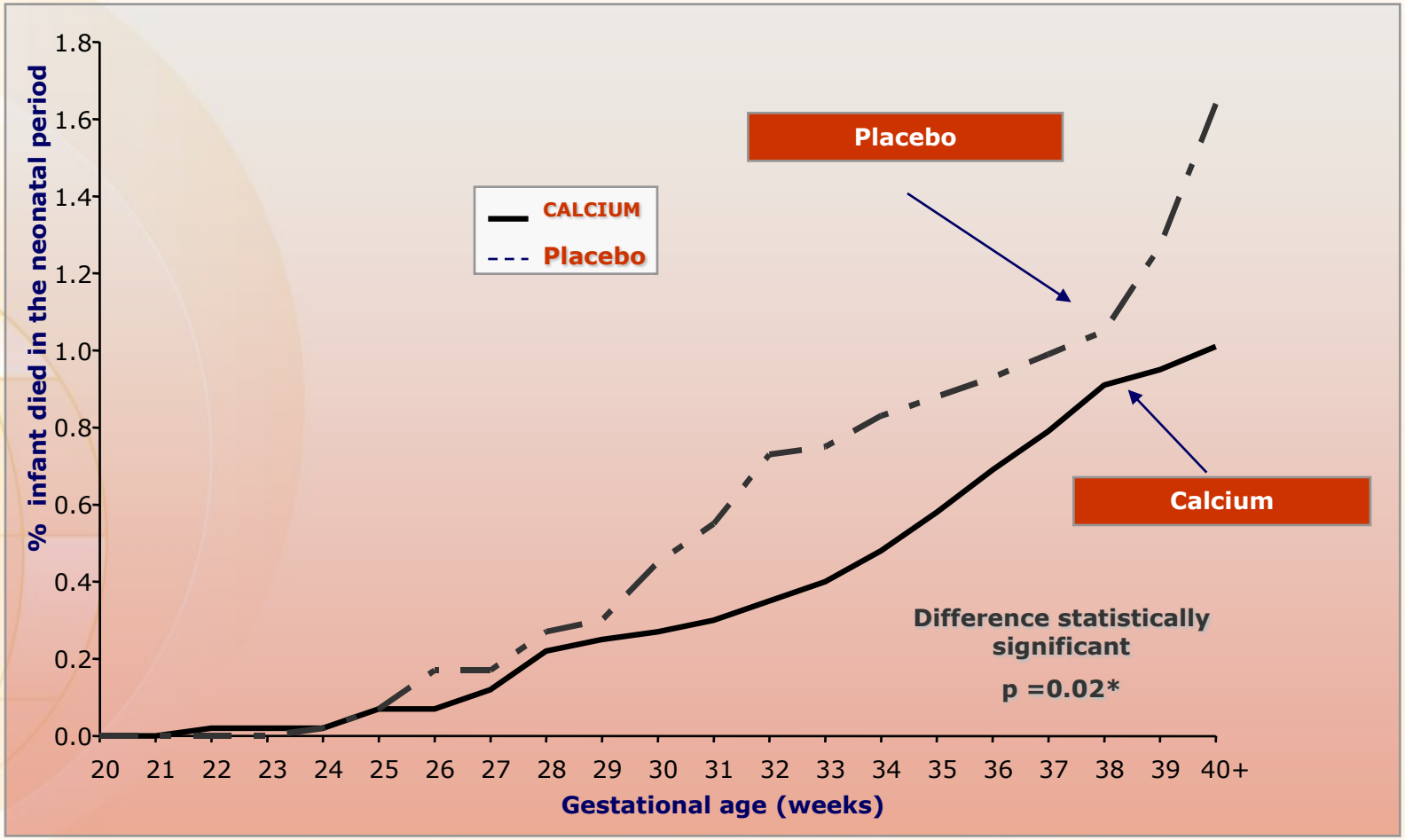
* Some countries have been involved in more than one study

World Health Organization
Reproductive Health and Research
UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development and Research Training in Human Reproduction

Maternal and perinatal health research ongoing with leading participation of WHO

	Countries	Women	Status
Prevention of preeclampsia (anti oxidants)	4	1365	Completed
Treatment of asymptomatic bacteriuria	4	1500	Ongoing
Treatment of postpartum haemorrhage	4	900	Ongoing
Prevention of preeclampsia (treatment of hypertension)	6	2000	Initiated
WHO Global Survey of Maternal and Perinatal Health			
- Latin America	8	97 184	Published and further analysis ongoing
- Africa	7	81 961	Data analysis

Cumulative risk of neonatal mortality, by treatment group overall RR=0.70 (0.56-0.88)

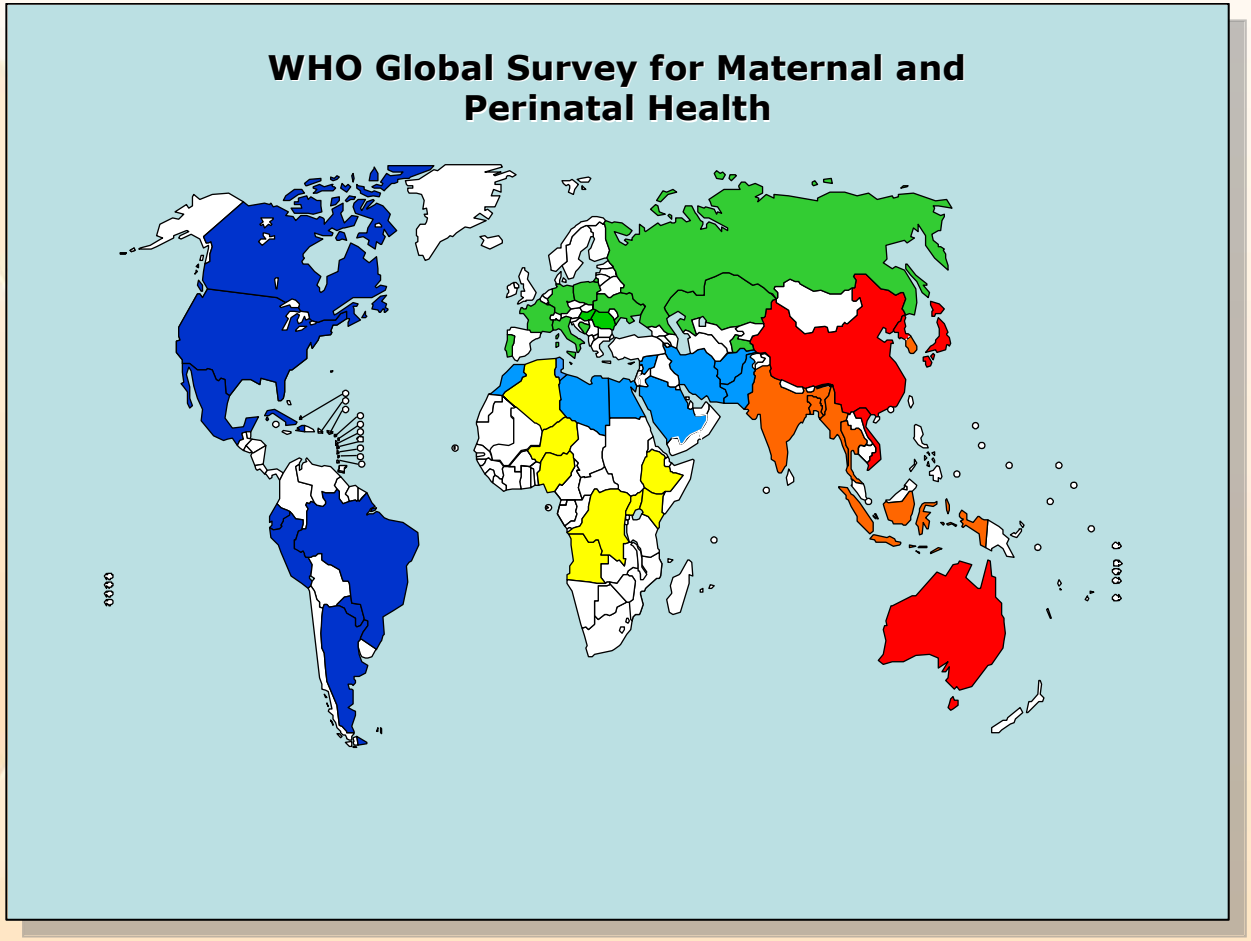


Villar J, Abdel-Aleem H, Merialdi M et al, Am J Obstet Gynecol 2006

WHO Global Survey of Maternal and Perinatal Health

- Short term (3 months) data collection surveys in randomly selected health facilities in randomly selected countries
- On line data collection system (real time)
- Simple data collection forms (2 pages) focusing on specific topic of interest
- In 2005: Data collected on ~180,000 deliveries in 8 countries in Africa and 8 in Latin America (mode of delivery and mortality and morbidity – Villar et al, The Lancet, 2006)
- Allows for moving from estimates to real data

WHO Global survey




WHO Global Survey - Microsoft Internet Explorer provided by WHO
File Edit View Favorites Tools Help
Back Search Favorites Media
Address http://www.medscinet.com/who/
Go Links
Google Search Web 82 blocked AutoFill Options
Search Web Toolbar Update Mail My Yahoo! Games Basketball Personals Music
Top Searches Fun Practical
mywebsearch Search Screensavers Cursor Mania PopSwatter Games My Info Customize My Button 1
World Health Organization
Department of Reproductive Health and Research
WHO Global Survey on Maternal and Perinatal Health
Login form for all regions
Please login here if your favorite language is English. After logging in, you will have access to the WHO survey database. All information will be presented in the language you were registered in by your regional coordinator.
Login
Entrez ici s'il vous plait si votre langue préférée est le francais. Vous aurez acces a la banque de données sur l'enquete de l'O.M.S. Toutes les informations vous seront présentées dans la langue à laquelle vous avez été enregistré par votre coordonnateur régional.
Entrez
Por favor, registrese aqui si su idioma de preferencia es el espanol. Luego de registrarse, tendra acceso a la base de datos de la encuesta de la OMS.Toda la información estara en el idioma en el que
Entre
Internet
start
Inbox - Microsoft O...
M & E MPS present...
Microsoft PowerPoi...
WHO Global Survey...
EN

Relationship between caesarean delivery and intrapartum fetal death according to fetal presentation

	n / N	OR (95% CI)
Cephalic Presentation		
Vaginal delivery (Reference level)	242/61870	1.0 (1)
Elective CD vs. Vaginal delivery	35/11300	0.7 (0.4 – 1.0)
Intrapartum CD vs. Vaginal delivery	73/16543	1.3 (0.9 – 1.7)
Breech and Other Presentations		
Vaginal delivery (Reference level)	53/547	1.0 (2)
Elective CD vs. Vaginal delivery	18/1874	0.3 (0.1 – 0.5)
Intrapartum CD vs. Vaginal delivery	14/2043	0.2 (0.1 – 0.4)

(1) odds ratios adjusted by gestational age, maternal age, education, previous stillbirth or neonatal death, vaginal bleeding in 2nd half of pregnancy, other medical conditions, type of onset of labour (induced/not induced) and country.

(2) odds ratios adjusted by gestational age and type of onset of labour (induced/not induced).

World Health Organization
Reproductive Health and Research
hrp
UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development and Research Training in Human Reproduction

Relationship between caesarean delivery and neonatal death according to fetal presentation at delivery

	n / N	OR (95% CI)
Cephalic Presentation		
Vaginal delivery (Reference level)	231/61299	1.0 (1)
Elective CD vs. Vaginal delivery	87/11237	1.7 (1.3 – 2.2)
Intrapartum CD vs. Vaginal delivery	107/16434	2.0 (1.5 – 2.6)
Breech and Other Presentations		
Vaginal delivery (Reference level)	36/421	1.0 (2)
Elective CD vs. Vaginal delivery	33/1846	0. 7 (0.4 – 1.3)
Intrapartum CD vs. Vaginal delivery	33/2021	0.6 (0.3 – 1.0)

(1) Odds ratios adjusted by gestational age, hypertensive disorders, any anaesthesia during labour and type of facility. (2) Odds ratios adjusted by gestational age.

World Health Organization
Reproductive Health and Research
hrp
UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development and Research Training in Human Reproduction

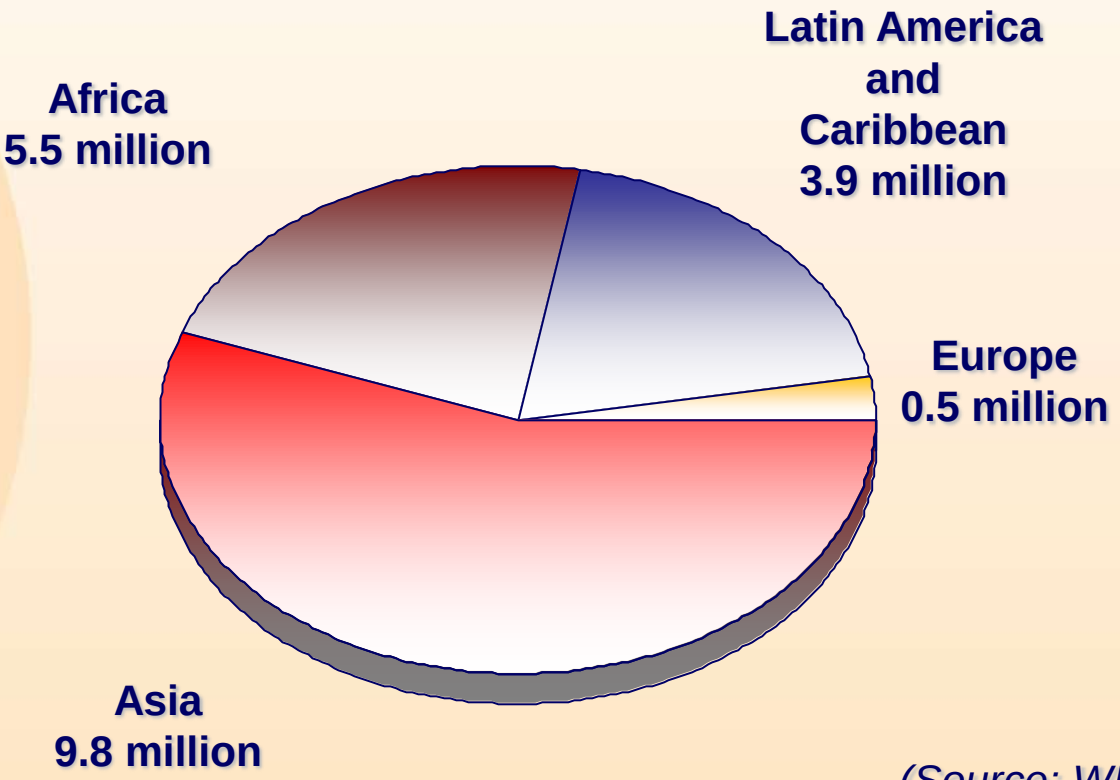
New collaborative projects (2008-9)

- Pre-eclampsia
  - screening
  - prediction of outcome
  - treatment of moderate hypertension
- Delivery/Postpartum care
  - Management of third stage of labour
  - Anti-shock garment
- Perinatal/Newborn health
  - develop standards of fetal growth for international applications
  - preterm birth (genetics, prevention of mortality)
  - diagnosis of birth asphyxia at community level
- Epidemiology
  - WHO multicountry study on MPH: preterm, stillbirths, birth defects
- Research synthesis
  - Systematic reviews: Continuum of care, Ultrasounds, Diabetes, Preterm birth rates, Sepsis rates, Preeclamspia rates
- Operations research
  - Obstetric fistula: clinical and socio-cultural aspects
  - Detection and management of anaemia in pregnancy
  - Birth plans
  - Integration of maternal and newborn health services with HIV/Malaria
  - Antenatal care (web based training module and avatar simulation)

World Health Organization
Reproductive Health and Research
UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development and Research Training in Human Reproduction

Estimated annual numbers of unsafe abortion, around the year 2003

Total number of unsafe abortions = 20 million
(Total number of abortions = 42 million)

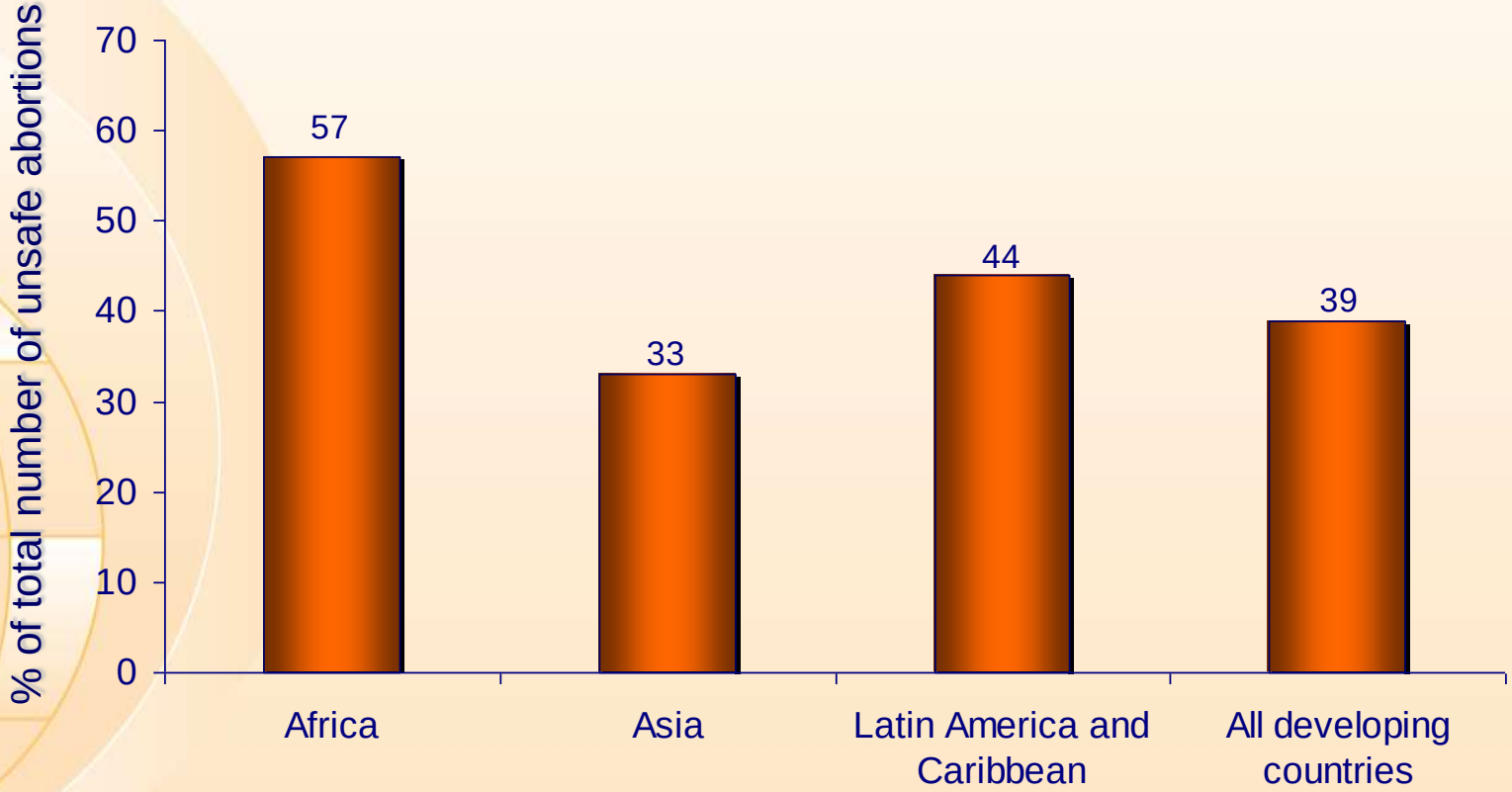


(Source: WHO, 2007)

World Health Organization
Reproductive Health and Research
UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development
and Research Training in Human Reproduction

Estimated proportions of unsafe abortions among 15-24 year olds, around the year 2003

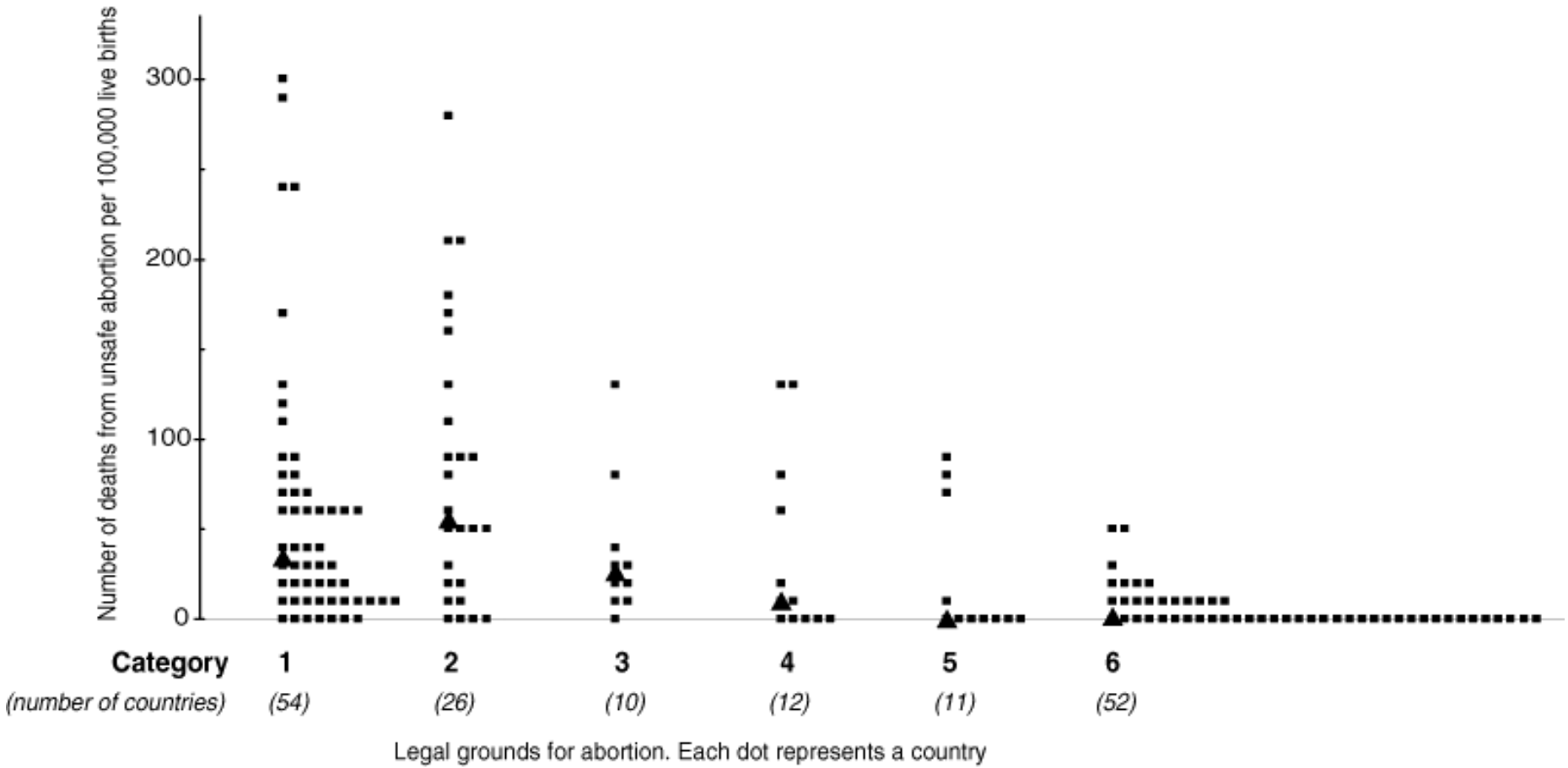
Total number of unsafe abortions = 20 million



(Source: WHO, 2007)

World Health Organization
Reproductive Health and Research
UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development and Research Training in Human Reproduction

Deaths from unsafe abortion in countries with different legal grounds for abortion



Legal grounds for abortion. Each dot represents a country

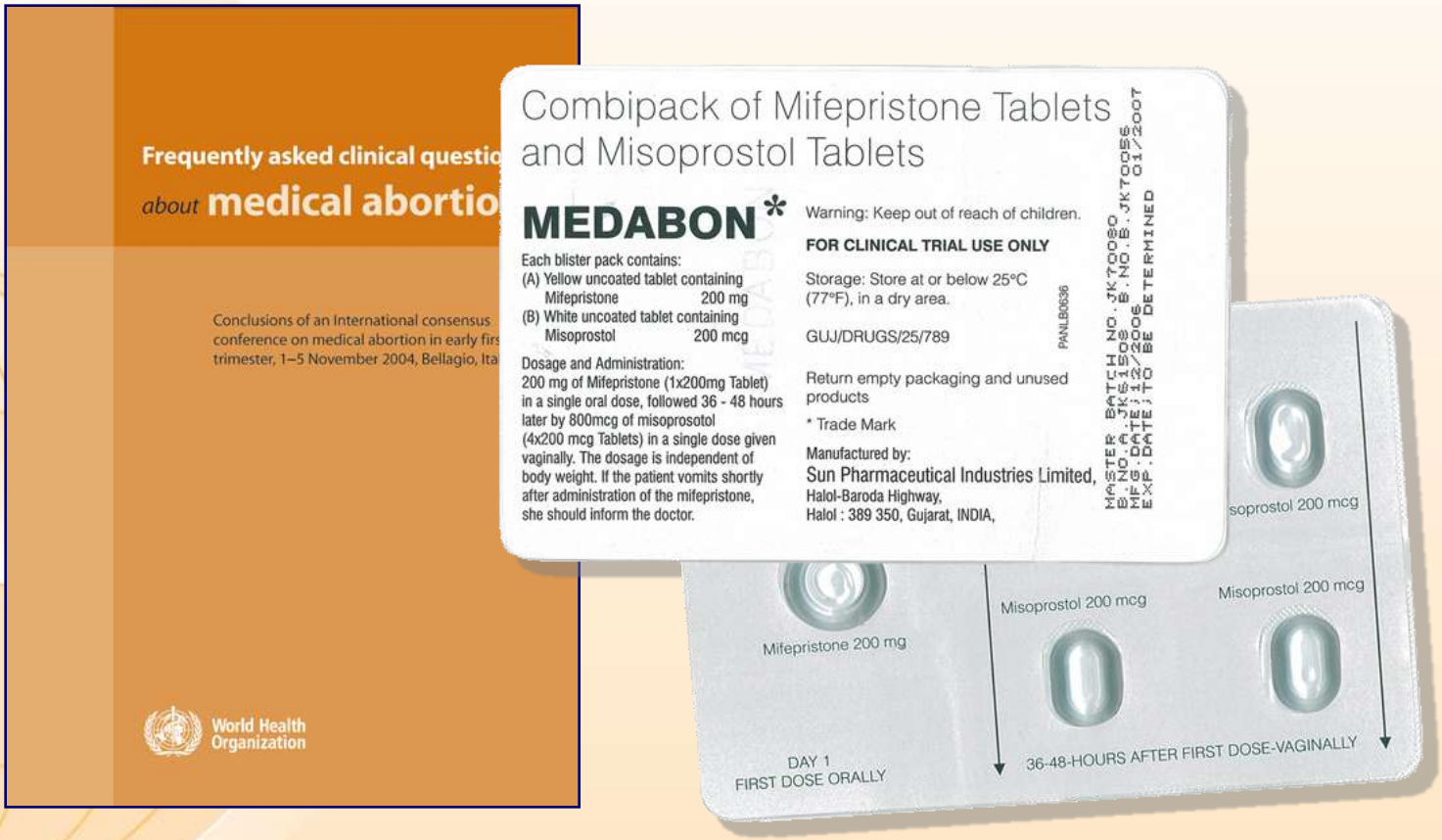
Category

1. To save the woman's life only, or no grounds
2. Same as category 1, and also to preserve health (physical and mental)
3. Same as category 2, and also in cases of rape and/or incest
4. Same as category 3, and also in cases of fetal impairment
5. Same as category 4, and also for economic or social reasons
6. Same as category 5, and also on request

Preventing unsafe abortion

- Estimating incidence of abortion (jointly with Guttmacher Institute) and public health impact of unsafe abortion (mortality and morbidity)
- Providing guidance on management of complications of unsafe abortion, including guidance on post-abortion contraception
- Improving technologies and interventions for provision of safe abortion
- Assisting implementation of technical and policy guidance on safe abortion for health systems
- Supporting countries in the development of policies and programmes to reduce unsafe abortion and improve access to safe abortion and quality post-abortion care

Getting research into practice



- Cambodia
- Ethiopia
- Ghana
- India
- Moldova
- Mongolia
- Nepal
- Romania
- Russia
- South Africa
- Tunisia
- Turkey
- Ukraine
- Viet Nam

Misoprostol (3 x 0.8mg) for termination of early pregnancy

Two routes and two intervals

Treatment group	Outcome - n (%)		
	Complete abortion	Continuing pregnancy	Others*
Sublingual 3-hour (n=512)	431 (84.2%)	29 (5.7%)	52 (10.1%)
Sublingual 12-hour (n=509)	399 (78.4%)	47 (9.2%)	63 (12.4%)
Vaginal 3-hour (n=513)	434 (84.6%)	20 (3.9%)	59 (11.5%)
Vaginal 12-hour (n=512)	425 (83.0%)	25 (4.9%)	62 (12.1%)

* incomplete abortion, missed abortion, undetermined outcome

(Source: Lancet, 2007)

World Health Organization
Reproductive Health and Research
hrp
UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development and Research Training in Human Reproduction

"It is estimated that up to 100 000 maternal deaths could be avoided each year if women who did not want children used effective contraception."

(Marston and Cleland, 2003, quoted in World Health Report 2005)

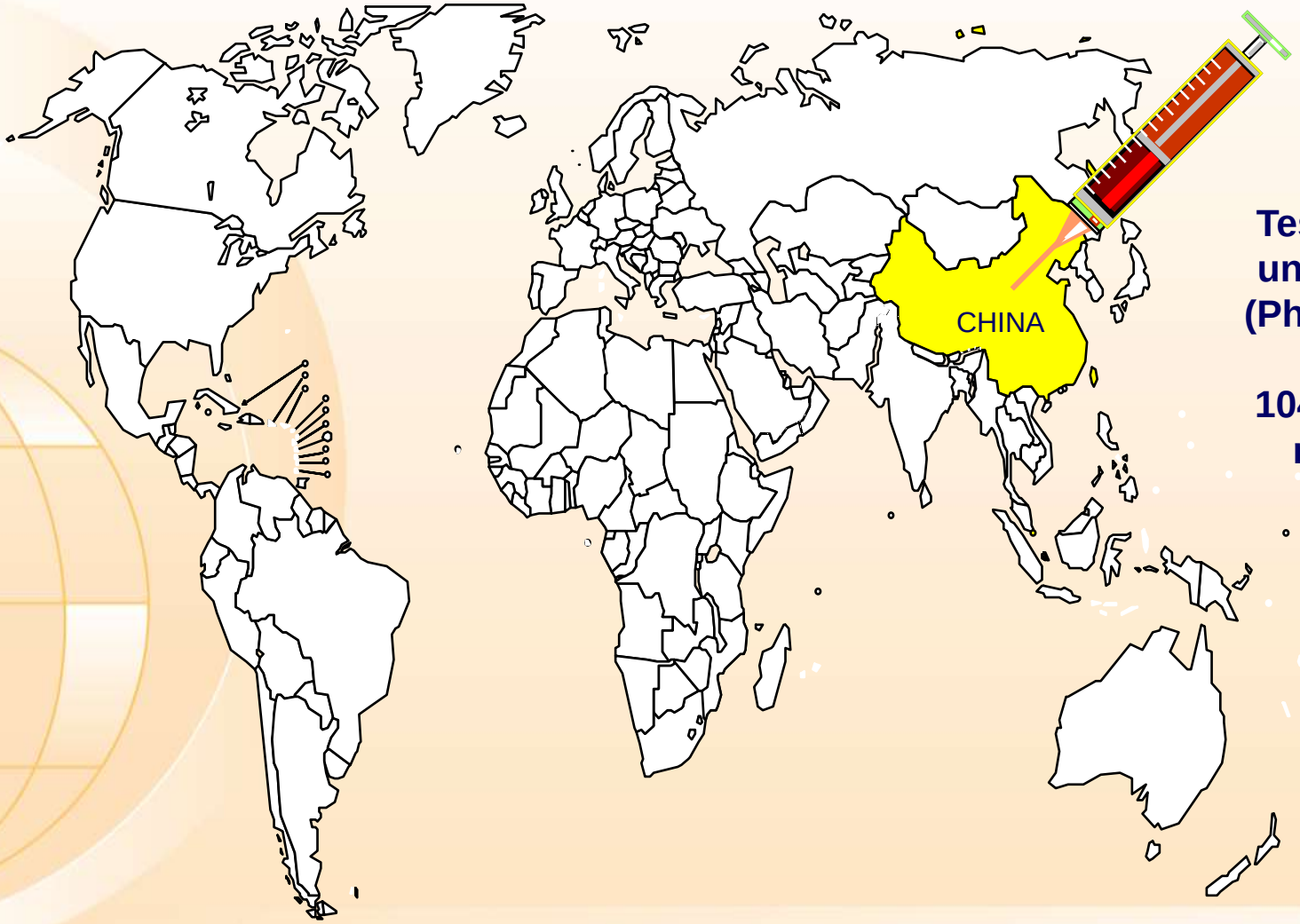
World Health Organization
Reproductive Health and Research
UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development and Research Training in Human Reproduction

Unmet needs in contraceptive hardware

- Methods for dual protection (including improved barrier methods)
- Reversible methods for men
- Postcoital methods for repeated use during the cycle
- Improved hormonal methods for women
- Long-acting, non-hormonal methods for women

World Health Organization
Reproductive Health and Research
UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development and Research Training in Human Reproduction

Towards a male hormonal contraceptive



Testosterone undecanoate (Phase III trial)

1045 couples recruited

World Health Organization

Reproductive Health and Research

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

Phase III study of testosterone undecanoate for male contraception

1376 Screened

331 Excluded

1045 Enrolled
Suppression phase

190 Withdrawals (18%)

855 Entered Efficacy phase

122 Withdrawals (14%)

733 Completed Efficacy

4 Withdrawals

729 Completed Recovery

312 Withdrawals
93 Lost to follow-up
43 Non-suppression
43 Change of contraceptive
40 Missed injection
36 Other reason
20 Requested withdrawal
18 Adverse event
10 Sperm rebound
9 Pregnancy

Adverse events (n=18)
5 Change of libido
5 Skin rash
3 Severe acne
2 Fear of injection
2 Increased blood pressure
1 Low fever after injection

Method failures (per 100 couple years)
Non-suppression 4.69
Sperm rebound 1.26
Pregnancy 1.11
TOTAL 7.06 per 100 couple years

97 Completed Recovery

World Health Organization

Reproductive Health and Research

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

World Health Organization

Reproductive Health and Research

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

Important new knowledge about safety/efficacy of hormonal fertility-regulating methods

- Oral contraceptives and cancer (benefits and risks)
- Oral contraceptives and cardiovascular disease
- Oral contraceptives and breast cancer
- DMPA and breast cancer
- Safety and efficacy of mifepristone
- Third-generation oral contraceptives and venous thromboembolism
- Long-term safety and efficacy of contraceptive implants (Norplant®, Jadelle® and Implanon®)

World Health Organization
Reproductive Health and Research
UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development and Research Training in Human Reproduction

The epidemic of sexually transmitted diseases

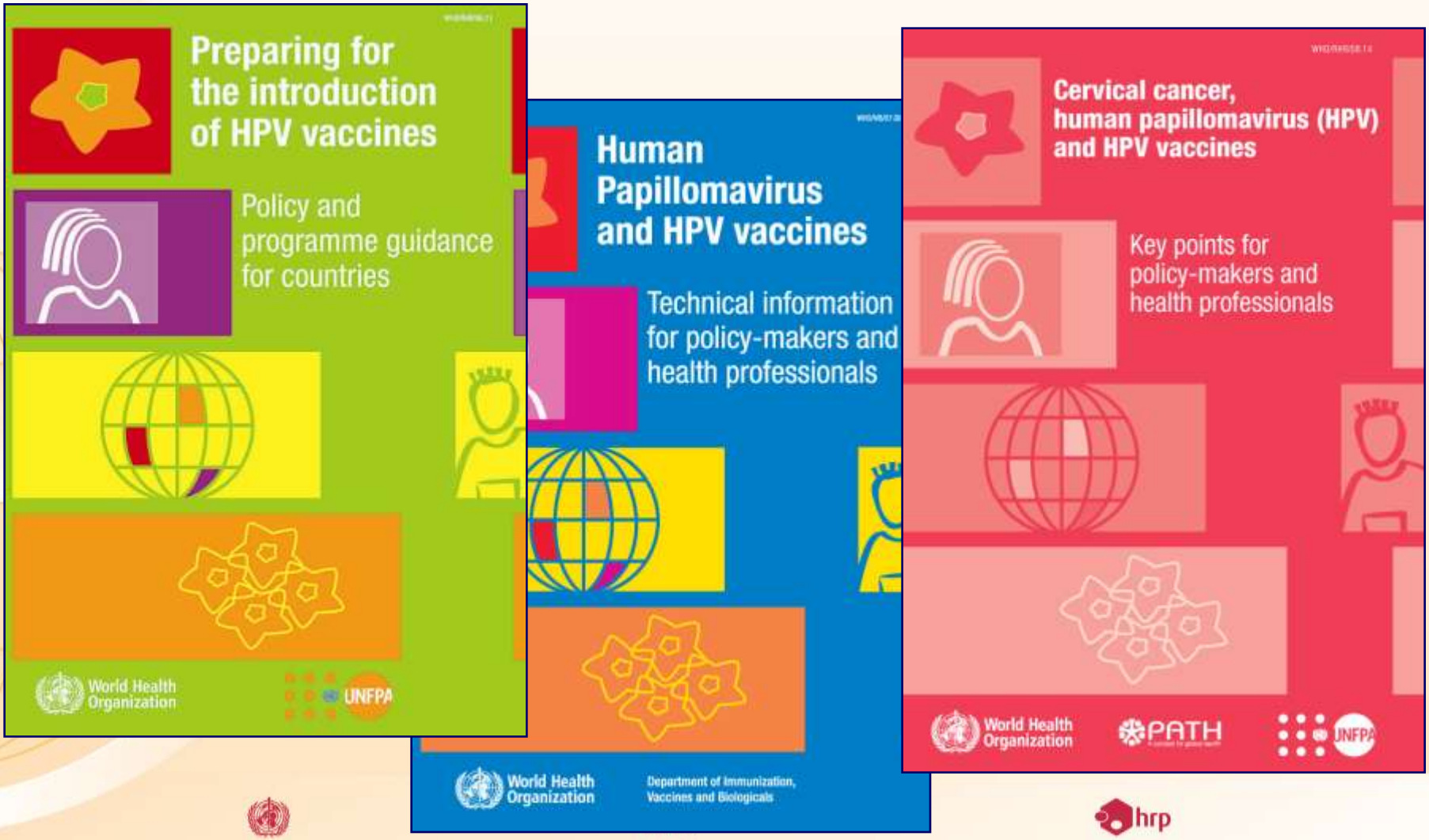
- 340 million new cases of curable STIs annually
- more than 186 million ever-married women (15-49 years) in developing countries are infertile
- over 500,000 deaths (fetal and neonatal) due to syphilis each year
- 2.5 million [1.8 million - 4.1 million] people became newly infected with HIV in 2007 (more than half of them were young people, 15-24 years; progressive "feminisation" of epidemic)
- 2.1 million [1.9 million - 2.4 million] people died of AIDS in 2007
- cervical cancer is most common cause of cancer deaths among women in developing countries (some 200,000 deaths each year)

World Health Organization
Reproductive Health and Research
hrp
UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development and Research Training in Human Reproduction

Research on the prevention of sexually transmitted infections – Selected examples

- Female condoms: comparative effectiveness for pregnancy prevention with male condoms (China, Nigeria, Panama, South Africa)
- Microbicides:
  - product development (identification of potential new products; safety monitoring of trials of potential microbicides)
  - capacity building for microbicide research and for regulatory decision-making
- Mother-to-child transmission of HIV
- Introduction of HPV vaccine

Setting the scene for HPV vaccine introduction …



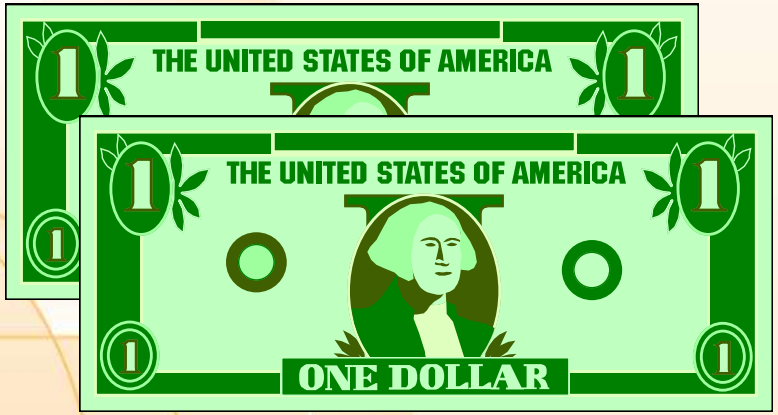
World Health Organization

Reproductive Health and Research

hrp

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

Our commitment to research capacity strengthening



US$ 2

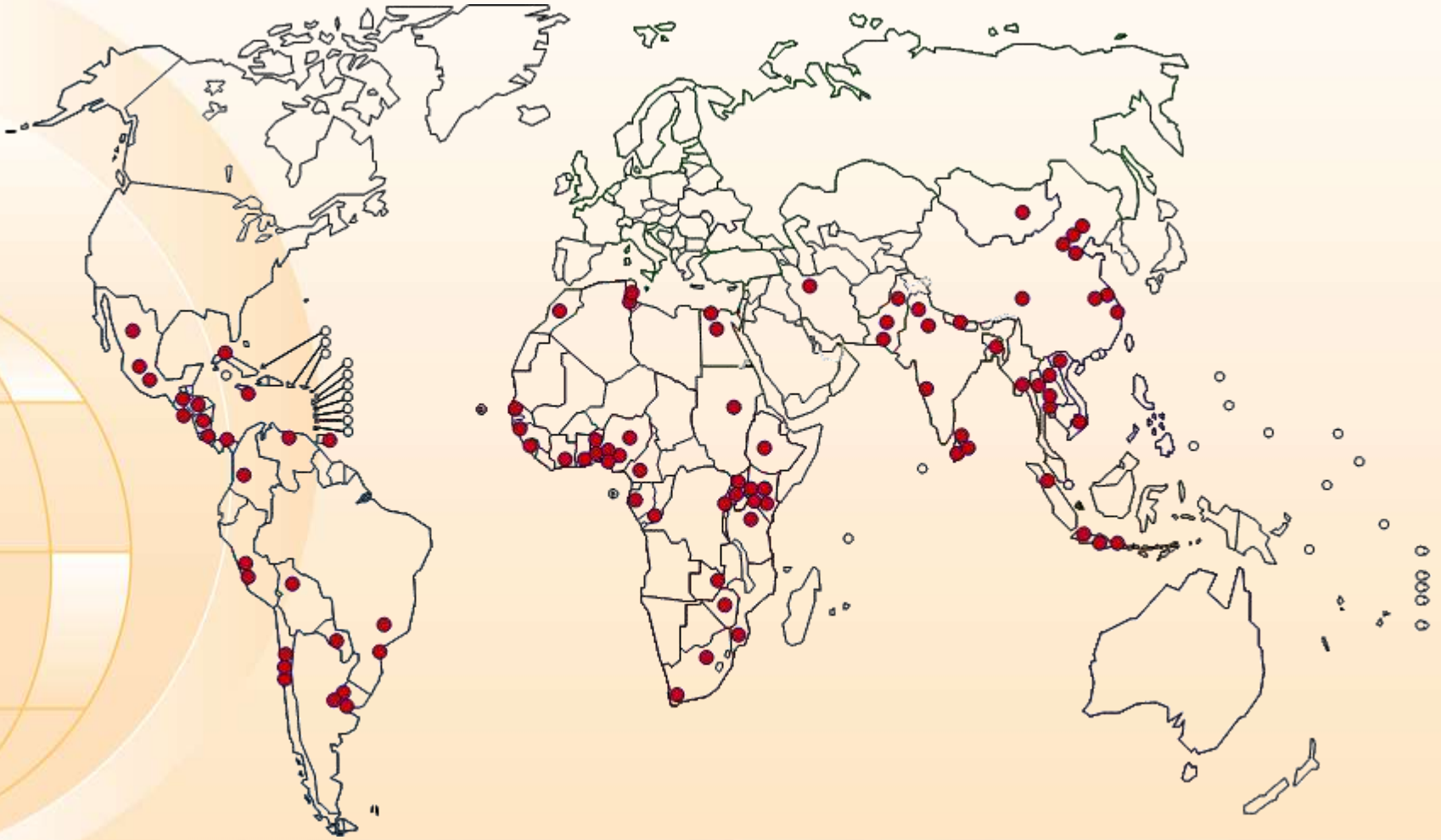
Research and development

US$ 1

Research capacity strengthening

World Health Organization
Reproductive Health and Research
hrp
UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development and Research Training in Human Reproduction

Distribution of research capacity strengthening grants awarded since 1990



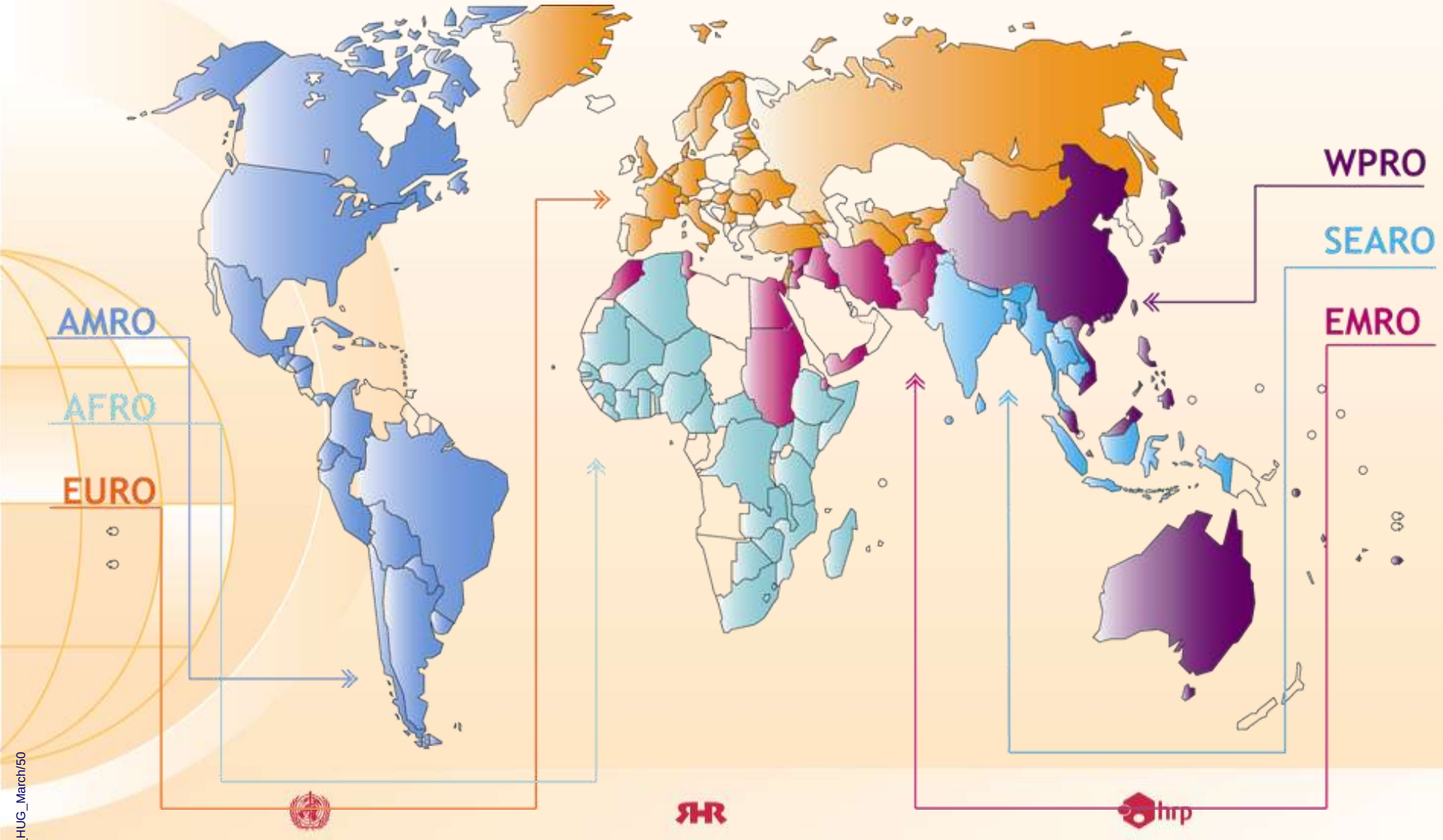
World Health Organization

Reproductive Health and Research

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

Countries collaborating with the Programme

2007, n=115 countries

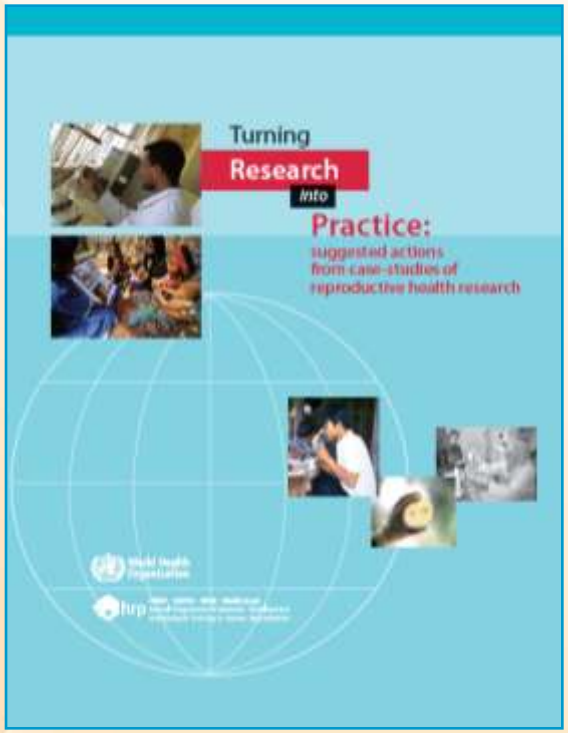


World Health Organization

Reproductive Health and Research

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

Bridging the know-do gap

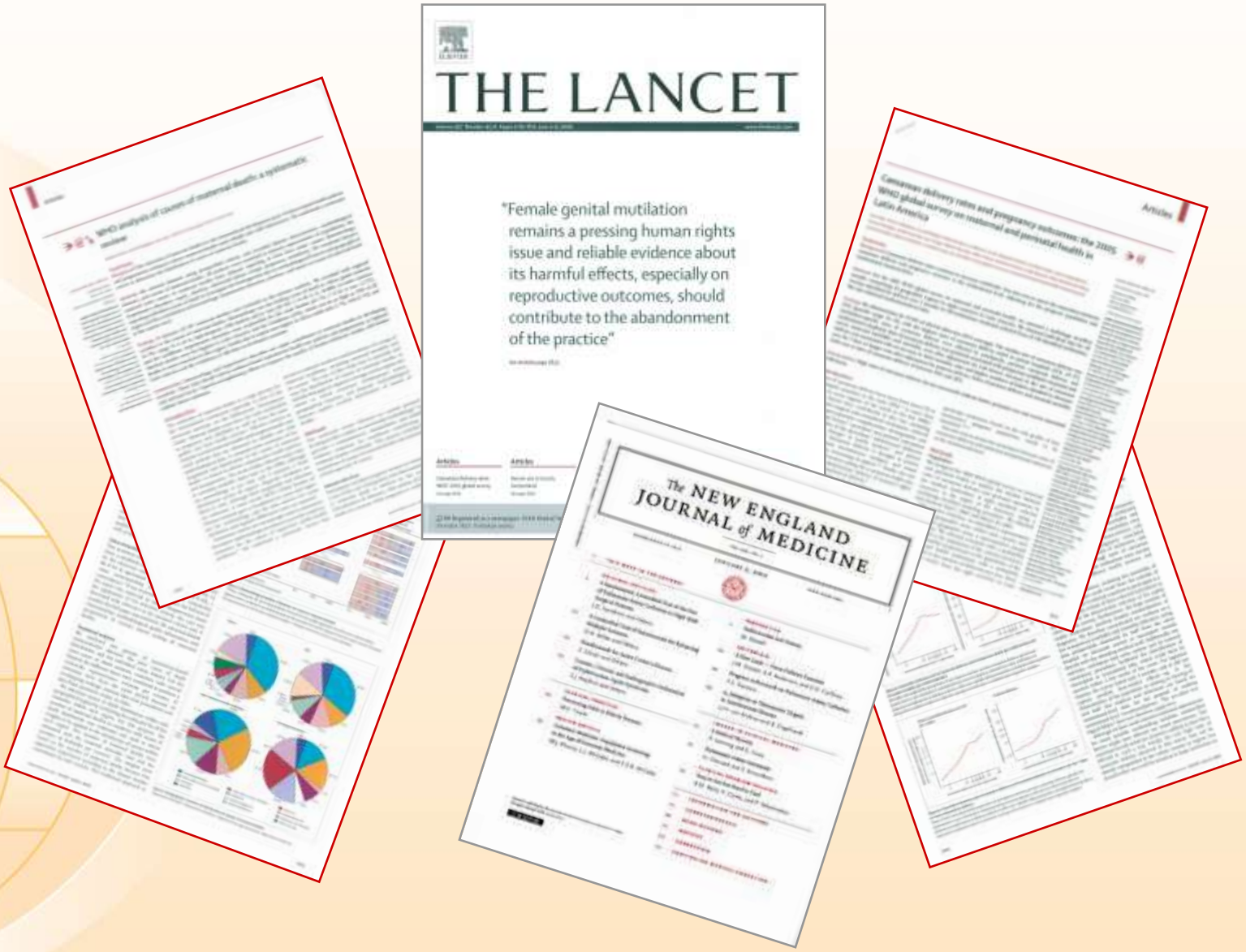


Turning

Research

Into

Practice



World Health Organization

Reproductive Health and Research

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

The policy brief - the essence of research findings and their policy implications

"The internet is an effective means of providing sex and reproductive health education to young people in China"

World Health Organization

Reproductive Health and Research

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

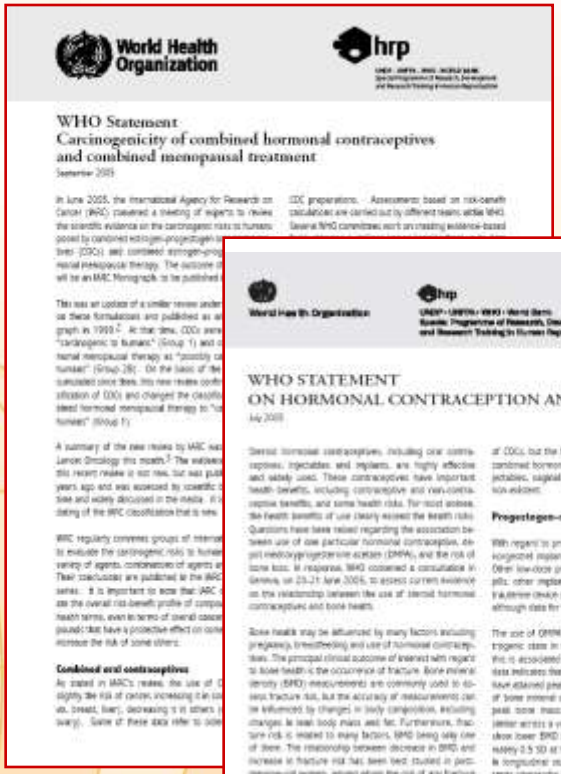
Widely acclaimed guidance materials in high demand

World Health Organization

Reproductive Health and Research

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

Authoritative responses to concerns of Member States



World Health Organization

hrp

WHO Statement
Carcinogenicity of combined hormonal contraceptives and combined menopausal treatment

World Health Organization

hrp

WHO STATEMENT
ON HORMONAL CONTRACEPTION AND BONE HEALTH

World Health Organization

hrp

Statement on hormonal contraception and risk of STI acquisition

July 2006

hrp

World Health Organization

Hormonal Contraception and HIV: Science and Policy
Africa Regional Meeting

STATEMENT

World Health Organization

Reproductive Health and Research

hrp

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

www.who.int/reproductive-health/

Department of Reproductive Health and Research
World Health Organization

UNFPA

Strategic Partnership Programme

S P P

Goal

to improve support to countries
through the implementation of evidence-based norms
and tools for reproductive health

Overall objective

to promote sexual and reproductive health
through the application of evidence-based practices and
informed policy and decision-making in health interventions

What the partnership should achieve

1. introduce systematically, selected practice guides to improve sexual and reproductive health (SRH), initially in family planning and sexually transmitted and reproductive tract infections (STIs/RTIs)

   support dissemination, adaptation and adoption of guidelines within countries through UNFPA Country Technical Services Teams (CSTs) and Country Offices, WHO Regional Offices and Country Offices

2. strengthen technical capacity through orientation and backstopping in SRH, including maternal health

   enhance linkages between creation of evidence-based tools and implementation to improve programmes and service delivery

Expected outcomes

1. Adoption of tools and up-scaling of evidence-based practices
2. Improved quality of reproductive health care services, particularly in family planning, STIs/RTIs, and maternal health

Evidence-based tools

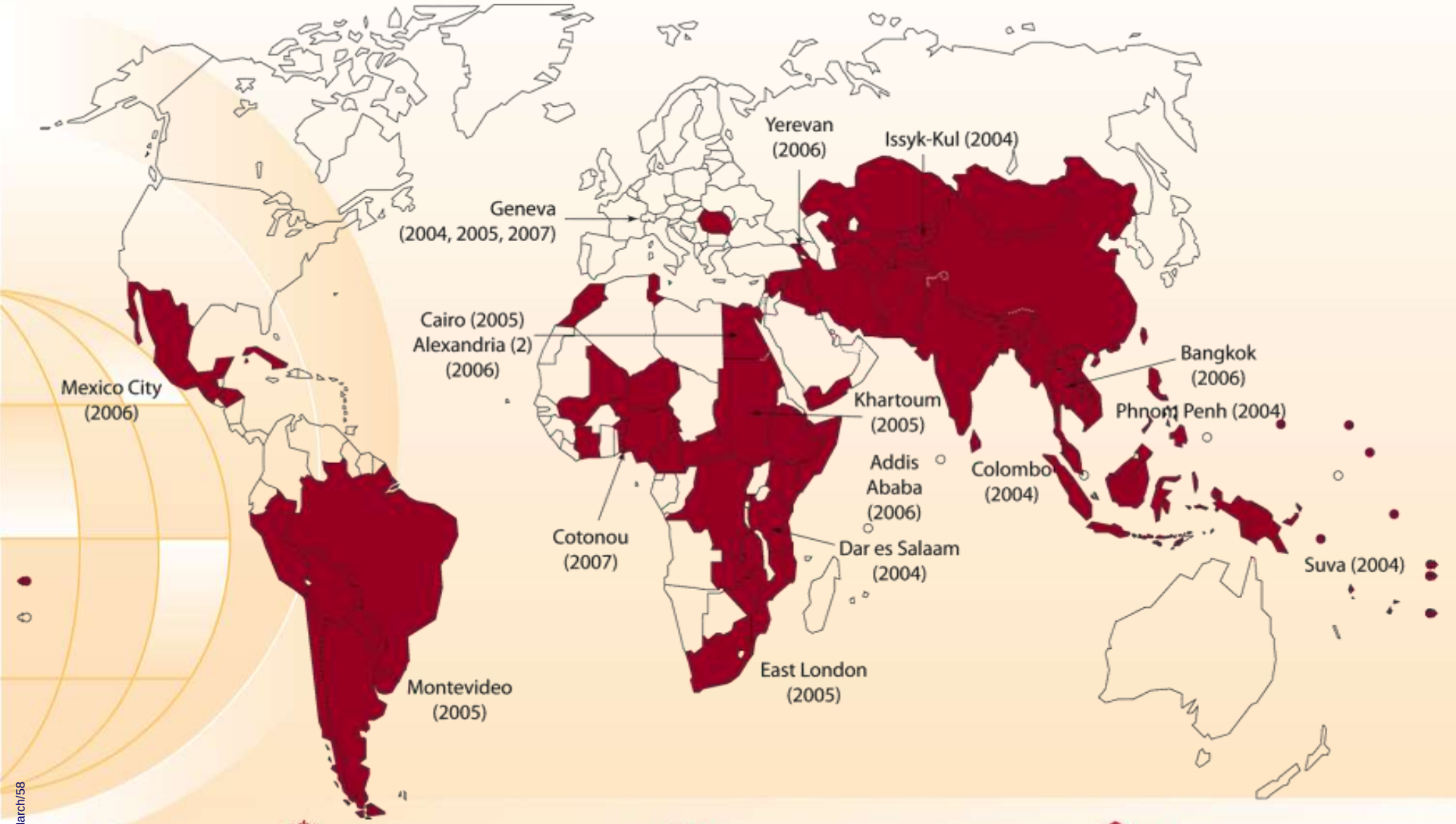
Family planning

Maternal and newborn health

STI/RTI control

Further information on SRH guidelines including online electronic versions:
www.who.int/reproductive-health - Further information on SPP activities: mbizvom@who.int

The UNFPA/WHO Strategic Partnership Programme

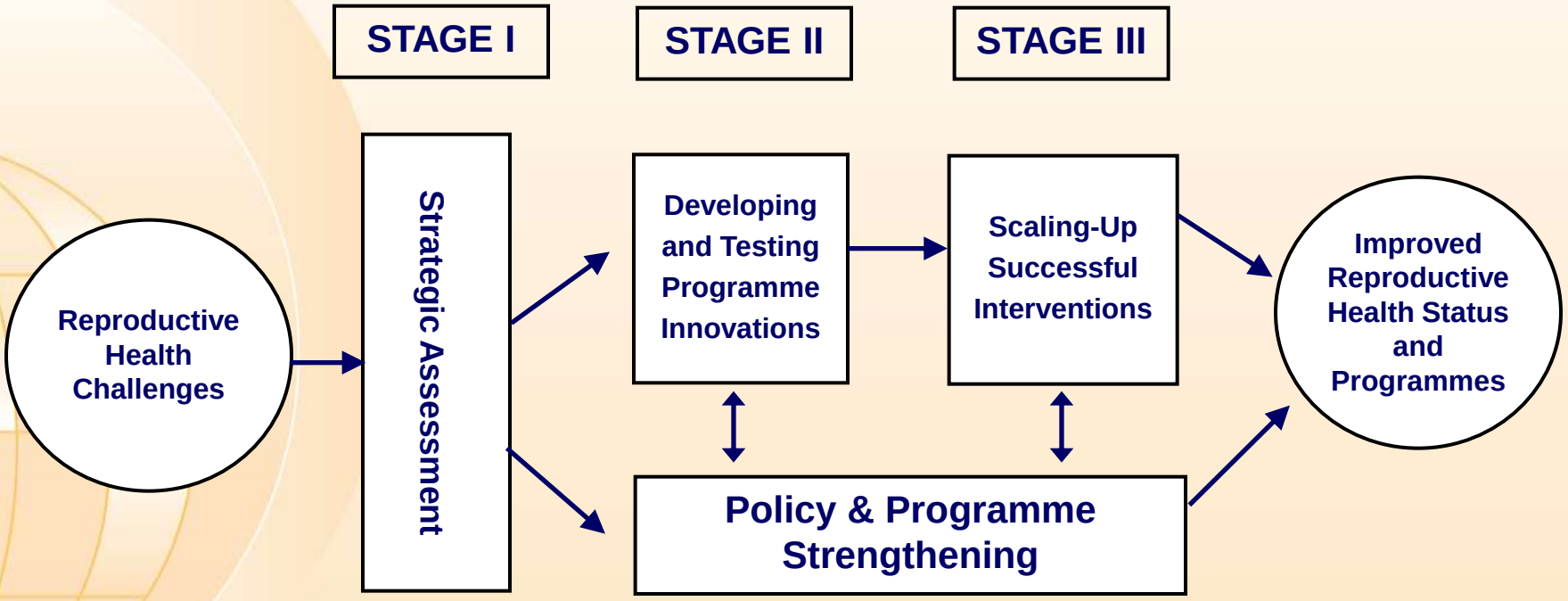


World Health Organization

Reproductive Health and Research

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

The Strategic Approach Implementation Process



Using the Strategic Approach in Countries to Strengthen Reproductive Health Programmes

World Health Organization

Reproductive Health and Research

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

Support to countries

- Repositioning family planning
- Strengthening linkages between sexual and reproductive health and HIV/AIDS services (incl. submission to the Global Fund to Fight AIDS, TB and Malaria)
- VIA for cervical cancer prevention
- Screening for congenital syphilis
- Promoting gender and human rights

Lancet series on sexual and reproductive health

Main papers

1. Epidemiology of sexual and reproductive ill-health: Glasier et al. (4 November 2006)
2. Sexual behaviour: Wellings et al. (11 November 2006)
3. Family planning: Cleland et al. (18 November 2006)
4. Unsafe abortion: Grimes et al. (25 November 2006)
5. Sexually transmitted infections: Low et al. (2 December 2006)
6. Call to action: Fathalla et al. (9 December 2006)

Commentaries (4 November 2006)

- ICPD – looking back: Langer
- Sexual health: rights and responsibilities: Shaw
- Sex, politics and money: Thomas

World Health Organization
Reproductive Health and Research
hrp
UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development and Research Training in Human Reproduction

Art for health

Comment

Art for women's health

The difference in the sexual and reproductive health status of women in developed and developing countries is vast. This disparity represents one of the starkest examples of social injustice of our time. About 530 000 pregnant women and 3 million newborn babies die every year because of complications related to pregnancy and childbirth. Almost all these deaths happen in developing countries.[1] Similarly, sexually transmitted infections, reproductive-tract infections, cervical cancer induced by the human papillomavirus, and other gynaecological disorders disproportionately affect the most vulnerable and disenfranchised populations of women.

Much could be done to rectify these situations if more people were informed about and mobilised to act towards the improvement of global sexual and reproductive health. Greater advocacy and support for sexual and reproductive health interventions—including information-based campaigns, for example—could lead to substantial changes in the dire conditions many women and their newborn babies currently endure. The intention of the Art for Health project is to contribute to these efforts in an innovative way. Specifically, the project uses contemporary art as a medium to increase people's awareness of sexual and reproductive health issues around the world, particularly those that negatively affect the lives of women and their families.

Participants at the XVIII World Congress of the International Federation of Gynecology and Obstetrics (FIGO)—in Kuala Lumpur, Malaysia, Nov 5–10, 2006—will be able to view the first set of contemporary artworks produced for the Art for Health project at WHO's stand. The project is actively endorsed by the WHO Department of Reproductive Health and Research (RHR), which has commissioned 18 paintings and is sponsoring the first exhibition of a selection at the congress. The department is also using the artwork for promotional material and publications.

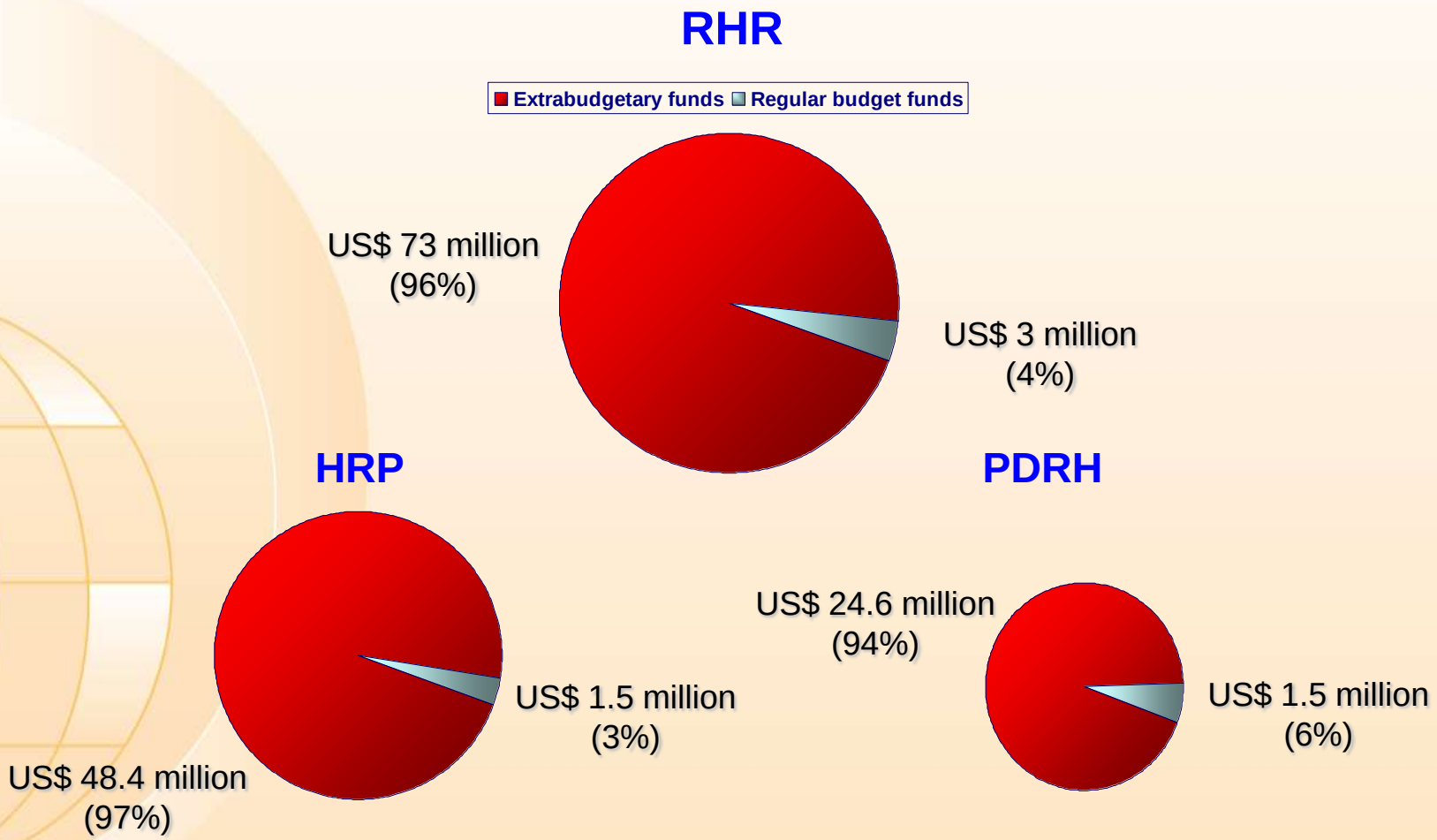
The paintings that will be featured at the congress portray women from diverse ethnic and social backgrounds. Within the images are messages by the women themselves that call on the viewer to join them in a unified effort to better their lives and those of future generations. The statements incorporated into the two representative pieces accompanying this Comment are modifications of famous quotes of outspoken women and exemplify these interconnected themes of solidarity, agency, and collective action. "Same sky, same women", for example, promotes awareness of an underlying tie connecting women around the world (figure 1). "I want to fight with dreams in my soul, with you" furthers this sentiment by asking viewers to engage in partnerships with women living in low-resource nations, partnerships that are characterised by mutual respect and geared

World Health Organization

Reproductive Health and Research

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

Departmental budget 2008-2009



"If you think research is expensive, try disease."

(Mary Lasker)