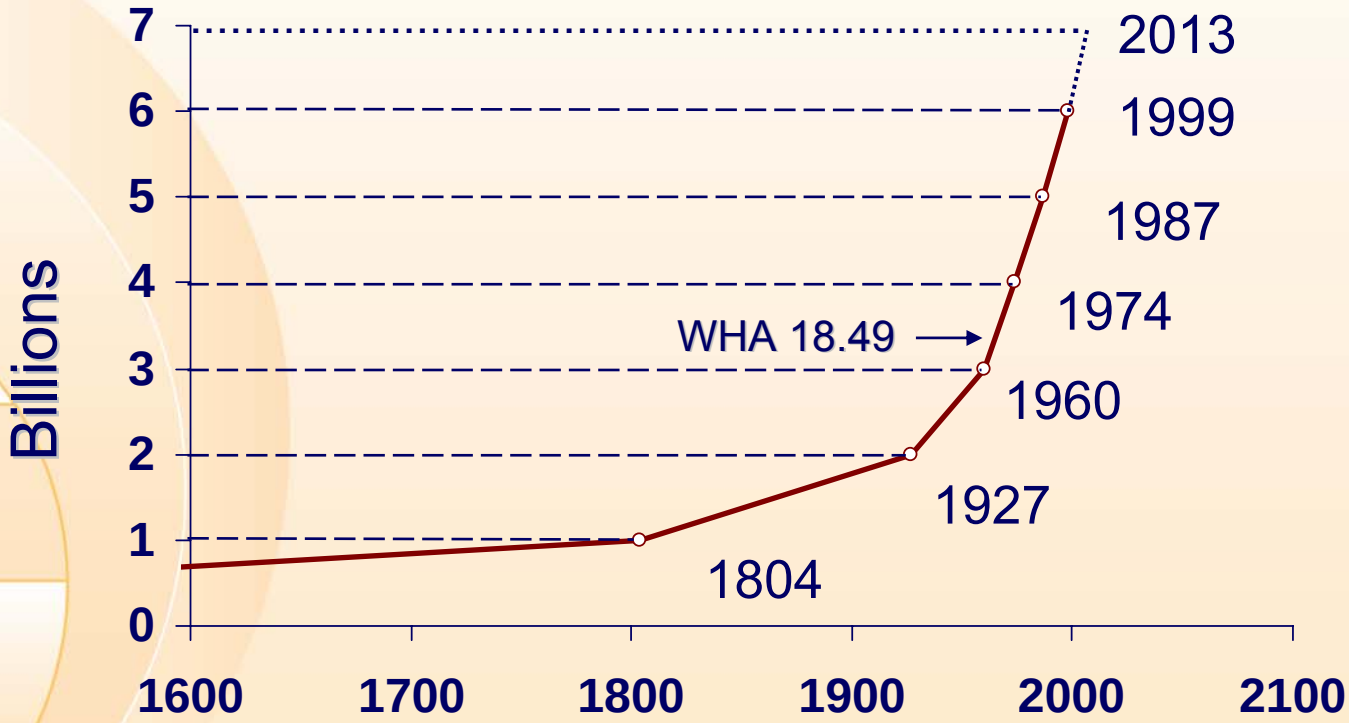
Sexual and reproductive health work at WHO

Paul F.A. Van Look, MD PhD

Department of Reproductive Health and Research
World Health Organization
Geneva, 6 March 2006

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

How it began…



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

How it began… [2]

"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)

How it began… [3]

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

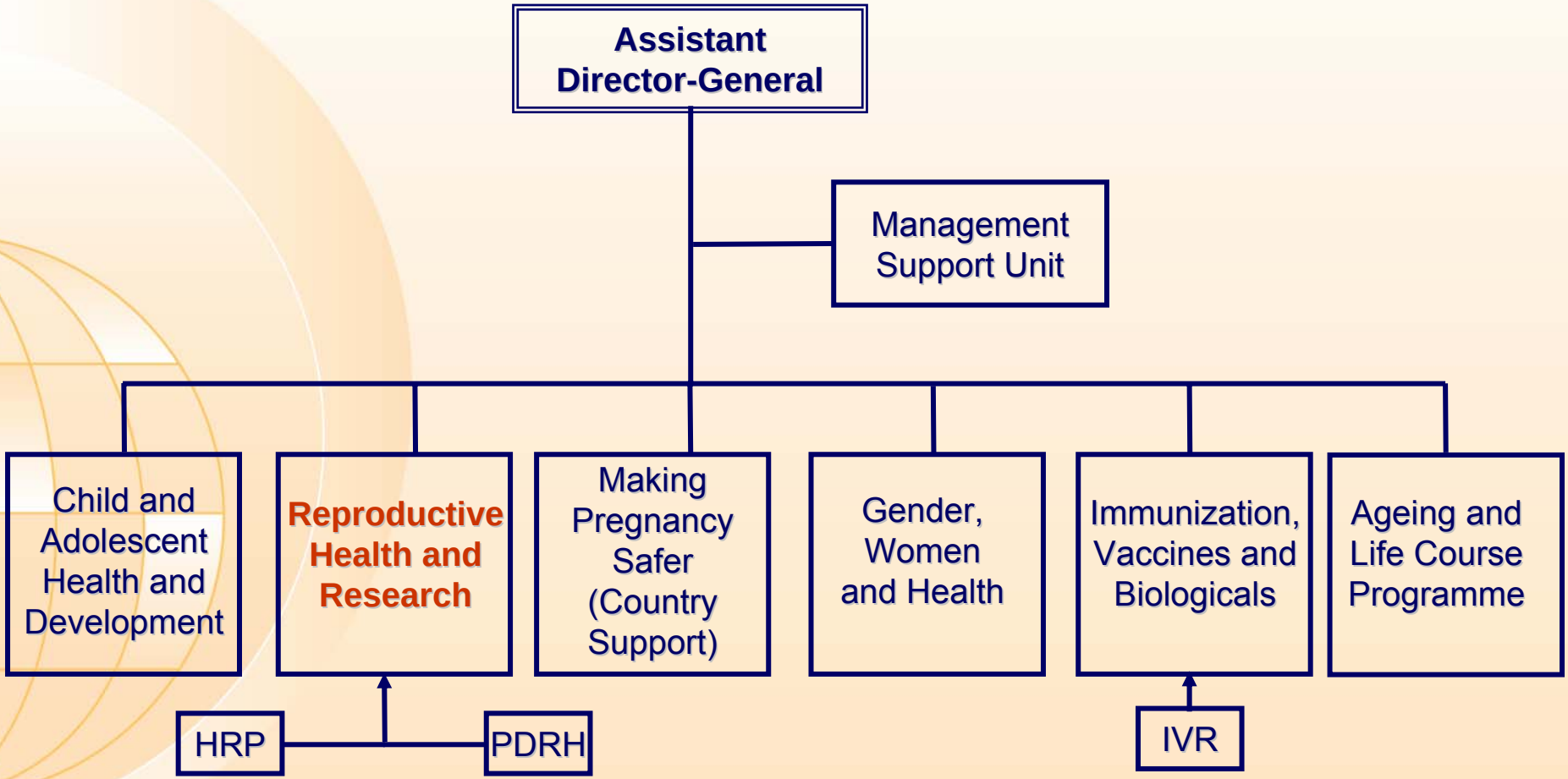
1988-present: UNDP/UNFPA/WHO/World Bank cosponsored Special Programme *(WHA Resolution 41.9; 1988)*

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

United Nations Population Conferences

1974, Budapest, World Population Conference

1984, Mexico City, International Conference on Population

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

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)

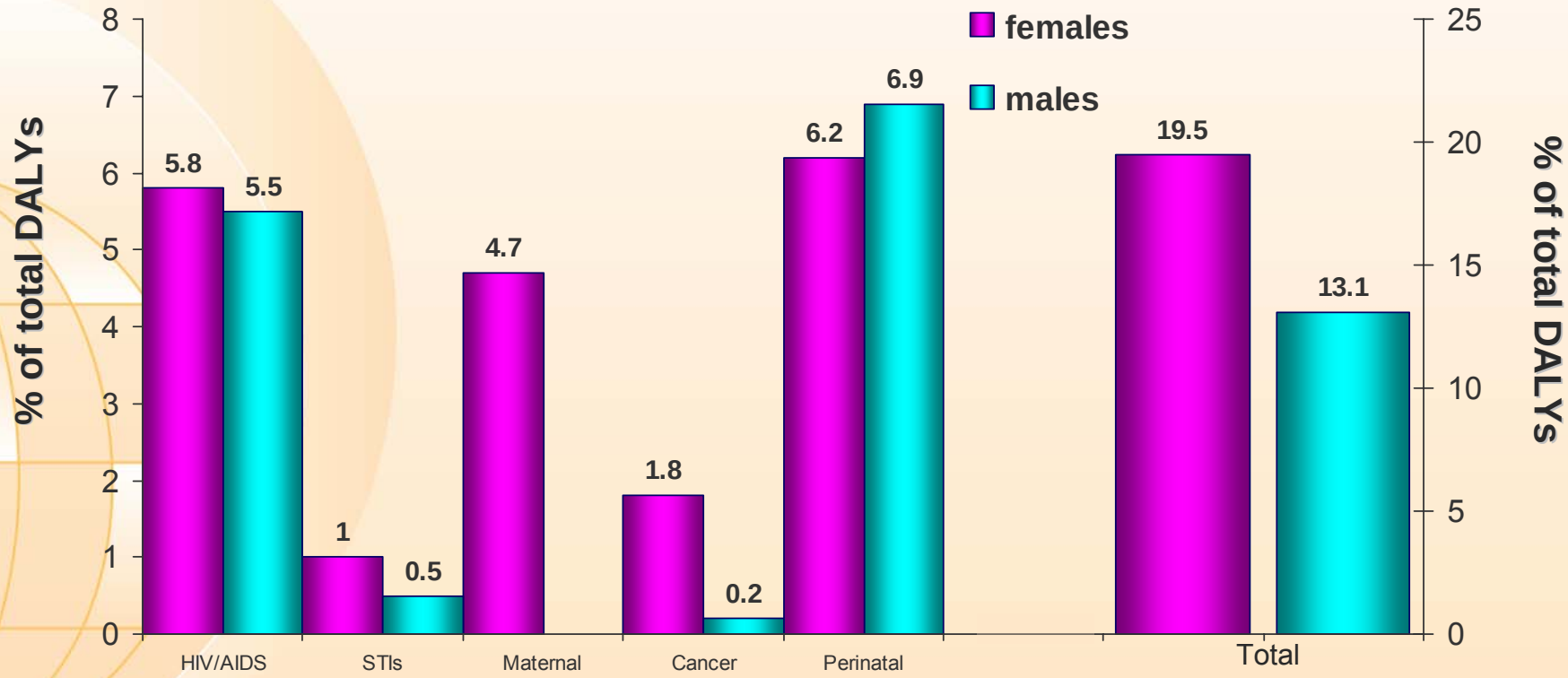
World Health Organization
Reproductive Health and Research
UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development and Research Training in Human Reproduction

The core ICPD goal

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

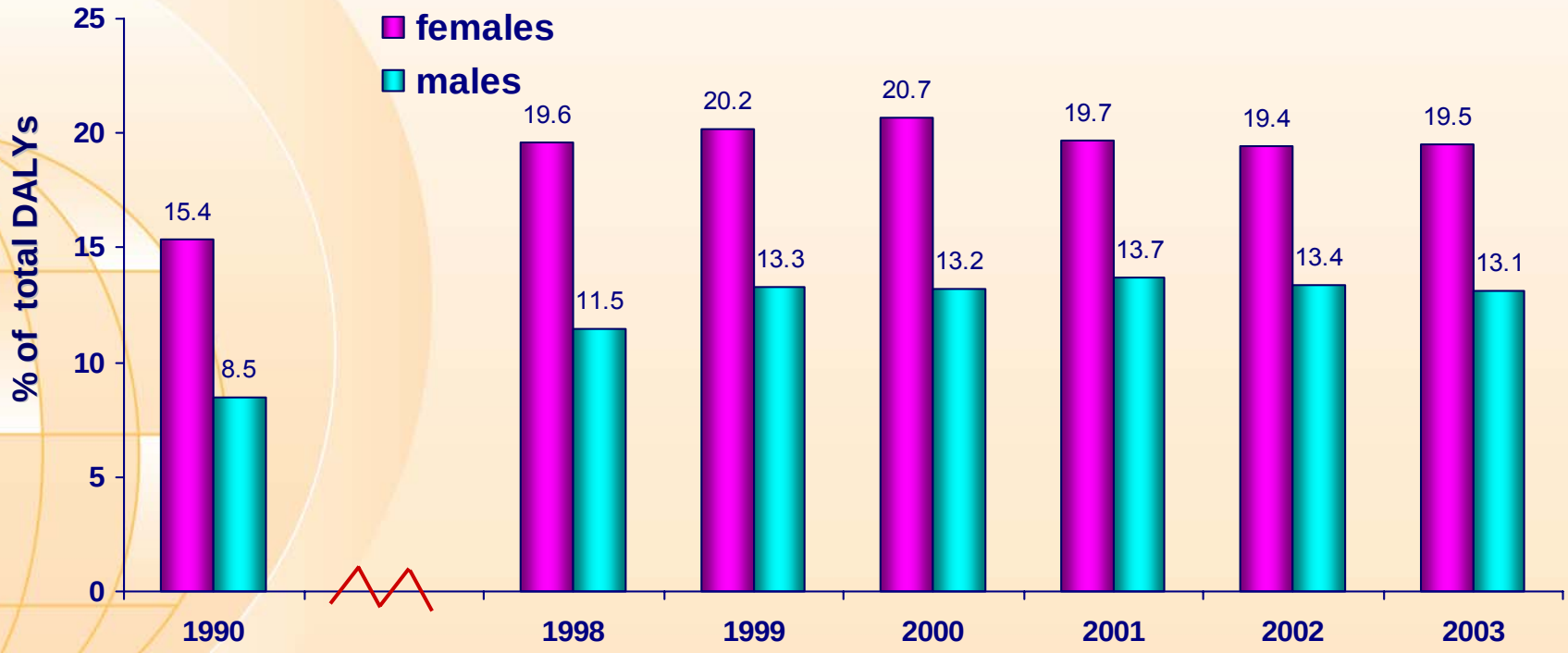
(ICPD Programme of Action, paragraph 7.6)

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



(Source: World Health Report, 2004)

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

Risks to sexual and reproductive health

Risk factor	Rank	Attributable deaths (% of total)	Attributable DALYs	Measured adverse outcomes of exposure
Unsafe sex	2	2.9 million (5.2%)	91.9 million (6.3%)	HIV/AIDS, STIs, cervical cancer
Lack of contraception	19	149,000 (0.3%)	8.8 million (0.6%)	Maternal mortality and morbidity

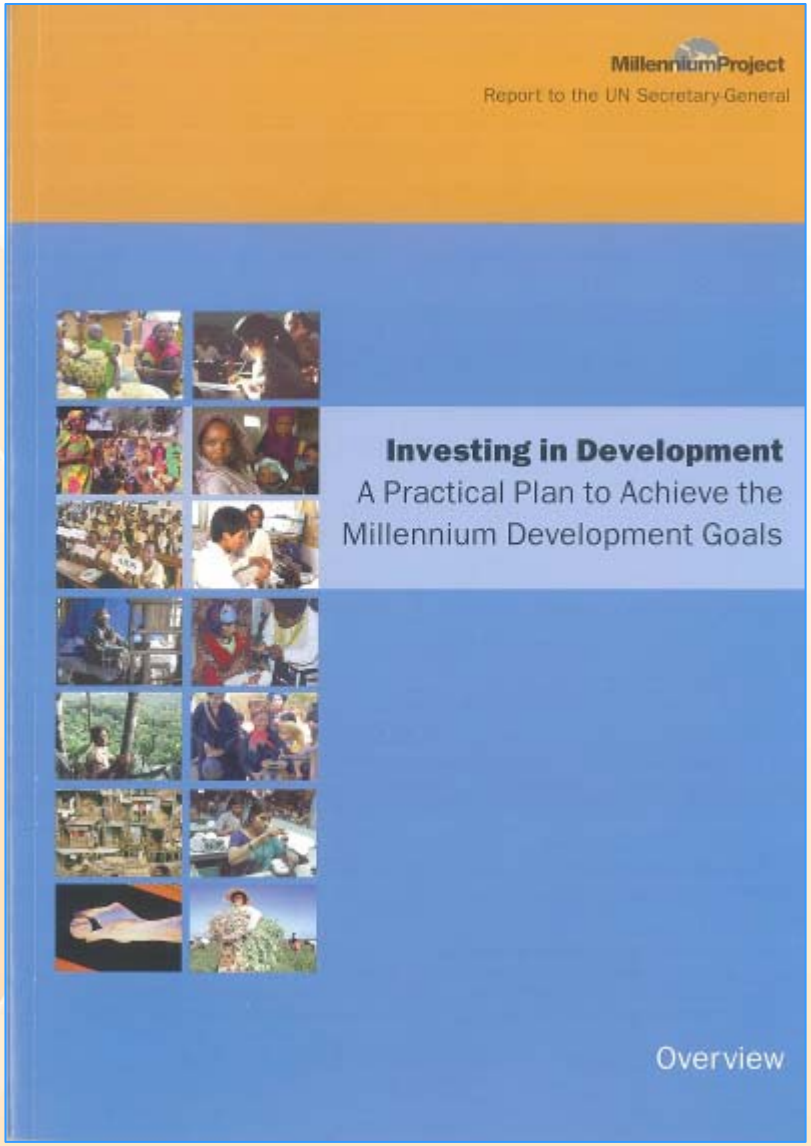
(Source:WHO, World Health Report 2002)

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

Reproductive health is absent from the Millennium Development Goals (MDGs)

World Health Organization
Reproductive Health and Research
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

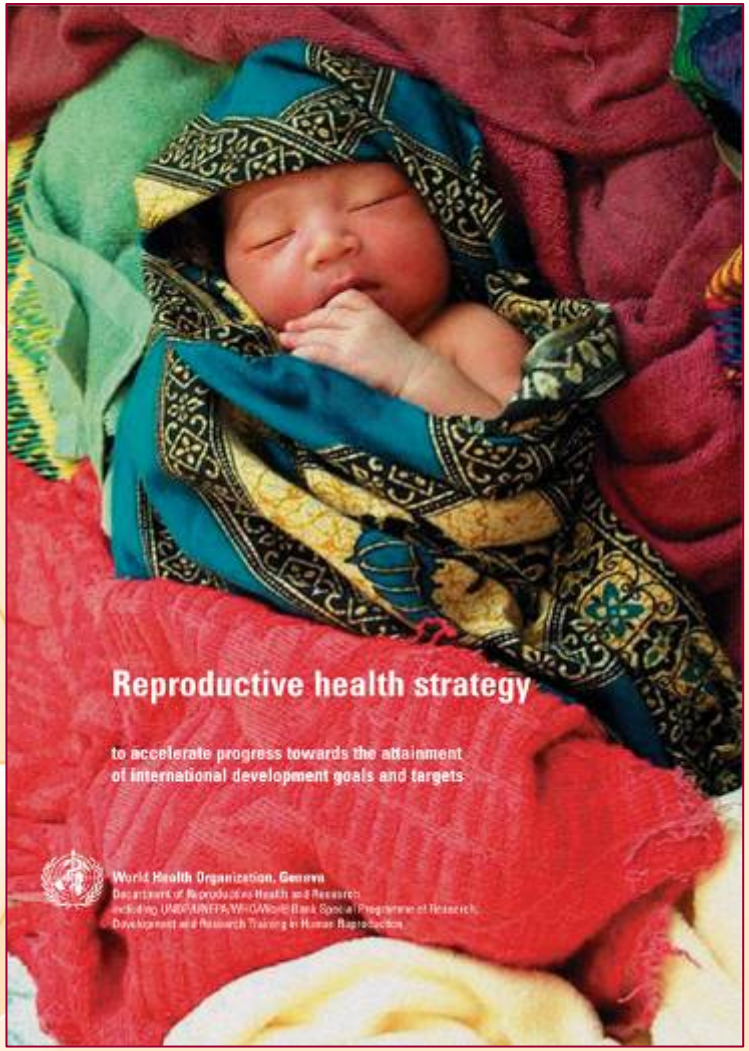
Reproductive Health and Research

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 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

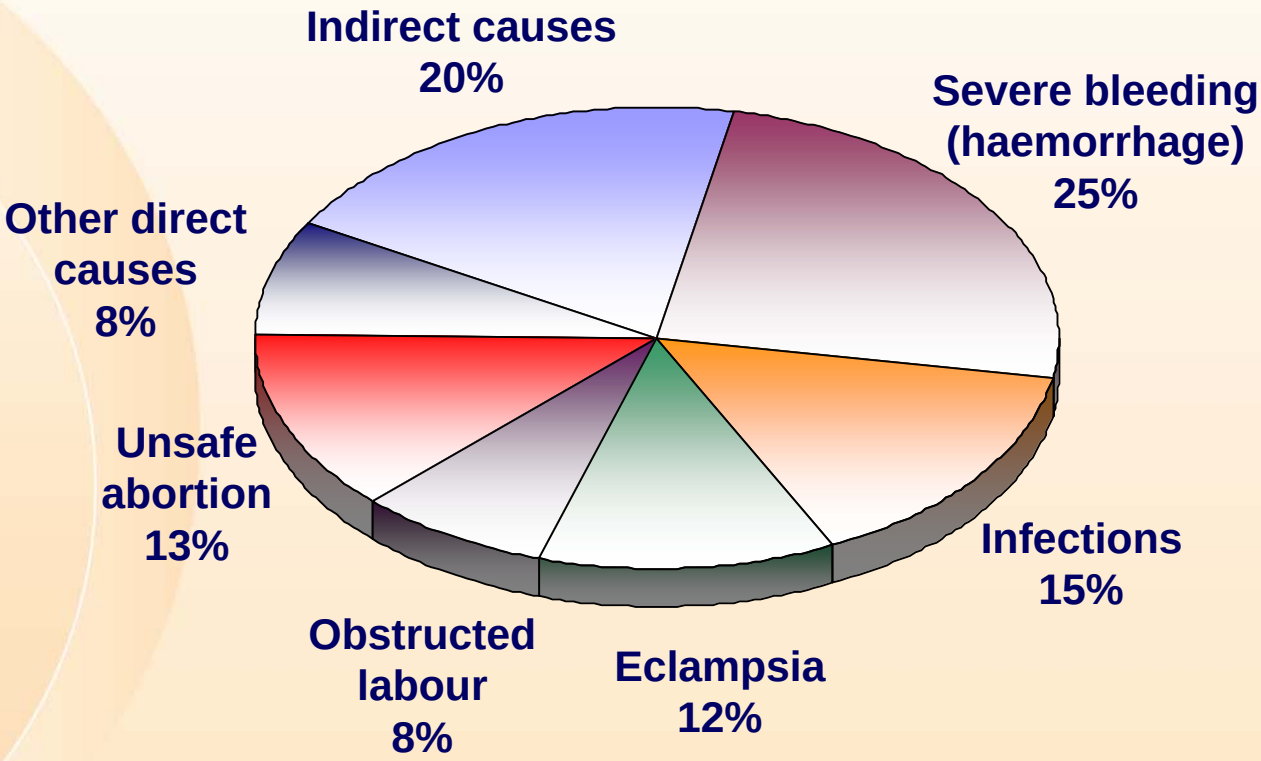
1. Improving antenatal, perinatal, postpartum and newborn care
2. Providing high-quality services for family planning, including infertility services
3. Eliminating unsafe abortion
4. Combating sexually transmitted infections including HIV, reproductive tract infections, and cervical cancer
5. Promoting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

Maternal and perinatal health today

- 529,000 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
hrp
UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development and Research Training in Human Reproduction

Causes of maternal death[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)
WHO Reproductive Health Library	2	76 053	Submitted (2004)
Prevention of pre-eclampsia (calcium supplementation)	7	8 325	Submitted (2005)
Long term follow-up of infants:			
Calcium trial I	1	591	Published (1997)
Magpie trial	19	3 375	Submitted (2005)
Calcium trial II	2	800	Submitted (2005)
Total	25 *	330 018	

* Some countries have been involved in more than one study

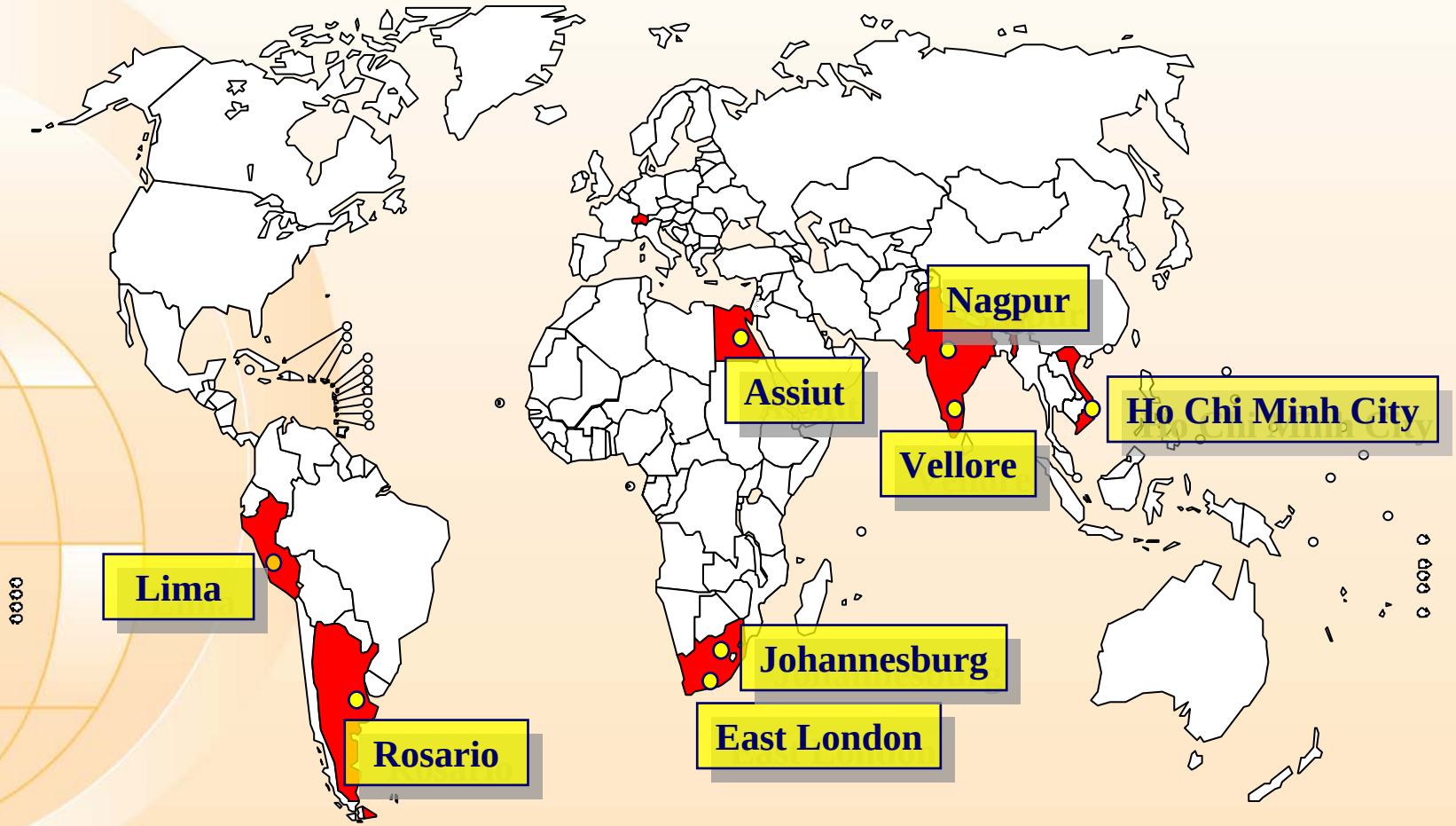
World Health Organization
Reproductive Health and Research
hrp
UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development and Research Training in Human Reproduction

Pre-eclampsia/eclampsia as a global health problem

- 40,000 women die each year from complications of hypertensive disorders of pregnancy
- the causes of the condition remain unknown
- no effective preventive intervention is available

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

Calcium supplementation for the prevention of pre-eclampsia: a multicentre randomized clinical trial



Effect of calcium supplementation during pregnancy on maternal and perinatal severe morbidity and mortality

Outcome	Calcium n/N	Placebo n/N	Risk Ratio	95%CI
Maternal admission to intensive care/any special care unit	116/4151	138/4161	0.85	0.75-0.95
Maternal death	1/4151	6/4161	0.17	0.03-0.76
Severe maternal morbidity and mortality*	167/4151	209/4161	0.80	0.70-0.91
Stillbirth	105/4181	113/4197	0.93	0.74-1.17
Neonatal mortality	37/3953	53/3956	0.70	0.56-0.88

* At least one of the following: admission to intensive care/any special care unit, eclampsia, severe preeclampsia, placental abruption, HELLP, renal failure, or death

(Villar et al., in press)

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

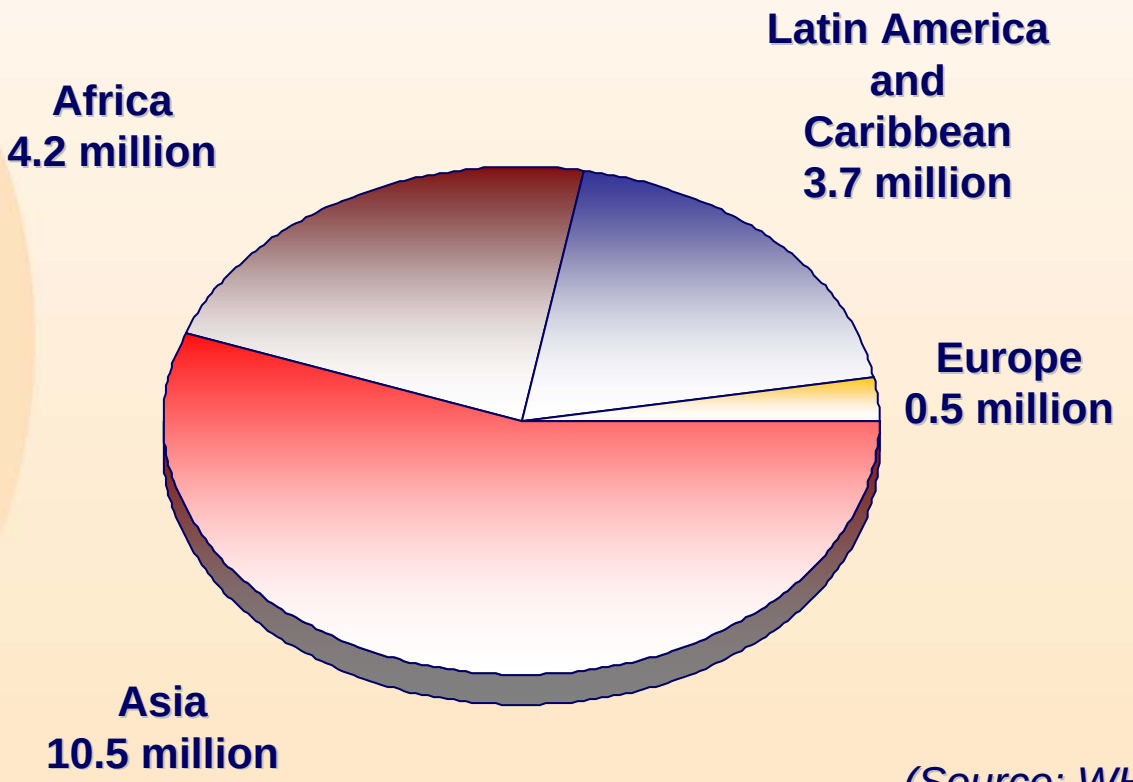
Maternal and perinatal health research ongoing with leading participation of WHO

	Countries	Women	Status
Screening and treatment of asymptomatic bacteriuria	4	18 000	Ongoing
Prevention of pre-eclampsia (anti-oxidants)	4	4 150	Ongoing
WHO Global Survey of Maternal and Perinatal Health (pilot phase)	16	175 000	Ongoing
Treatment of postpartum haemorrhage	5	1400	Ongoing
Prevention of pre-eclampsia (treatment of hypertension)	6	2 000	In preparation
Screening for pre-eclampsia with placental growth factor	7	12 000	In preparation
Caesarean section techniques	9	4 000	In preparation
Total	51*	216 550	

* Some countries are involved in more than one study

Estimated annual numbers of unsafe abortion, around the year 2000

Total number of unsafe abortions = 19 million
(Total number of abortions = 46 million)

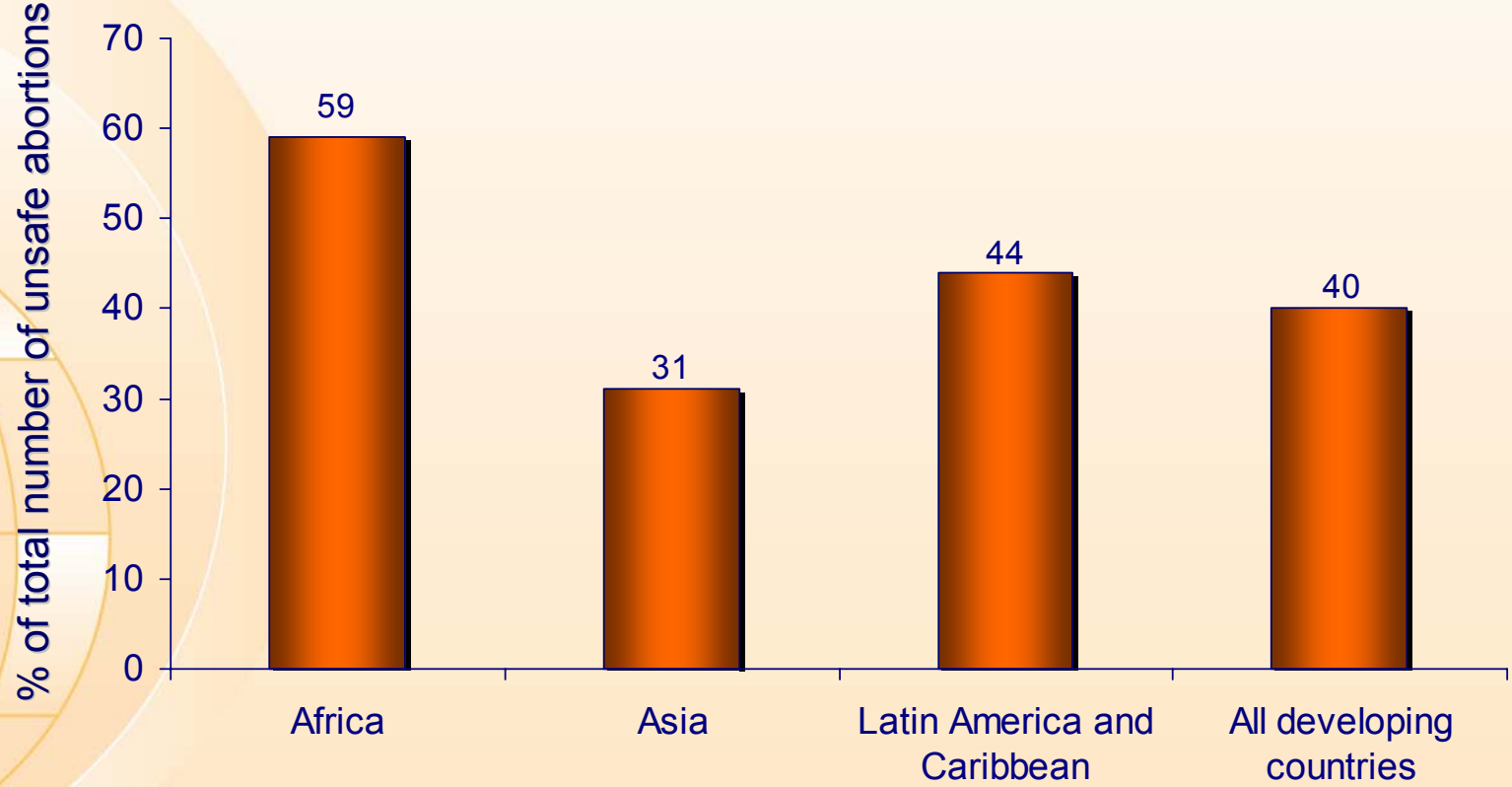


(Source: WHO, 2004)

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 2000

Total number of unsafe abortions = 19 million



(Source: WHO, 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

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

Improving abortion technologies and expanding the choice of safe and effective methods

- Trials to determine the optimal sequential regimen of mifepristone and misoprostol and misoprostol-alone for first-trimester abortion were completed and results will be published in 2006
- A two-country study (South Africa and Viet Nam) was completed comparing the safety and effectiveness of the provision of first-trimester abortion by midlevel providers and physicians
- National Strategic Assessments of abortion-related issues were conducted in Ghana and Moldova and follow-up activities undertaken to provide comprehensive abortion care (CAC) in Mongolia, Romania and Viet Nam

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."

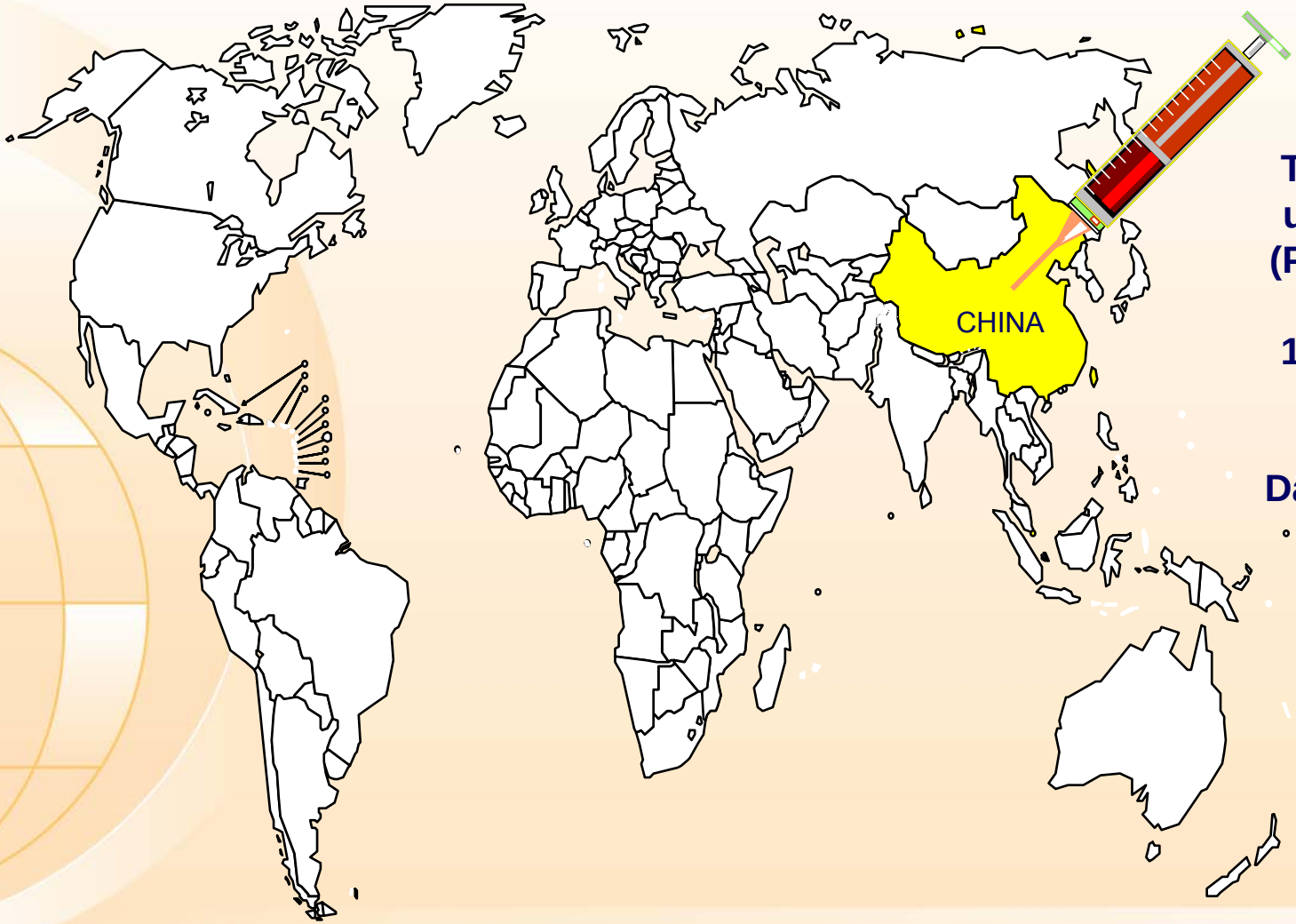
(Marston and Cleland, 2003, quoted in World Health Report 2005)

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

Towards a male hormonal contraceptive



Testosterone undecanoate (Phase III trial)

1045 couples recruited

Data collection completed in mid-2006

World Health Organization

Reproductive Health and Research

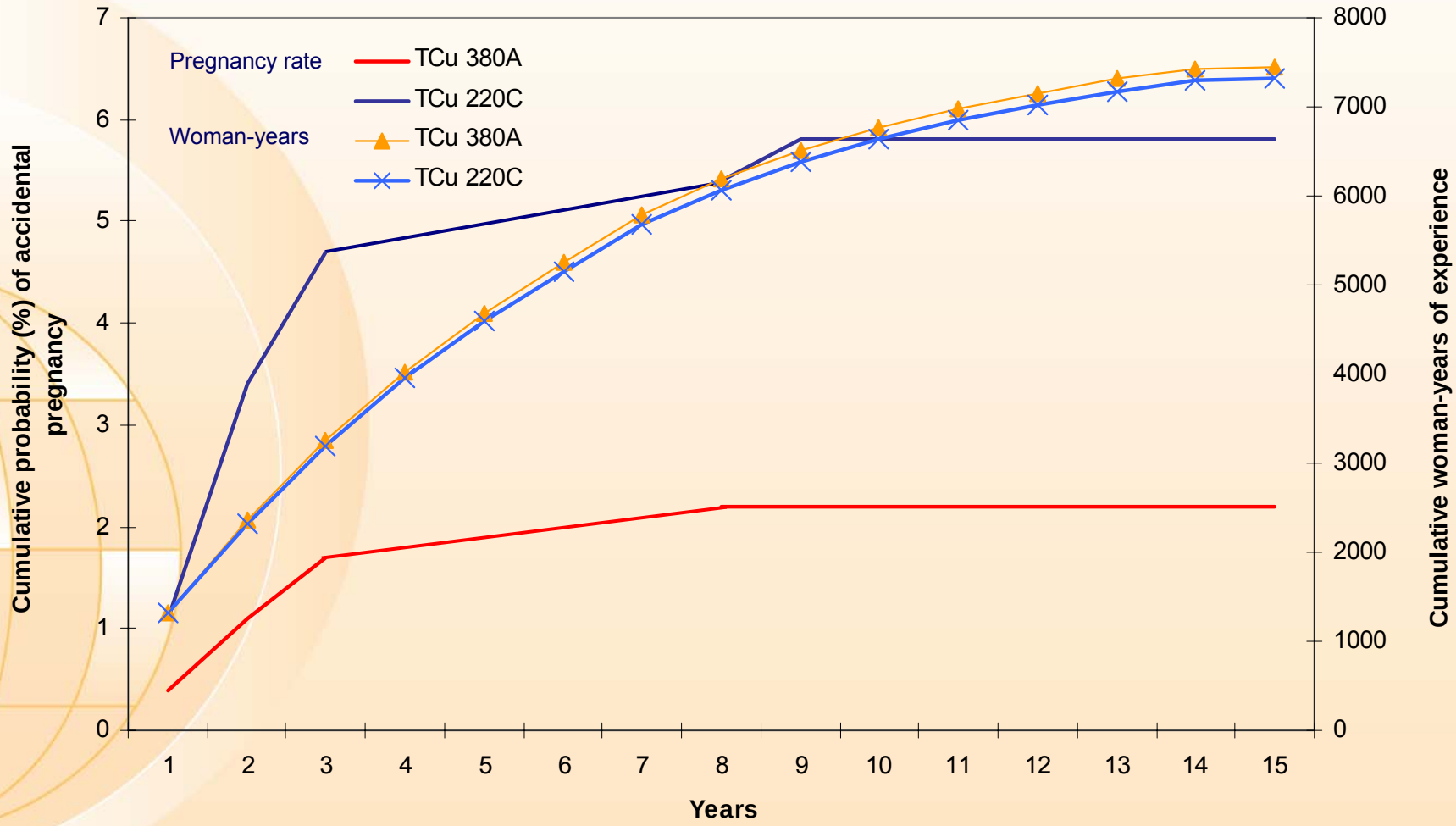
UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development and Research Training in Human Reproduction

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

A 25 year effort in IUD research



World Health Organization

Reproductive Health and Research

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

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
- 4.9 million people became newly infected with HIV in 2005 (more than half of them were young people, 15-24 years; progressive "feminisation" of epidemic)
- 3.1 million people died of AIDS in 2005
- cervical cancer is most common cause of cancer deaths among women in developing countries (some 200,000 deaths each year)

Research on the prevention of sexually transmitted infections — Selected examples

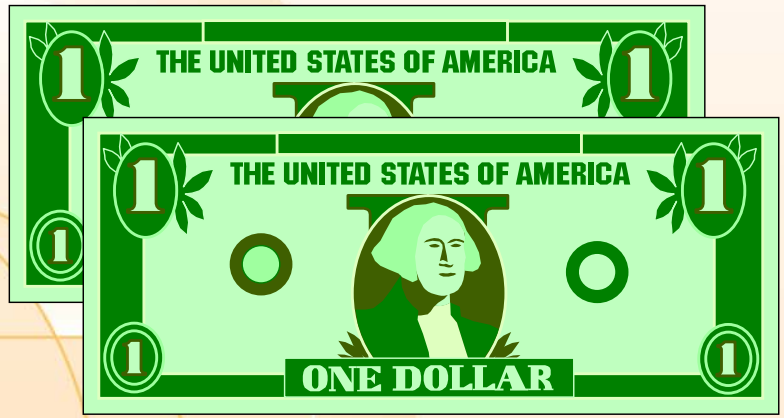
- Female condoms: comparative effectiveness for pregnancy prevention with male condoms (China, Nigeria, Panama, South Africa)
- Microbicides:
  - product development (clinical research; identification of potential new products; safety issues of new ARV-containing products)
  - capacity building for microbicide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

Male circumcision and HIV

- Observational studies suggest strong protective effect of male circumcision against HIV acquisition
- Randomised controlled trial in South Africa published in June 2005 showed a 3-fold reduction in HIV incidence
- Two further trials (Kenya and Uganda) ongoing with next DSMB review scheduled for June 2006
- In anticipation of requests for guidance from member states RHR, in collaboration with UNAIDS and HIV Department, is developing:
  - Technical guidance on safe male circumcision practices
  - Tools for rapid assessment of community practices and acceptability
  - Tools for monitoring and improving the safety and quality of male circumcision services

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

HRP's commitment to research capability strengthening



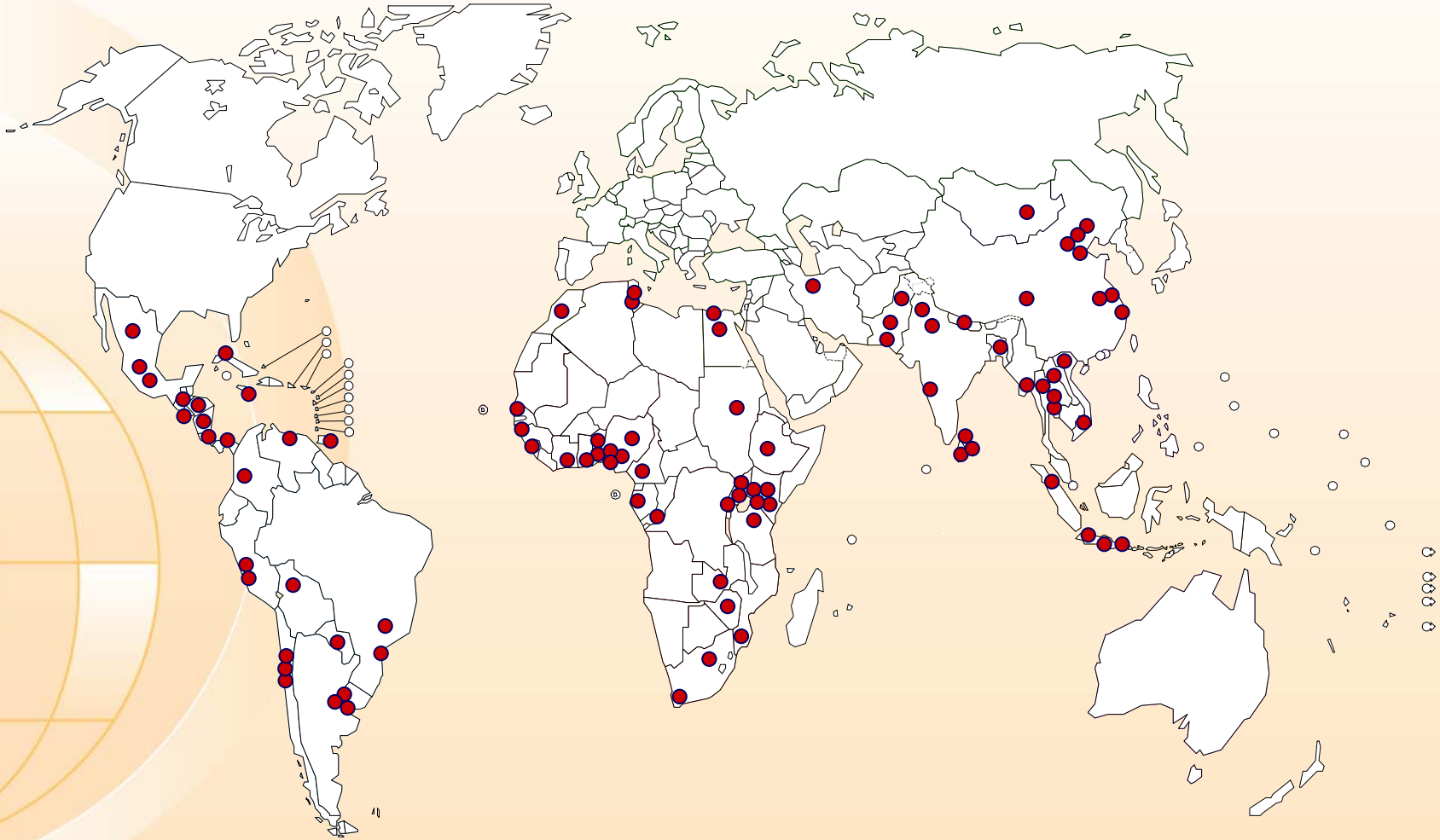
US$ 2

Research and development

US$ 1

Research capability strengthening

Distribution of research capacity strengthening grants awarded since 1990



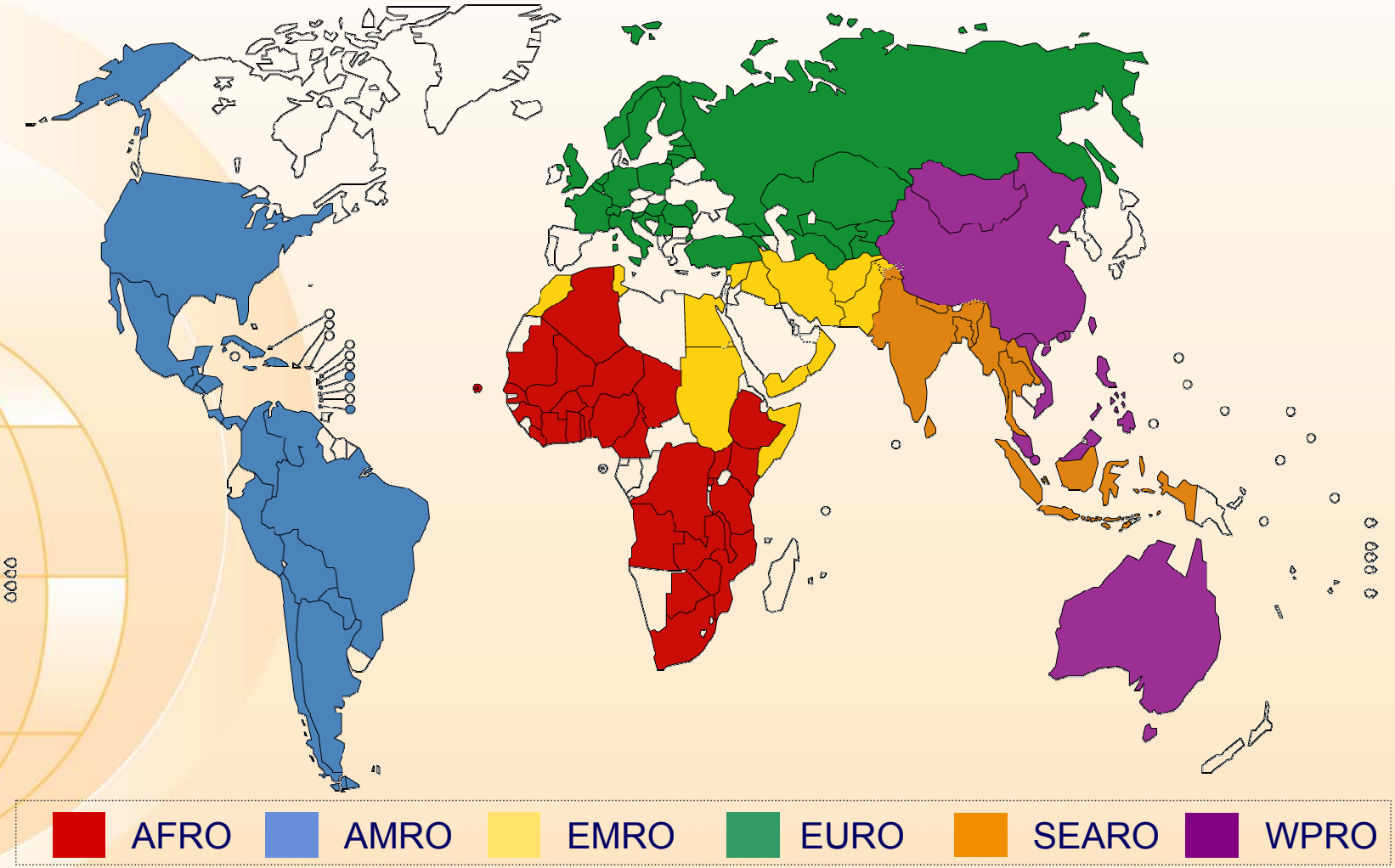
World Health Organization

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

2004, n=110 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

Getting

Research

Into

Practice

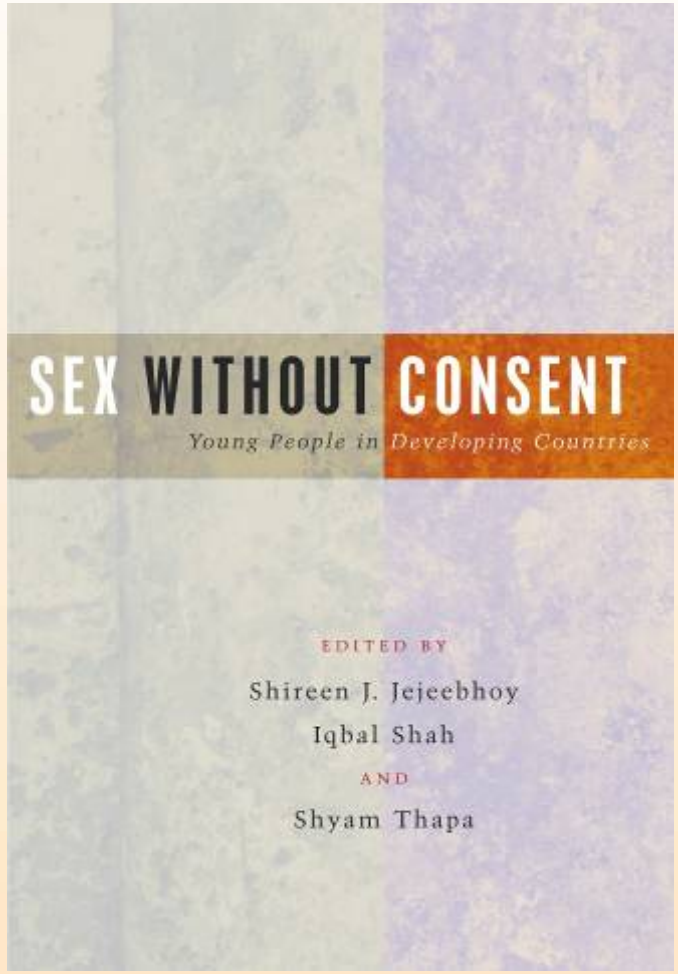
World Health Organization

Reproductive Health and Research

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

Non-consensual sex among youth

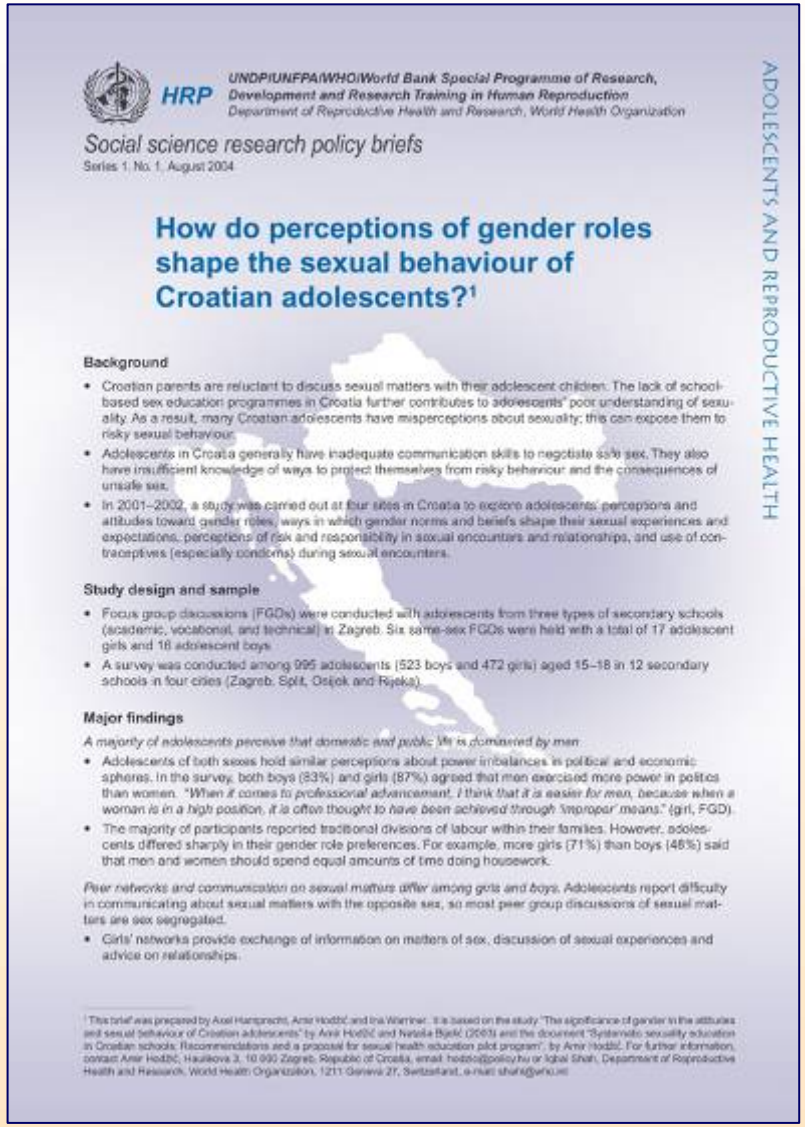
- first-ever volume with empirical evidence on non-consensual sex among young people in developing countries (joint publication with Population Council-Delhi and FHI/YouthNet)
- 23 chapters: reported prevalence of non-consensual sex ranges from 1% to 32% and perpetrators are often well-known to victims
- HRP-supported study in Ibadan, Nigeria showed that 44% of boys reported perpetrating sexually coercive behaviour



World Health Organization
Reproductive Health and Research
hrp
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

"Sexual experiences of Croatian adolescents reflect gender disparities."



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

Social science research policy briefs
Series 1, No. 1, August 2004

ADOLESCENTS AND REPRODUCTIVE HEALTH

How do perceptions of gender roles shape the sexual behaviour of Croatian adolescents?[1]

Background

- Croatian parents are reluctant to discuss sexual matters with their adolescent children. The lack of school-based sex education programmes in Croatia further contributes to adolescents' poor understanding of sexuality. As a result, many Croatian adolescents have misperceptions about sexuality; this can expose them to risky sexual behaviour.
- Adolescents in Croatia generally have inadequate communication skills to negotiate safe sex. They also have insufficient knowledge of ways to protect themselves from risky behaviour and the consequences of unsafe sex.
- In 2001–2002, a study was carried out at four sites in Croatia to explore adolescents' perceptions and attitudes toward gender roles, ways in which gender norms and beliefs shape their sexual experiences and expectations, perceptions of risk and responsibility in sexual encounters and relationships, and use of contraceptives (especially condoms) during sexual encounters.

Study design and sample

- Focus group discussions (FGDs) were conducted with adolescents from three types of secondary schools (academic, vocational, and technical) in Zagreb. Six same-sex FGDs were held with a total of 17 adolescent girls and 18 adolescent boys.
- A survey was conducted among 995 adolescents (523 boys and 472 girls) aged 15–18 in 12 secondary schools in four cities (Zagreb, Split, Osijek and Rijeka).

Major findings

A majority of adolescents perceive that domestic and public life is dominated by men

- Adolescents of both sexes hold similar perceptions about power imbalances in political and economic spheres. In the survey, both boys (83%) and girls (87%) agreed that men exercised more power in politics than women. *"When it comes to professional advancement, I think that it is easier for men, because when a woman is in a high position, it is often thought to have been achieved through 'improper' means."* (girl, FGD).
- The majority of participants reported traditional divisions of labour within their families. However, adolescents differed sharply in their gender role preferences. For example, more girls (71%) than boys (46%) said that men and women should spend equal amounts of time doing housework.

Peer networks and communication on sexual matters differ among girls and boys. Adolescents report difficulty in communicating about sexual matters with the opposite sex, so most peer group discussions of sexual matters are sex segregated.

- Girls' networks provide exchange of information on matters of sex, discussion of sexual experiences and advice on relationships.

[1] This brief was prepared by Axel Hamprecht, Amir Hodžić and Ina Warriner. It is based on the study "The significance of gender in the attitudes and sexual behaviour of Croatian adolescents" by Amir Hodžić and Natalia Bijelić (2003) and the document "Systematic sexuality education in Croatian schools: Recommendations and a proposal for sexual health education pilot program", by Amir Hodžić. For further information, contact Amir Hodžić, Hauškova 3, 10 000 Zagreb, Republic of Croatia, email: hodzic@policy.hu or Iqbal Shah, Department of Reproductive Health and Research, World Health Organization, 1211 Geneva 27, Switzerland, e-mail: shahi@who.int

World Health Organization

Reproductive Health and Research

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

World Health Organization

hrp
UNDP - UNFPA - WHO - WORLD BANK
Special Programme of Research, Development and Research Training in Human Reproduction

WHO Statement
Carcinogenicity of combined hormonal contraceptives and combined menopausal treatment

September 2005

In June 2005, the International
Cancer (IARC) convened a meet
the scientific evidence on the carc
posed by combined estrogen-pro
tives (COCs) and combined est
monal menopausal therapy. The
will be an IARC Monograph, to be

This was an update of a similar re
on these formulations and publ
graph in 1999.[2] At that time,
"carcinogenic to humans" (Grou
monal menopausal therapy as "
humans" (Group 2B). On the b
cumulated since then, this new re
sification of COCs and changed t
bined hormonal menopausal the
humans" (Group 1).

A summary of the new review b
Lancet Oncology this month.[3] T
this recent review is not new, bu
years ago and was assessed by
time and widely discussed in the
dating of the IARC classification t

IARC regularly convenes groups
to evaluate the carcinogenic risk
variety of agents, combinations o
Their conclusions are published
series. It is important to note
ate the overall risk-benefit profile
health terms, even in terms of ov
pounds that have a protective eff
increase the risk of some others.

Combined oral contraceptiv

As stated in IARC's review, the
slightly the risk of cancer, increas
vix, breast, liver), decreasing it
ovary). Some of these data re

World Health Organization

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

WHO STATEMENT ON HORMONAL CONTRACEPTION AND BONE HEALTH

July 2005

Steroid hormonal contraceptives, including oral contraceptives, injectables and implants, are highly effective and widely used. These contraceptives have important health benefits, including contraceptive and non-contraceptive benefits, and some health risks. For most women, the health benefits of use clearly exceed the health risks. Questions have been raised regarding the association between use of one particular hormonal contraceptive, depot medroxyprogesterone acetate (DMPA), and the risk of bone loss. In response, WHO convened a consultation in Geneva, on 20-21 June 2005, to assess current evidence on the relationship between the use of steroid hormonal contraceptives and bone health.

Bone health may be influenced by many factors including pregnancy, breastfeeding and use of hormonal contraceptives. The principal clinical outcome of interest with regard to bone health is the occurrence of fracture. Bone mineral density (BMD) measurements are commonly used to assess fracture risk, but the accuracy of measurements can be influenced by changes in body composition, including changes in lean body mass and fat. Furthermore, fracture risk is related to many factors, BMD being only one of them. The relationship between decrease in BMD and increase in fracture risk has been best studied in postmenopausal women, among whom the risk of any fracture increases approximately 1.5 fold for each standard deviation (SD) decrease in BMD. There is little information on the impact of BMD changes in young age groups on fracture risk later in life.

Combined methods of contraception

The use of current formulations of combined oral contraceptives (COCs) may have some small effects on BMD that are unlikely to be of clinical significance. Adolescent COC users may gain less BMD compared with adolescent non-users while perimenopausal users generally have increased BMD compared with perimenopausal non-users. A number of studies have investigated the risk of fracture among postmenopausal women in relation to past use of COCs, but the findings are inconsistent. Data for other combined hormonal contraceptives, such as combined injectables, vaginal rings and skin patches, are scarce or non-existent.

Progestogen-only methods of contraception

With regard to progestogen-only methods, data on levonorgestrel implants suggest no adverse effect on BMD. Other low-dose progestogen-only contraceptives such as pills, other implants and the levonorgestrel-releasing intrauterine device do not appear to have an effect on BMD, although data for these methods are limited.

The use of DMPA for contraception produces a hypo-estrogenic state in women; some studies have shown that this is associated with a decrease in BMD. The weight of data indicates that DMPA use reduces BMD in women who have attained peak bone mass, and impairs the acquisition of bone mineral among those who have not yet attained peak bone mass. The magnitude of effect on BMD is similar across a variety of studies. Cross-sectional studies show lower BMD in longer-term DMPA users by approximately 0.5 SD at hip and spine compared with non-users. In longitudinal studies, adults (≥18 years) and adolescents (menarche to <18 years) both lost around 5 to 7 percent (approximately 0.5 SD) of BMD at the same sites, after 2 years of continuous use of DMPA. The rate of loss appeared to decrease over time.

When DMPA use is discontinued, BMD increases again in women, regardless of age, except for those who have reached menopause. Among adults, BMD values appear to return to those of comparable non-DMPA users over a period of 2 to 3 years. It is not clear whether the loss in BMD among adolescent users of DMPA prevents attainment of potential peak bone mass. There remains a concern that older women who reach the menopause while still using DMPA may no longer have the opportunity to regain BMD before entering the period of bone loss normally associated with the postmenopause.

World Health Organization

hrp
UNDP•UNFPA•WHO•WORLD BANK•Special Programme of Resea
Development and Research Training in Human Reproduction

Statement on hormonal contraception and risk of STI acquisition

A study published by Morris
transmitted infection (STI) a
medroxyprogesterone aceta
using hormonal methods of
Maryland, USA. Results did
chlamydial or gonococcal in
hormonal contraception. Fo
chlamydial infection (95% c
contraceptive methods. How
differences in populations o
finding.

Subsequently, WHO's syste
modifies the risk of acquirin
Guideline Steering Group wh
guidance, namely: there are
acquiring a STI.

Reference:

1. Morrison CS, Bright P, Wong
contraceptive use, cervical ec
2004;31:561-567.

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

World Health Organization

Hormonal Contraception and HIV: Science and Policy

Africa Regional Meeting
Nairobi 19-21 September 2005

STATEMENT

The World Health Organization Headquarters Office and Regional Office for Africa, in partnership with the Reproductive Health and HIV Research Unit of the University of Witwatersrand in South Africa (a WHO Collaborating Centre), International Planned Parenthood Federation Africa Region and Family Health International (FHI), convened a meeting of 72 representatives from 17 francophone, lusophone and anglophone sub-Saharan African countries on "Hormonal Contraception and HIV: Science and Policy".

The participants included policymakers and programme managers involved with family planning, sexual and reproductive health, and HIV/AIDS, women's health advocates, people living with HIV and scientists and clinicians involved with family planning and HIV research. They were joined by 13 representatives from international donor and non-governmental organizations and agencies. The goal of the meeting was to promote evidence-based discussion and decision-making in response to new information on any potential association between hormonal contraceptive use and the acquisition of HIV.

The meeting reviewed data and information on the association between use of hormonal contraception and the risk of acquiring HIV infection. This included a review of previously published information as well as new data that are expected to be made public in the next few months.

- A study published in 2004 on a cohort of sex workers followed over many years in Mombasa, Kenya, showed that users of hormonal contraception have a 1.5-fold (combined oral contraceptives [COCs]) to 1.8-fold (depot-medroxyprogesterone acetate [DMPA]) higher risk of acquiring HIV infection compared with non-users. Other studies conducted among sex workers have found similarly elevated risks. However, it is not known whether such risks also apply to clients of family planning services, whose overall risk of acquiring HIV is typically lower than that of sex workers.
- Two new studies (one in Uganda, Thailand and Zimbabwe, the other in South Africa) pending publication conducted among clients of family planning services found no overall increase in risk of acquiring HIV infection in women who used hormonal contraception compared with women who used non-hormonal contraception or no contraceptive method.

The following recommendations were made by the meeting:

1. There should be no restrictions on the use of COCs and DMPA by women at risk of acquiring HIV, consistent with the current WHO *Medical Eligibility Criteria for Contraceptive Use* guidelines. However, participants suggested that the WHO Family Planning Working Group at its next meeting review the classification regarding women at high individual risk of HIV infection to assess whether some caution on use of these methods may be appropriate, though the participants acknowledged that the benefits of using COCs or DMPA to prevent unintended pregnancy would in the majority of cases offset any excess risk of acquiring HIV infection.

2. Women and their partners are strongly encouraged to protect against unintended pregnancy, STIs and HIV, using condoms alone or in addition to another contraceptive method ("dual protection"). The use of male or female condoms is recommended whenever there is any possibility of exposure to STIs, including HIV. Programmes to promote dual protection should be actively supported.

Widely acclaimed guidance materials in high demand

World Health Organization

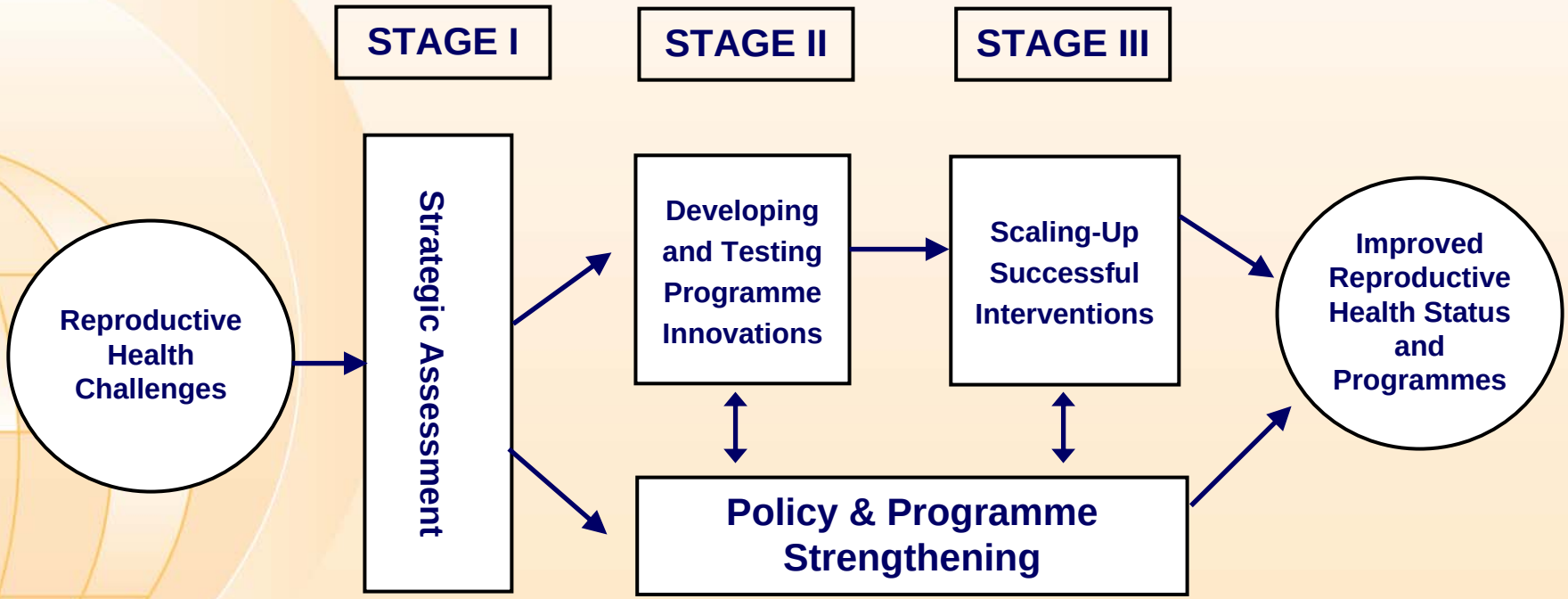
Reproductive Health and Research

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

Downloads — all WHO sites Jan-Dec 2005

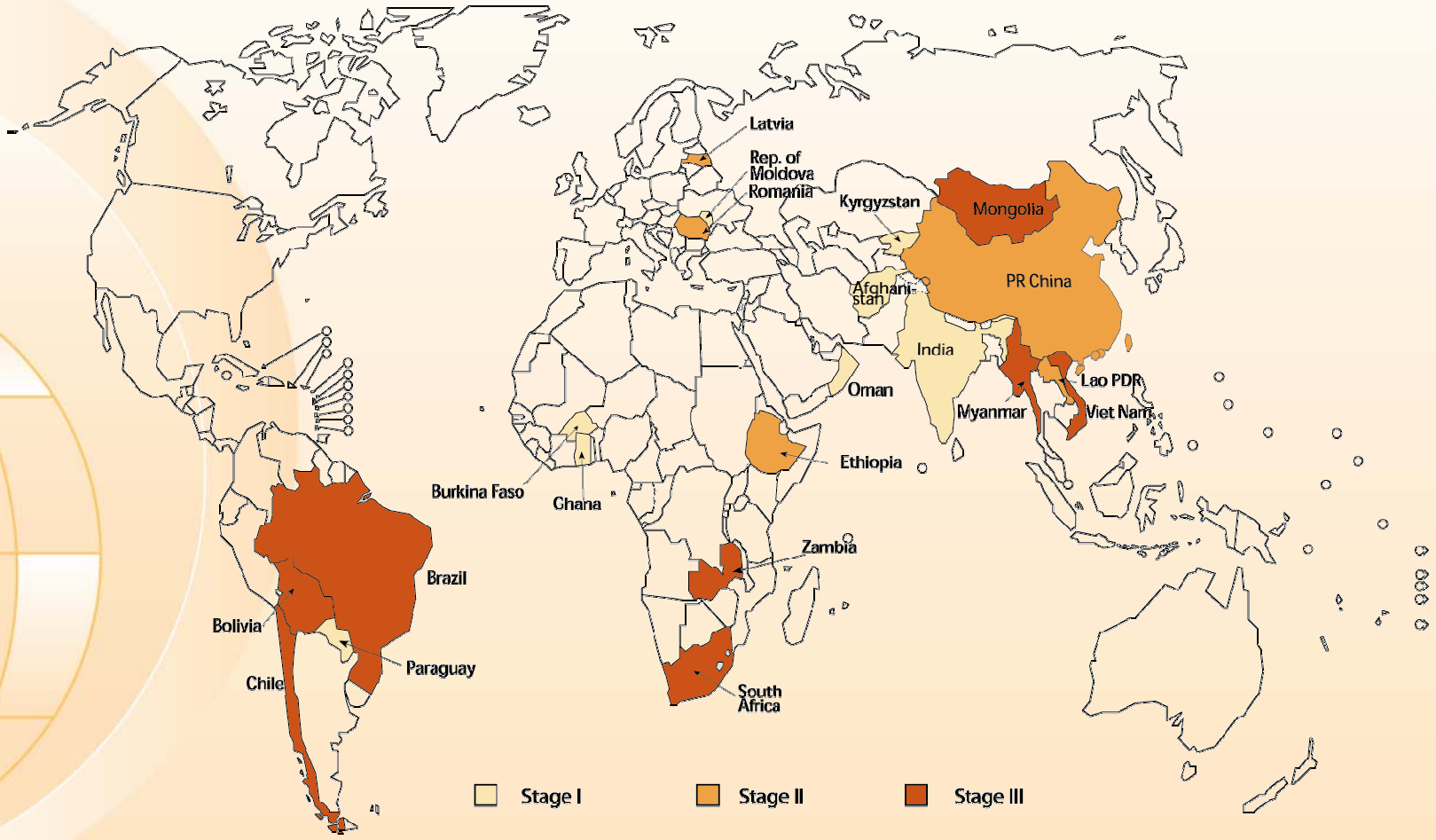
1.	www.who.int	14.55 TB	53.36%
2.	WHR - World Health Report	1.16 TB	4.26%
3.	CSR - **Epidemic and Pandemic Alert and Response**	759.09 GB	2.72%
4.	**Reproductive health**	528.48 GB	1.89%
5.	Medicines (Policy and standards - technical cooperation for essential drugs and traditional medicine)	518.64 GB	1.86%
6.	Docstore	495.22 GB	1.77%
7.	GB - **Documentation EB sessions and Health Assemblies**	459.84 GB	1.65%
8.	WSH **- Water Sanitation and Health**	439.04 GB	1.57%
9.	mediacentre	398.55 GB	1.43%
10.	Bookorders	381.36 GB	1.37%
11.	Tobacco	366.05 GB	1.31%
12.	Multimedia	350.34 GB	1.25%
13.	HAC - **Health Action in Crisis**	335.62 GB	1.20%
14.	HIV	257.89 GB	0.92%
15.	Child adolescent health	249.25 GB	0.89%
16.	Vaccines documents	228.28 GB	0.82%
17.	3 by 5	227.74 GB	0.82%
18.	Mental health	221.07 GB	0.79%
19.	Bulletin	217.82 GB	0.78%
20.	PEH-EMF - **Protection of the human environment - electromagnetic fields**	204.46 GB	0.73%
21.	Countries	202.13 GB	0.72%
22.	WHD -World Health Day	189.21 GB	0.68%
23.	Food safety	176.26 GB	0.63%
24.	Health topics	166.96 GB	0.60%
25.	TDR - - UNICEF - UNDP - World Bank - Special programme for research and training in tropical diseases	161.67 GB	0.58%

The Strategic Approach Implementation Process



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

Using the Strategic Approach in Countries to Strengthen Reproductive Health Programmes



World Health Organization

Reproductive Health and Research

WHO 97440

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

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

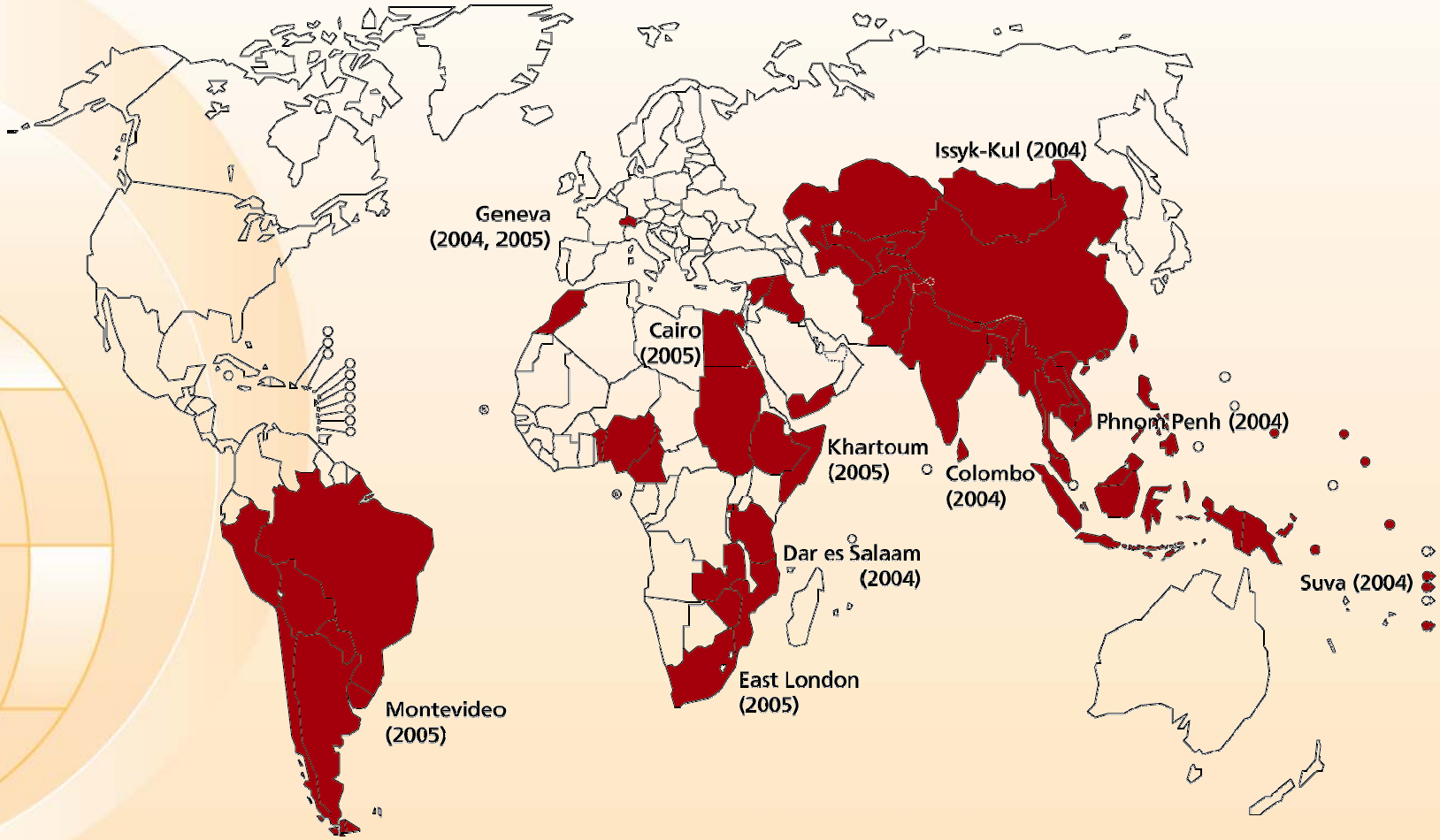
Family planning

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

WHO/UNFPA
Strategic Partnership Programme 2004-2005



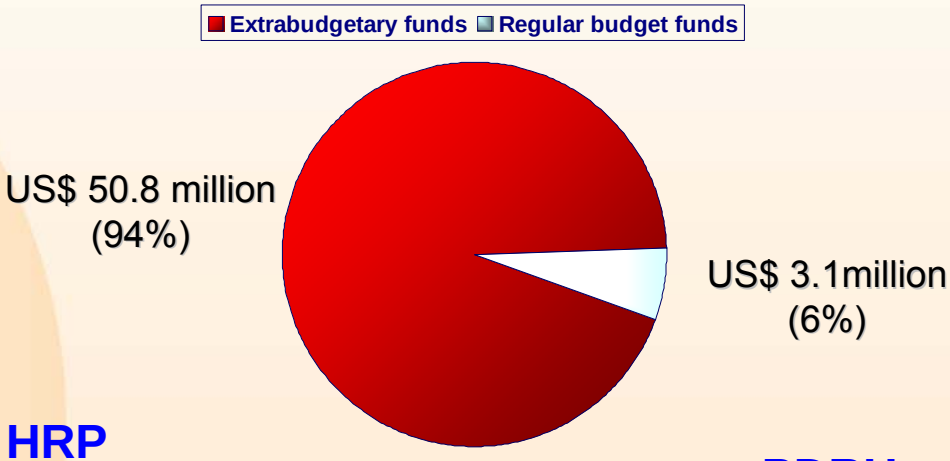
World Health Organization

Reproductive Health and Research

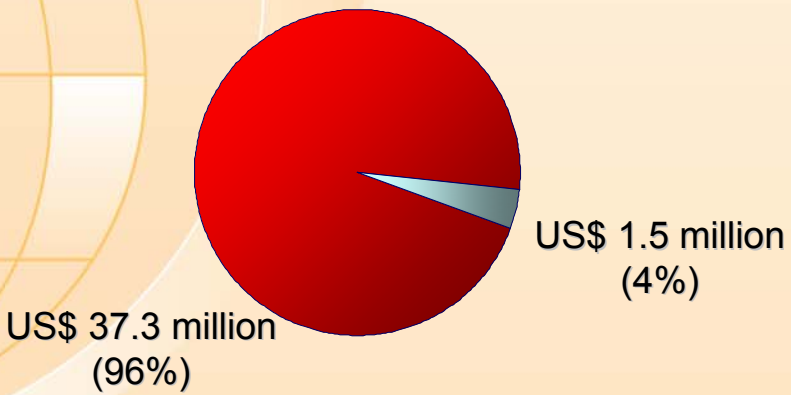
UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development and Research Training in Human Reproduction

Departmental budget 2006-2007

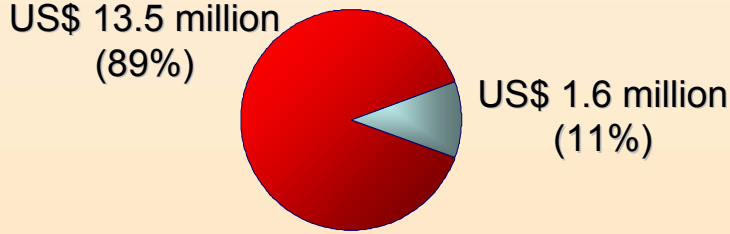
RHR



HRP



PDRH



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

(Mary Lasker)

"Any strategy to meet the Millennium Development Goals requires a special effort to build scientific and technological capacities in the poorest countries."

(J.D. Sachs and J. W. McArthur, Lancet 365: 347-353, 2005)