

Research Capacity Strengthening

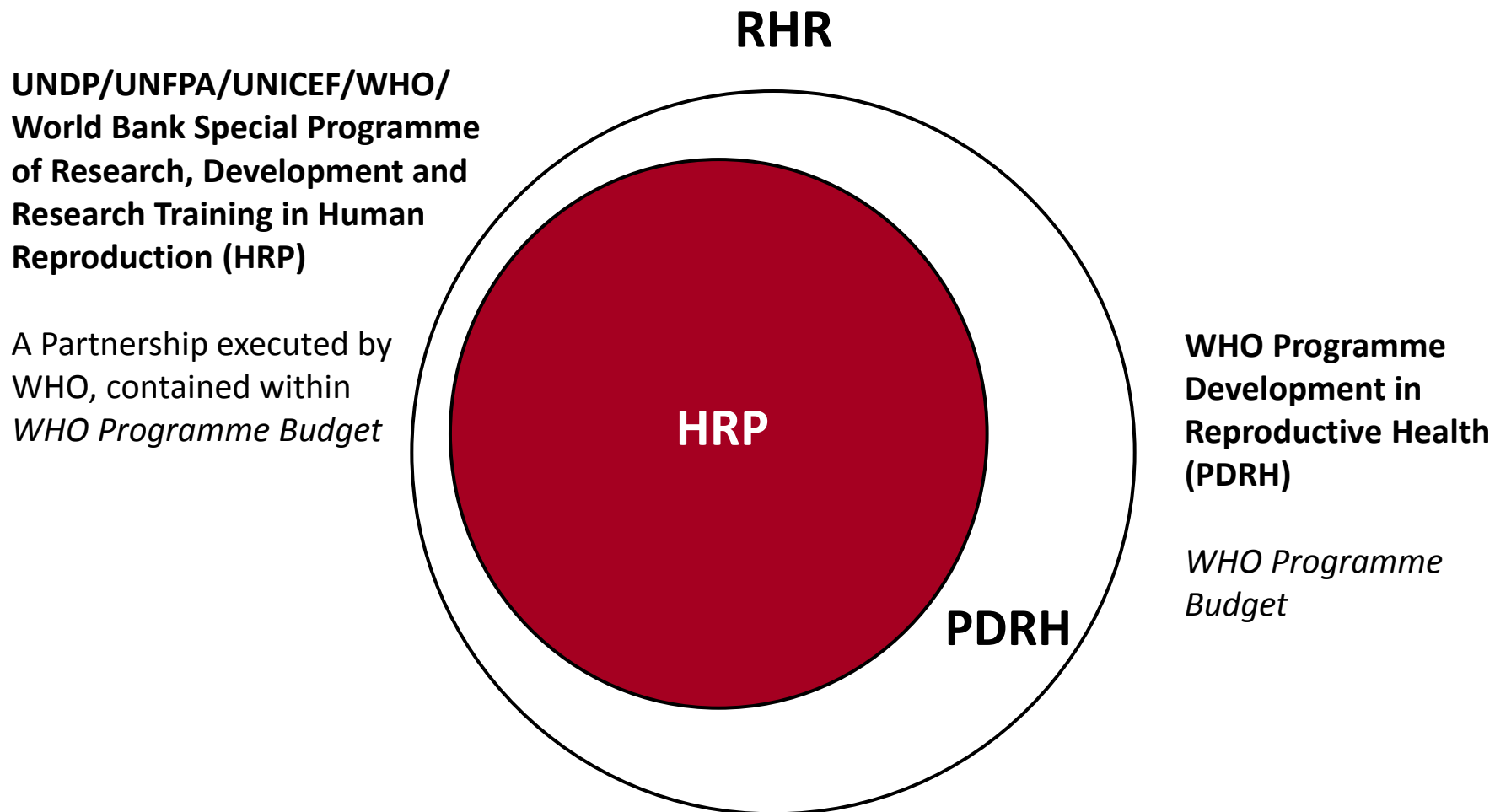
Dr Marleen Temmerman

Director, Department of Reproductive Health and Research



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

WHO's Department of Reproductive Health and Research (RHR)



HRP and RHR core functions

- Research
- Research capacity strengthening (HRP Alliance)
- Guidelines, norms and standards
- Global monitoring and evaluation
- Global advocacy

HRP Research

- Biomedical/R&D
- Clinical
- Epidemiological
- Implementation
 - Policy
 - Health systems
 - Communities/Users
- Social sciences
- Demographic



HRP Thematic areas and **areas of focus**

- **Family planning/contraception**
- **Adolescent sexual and reproductive health**
- **Maternal and perinatal health**
- Preventing unsafe abortion
- Violence against women
- STI/RTI/cervical cancer
- In-Subfertility
- SRH-HIV Linkages
- Cross-cutting
 - Human rights and gender
 - Quality of care

Thematic teams and cross-cutting areas

Three thematic teams

- Human Reproduction - Coordinator: to be appointed
- Maternal and Perinatal Health and Preventing Unsafe Abortion - Coordinator: Dr Metin Gülmezoglu
- Adolescents and at risk populations - Coordinator: Dr Lale Say

The Office of the Director

- Management and positioning of RHR/HRP
- Global strategies
- Cross-cutting areas



FAMILY PLANNING AND CONTRACEPTION

Selected Research Studies: FP/Contraception

Research studies **recently completed**: at follow-up *or* analysis stage

Safety and effectiveness of two contraceptive implants:



Final analysis of 3 and 5 year data of a multicentre, randomized clinical trial of safety, effectiveness and acceptability of the implantable hormonal contraceptives Jadelle® and Implanon®

Sperm Suppression study:



Final analysis of a phase II trial of a combined progestin (Norethisterone ethantate) + androgen (testosterone undecanoate) approach to male fertility control

LNG and Peri-coital use:



Data cleaning and analysis of an open label, single arm multicentre study evaluating 1.5 mg LNG +/- 24 hours with every sexual act

FP/contraception: Research prioritization

*Reducing unmet need for family planning and contraception
to prevent unintended pregnancy*

PROCESS: Identification and prioritization of areas of HRP research:

- FP/Contraception priority setting paper (WHO Bulletin, Ali M et al, 2014)
- FP/Contraception (MEC) & Human Rights evidence-based guidelines – assist in identifying research gaps

OUTCOME: Prioritized types of research:

1. Operations/implementation & service delivery research
2. Clinical efficacy and safety research



FP/contraception – Prioritized projects

1. Operations/Implementation & service delivery research:

The “UPTAKE” Project

- **Overall objective:** To develop an intervention integrating **community participation** into FP/contraceptive services, and test its effect on contraceptive outcomes
 - Does community participation into contraception programmes lead to better meeting of women’s contraceptive needs?
 - How does the community define “Quality of Care” for FP/contraceptive services?
- **Following a formative research phase, a cluster randomized trial** will include baseline and end line assessments in 3 African countries: Kenya, Zambia and South Africa

FP/contraception – Prioritized projects



2. Clinical efficacy and safety studies:

Post-partum family planning & infant outcome

- To assess the effect of combined oral contraceptives on breastfeeding performance and infant growth

Evidence for contraceptive options and HIV Outcomes (ECHO Trial)

- Secretariat for the Data Safety Monitoring Board
- Convening body for annual reviews of evidence on HIV and hormonal use

Communication and Partnerships/ Focus on FP/contraception

- Providing technical assistance and disseminating key information to countries
- Supporting implementation of evidence-based guidelines and tools
- Providing support for policy development
- Working with partners in regions and countries to document and plan for scale-up of effective practices



THE TRAINING RESOURCE PACKAGE FOR FAMILY PLANNING



The Package

- **Tool for trainers** to design, implement, evaluate FP/contraception training based on evidence-based guidelines
- **Pre-service and in-service training** applicable in both public and private sectors
- Translation into French completed for 8 modules, with a request for a Spanish translation (in discussions with IPPF, PAHO and Pathfinder)

TRAINING MODULES

Benefits of Family Planning

Combined Oral Contraceptives

Condoms - Female

Condoms - Male

Contraceptive Implants

Family Planning Counseling

Intrauterine Devices (IUDs)

Lactational Amenorrhea Method

Progestin-Only Injectable Contraception
(Injectables)

WHO's Family Planning Guidance Documents
and Job Aids

<https://www.fptraining.org/>

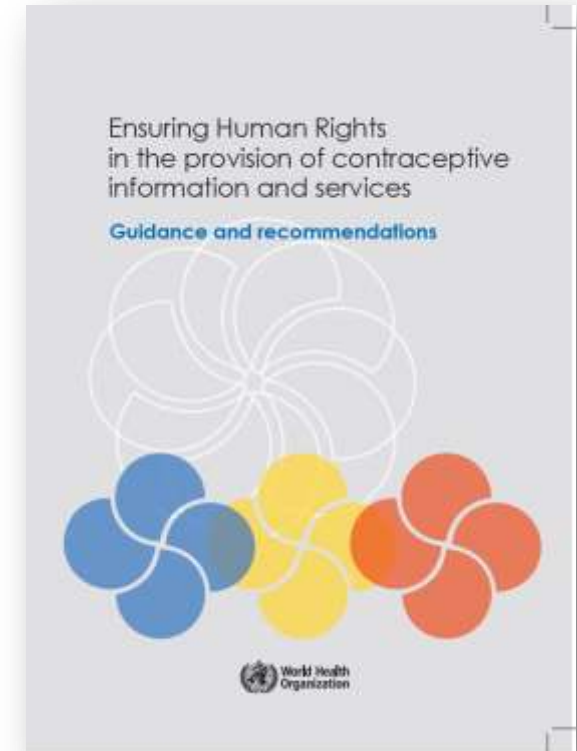
Activities

- **Training completed for 45 countries** (Sept 2013 – May 2014)
(Caribbean; Asia/Pacific; West, Central, Southern, and East Africa)
- **Updating country level training programmes**
(Francophone W. Africa/Muskoka countries)



Commitment to quality, rights-based SRH services

- **WHO Guidelines – *Ensuring human rights in the provision of contraceptive information and services***
 - Followed the WHO process for guideline development
 - Guidance to programmes on **effective interventions to improve availability, accessibility, acceptability, quality and choice of contraceptive services**
 - 24 recommendations in the areas of: non-discrimination (2), AAAQ (16), informed decision-making (2), privacy (1) and confidentiality, participation(1), accountability (2)
 - RHR working with UNFPA to develop an implementation guide targeted at policy makers and programme managers
- **Additionally, RHR has completed a report providing a methodology for identifying existing quantitative indicators that can be used in a rights analysis of contraceptive programs**



More on family planning and needs of unique populations

Commentary discussing the nomenclature – family planning or contraception

- calling attention to unique needs of adolescents
- suggest using contraception

(Rodriguez MI, Say L, Temmerman M. Lancet Global Health, February, 2014)

Comment

Family planning versus contraception: what's in a name?



The 20-year anniversary of the 1994 International Conference of Population Development (ICPD) Programme of Action and the upcoming 15-year anniversary of the Millennium Development Goals provide an opportunity to think about the global development agenda, including progress made and any remaining challenges. Although development has been referred to as the best contraceptive, the reverse link is neglected—ie, that sexual and reproductive rights and health facilitate development.¹

Reproductive and sexual health is fundamental to the health and wellbeing of individuals, families, and communities. Contraceptive choice is essential to promote the health of individuals and enable development. Contraception has direct health benefits, such as prevention of unintended pregnancy and, subsequently, decreased maternal mortality and morbidity. Women with unintended pregnancies that are continued to term are more likely to receive inadequate or delayed prenatal care and have poorer health outcomes, such as low infant birthweight, infant mortality, and maternal mortality and morbidity, than have those with planned pregnancies.²⁻⁴ These risks of unintended pregnancy are increased for adolescents and girls.^{2,6} Adolescents are at increased risk of medical complications with pregnancy, and are often forced to make compromises in education and employment, which can lead to poverty and low educational attainment.^{7,9-11}

This information is not new. A large amount of the published work supports the fundamental role that sexual and reproductive health information and services

of the world; it perpetuates a cultural and social reality. In this sense, language is action, and the name given to what we do must be carefully considered. So is family planning an appropriate name?

The modern family planning movement was the result of two separate schools of thought and action that coalesced in the middle of the 1960s.¹² The ideology was a hybrid of the pioneering work of Margaret Sanger and others, which focused on prevention of unintended pregnancy and women's empowerment, with neo-Malthusians who emphasised population control.^{13,14} These groups found common ground in promotion of family planning programmes, and efforts centred on the need for married couples to space apart children and to limit family size.^{14,15}

The diverse demographic nowadays cannot be equitably addressed with this scarce interpretation of sexual and reproductive health services. Demographic changes in the past few decades have led to the largest populations of youths in the world today, with unique needs and priorities that are not met by a focus on family planning. A girl aged 16 years is not necessarily concerned about planning a family, but she does not want to get pregnant. To ensure equitable and high-quality sexual and reproductive health care, programmes and policies must focus on support for individuals' choice in fulfilling their reproductive goals.

A series of actions at the policy, programme, and community level are needed to support individual choice, and euphemisms such as family planning will not help us to achieve this objective. A clear vision, with

Lancet Glob Health 2014
Published Online
February 14, 2014
[http://dx.doi.org/10.1016/S2214-109X\(13\)0077-3](http://dx.doi.org/10.1016/S2214-109X(13)0077-3)

Systematic research & Guideline development

Guidelines - completed

- OPTIMIZE -Task shifting and sharing for the provision of FP/contraceptive products & services

Guidelines – ongoing

Comprehensive:

- Medical Eligibility Criteria (MEC) and Standard Practice Recommendations (SPR) for contraceptive use





ADOLESCENTS SEXUAL AND REPRODUCTIVE HEALTH

Adolescents SRH: overall research priorities

- Multicentre intervention **study on preventing adolescent pregnancy**
- **mHealth** interventions for adolescents
- Sexual development in early adolescence



Intervention study to prevent adolescent pregnancy – recommendation by STAG 2013 as a flagship for ASRH research

- Existing evidence suggests a complex intervention study design is needed to prevent unintended pregnancy
 - Formative research
 - Multifaceted intervention
 - Cluster randomized design
- Multi-country study protocol
- Advisory committee formed/met in 17-18 February 2014
- Study protocol finalized

mHealth to reach adolescents on SRH

- RHR to lead the Adolescent Reproductive Mobile Access and Delivery Initiative for Love and Life Outcomes (ARMADILLO) study to explore innovative ways to reach adolescents and youth outside a health facility setting
- Study to adapt, deploy, and assess the coverage and impact of an on-demand, text message based mobile phone (mHealth) service which provides adolescents and youth (10-24) with information on SRH issues and youth-friendly health services in their area
- Formative stage protocol developed, study sites in Kenya and Bolivia, study start anticipated 3rd quarter, 2014
- Study developed in collaboration with FHI360 and partners

Studying sexual development in early adolescence

- To examine the nature of sexual development in early adolescence, including gender socialization, and its effect on relationship formation and sexual behaviour in later adolescence
- Ten countries involved (Belgium, China, Egypt, India, Kenya, Malawi, Nigeria, Scotland, South Africa, USA)
- Study protocol developed



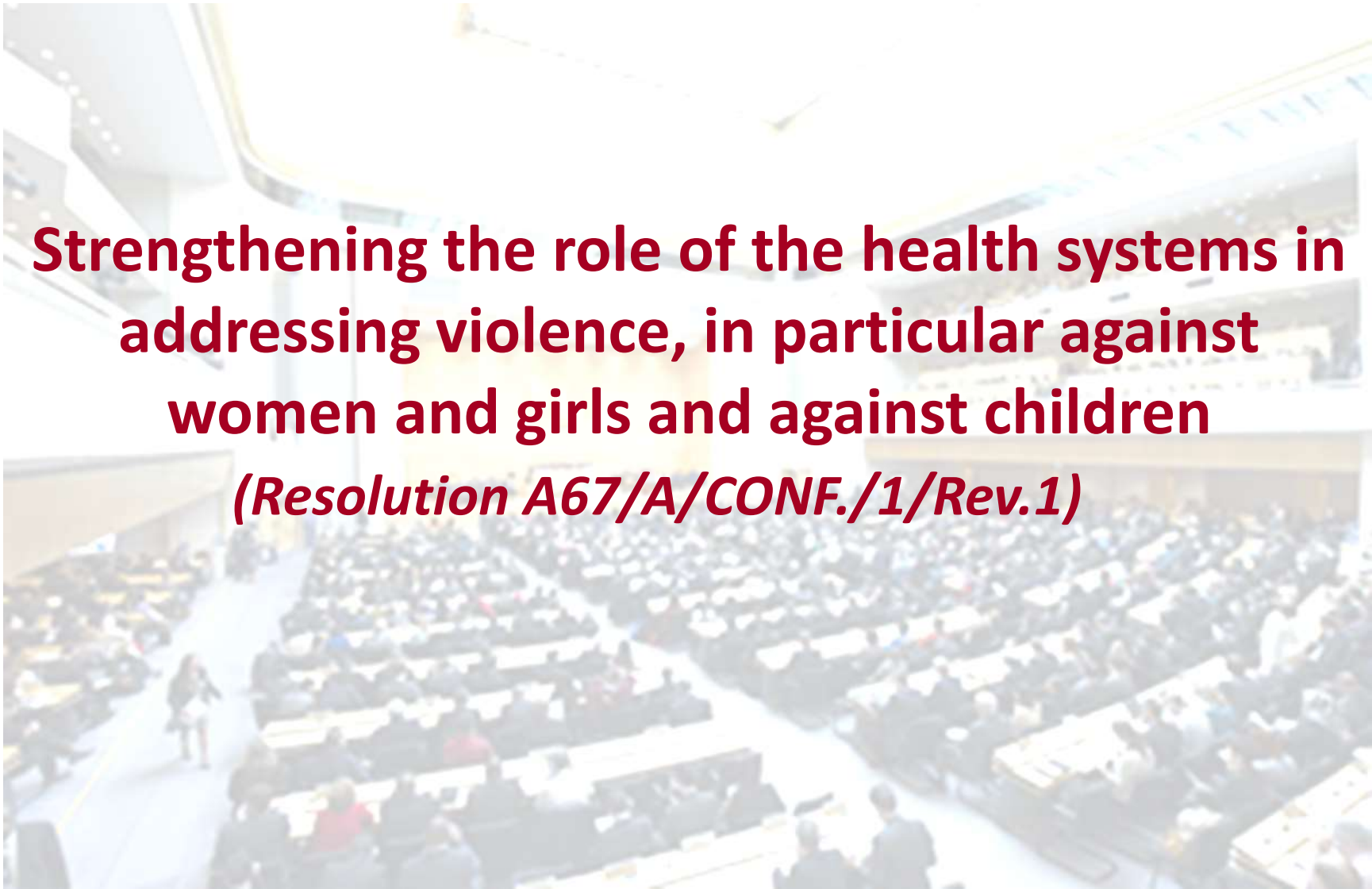
VIOLENCE AGAINST WOMEN AND GIRLS, INCLUDING FGM AND ECFM

Overall research priorities

- **Role of health sector** on prevention and management of violence against women
- **Intervention research** on addressing violence against women
- **Research on obstetric consequences and care** for women with FGM
- Policy research related to **Early-Child and Forced Marriage**

Violence against women

- WHO Global estimates of prevalence of intimate partner, sexual violence and child sexual abuse and their health impacts (2013)
 - Almost **one third (30%) of all women** who have been in a relationship have experienced physical and/or sexual violence by their intimate partner
 - **7% of women** have been sexually assaulted by someone other than a partner
- WHO guidelines on the health sector response to intimate partner and sexual violence (2013)
 - Widely disseminated in countries with UNFPA: Asia-Pacific 12 countries, West & Central Africa (6 countries), East Africa 7 countries, Southern Africa (10 countries, September 2014)
 - India, Afghanistan, Guatemala, Vietnam, Bangladesh and China: held/ will hold national workshops and/or developed/developing national protocols



**Strengthening the role of the health systems in
addressing violence, in particular against
women and girls and against children**
(Resolution A67/A/CONF./1/Rev.1)

Strengths of the WHA VAWG resolution

- Clear priority on violence against **women and girls**
- Highlights the role of health systems in providing **services** as part of **multi-sectoral** response, collecting **data**, and inter-facing with **justice and other systems**
- Explicitly mentions **sexual and reproductive health services** as being important for survivors
- **Gender inequality** acknowledged as root cause of violence against women and girls
- **Human rights** in relation to health outcomes flagged as important
- Acknowledges importance of advocating to **change societal acceptance** of violence against women and girls (a key element for prevention).
- **WHO requested to prepare a global plan of action in implementation**

Lessons learned for moving forward...

The need for **policy coherence** – WHA to be in line with agreements made in other UN fora (e.g. UNGA, CSW, ICPD, Beijing). For e.g.:

- Child, **Early** and forced marriage
- Violence against women in **humanitarian including conflict contexts**
- **Sexual and reproductive health**
- **Gender equality**
- **Human rights** including in particular reproductive rights
- **Definition** of VAW of 1993

Retaining the **integrity of technical issues**. For e.g.

- **Intimate partner violence** – technical definition used by WHO and its importance as the major form of VAW experienced by women globally.

Taking a lead in female genital mutilation research

Re-looked at the emerging priorities and gaps in female genital mutilation (FGM) research:

- Continuing need to study risks and complications, best care, and strategies for improved health promotion for women who have been subjected to FGM
- Manuscript on research gaps in female genital mutilation submitted for publication
- Two research proposals on FGM under development
- Groundwork completed for update of female genital mutilation guideline, planned October 2015

Research on legislation and ECFM

- Early marriage legislation in 10 African countries in collaboration with the Inter-Parliamentary Union (IPU) and the Pan-African Parliament (PAP)
- Current study on legislation on early marriage, domestic violence and sexual violence in the Asia-Pacific Region

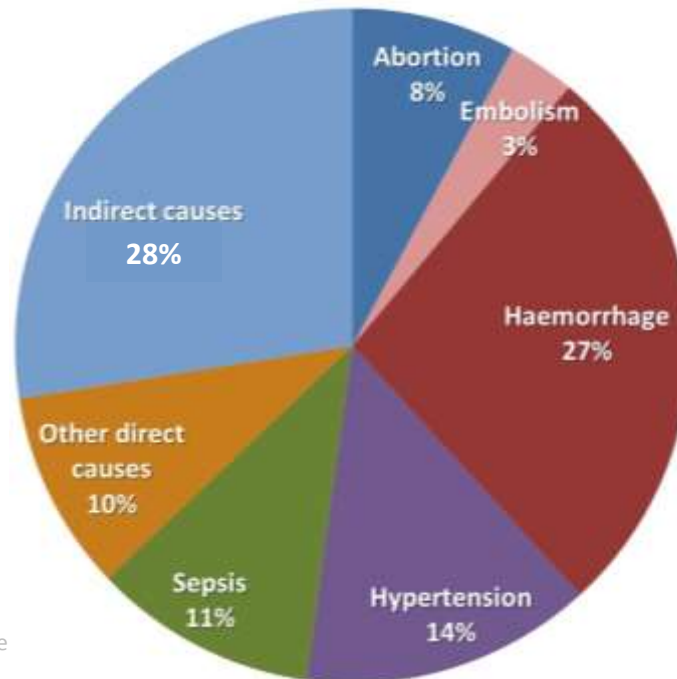




MATERNAL AND PERINATAL HEALTH

WHO Study on Causes of Maternal Death

- Assessed causes of death of more than 60,000 maternal deaths from 115 countries
- Pre-existing medical conditions, exacerbated by pregnancy (e.g. diabetes, malaria, HIV, obesity) caused 28% of deaths



Say et al in *The Lancet Global Health*, 2014

Ending Preventable Maternal Mortality post-2015

- Steady progress has been made, but acceleration of MMR reduction is needed.
- Better data measuring maternal deaths and causes is critical to reducing maternal mortality
- Additionally, global and national targets beyond 2015 are necessary to track progress and ensure that maternal health continues to be a global development priority
- HRP, in collaboration with partners led the analytical thinking and consensus building on future maternal mortality targets

Growing international consensus around the following proposed global target (included in the Every Newborn Action Plan)*:

- ***average global target maternal mortality ratio (MMR) of <70 maternal deaths per 100 000 live births by 2030***
- ***no country should have an MMR greater than 140, a number twice the global target***

* “Consultation on targets and strategies for ending preventable maternal mortality (EPMM)”. Convened by WHO, UNFPA, USAID, MHTF, and MCHIP, with support from agencies and donors, and input from the EPMM Working Group. April 2014, Bangkok Thailand

Improving quality of antenatal care

- Mozambique IR project
 - Cluster RCT in three regions, 10 clinics
 - Formative phase highlighted supply chain management
 - Intervention phase started with dedicated ANC kits

A large, detailed data table with multiple columns and rows, likely a clinical or supply chain record. The table is filled with handwritten entries in blue ink. The columns are organized into several sections, with headers in Portuguese. The data appears to be organized by date and location, with various numerical and text entries.

Improving quality of intrapartum care

- **Better Outcomes in Labour Difficulty (BOLD)**
 - Cohort study in Nigeria and Uganda to develop a simplified labour monitoring and action algorithm
 - Community research to identify expectations from childbirth care
 - Develop an intervention strategy to reduce stillbirths and intrapartum-related newborn deaths



Improving quality of intrapartum care

- Gentle Assisted Pushing during 2nd stage of labour – The GAP trial
- Caesarean section bench-marking – guidance for optimal rates national and facility



Improving quality of intrapartum care

- Disrespect and Abuse During Childbirth: Multicountry study
 - To develop an evidence-based definition and identification criteria of disrespect and abuse during childbirth;
 - To develop and validate tools for measuring disrespect and abuse during childbirth in facilities in three countries;
 - To explore individual, provider, institutional and health systems factors
- WHO Statement on D&A during childbirth



Clinical research projects

Postpartum haemorrhage

- Room temperature stable carbetocin vs oxytocin for PPH prevention
- Oxytocin stability in drug-supply chain
- Uterotonics for PPH prevention – Network meta-analysis
- Indicator development and validation – Shock index

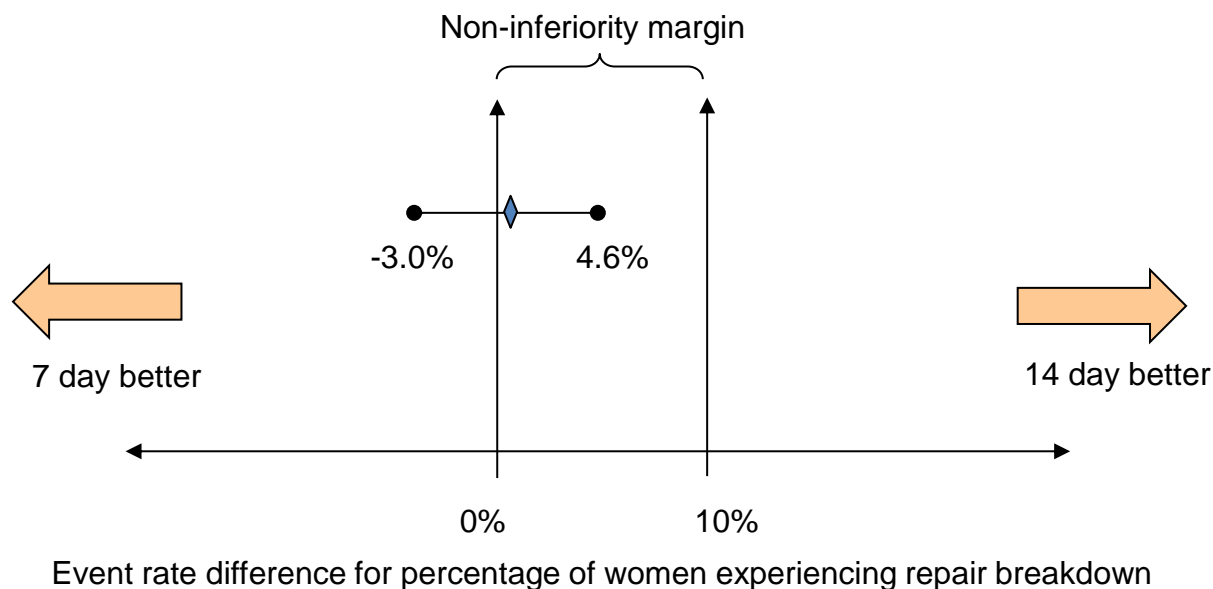
Hypertensive disorders

- Placental angiogenic factors for prediction of pre-eclampsia
- Pre-pregnancy calcium supplementation for prevention of preeclampsia
- Low-dose calcium supplementation trial
- Simplified MgSO₄ dosage regimen for preventing pre-eclampsia / eclampsia

Obstructed labour:

Non-inferiority of 7 day catheterization relative to 14 day catheterization for simple fistula repair

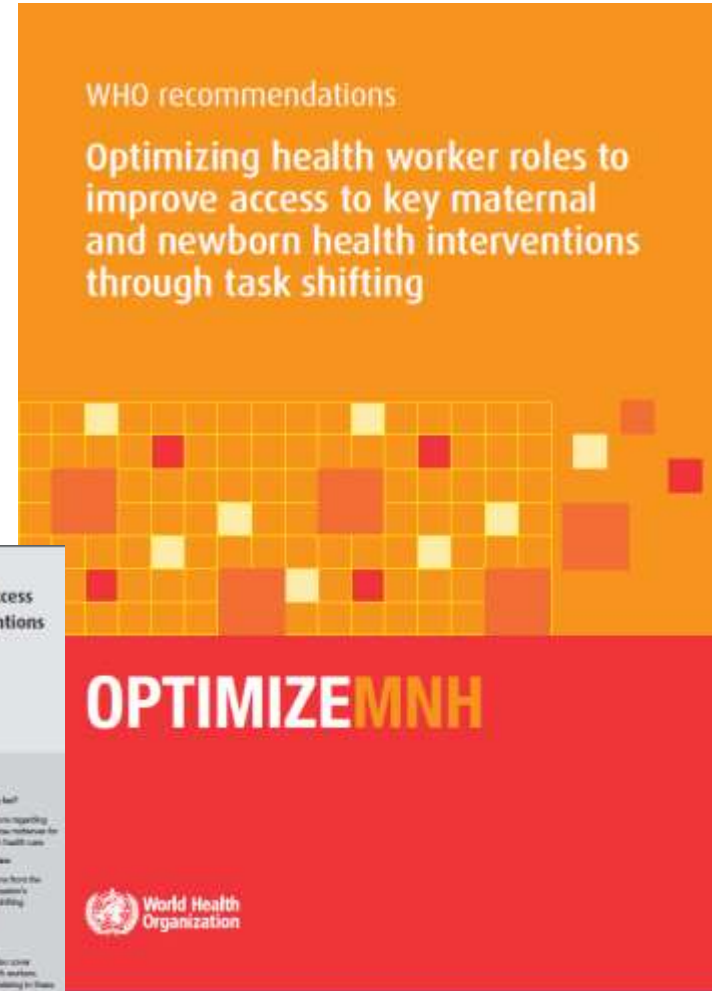
Repair breakdown after 7 days after catheter removal through 3 month follow-up	
7-day group (N=250)	14-day group (N=251)
11 (4.4%)	9 (3.6%)



Lancet, in press

WHO recommendations on optimizing health worker roles to improve access to key maternal and newborn health interventions through task shifting

- Three policy briefs published
- Country adaptation – implementation activities
 - Kosovo 2013
 - Myanmar 2014
 - EURO 2014



Task shifting to improve access to family planning

Improve access to key maternal and newborn health interventions

The WHO OptimizEMNH guidance country evidence based recommendations for the safe provision of key maternal and newborn health interventions by different cadres of health workers. This document summarizes the WHO recommendations on the extent ranging from lay health workers to mid-level providers that may be trained and supported to provide the following contraceptive methods: safety, total abstinence, vasectomy, intra-uterine devices (IUD), implants, injectables, as well as progestational activities. The provision of providing additional cadres to provide a specific health intervention is related to how or "task shifting" for a cadre with lower or "task sharing".

Summary information

Problem: Few services in family planning services due to inadequate numbers of health workers in their service distribution.

Options: Creating additional cadres of health workers to provide family planning services through competency-based training.

Comparison: Method delivered by other "higher" cadres or no method delivered.

Setting: Community/primary health care settings.

Who is this summary for? Ministers of health and decision makers seeking access to family planning.

This summary includes: All recommendations Health Organization's guidance that relate to providing family planning services through competency-based training.

Not included: The OptimizEMNH recommendations on the maternal and newborn health interventions. Discussion to family planning in this summary led to other summary sheets.

Please visit: www.optimizemnh.org for further information or to download the full report.

Disclaimer: The evidence is based on recommendations. The summary is based on page 6.

Using lay health workers to improve access to key maternal and newborn health interventions in sexual and reproductive health

Improve access to key maternal and newborn health interventions

A lay health worker (LHW) is defined as a health worker who performs functions related to health care delivery and is trained in some way in the context of an intervention, but who has not received a formal professional or postprofessional certificate or tertiary education degree. Other terms for lay health workers include "community health workers" (CHWs) and "village health workers" (VHWs). Trained traditional birth attendants (TBAs) are also regarded as lay health workers.

Summary information

Problem: Poor access to or low uptake of key interventions for improving maternal and neonatal health.

Options: LHWs providing interventions.

Comparison: Care delivered by other cadres or no care.

Setting: Community/primary health care settings.

Key messages: The WHO recommends the use of lay health workers for:

- Promoting the uptake of a number of maternal and newborn related health care behaviours and services.
- Providing continuous social support during labour.
- Administering misoprostol to prevent postpartum haemorrhage.

Using auxiliary nurse midwives to improve access to key maternal and newborn health interventions

Improve access to key maternal and newborn health interventions

An auxiliary nurse-midwife is defined as someone who assists in the provision of maternal and newborn health care, particularly during childbirth but also in the prenatal and postpartum periods. They possess some of the midwifery competencies but are not fully qualified as midwives. They have been trained in skills and no training in nursing decision-making.

Auxiliary nurse-midwives have some training in secondary school, and may have a period of on-the-job training, sometimes formalized in apprenticeship.

Summary information

Problem: Poor access to or low uptake of key interventions for improving maternal and neonatal health.

Options: Auxiliary nurse-midwives providing interventions.

Comparison: Care delivered by other cadres or no care.

Setting: Community/primary health care settings.

Key message: The WHO recommends the use of different non-physician health worker cadres to provide the following family planning services:

- Performance of menstrual regulation.
- Treatment of postpartum haemorrhage with misoprostol and oral or injected uterotonic agents.

Who is this summary for? Health policy decision-makers regarding the use of auxiliary nurse-midwives for maternal and newborn health care.

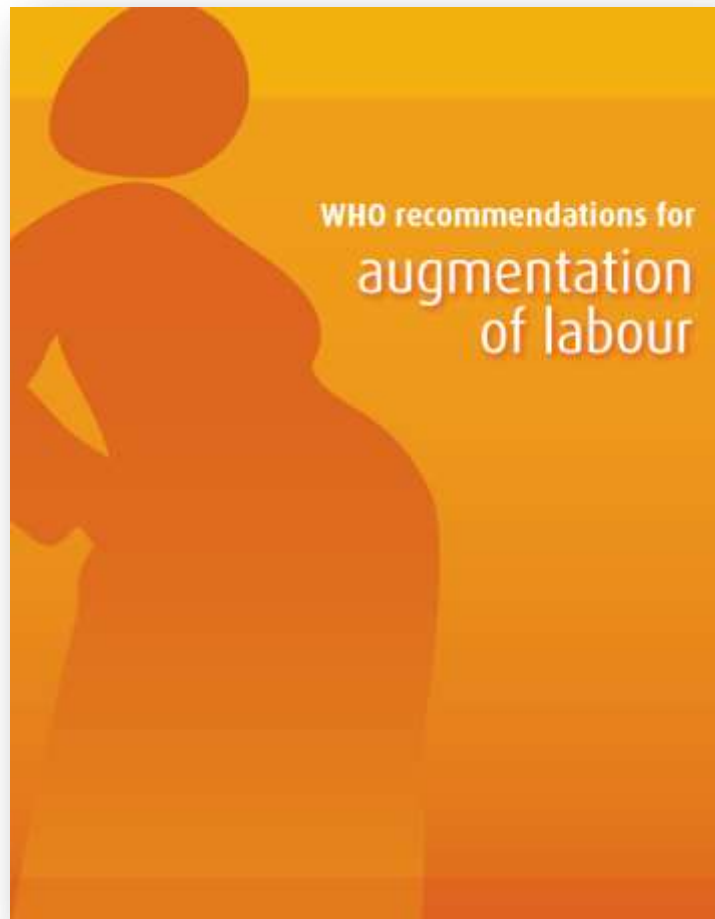
This summary includes: Key recommendations from the OptimizEMNH guidance on task shifting.

Not included: The OptimizEMNH recommendations on other cadres of health workers. Recommendations relating to these cadres are not included in this summary.

Please visit: www.optimizemnh.org for further information or to download the full report.

Disclaimer: The evidence is based on recommendations. The summary is based on page 6.

WHO recommendations for augmentation of labour -2014



- 20 recommendations covering practices relating to the diagnosis, prevention and treatment of delayed progress in the first stage of labour
- Potential to reduce medicalization of labour
 - Discourage the use of AML, antispasmodics, routine IV fluid, enema, misoprostol etc for augmentation of labour

Development, assessment and setting standards of new concepts: Maternal near miss

- Systematic review of prevalence, data gaps (2004)
- WHO proposed standard definition and criteria for identifying maternal near-miss (2009)
- WHO criteria for near-miss validated (2011)
- WHO near-miss approach for monitoring the quality of care published (2011)
- Multicountry survey in 357 facilities in 29 countries, > 300,000 women (2013): **High coverage of essential interventions did not imply reduced maternal mortality**



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Obstetrics and Gynaecology



Maternal and Perinatal
Morbidity and Mortality

Guest Editor
Olufemi Oladapo

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Published

Postpartum haemorrhage management, risk factors and maternal outcomes: findings from the World Health Organization Multicountry Survey on Maternal and Newborn Health

WJ Shearson,¹ J Blum,² JP Vogel,^{3,4} JP Souza,⁵ AM Gülmezoglu,⁶ B Winkoff,⁷ on behalf of the WHO Multicountry Survey on Maternal and Newborn Health Research Network

Pre-eclampsia, eclampsia and adverse maternal and perinatal outcomes: a secondary analysis of the World Health Organization Multicountry Survey on Maternal and Newborn Health

E Abalos,⁸ C Cuak,⁹ M Widmer,¹⁰ JP Vogel,¹¹ JP Souza,¹² on behalf of the WHO Multicountry Survey on Maternal and Newborn Health Research Network

Overview of abortion cases with severe maternal outcomes in the WHO Multicountry Survey on Maternal and Newborn Health: a descriptive analysis

Indirect causes of severe adverse maternal outcomes: a secondary analysis of the WHO Multicountry Survey on Maternal and Newborn Health

P Lumbiganon,¹³ M Laopaiboon,¹⁴ M Laxmisan,¹⁵ JP Souza,¹⁶ AM Gülmezoglu,¹⁷ B Mori,¹⁸ on behalf of the WHO Multicountry Survey on Maternal and Newborn Health Research Network

Pregnancy and childbirth outcomes among adolescent mothers: a World Health Organization multicountry study

T Ganchimeg,¹⁹ E Dita,²⁰ N Morisaki,²¹ M Yamada,²² M Tamura,²³ on behalf of the WHO Multicountry Survey on Maternal and Newborn Health Research Network

Education and severe maternal outcomes in developing countries: a multicountry cross-sectional survey

MJ Hindin,²⁴ CA Santok,²⁵ TH Oliveira,²⁶ JP Vogel,²⁷ G Togobea,²⁸ on behalf of the WHO Multicountry Survey on Maternal and Newborn Health Research Network

Maternal complications and perinatal mortality: findings of the World Health Organization Multicountry Survey on Maternal and Newborn Health

JP Vogel,²⁹ JP Souza,³⁰ B Mori,³¹ N Morisaki,³² P Lumbiganon,³³ M Laopaiboon,³⁴ E Ortiz-Panadero,³⁵ B Hernandez,³⁶ R Perez-Cuevas,³⁷ M Roy,³⁸ S Mittal,³⁹ JD Cecatti,⁴⁰ O Tunçalp,⁴¹ AM Gülmezoglu,⁴² on behalf of the WHO Multicountry Survey on Maternal and Newborn Health Research Network

Guideline calendar 2014-2015

- Preterm labour –end 2014
- Sepsis around childbirth – mid 2015
- Antenatal care – end 2015
- Caesarean section- late 2015
- Postpartum haemorrhage update – mid 2015
 - Community misoprostol distribution
 - Uniject oxytocin in the community
 - NASG update

Guideline adaptation and implementation

- Kosovo (PPH) -2013 *ongoing*
- Myanmar (Auxiliary nurse-midwives) – 2014
- UNCoLSC (oxytocin, misoprostol, MgSO₄) - 2014
 - Nigeria
 - Senegal
 - Uganda



PREVENTION OF UNSAFE ABORTION

Preventing Unsafe Abortion: Changing nature of risk

Commentary discussing the interpretation and operationalization of the WHO definition of unsafe abortion

From concept to measurement: operationalizing WHO's definition of unsafe abortion

Bela Ganatra,^a Özge Tunçalp,^b Heidi Bart Johnston,^a Brooke R Johnson Jr,^a Ahmet Metin Gülmezoglu^a & Marleen Temmerman^a

The World Health Organization (WHO) defines unsafe abortion as a procedure for terminating a pregnancy performed by persons lacking the necessary skills or in an environment not in conformity

Although unsafe abortions are, by definition, risky, safety cannot be dichotomized because risk runs along a continuum. Risk is lowest if an evidence-based method is used to terminate an

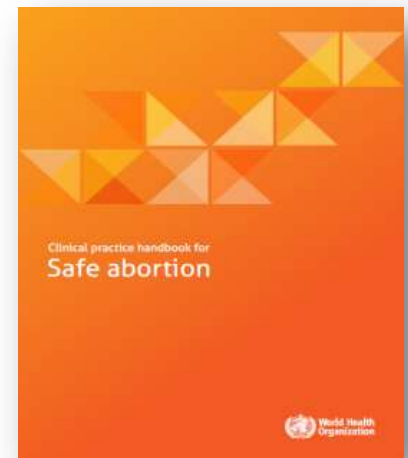
regional and global estimates of rates of unsafe abortion.^{1,2} However, the widespread informal use of misoprostol has added a layer of complexity to the concept of "safety". As a result, it has become

Bulletin of the WHO, March 2014

- Linkage to evidence based guidelines
- Continuum of risk from safe to unsafe
- Greater emphasis on morbidity
- Implications for the upcoming estimates of unsafe abortion

Preventing unsafe abortion

- Completion of social science and implementation research initiative to increase access to medical abortion
- *Clinical practice handbook for safe abortion*: handy reference summarizing evidence-based guidelines (2014) released
- Published a descriptive analysis of abortion-related mortality in WHOMCS
- Ongoing work to produce updated estimates of incidence and safety of abortion
- Guidelines for midlevel provision of abortion under development



Overview of abortion cases with severe maternal outcomes in the WHO Multicountry Survey on Maternal and Newborn Health: a descriptive analysis

M Dragoman,^a WR Sheldon,^a Z Qureshi,^b J Blum,^c B Winkoff,^b B Ganatra,^a on behalf of the WHO Multicountry Survey on Maternal Newborn Health Research Network

^a UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), World Health Organization, Geneva, Switzerland ^b Grady Health Partners, New York, NY, USA ^c Department of Obstetrics and Gynecology, University of Hawaii, Honolulu, Hawaii

Correspondence: Dr M Dragoman, UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), World Health Organization, Avenue Appia 26, Geneva CH-1211, Switzerland. Email: dragoman@who.int

Guideline adaptation and implementation

- Safe abortion
 - Moldavia – 2013
 - Bangladesh - 2013
 - Ukraine – 2013-14
 - Kyrgyzstan – 2014
 - Myanmar – 2014

Upcoming guidelines

- Midlevel providers for abortion care – early 2015
- Management of abortion complications – late 2015



SEXUALLY TRANSMITTED INFECTIONS – LINKAGES – CERVICAL CANCER

Global Strategy for the prevention & control of STIs

(UN Member State endorsed, WHA59.19, 2006)

PROGRESS REPORT: Implementation of the STI Global Strategy, 2006-2015

BEYOND 2015: “The way forward for STI prevention and control of STI” (Presentation/Discussion: May EB, 2015; World Health Assembly, 2015/2016)



Accelerating STI diagnostic and MPT development

The roadmap towards STI Vaccine development

STI estimates and modelling impact of STI control

Updated STI treatment guidelines

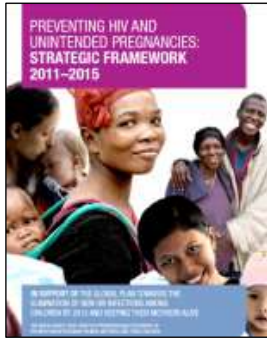
WHO Gonococcal Antimicrobial Susceptibility Programme

Roadmap for improving STI surveillance

WHO Dual Elimination of Mother-to-Child Transmission (eMTCT) of HIV and Syphilis

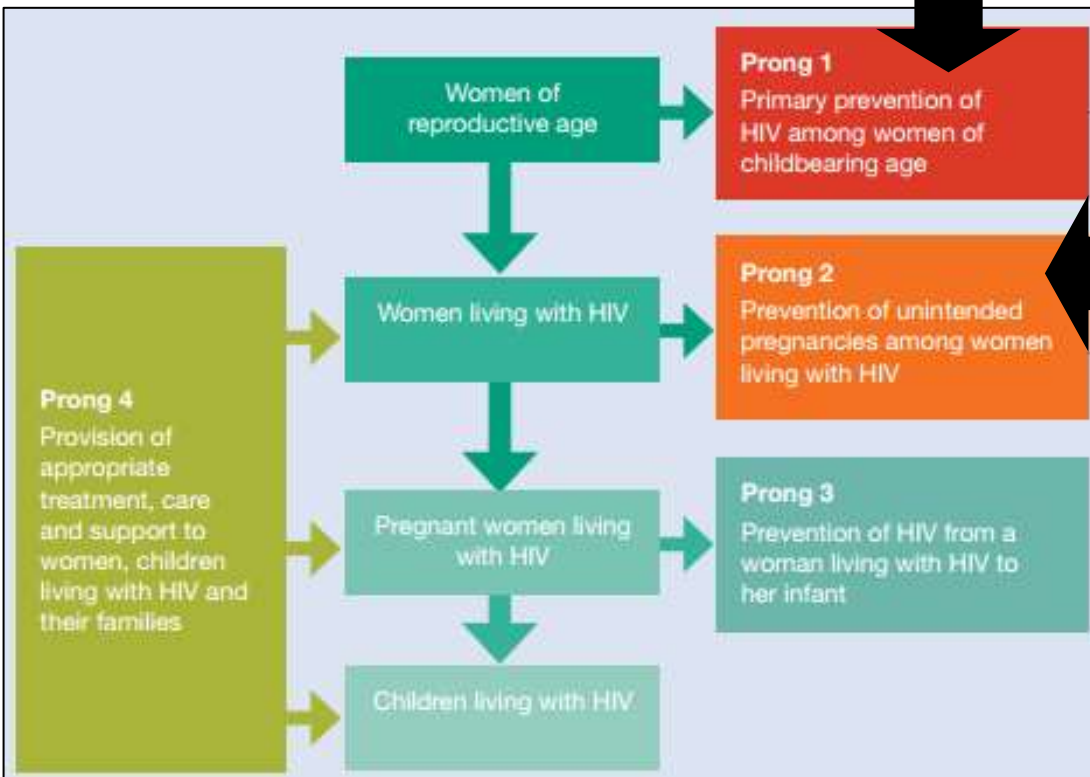
Scaling-up / Integration of services

SRH/HIV Linkages: Elimination of Mother-to Child Transmission (EMTCT) of HIV



Ensuring dual EMTCT of HIV and syphilis

- Guidance and tools for validation of dual EMTCT
- Costing & burden estimation exercises in priority countries
- Linking efforts to improve laboratory QA and procurement systems



Supporting family planning to prevent unintended pregnancies among persons living with HIV

- MEC and SPR recommendations for PLWHIV and taking ARVs
- Validation study of measuring unmet need among PLWHIV, Prong 2

Selected Research Studies

Research development & implementation:

New projects initiated or on-going

- **Cervical cancer trials/studies** in collaboration with the International Agency for Research on Cancer (IARC)
- **Maternal “dual HIV/syphilis” rapid tests** - Validation & Evaluation studies
- **Integrated STI/HIV** - Bio-behavioural survey among MSM populations

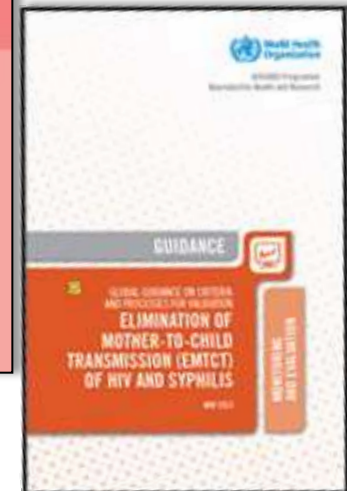
STI/Cervical Cancer: Systematic research & Guideline development

Guidelines - completed

- Screening and treatment of precancerous lesions for cervical cancer prevention
- Processes and criteria for validation of EMTCT of HIV and syphilis (with WHO/HIV, UNAIDS)

Guidelines – ongoing

- Treatment and management of STIs
- Sexuality counselling guidelines for health care providers & core set of sexual health indicators



SRH/HIV Linkages: Research and Implementation



UNFPA, WHO, IPPF
joint document -
Connecting SRH and HIV:
Navigating the work in
progress



Supporting implementation of the SRH/HIV assessment tool (IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW and Young Positives)

50 Countries, 20 Country case studies, Indicator compendium



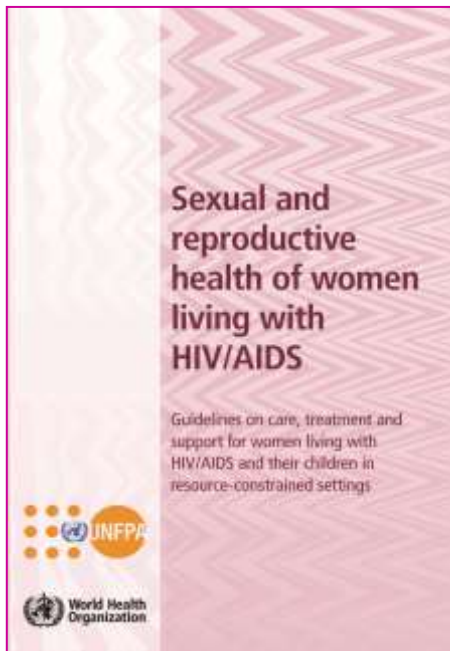
Multi-purpose prevention technologies (MPT)

Dual protection in Pre-clinical research development: New MPT delivery and formulations to reduce the risk of infection with HIV and other STIs & prevent unintended pregnancy

SRH/HIV Linkages: Evidence-Based Guideline Development

Sexual and reproductive health for women living with HIV

Revision initiated: The 2006 SRH of women living with HIV/AIDS (UNFPA, WHO)



New Woman-Controlled HIV-Prevention Methods (topical PrEP)

Stakeholder consultation on priority implementation research to inform development of World Health Organization (WHO) Normative Guidance on Topical Pre-Exposure Prophylaxis, Durban, South Africa, 25-27 March 2014



Advancement of STI vaccines is a major priority for sustainable global STI control

- WHO and US NIH convened a technical consultation on STI vaccine development - April 2013
- *Vaccine* special issue on STI vaccines – March 2014
- Global roadmap for STI vaccine development
 - Obtain better epidemiologic data
 - Model the theoretical impact of STI vaccines
 - Advance basic science research for STI vaccines
 - Expedite clinical development and evaluation
- Next steps :
 - Create a coalition to coordinate roadmap implementation
 - Development of a global business case to invest in new STI vaccine development



Available at: <http://www.sciencedirect.com/science/journal/0264410X/32/14>

INFERTILITY/SUBFERTILITY

Fertility Care Challenges

GLOBAL BURDEN (WHO Data)

186 million couples infertile, sub-fecund or childless, Highest burden in LMICs



33.4 million women with a leading **disabling** condition of “secondary infertility” as a result of **maternal sepsis & unsafe abortion**

(plus **0.8** from high income countries)

58

number of UN member states (out of 193) **reporting** on national policies, guidelines or regulations on assisting fertility care in 2013

INFERTILITY BURDEN

- in men

- attributed to STIs/ HIV/ RTIs

unknown

1.8 – 2.0x

Increase in **HIV acquisition** in HIV sero-discordant couples attempting pregnancy – unprotected sex

0%

Increase in HIV acquisition using sperm washing (systematic review)

Infertility/subfertility:

Research & Systematic Reviews for Evidence-Based Guideline Development

Systematic reviews for Evidence-based Guideline Development:

- Diagnosis, Management and Treatment of Women with fertility problems
- Diagnosis, Management and Treatment of Men with fertility problems
- Intrauterine Insemination
- Sperm Washing/ Vaginal Insemination
- Ovarian Stimulation
- In-vitro Fertilization
- Polycystic Ovary Syndrome



Revisions
required
1992, 1999

Research & Development:

Development of a **Rapid Assessment Tool** for integration of fertility care into existing health policy, systems and services (ready for field testing)

Fertility awareness – primary care research provider tool. (ready for field testing, seeking funding)

IFFS-WHO A.R.T. Survey (collaborative project with International Federation of Fertility Society, NGO in official relations)

Development of a **research protocol for safe conception** assessing different fertility interventions for HIV-serodiscordant couples. (seeking funding)

On-line course on infertility/subfertility (collaborative on-going project with American Society of Reproductive Medicine, NGO in official relations)

DATA COLLECTION, MONITORING, EVALUATION AND INNOVATION

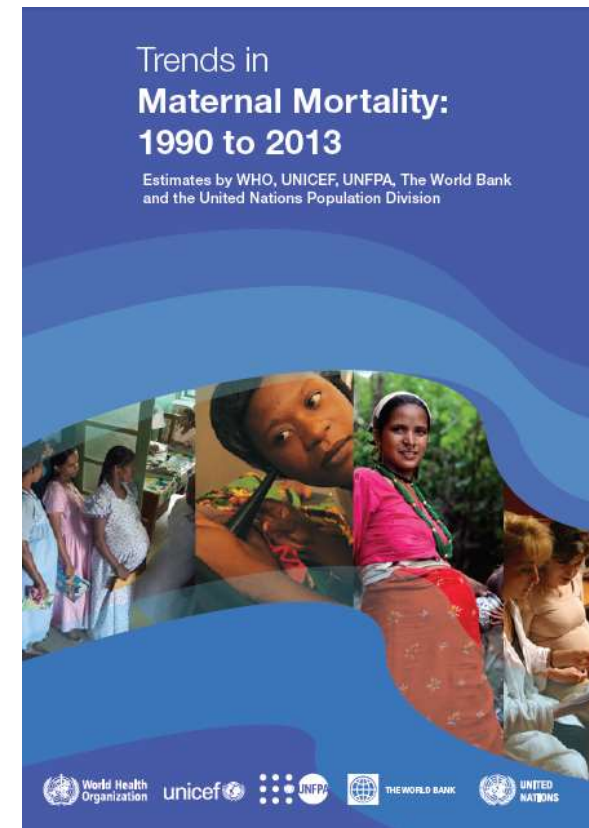
Improved data collection and monitoring

- **Improved data collection and monitoring** to build quality and availability of appropriate, rights-based health services for women, mothers, newborns, adolescent and and at risk populations

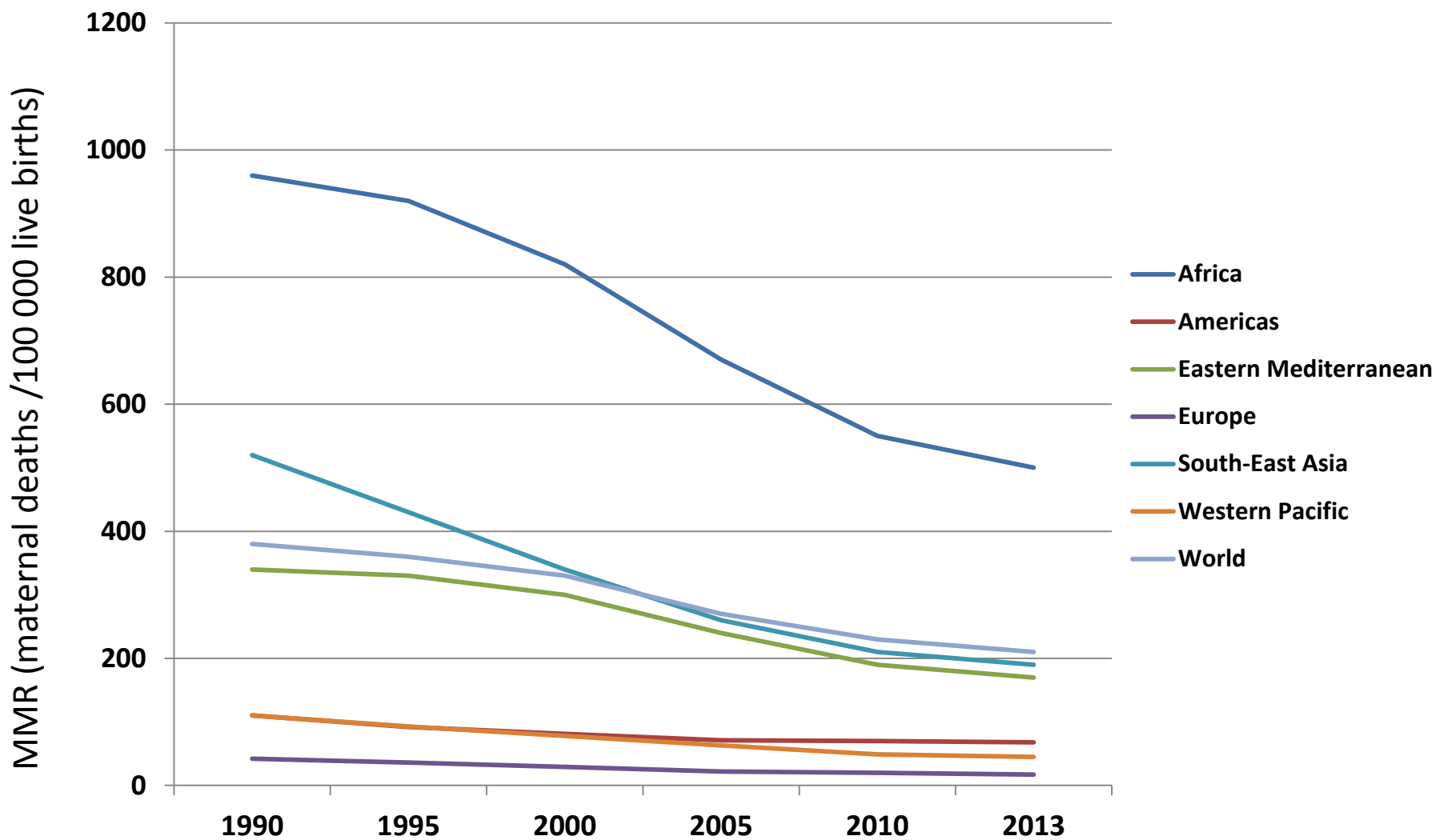
Data Collection and Monitoring

Trends in Maternal Mortality: 1990-2013

- New estimates released May, 2014
 - Feature new data and improved methods of estimating births and female deaths
- An estimated 289,000 women died in 2013, a 45% reduction from the 523,000 that died in 1990
- Eleven countries with high levels of maternal mortality in 1990 have achieved MDG 5 target of 75% reduction in maternal mortality from 1990 levels
- Progress not been balanced globally: ten countries account for 60% of the global maternal death burden. Two (India and Nigeria) account for nearly one third

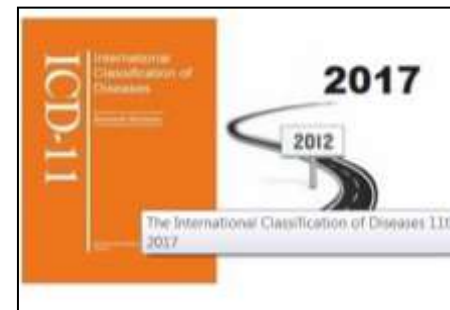


Trends in maternal mortality 1990-2013



SRH related revisions towards ICD-11

- GURM TAG responsible for (ICD-10) chapters
 - (14) genitourinary medicine, (15) obstetrics, (16) perinatal conditions
- Significant overlap with many sections
 - Injuries, Cancers, Dermatology/Infectious disease, Endocrinology, Rare disease, paediatrics
 - Symptoms and "reason for encounter"
- Development of chapter in "sexual health"
- In preparation for field trials
 - Review for completeness and "sense" by morbidity and mortality classification experts
 - Review of "stability" between ICD versions
- GURM TAG meeting December 2014



Reaching vulnerable groups through technology – HRP leads innovations work

THRIVE (Technologies for Health Registries, Information, and Vital Events) Consortium



- WHO HRP led multi-site research trial with the purpose of adapting and testing an electronic registry approach for RMNCH, building on the validated WHO Open Smart Register Platform (OpenSRP).
- The Registry approach strengthens health systems accountability -- enabling registration, accounting of health service data across the RMNCH continuum, real time reporting, unique health IDs, and birth and death registration
- The research focuses on determining the impact of OpenSRP on strengthening quality and coverage of essential interventions across the RMNCH continuum.
- 5 Countries in 3 WHO regions are currently part of the THRIVE multi-site trial, with additional UN, and other agencies part of the THRIVE Consortium adopting OpenSRP.

CROSS-CUTTING AND GLOBAL INITIATIVES

Coordinated by Office of Director



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

- Global strategies, frameworks and initiatives (EWEC, ICPD+20, Post 2015, Beijing+20, CoIA, FP2020, CoLSC....)
- Partnerships and global advocacy (H4+, IPU, Global Fund, other platforms)
- Oversight and coordination of research, research capacity building, work with WHO Regional and Country offices and WHO collaborating centres-> HRP Alliance
- Cross cutting area such as Human Rights and Gender, and Quality of care

Global initiatives

- **FP2020**
 - Chair Working Group on Performance, Monitoring and Accountability
- **Accountability -> COIA, iERG**
- **Interaction with Parliaments: Inter-Parliamentary Union (IPU) and other regional and thematic platforms (EPF, PAP, APA, etc.)**
 - IPU resolution "Toward risk-resilient development: taking into consideration demographic trends and natural constraints" (IPU General Assembly, April 2014)
 - PAP resolution on Gender-based violence (November 2013)
- **ICPD+20**
 - WHO focal point, 9 Evidence briefs
 - ICPD+20 Network Geneva
- **Post 2015 agenda**
 - Open Working Group
 - WHA Resolution "Health in the post-2015 development agenda" (A67/A/CONF./4 Rev.2)

Legislation and SRH

- Report on child marriage legislation in 10 African countries
- Regional seminar for Asia-Pacific Parliaments
"Preventing and responding to violence against women and girls: ending early marriage in Asia- Pacific (September 2014)



HUMAN RIGHTS AND GENDER

Sexual and Reproductive Health and Human Rights

- Development of standards on SRH and human rights: work with **UN Treaty Monitoring Bodies** (CEDAW, CESCR, CRC)
- **Dissemination of Safe Abortion Guidelines** to UN Human Rights Mechanisms
- **RMNCH and Human Rights: a Toolbox for Examining Laws, Regulations and Policies**
- WHO/joint UN agency statement on **forced sterilization**

Sexual and Reproductive Health and Human Rights

- **Contraception and human rights:**
 - Guidelines: guidelines and recommendations on ensuring human rights in the provision of contraceptive services and information
 - Implementation Guide: Joint RHR, UNFPA guide on implementation
 - Indicators: a human rights analysis of existing quantitative indicators in context of contraceptive services and information
- **Developing partnerships with Agencies and UN Human Rights Mechanisms on SRH and Human Rights:**
 - Joint Treaty Monitoring Body workshop on Prevention of Unsafe Abortion
 - Inter-agency Technical Meeting on SRH and Violence against women with disabilities
 - Joint OHCHR, UNFPA, WHO Implementation of UN HRC Technical Guidance on HRBA to Maternal Mortality

Plans for the future

- Developing research agenda on sexual and reproductive health, human rights and gender
 - Identify research gaps and priorities; and
 - Pursue knowledge management and research activities in key priority areas related to gender equality and human rights in health research activities
- Integrating human rights in key areas of work of the Department (e.g. contraception, quality of care, ASRH, abortion)
- Global and multilateral processes related to sexual and reproductive health and human rights
- Development and interpretation of standards related to sexual and reproductive health and human rights

HRP ALLIANCE AND RP2

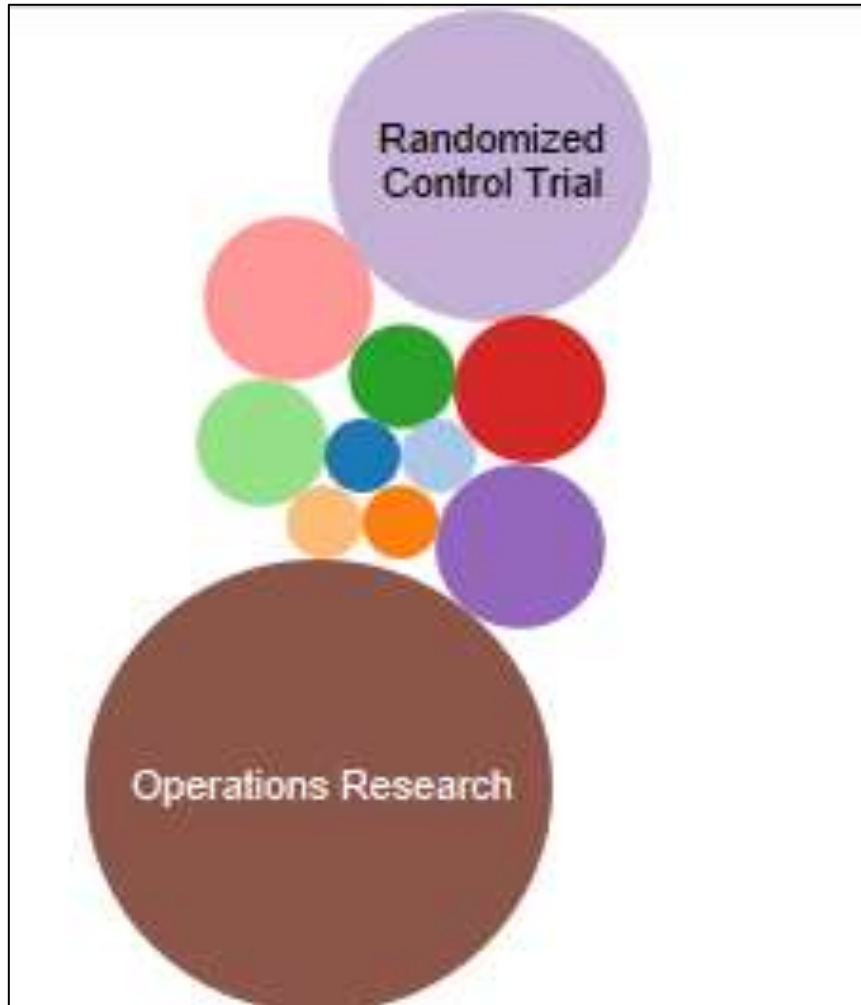
2013 outputs

- 15 institutions received long term institutional development (LID) grants in 2013. (Afghanistan, Bhutan, Bolivia, Burkina Faso, Cambodia, Cote d'Ivoire, Democratic Republic of Congo, Ethiopia, Guinea, Malawi, Myanmar, Paraguay, Tajikistan, South Africa, United Republic of Tanzania)
- 4 LID grantees prepared and submitted research projects to WHO for the first time (Afghanistan, Tajikistan, Cambodia, DRC)
- Individual research training grants and group training exercises continued

HRP Alliance: 2014-2015

- Increased focus on institution strengthening via LID grants
- Expanding collaboration with regional networks – such as ALIRH/PLISSER in Latin America
- Integration of research capacity strengthening in global collaborative research
- Develop an e–platform to increase collaboration with key academic / research institutions and individuals working with HRP (including the HRP Alumni)

Research Project Review Panel (RP2) - Approved HRP Projects



Projects that reach “Final Approval” through the RP2 external expert review process meet a high technical, ethical and scientific standard.

Project - Research Type

- A pre-test post-test qu...
- Clinical laboratory study
- Cross-sectional study
- Genetics/clinical research
- Case-control study
- Cost-effectiveness ana...
- Implementation Research
- Observational study
- Social Science Research
- Randomized Control Trial
- Operations Research

HRP Research project review – moving forward



- HRP projects will continue to be reviewed through the RP2, followed by review through the WHO-Ethics Review Committee.
- In order to address efficiencies of time and duplicity, the RP2 will change, with new terms of reference and operating procedures.

The role of HRP

Accelerating Science-Driven Solutions to Challenges in Global Reproductive Health

A New Framework for Moving Forward

Herbert B. Peterson, MD, Catherine d'Arcy, MD, Marina Haidar, MBA, Kathryn M. Curtis, PhD, Mario Meriello, MD, Gülmezoglu, MD, Lale Say, MD, MSc, and Michael Mbizur, MD

Recommendations shaping policies, programmes, and practices in global health should be based on the best available scientific evidence. However, it is less clear how best to achieve this goal. A new approach developed by the World Health Organization (WHO) and the United Nations Population Programme/United Nations Development Programme (UNPP) is described here. The approach involves the formation of a research, development and innovation department of reproductive health. This approach leads to the identification of priority needs for accelerating solutions to reproductive health challenges and continued improvements in reproductive health, including the implementation of research priorities; 4) research and development in a timely manner, and utilization in countries that need it most; 5) science-driven solutions that are evidence-based when the contributions of this cycle are linked. Strong leadership is required for this collective effort. A team of researchers, practitioners, and implementing agencies with shared goals and success. This new approach has already made important contributions toward addressing key challenges in family planning and maternal and perinatal health. We believe that it will help bridge the gap between knowledge and action for reproductive health and for global health more broadly.

Published editorial on page 523.

From the World Health Organization, Department for Research Evidence for Sexual and Reproductive Health, Maternal and Child Health, University of North Carolina at Chapel Hill, North Carolina, USA; United Nations Population Programme/United Nations Development Programme/United Nations Women, New York, USA; World Bank Special Programme for Research and Training in Human Reproduction, World Health Organization, Department of Reproductive Health, Nutrition, and Population, Geneva, Switzerland; and Health Promotion, Centers for Disease Control and Prevention, Atlanta, Georgia.

The findings and conclusions in this article are those of the authors and do not necessarily represent the official position of the World Health Organization, United Nations Population Programme, or United Nations Development Programme.

Corresponding author: Herbert B. Peterson, MD, Department of Maternal and Child Health, Gillings School of Global Public Health, Department of Obstetrics

Identify priority needs

Inform policy, Guidelines

Generate guidance

Synthesize research

Identify research gaps

Thank you