

# Recent evolutions and research agenda in the field of SRHR

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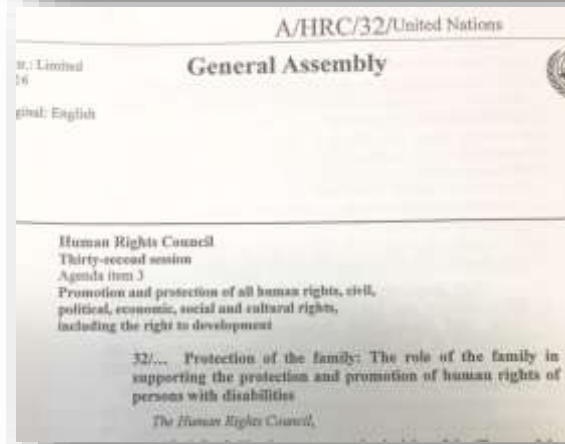
# Magnitude of the problems related to sexual and reproductive health and rights

- ❑ As of recent, an estimated
  - **287 000 women women died from pregnancy-related causes**<sup>1</sup>
  - **2.3 million babies died** during the first 28 days of life<sup>2</sup> and
  - **1.9 million babies were stillborn**. Majority of stillbirths take place in low-income and middle-income countries.<sup>3</sup>
- ❑ **Child marriages: 12 million girls every year.**<sup>4</sup>
- ❑ An estimated **birth rate of 1.5 per 1000 women for girls 10–14 years** .<sup>5</sup>
- ❑ **164 million have an unmet need for contraception** <sup>6</sup>
- ❑ Recent estimates: **73 million induced abortions** occurred each year worldwide.<sup>7</sup>
- ❑ In 2020, there were an estimated **374 million new infections** in people 15–49 years **with 1 of 4 STIs**: chlamydia, gonorrhea, syphilis and trichomoniasis.<sup>8</sup>
- ❑ **1 in 3** women worldwide have experienced either **physical and/or sexual intimate partner violence or non-partner sexual violence**.<sup>9</sup>

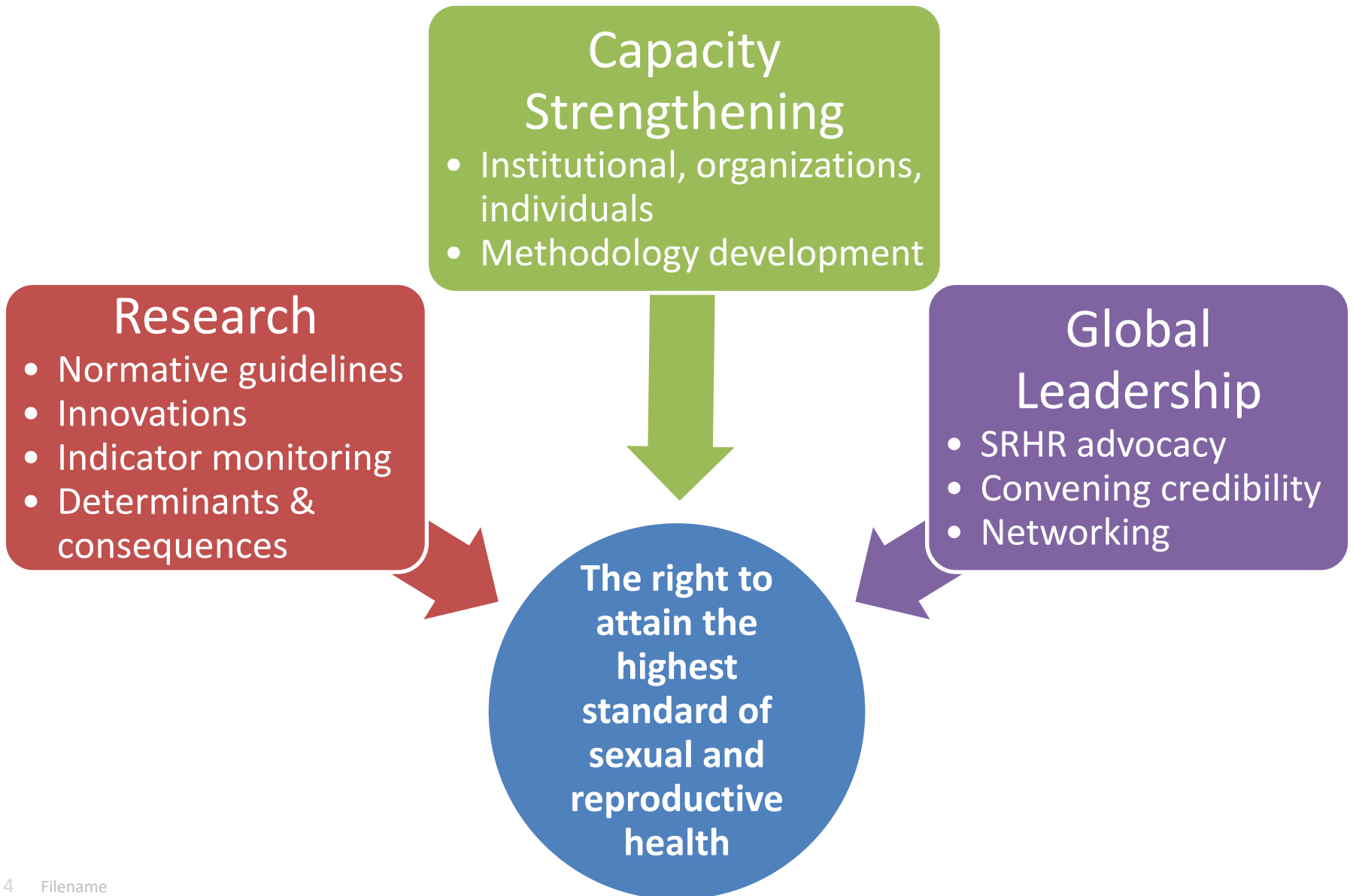


# Several challenges to ensuring and protecting SRH rights remain

- ❑ Addressing sexuality, sexual health, safe abortion, and gender relations continue to be challenging politically
- ❑ Integrating SRHR in humanitarian responses essential but modalities unclear

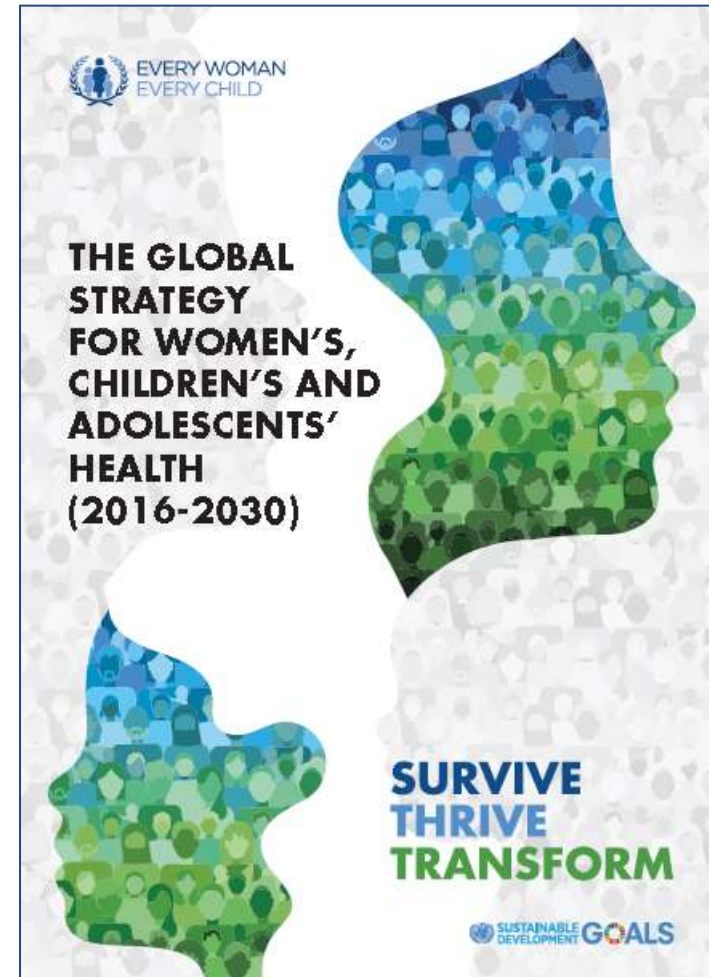


# WHO/HRP's core functions





# Aligning with the SDGs and Global Strategy for Women's, Children's and Adolescents' Health





EVERY WOMAN  
EVERY CHILD

## What is new?

- **Equity**

Focus on reaching the most vulnerable and leaving no one behind

- **Universality**

For all countries, with an explicit focus on humanitarian settings

- **Adolescents**

The “SDG generation” –  
a 10 year old in 2016  
will be 24 in 2030

- **Life-course approach**

Health and well-being interconnected at every age,  
and across generations

- **Multisector approach**

Joint progress across core sectors e.g., nutrition, education, WASH



# Contributing to SDG indicators related to SRHR






<b>SDG 3.1.1</b>	Guidance on increasing access to contraception and improving maternal health services to reduce maternal deaths and improve well-being
<b>SDG 3.1.2</b>	Guidance on strategies to increase access to SBA and quality of SBA services
<b>SDG 3.2</b>	Research to improve quality of perinatal care and development of normative guidance
<b>SDG 3.3</b>	Implementation research to support implementation of the global STI strategy and to strengthen SRHR-HIV linkages
<b>SDG 3.7.1</b>	Implementation research to support scaling up of effective interventions to satisfy demand for contraception
<b>SDG 3.7.2</b>	Implementation research to support reduction of unintended pregnancy among adolescents



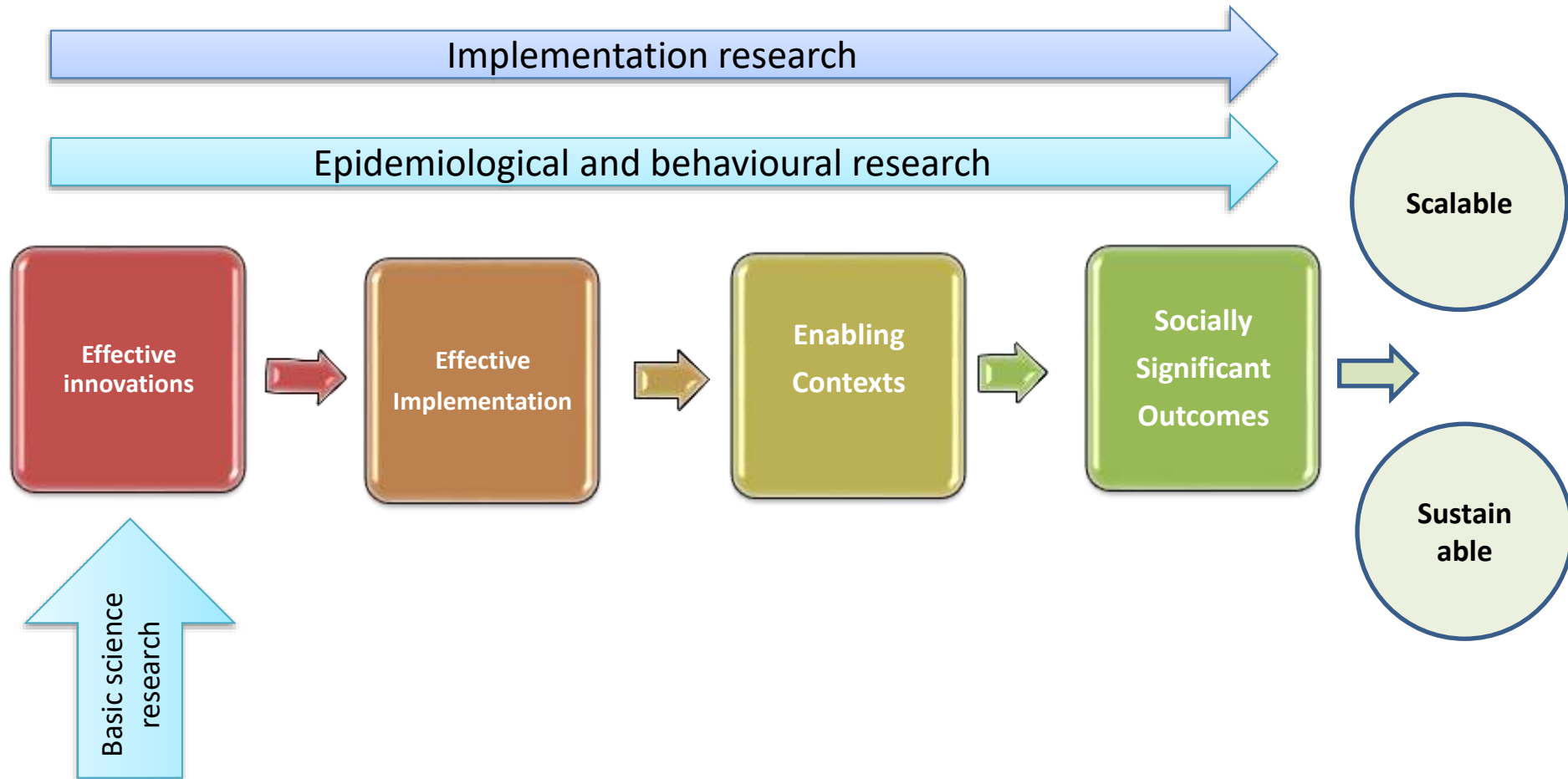
<b>SDG 5.2</b>	Implementation research to support the global plan of action to strengthen health systems response to violence against women, girls and children
<b>SDG 5.3.1</b>	Research and technical support to parliamentarians to determine how to legislate effectively against CEFM
<b>SDG 5.3.2</b>	Research to improve medical care and management of girls & women with FGM in accordance with WHO guidance
<b>SDG 5.6</b>	Technical support to enable states to safeguard rights to universal access to SRH services

# Strategic directions for WHO/HRP: Transitions to align with trends

- Global  National **LEVEL**
  - Application of norms & standards, best practices
  - Implementation research for institutionalization
  - Capacity-building for production and use of evidence
- Medical  Systems **INTERVENTION**
  - Building blocks, especially financing (UHC)
  - Integration, wherever appropriate
  - Total Market Approaches
- Protection  Well-being **OUTCOMES**
  - Mortality, morbidities and rights
  - Personal / couple desires



# Framework of Evolution of SRHR Research: Discovery to Delivery



# Key areas of research

- ❑ Innovation in technology (POCT, maternal health management, HPV vaccines)
- ❑ Integration of services (HIV and syphilis, HIV and contraception, immunization)
- ❑ Research to support development and implementation of guidelines at country level
- ❑ Innovative financing (vouchers, conditional cash transfer)
- ❑ Capacity building (multipurpose workers, staff retention)
- ❑ Social determinants in health
- ❑ Equity aspect (adolescent health issues)
- ❑ Monitoring and accountability (MMR, STI estimates)
- ❑ Emerging issues (Zika, Ebola, covid)

# Overall alignment good; some reorientation needed

- ❑ **UHC** as a platform for an integrated approach for delivering SRH services; health security and greater consideration of socio-economic interactions needed
- ❑ **Intersectoral action:** stronger integration with the economic, social and environmental determinants needed
- ❑ **Equity:** absolutely critical, and for all countries; need for focus on sub-national data and actions
- ❑ **Gender Equality and Human Rights:** need for stronger and deeper integration of gender equality and human rights
- ❑ **Financing shifts** to greater domestic financing; least developed and fragile countries continue to need ODA assistance
- ❑ **Monitoring and accountability framework** requirements enormous; increased role for HRP

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