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

Highlights of 2008

About the Department

The mission of the WHO Department of Reproductive Health and Research (RHR) is to help people to lead healthy sexual and reproductive lives. In pursuit of this mission the Department endeavours to strengthen the capacity of countries to enable people to promote and protect their own sexual and reproductive health and that of their partners, and to have access to, and receive, high-quality sexual and reproductive health services when needed. RHR was established in November 1998 by bringing together the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) and the former WHO Division of Reproductive Health (Technical Support) (RHT). The purpose of joining these two entities was to facilitate integration of research and programme development in sexual and reproductive health within WHO.

About HRP

HRP was established in 1972 by WHO. In 1988, the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), and The World Bank joined WHO as the Programme's cosponsors. The four cosponsoring agencies, together with the major financial contributors and other interested parties, make up the Programme's governing body, the Policy and Coordination Committee (PCC), which sets policy, assesses progress, and reviews and approves the Programme's budget and programme of work. Broad strategic technical advice on the Programme's work is provided by the Scientific and Technical Advisory Group (STAG). In 1999, STAG assumed the responsibility for reviewing, and advising on, the work of the whole Department. The Scientific and Ethical Review Group (SERG) Panel reviews all HRP projects involving human subjects and research in animals and contributes to ethical debate on matters relating to sexual and reproductive health. The Toxicology Panel is a complementary review body to the SERG Panel. It provides expertise in the evaluation of pharmacokinetic, metabolic, endocrinological, toxicological, teratogenicity, carcinogenicity and mutagenicity studies of drugs or devices developed or studied by HRP or referred to it for advice. In addition, the Programme has several strategic review committees and specialist panels that advise on detailed research strategies.

Sexual and reproductive health - general

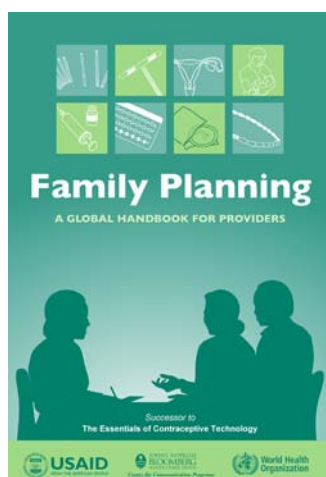
- In 2005, HRP started funding research on quality of care in sexual and reproductive health services. As of 2008, 24 studies have been completed and more are ongoing. The completed studies examined various aspects of quality of care in the provision of services for family planning, maternal health, safe abortion, and sexually transmitted infections and HIV. Most studies involved provision of services through clinical settings, although a

number of studies have also included outreach or community-based services. Taken together, these studies suggest that quality improvement strategies should: (i) seek to empower clients, especially marginalized groups; (ii) improve client-provider interactions; (iii) monitor equity in provision of quality care and test approaches that reduce disparities in health-care provision; and (iv) seek to optimize care, setting minimum essential standards. A synthesis of the findings from these studies will be published in 2009.

Promoting family planning

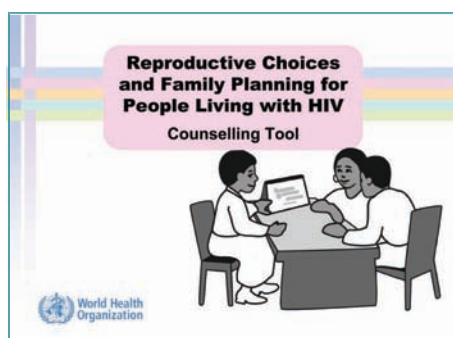
- A randomized, double-blind multicentre trial carried out in Nigeria compared the efficacy and side-effects of levonorgestrel when administered in two doses of 0.75 mg given 12 hours apart and when administered in a single dose of 1.5 mg up to 120 hours (5 days) after unprotected intercourse. In both groups, women treated later than 72 hours following unprotected intercourse had higher pregnancy rates than those treated within 72 hours. There were no significant differences in side-effects reported between the two groups. This study confirms the results from an earlier WHO multicentre trial showing that a single dose of 1.5 mg of levonorgestrel is effective for emergency contraception.
- A study was conducted in China to establish, among other things, the efficacy and side-effects of the TCu380A IUD as a method of emergency contraception among parous and nulliparous women. Overall, study results demonstrated that IUD insertion is safe and effective for emergency contraception in both groups of women.
- Insertion of quinacrine hydrochloride pellets into the uterus has been used to achieve sterilization. In the early 1990s, HRP's Toxicology Panel had recommended against conducting clinical research on quinacrine owing to lack of pre-clinical safety data. Prompted by the recent availability of pre-clinical toxicology and other safety data on quinacrine, HRP convened a technical consultation in 2008, in collaboration with Family Health International, to assess the relationship between quinacrine, when used for non-surgical sterilization in women, and safety endpoints, with an emphasis on cancer risk. The consultation recommended, inter alia, that until all safety, effectiveness and epidemiological data have been reviewed, quinacrine should not be used for non-surgical sterilization of women in either clinical or research settings. A final WHO statement on the safety of quinacrine for use in women for non-surgical sterilization will be developed in 2009 following a thorough review of human safety data.

- In April 2008, the Department convened an expert working group to revise the third edition of the *Medical eligibility criteria for contraceptive use* and the second edition of the *Selected practice recommendations for contraceptive use* in response to newly published evidence and feedback from users of the guidelines. Summaries of the changes in the recommendations were published and work was under way to publish the revised guidelines.
- In 2007, the four cornerstones of evidence-based guidance for family planning were completed with the publication of *Family planning: a global handbook for providers*.



In 2008, the handbook was updated and reprinted with the new recommendations from the WHO family planning guideline expert working group meetings. The handbook is being translated into 12 languages.

- In 2008, the momentum for developing better linkages between sexual and reproductive health and HIV programmes and activities was sustained. A publication entitled *Reproductive choices and family planning for people living with HIV*, which



is designed to serve as a training tool and a job aid for provision of family planning in HIV/AIDS services was finalized and published in partnership with the INFO Project and WHO's HIV Department. In addition, the Department developed and published the *Rapid assessment tool for sexual and reproductive health and HIV linkages: a generic guide*, in collaboration with the WHO Regional Office for Africa and partners.

Improving maternal and perinatal health

- A multicentre observational study entitled "Screening for pre-eclampsia: evaluation of the predictive ability of angiogenic factors" is being conducted to verify whether changes in serum and urinary angiogenic proteins during pregnancy, detected with an easy-to-apply screening test, can be used as an effective method for identifying women at high risk of developing pre-eclampsia. This study is under way in eight countries (Argentina, Colombia, India, Italy, Kenya, Peru, Switzerland, Thailand) with a total recruitment target of more than 12 000 women. Approximately 5000 subjects were recruited by December 2008.
- The results of the trial entitled "Vitamins in pre-eclampsia study" conducted in India, Peru, South Africa and Viet Nam were presented at several international congresses. The study showed that despite promising preliminary results, antioxidant supplementation during pregnancy with vitamins C and E does not reduce the risk of pre-eclampsia. These findings are in agreement with other large studies conducted at the same time.
- Collaboration was started with the University of British Columbia in Vancouver, Canada, to expand a study conducted in Australia, Canada, New Zealand and the United Kingdom to three developing countries (Fiji, South Africa and Uganda) in order to validate the universal applicability of a model consisting of maternal and fetal clinical variables that predict adverse maternal and perinatal outcomes in women with pre-eclampsia. This model aims at improving the definition of the clinical picture of women with pregnancy-related hypertensive disorders relative to existing classification systems.

- A large systematic review was conducted to evaluate the safety of human intrauterine exposure to ultrasonography. The electronic search identified 6716 citations and 63 were selected for full-text evaluation. Additionally, 19 citations were identified from secondary sources. A total of 58 references reporting data from 38 different studies were included. The results of the systematic review show that ultrasonography in pregnancy is not associated with adverse maternal effects, impaired physical or neurological development or increased risk for malignancies in childhood.
- The Programme conducted a multicentre, randomized, placebo controlled double-blind trial designed to compare the effectiveness of one-day versus seven-day nitrofurantoin treatment to eliminate asymptomatic bacteriuria during pregnancy. The rationale of the study was that, if proven effective, a one-day treatment would be more feasible and acceptable to women. The trial included centres in Argentina, the Philippines, Thailand and Viet Nam. Results showed that one-day nitrofurantoin treatment is significantly less effective than the seven-day regimen.
- In June 2008, 38 paintings from the project Art for Health were sold at an auction organized by Christie's Auction House and the nongovernmental organization IMAGINE in Rome, Italy. The auction – which was attended by political and cultural celebrities, renowned journalists, diplomats, art collectors and gallery owners – raised Euro 37 400. These funds are being used to improve the health and sanitary conditions of local communities in La Mosquitia, Honduras, with particular attention to pregnant women and young children.
- Collaboration was initiated between HRP and the Perinatal Research Branch of the National Institute of Child Health and Human Development (PRB/NICHD), USA. Under this long-term agreement, HRP will collect biological samples and information from large cohorts of women and their infants worldwide according to well-defined methodological protocols and PRB/NICHD will analyse the samples according to pre-established research plans. This collaboration will allow HRP and PRB/NICHD to test rapidly new research hypotheses.

Controlling sexually transmitted infections (STIs) and reproductive tract infections (RTIs)

- In 2006, the World Health Assembly adopted the *Global strategy for the prevention and control of sexually transmitted infections: 2006–2015*. At the regional level, the *Regional strategy for the prevention and control of sexually transmitted infections, 2007–2015* for the WHO South-East Asia region and the *Regional strategic action plan for the prevention and control of sexually transmitted infections 2008–2012* for the WHO Western Pacific region were published. *The Asia-Pacific operational framework for linking HIV/STI services with reproductive, adolescent, maternal, newborn and child health services* was also published in 2008. *The Regional strategy for the prevention and control of sexually transmitted infections, 2009–2015* was endorsed by the Regional Committee for the Eastern Mediterranean in October 2008.
- A symposium on “Scientific, regulatory and public health aspects of microbicide research and development” was held in Nanjing, China, in November 2008. It was attended by 10 international faculty and over 80 scientists and policy-makers from China. It was an opportunity to share the latest developments in microbicide research and development and conduct of clinical research, and to stimulate research on new leads, product development and manufacturing of future microbicide products in China.
- In collaboration with UNFPA and the International Agency for Research on Cancer (IARC), Lyon, France, the Department is supporting the implementation of pilot programmes on cervical cancer prevention in Madagascar, Malawi, Nigeria, United Republic of Tanzania, Uganda and Zambia with the objective of assessing the acceptability and feasibility of implementing a programme with “see and treat” approach based on visual inspection with acetic acid (VIA) and cryotherapy. Interim results of a pilot study, conducted between 2006 and 2008 indicate that, of the 11 313 women screened, 1291 (11.4%) were VIA positive, but not all of them were eligible for cryotherapy.

- HRP is conducting a large randomized controlled trial (the Kesho Bora study) to optimize the use of antiretroviral treatment during pregnancy to preserve the health of the mother, minimize side-effects and reduce the risk of vertical transmission of HIV. In 2007 recruitment was initiated in two new sites in South Africa (Durban and KwaMsane), and continued in Burkina Faso (Bobo-Dioulasso) and Kenya (Mombasa and Nairobi). Recruitment in all sites was completed in July 2008, with 826 women having been enrolled. First results are expected to be published in 2009.

Preventing unsafe abortion

- Using data from various sources, an analysis was undertaken to examine the relationship between contraceptive use and induced abortion. The analysis compared regional prevalence of use of reversible and terminal modern and traditional family planning methods with estimated unsafe abortion and all induced abortions rates. Among other findings, the analysis concluded that the lowest induced abortion rates are associated both with high contraceptive prevalence and with liberal abortion laws.
- A qualitative study in South Africa examined the role of health-care providers in improving access to safe abortion. The study concluded that, despite liberalization of abortion legislation in South Africa in 1996, barriers to safe abortion services still exist, including provider opposition to abortions and a shortage of trained and willing abortion-care providers.
- The optimal dose of misoprostol in the combined mifepristone–misoprostol regimen for abortions up to nine weeks' gestation was investigated in a trial launched in late 2006. In addition to comparing two misoprostol doses (0.4 mg and 0.8 mg), this trial also compared two routes of administration (sublingual and vaginal). Involving 3007 women, this trial was conducted in 15 centres in 11 countries. Two interim analyses suggest high efficacy for the sublingual administration. The final analysis is planned for 2009.
- A trial was conducted in seven countries to identify an effective misoprostol-only regimen for the termination of second-

trimester pregnancy. Women requesting medical abortion at 13–20 weeks' gestation were randomly assigned to a vaginal or a sublingual treatment group, with both groups receiving 0.4 mg of misoprostol every 3 hours up to five doses. At 24 hours, the success rate was 85.9% in the vaginal group and 79.8% in the sublingual group. Misoprostol-alone regimens are clearly less effective compared with the combination of mifepristone followed by misoprostol.

- In 2008, HRP collaborated with Ipas to conduct a subregional workshop in French-speaking Africa on using the WHO Strategic Approach to address issues related to the provision of safe abortion. HRP also collaborated with Ipas to provide technical support to strategic assessments addressing unwanted pregnancy and unsafe abortion in Malawi and Zambia. In addition, HRP supported strategic assessments in the Russian Federation and Ukraine, and follow-up activities to strategic assessments in Bangladesh, The former Yugoslav Republic of Macedonia, Republic of Moldova and Mongolia.

Gender, reproductive rights, sexual health and adolescence

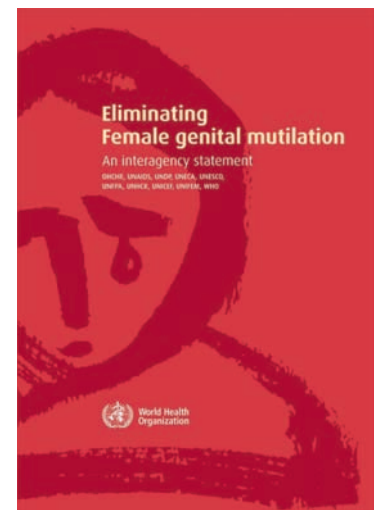
- A set of indicators for promoting sexual health was developed as a complement to those developed to assist countries in monitoring the achievement of universal access to sexual and reproductive health. The indicators cover positive aspects of sexual health and sexuality, as well as sexual violence and female genital mutilation, and include indicators on law and policy, on health services and on health outcomes.
- Between 2005 and 2007, HRP had supported assessments of four programmes in Brazil, India, Kenya and Uganda where sexuality counselling has been integrated successfully into some aspect of reproductive health services. A comparative analysis of the findings at the four sites, conducted in 2008, found that the key factors for integrating sexuality counselling into services were: the existence of dedicated counsellors who have been trained by the organization, and an organizational culture that fosters respect of human rights and

recognizes that discussions and counselling on sex and sexuality are an important dimension of quality sexual and reproductive health services.

- HRP launched a project to document and analyse how human rights standards are being applied specifically to sexual health issues in international, regional and national laws and jurisprudence. In 2008, a consultation was held with representatives of international and regional nongovernmental organizations, academics and public health experts to elaborate the scope, design and content of this project. As a result of this consultation, several experts were contracted to conduct legal and jurisprudential research at the international and regional levels and in selected countries.
- *The WHO Multi-country Study on Women's Health and Domestic Violence against Women* has generated a database with information from over 24 000 women from 15 sites in 10 countries. In 2007–2008, the study team generated 16 published papers. In 2008, a meeting was convened of the multi-country study team to document how researchers have turned their findings into policy and programmatic actions in their respective countries. Some successes highlighted at the meeting included, inter alia, advocating for the creation of policies or expansion of existing laws to reduce

violence against women and implementing programmes in the health sector to educate providers about violence against women.

- Several activities are under way to improve the measurement of various forms of violence against women in high-risk populations and to build capacity of researchers in developing countries in the methodological and ethical dimensions of research on violence against women.
- *Eliminating female genital mutilation: an interagency statement* was launched in February 2008. The statement summarizes the latest data on female genital mutilation, its human rights dimensions and what



Girl being taken for FGM - Photo credit © WHO - Philip Jol

has worked in terms of its abandonment. Following the publication of the statement, the Department provided technical support to WHO Member States in the drafting of a resolution on female genital mutilation, which was adopted by the World Health Assembly in May 2008. The resolution commits Member States to take the necessary political, educational and legal steps to promote the elimination of female genital mutilation in their countries.

- A study on female genital mutilation in the Gambia and Senegal confirmed that 70% of mothers felt they had little influence on the final decision taken for their daughters to be subjected to the practice. Grandmothers and paternal aunts had the most say in the decision. Factors contributing to abandonment of female genital mutilation were fear of HIV, fear of legal prosecution and personal experience with adverse outcomes.

- A synthesis of findings of studies supported under HRP’s social science and operations research initiative on adolescent sexual and reproductive health was completed. This overview documents the perspectives and behaviour of adolescents on sexual and reproductive health and identifies policy and programmatic implications for promoting adolescent sexual and reproductive health.
- Nineteen papers were published in peer-reviewed national and international journals on adolescent sexual and reproductive health. In addition, two policy briefs (*Misperceptions among boys in the Islamic Republic of Iran about sexual and reproductive health* [Box 1 below] and *Perspectives on sexual violence during early years of marriage in Nepal: findings from a qualitative study*) were published by HRP.

Technical cooperation with countries

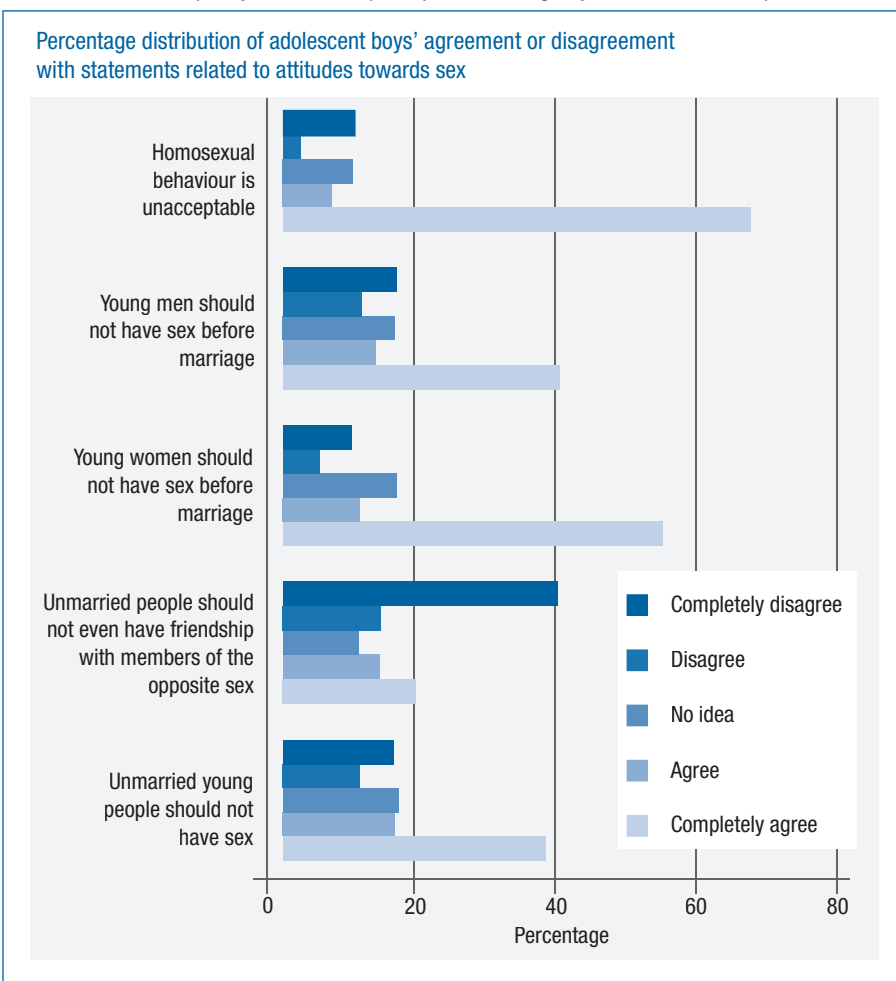
Inter-regional activities

- Under the UNFPA/WHO Strategic Partnership Programme (SPP), a series of six regional and subregional capacity strengthening workshops were organized in which 39 countries from the African, South-East Asia, and Western Pacific Regions, were introduced to the SPP process for systematic introduction, adaptation, and adoption of evidence-based guidelines as well as to the expanded focus on the Millennium Development Goals target on universal access to reproductive health by 2015.
- The Department continues to work in collaboration with the WHO Department of Essential Medicines and Standards, Program for Appropriate Technology in Health (PATH) and UNFPA to manage and implement the Reproductive Health Essential Medicines and Commodities Project. This work led to the inclusion of six essential reproductive health medicines in the WHO Essential Medicines Prequalification Scheme.
- In 2008, the Department and the Department of Making Pregnancy Safer co-facilitated a training of trainers’ course on the “Minimum initial services package for reproductive health in crisis situations” in Kabul, Afghanistan. In addition, the two departments also conducted two global pre-deployment courses for public health professionals in Tunis, Tunisia, and Toronto, Canada.

Africa and Eastern Mediterranean Region

- During 2007–2008, 14 centres were supported with long-term institutional development (LID) and service guidance centre or resource maintenance grants, and eight centres were involved in projects that addressed regional and national reproductive health priorities. Out of 41 studies, the highest number of projects were on maternal and newborn health and family planning. Most of the projects were implemented with support from national sources or from agencies other than WHO.

Box 1. Extract from policy brief on misperceptions among boys in the Islamic Republic of Iran



- In 2008, HRP supported 30 researchers from seven collaborating institutions in Nigeria to make presentations at the 42nd Scientific Conference of the Society of Gynaecology & Obstetrics of Nigeria (SOGON). The themes of the conference were reproductive cancers; prevention of mother-to-child transmission of HIV; and family planning and its contribution to the Millennium Development Goals 4 and 5. Some of the scientific papers presented at this meeting were based on the research results of projects that received financial support from HRP.
- In 2008, two subregional workshops were supported through the UNFPA/WHO Strategic Partnership Programme. The meetings were held in Abuja, Nigeria, and Lusaka, Zambia. The main objective of the workshops was to assist countries in improving the quality of services and achieving universal access to reproductive health – a target recently integrated into the Millennium Development Goals framework.
- The Department supported a multi-disciplinary training course in Alexandria University, Alexandria, Egypt, designed to provide students with both the theory and practical skills in the methodology of evaluating potential reproductive health risks associated with environmental exposures. The project is building bridges between critical teaching and research skills within the University.
- A new way of disseminating information on reproductive health issues to health professionals in French-speaking Africa was initiated by the Department in June 2006 through the telemedicine network “Réseau d’Afrique francophone en télémedicine” (RAFT), which was created, and is operated, by the Geneva University Hospital in Switzerland through the Internet (raft.hcuge.ch). Over 30 sessions were broadcast live on priority sexual and reproductive health issues during 2007–2008.

The Americas

- Activities to build country-level capacity in research ethics took place in Paraguay. More than 40 investigators, non-scientific personnel and members of ethical review committees of research and academic

institutions in the country active in the area of health research participated; out of these, some 18 fellows also participated in a full two-day technical meeting to discuss the most important elements of the operational guidelines of the soon-to-be-established National Health Research Ethics Committee. The first draft of these guidelines was presented to the HRP Secretariat in September 2008.

- A regional initiative to assess the feasibility of measuring indicators recommended in the implementation framework of WHO’s *Global reproductive health strategy* was completed in 2008. Research groups from Argentina, Brazil, Guatemala, Panama and Peru, in coordination with their respective ministries of health, participated in this initiative. One of the case-studies showed that out of the 83 indicators recommended in the implementation framework, 51 could be calculated.
- Grants to strengthen research capacity and programme capacity were awarded to 15 countries in the Americas Region to support national sexual and reproductive health research, group learning activities for researchers and programme officers and to implement specific programmatic activities in the area of sexual and reproductive health.
- A regional workshop for ministry of health programme officers on WHO family planning guidelines and tools was held in Panama on 27–30 April 2008. The event included a discussion of family planning within the overall framework of the Millennium Development Goals (MDGs) and in particular the new target of universal access to reproductive health. The four WHO family planning guidelines were introduced, though most of the presentations, group discussions and practical work dealt with the *Decision-making tool for family planning clients and providers* and the *Family planning: a global handbook for providers*.

Asia and Western Pacific

- Nine centres in the South-East Asia Region and 13 centres in the Western Pacific Region received research capacity strengthening grants. Three research project mentoring grants were awarded in 2008.

- A regional workshop on ethical issues in reproductive health research was held in Ho Chi Minh City, Viet Nam, in 2008 for 24 participants from nine countries who were chairpersons, secretaries and/or members of national ethics committees.
- In 2007–2008, 12 workshops on research methodology, ethical issues in reproductive health and scientific writing were supported at the national level.
- The *WHO/UNFPA framework of indicators for monitoring universal access to reproductive health at country level* was introduced to national participants at two regional meetings jointly organized by the WHO Regional Offices and the Department: in September 2008, for ten countries from the South-East Asia Region, and in October 2008, for nine countries from the Western Pacific Region

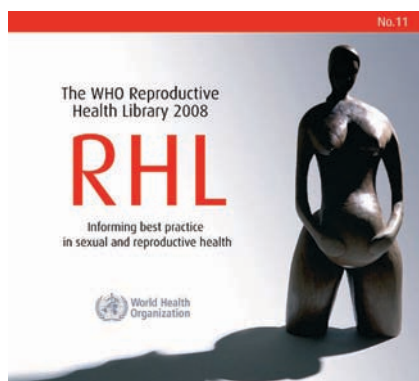
Eastern Europe and Central Asian Republics

- In its new capacity as regional training centre, the School of Public Health at the Kaunas University of Medicine, Kaunas, Lithuania, organized its first course on operations/health services research, in Russian, in November 2008.
- Implementation of activities supported by the UNFPA/WHO Strategic Partnership Programme (SPP) continued in four countries (Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan), mostly at the primary health-care level.

Mapping best practices in reproductive health

- Evidence-based guidelines on the prevention of postpartum haemorrhage, and on the management of postpartum haemorrhage and retained placenta were developed.
- The number of Cochrane reviews included in *The WHO Reproductive Health Library* (RHL) reached 137 in 2008. Two new educational videos “Umbilical vein injection for retained placenta: why and how?” and “No-scalpel vasectomy technique” were added to RHL in 2008.
- A revamped version of RHL was published on the WHO web site (<http://www.who.int/rhl>). Monitoring of the Internet access showed that the number of sessions on

the RHL web site increased from around 800 per day to 1400 per day between April 2008 and December 2008. Of the 212 WHO unique web addresses, RHL ranked 39th in terms of number of sessions per week. RHL is currently translated into Chinese, French, Spanish and Vietnamese. The first Russian translation of RHL was completed in 2008, and Russian Internet and CD publications are planned for the first half of 2009.



- A national training workshop on 'Evidence-based decision-making in reproductive health' was conducted in Monrovia, Liberia on 4–6 February 2008 with the participation of 15 health workers, most of whom were midwives.
- A workshop was conducted in Khon Kaen, Thailand, on how to write a commentary for RHL. The participants were academic staff from the University. The overarching aim of this workshop was to make health-care practitioners aware about evidence-based medicine (in particular RHL) and to provide them skills for analysing systematic reviews and writing commentaries on clinical interventions evaluated in Cochrane reviews.

Implementing Best Practices in Reproductive Health

- To scale up effective practices, programme managers need the ability to manage the change process required to support the implementation of best practices. Hence, a guide entitled *Guide to fostering change to scale-up effective health services* was published and widely introduced into countries by the partner agencies of the Implement-

ing Best Practices (IBP) initiative throughout 2007 and 2008. A French version of the guide was prepared in 2008.

- The IBP Knowledge Gateway, launched by the Department in 2004, is a global electronic communication tool that supports virtual networking and dialogue between members of various communities of practice. In 2008, an estimated 11 550 users from 190 countries were using the Gateway.
- In 2007–2008, the IBP partners supported nine global discussion forums on specific family planning interventions including one that asked the community to identify effective practices and challenges in family planning. The evaluation of this discussion forum was used by the John Hopkins Bloomberg School of Public Health/Center for Communication Programs (JHU/CCP) as a basis for creating an interactive Internet web site that identifies and highlights successful family planning practices.

Policy and programmatic issues in sexual and reproductive health

- HRP supported research in the Philippines on the adaptation of "Benchmarks of Fairness" – an evidence-based analytical process for assessing fairness of health sector reforms in the context of equity, efficiency and accountability based on nine indicator groups. The study found that the overall reform actions taken to improve equity were showing impact, but there were still shortcomings in the coverage of health services. The study concluded that the Philippines Department of Health needed to collect more information on how the health sector is working in order to promote conditions of transparency and accountability.
- Four key resource materials to support scaling up of health innovations were developed during 2007–2008. The first, *Scaling up health service delivery: from pilot interventions to policies and programmes*, presents a literature review and conceptual framework, as well as case-studies from Africa, Asia and Latin America. The second, *Practical guidance for scaling up health service innovations* is intended to assist policy-makers, programme managers and technical support staff in the design



and management of scaling up initiatives. The third is a shorter guide entitled *Nine steps for developing a scaling-up strategy*. The fourth, developed by the ExpandNet in collaboration with Management Systems International, is a guide for writing case-studies of scaling up experiences.

- As part of a collaboration with the Institute for Reproductive Health, Georgetown University, Washington, DC, USA, ExpandNet and the Department supported the Ministry of Health in both Madagascar and Mali in their efforts to scale up the integration of the Standard Days Method (SDM) into their national family planning programmes.

Monitoring and evaluating sexual and reproductive health

- A factsheet entitled *Proportion of births attended by a skilled health worker: 2008 updates* was published. Globally, 65.7% of births are attended by a skilled health-care worker. Although nearly all births are attended by skilled health-care personnel in developed countries, this proportion is 61.9% in less developed countries and only 35.3% in the least developed ones.
- A document entitled *National-level monitoring of the achievement of universal access to reproductive health: conceptual and practical considerations and related indicators* was published. This document is a report of a technical consultation jointly organized by the Department and UNFPA in 2007. It assesses progress towards nation-

al-level monitoring of the achievement of universal access to sexual and reproductive health.

Communication, advocacy and information

- In 2008, 77 information materials were produced and distributed widely. Out of these, four were translated into Arabic, two into Chinese, 10 into French, nine into Spanish and five into Russian.
- During the period 1 January 2008 to 4 December 2008, some 1 640 000 downloads were made from the Department's web site – some 264 000 more than in 2007. This increase was largely due to an increased availability of publications in languages other than English on the web site.

Statistics and informatics support

- Decentralization or outsourcing of data management was further expanded in 2008, with HRP providing general oversight of the work.
- A new open-source data management system was adopted and used for three new projects and a software tool was developed for automated processing of electronic questionnaires.



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