

HRP ANNUAL REPORT 2021

UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme
of Research, Development and Research Training in Human
Reproduction (HRP), based in the WHO Department of Sexual
and Reproductive Health and Research (SRH)



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reproduction
programme **hrp.**
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Organization

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HRP annual report 2021

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01

ABOUT US

The UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) has been providing leadership on sexual and reproductive health and rights (SRHR) for 50 years.

Founded in 1972, we have a unique mandate within the United Nations (UN) system to lead research and to build research capacity for improving SRHR by generating and enabling the use of high-quality scientific evidence.

HRP is based at the World Health Organization (WHO) headquarters in Geneva, Switzerland, within the Department of Sexual and Reproductive Health and Research (SRH). We work collaboratively with partners across the world to shape global thinking on SRHR by providing new evidence-based ideas and insights. We support high-impact research, inform WHO norms and standards, support research capacity strengthening in low- and middle-income settings, and facilitate the uptake

of new information and innovations – including clinical and behavioural interventions, digital technologies, and the research and development of new medicines and devices. An ethical, human rights-based approach that aims to reduce gender inequalities and structural inequities is integrated throughout our work. HRP shares the WHO vision of the right for every single person across the globe to attain the highest possible standard of sexual and reproductive health. We strive for a world where human rights that enable sexual and reproductive health are safeguarded, and where all people have access to quality and affordable sexual and reproductive health information and services.

02

WHY SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)?

The right to sexual and reproductive health for the well-being of individuals, families and communities, and for sustainable development, is internationally recognized.

The Sustainable Development Goals (SDGs); the UN Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health; the WHO Reproductive Health Strategy; and the Programme of Action of the 1994 International Conference on Population and Development all reflect a collective vision that underlines the importance of protecting all people's human rights to access information and services that will enable them to achieve the highest standards of sexual and reproductive health.

While great progress has been made since HRP was established in 1972, huge challenges remain. A substantial proportion of women and couples are unable to plan whether and when to have children and how many to have. Too many women and newborns continue to die before, during and after childbirth. Violence against women and girls – including harmful practices – remains widespread and is a human rights violation. Many individuals and couples are still unable to access information and services to ensure their sexual, reproductive, maternal and perinatal health, putting their well-being and lives at risk. Humanitarian crises and disease outbreaks threaten lives, livelihoods, health, and access to services for millions. And there are now more adolescents than at any time in history, greatly increasing demand for high-quality services that meet their needs.

Better data are key. Accurate service statistics through robust health management information systems help front-line health workers to provide better services and care and enable managers to plan for equitable implementation; rigorously and ethically collected scientific evidence improves estimates of health conditions and strategic planning to address priority needs; and information from research and development, as well as intervention and implementation research, informs technology and health system innovations, policy, budgeting and programming at scale. Without continuing investments in research, as well as in improving the capacity of countries to conduct and use research, it is unlikely that national primary health systems will be able to effectively implement globally agreed norms and standards of care, or to achieve the goal of universal health coverage (UHC).

For 50 years, HRP has been conducting research with international and national partners to improve sexual and reproductive health and to safeguard the human rights of all people everywhere. We invite you to join us in our efforts – with your help, we can continue to improve lives worldwide.

SPHR THEMES

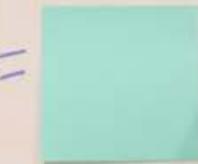
services =



info =



choice
(abortion?) =



accountability

rights =



SGBV

non
disc



03

HELPING PEOPLE TO REALIZE THEIR DESIRED FAMILY SIZE

Access to safe, effective, quality, affordable, and acceptable contraceptive information and services, together with the prevention and treatment of infertility, allows people to have the number and timing of children they would like.

Ensuring access to preferred contraceptive methods for women and couples is essential to securing their well-being and autonomy, while supporting the health and development of communities. Evidence shows that in 2019, amongst the 1.9 billion women of reproductive age (15–49 years) worldwide, 270 million have an unmet need for contraception. Some women and girls face particular challenges – less than half of the need for family planning was met in Middle and Western Africa. Reasons for this include: fear or experience of side effects, limited access and choice, cultural or religious opposition, and poor quality of available services. Satisfying the demand for contraception would significantly reduce unintended pregnancies, unplanned births and induced abortions, as well as maternal morbidity and mortality; some forms of contraception can also help prevent transmission of sexually transmitted infections (STIs), including HIV.

Infertility affects millions of people globally, the vast majority of whom cannot access the essential interventions they need for various reasons. Despite the scale of infertility and its negative consequences for individuals, couples, families and communities, fertility care is a neglected area of policy, programming and research. HRP is in a unique position to provide global leadership on fertility care, helping people to fulfil their right to procreate.



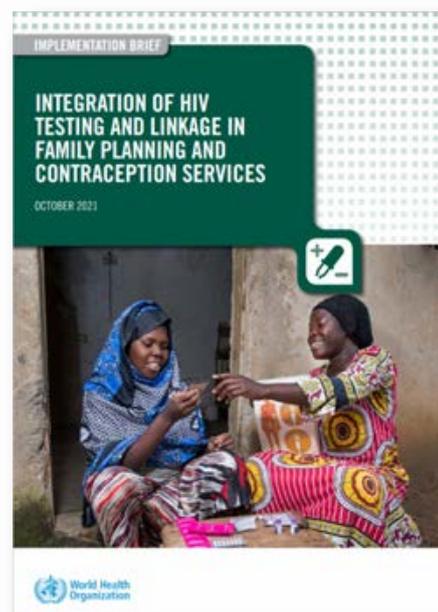
SELECTED 2021 ACHIEVEMENTS IN FAMILY PLANNING AND CONTRACEPTION

1 Consistency in contraceptive naming or nomenclature supports country efforts to introduce a variety of methods and help ensure adequate supplies and an understanding of the differences between similar methods. It has been recognised, however, that many different acronyms are currently being used for the category of levonorgestrel-releasing intrauterine device methods. This is of concern as it leads to confusion among governments, procurers, distributors, academics, providers and users. WHO and HRP therefore released a [statement on levonorgestrel-releasing intrauterine device nomenclature](#), highlighting the importance of selecting and ensuring alignment with a single term. WHO will continue to use the term levonorgestrel-releasing intrauterine device in existing guidelines; in the future, however, the terms hormonal IUD (as a category) and levonorgestrel-releasing IUD (as the specific method) will be used in WHO guidelines.



2 Through a collaboration between USAID, Johns Hopkins University, and HRP, two new chapters of the 2018 *Global handbook for family planning providers* have now been published. The two chapters address providing contraceptive services for adolescents and for women at high risk of HIV, and providing family planning services during an epidemic. These chapters draw on recently issued WHO guidance regarding: a) contraceptive medical eligibility for women and adolescents at high risk of HIV; b) updated guidance on HIV testing services; and, c) maintaining essential health services during epidemics.

3 In parts of East and Southern Africa, approximately 60% of new HIV infections are among women and girls of all ages. Contraceptive services present an important opportunity for reaching adolescent girls and young women with HIV testing and with linkages to prevention and treatment options for those at high ongoing risk. In recognition of this, HRP research informed the development of a new [WHO implementation brief on the integration of HIV testing and linkage in family planning and contraception services](#). This brief is intended as a practical resource for programmes seeking to introduce or to scale up HIV testing and linkages to other options to prevent HIV and STIs, and for anti-retroviral services within family planning/contraceptive services.



4

“Digital adaptation kits”, known as DAKs, are an important element in WHO *SMART guidelines*, WHO’s approach to guideline development, dissemination and application in the digital age. Once a country agrees a plan for investing in its digital health ecosystem, DAKs guide the preparation of a digitized guideline in a specific area of health. In 2021, HRP and WHO – alongside the United Nations Population Fund (UNFPA), John Snow, Inc. (JSI) and PATH – launched the *Digital adaptation kit for family planning*, adding to the existing *Digital adaptation kit for antenatal care*. This resource draws on more than 10 guidance documents, such as *Selected practice recommendations for contraceptive use* and *Family Planning: a global handbook for providers*, and is grounded in quality of care and human rights.

Access the *Digital adaptation kit for family planning*: <https://www.who.int/publications/item/9789240029743>

Read more: <https://www.who.int/news/item/24-06-2021-demystifying-digital-health-to-improve-family-planning>



SELECTED 2021 ACHIEVEMENTS IN FERTILITY CARE

1 Assisted reproduction technologies (ART) are still largely unavailable, inaccessible and unaffordable in many parts of the world, particularly in low- and middle-income countries. Government financing and health systems policies supportive of ART could mitigate the many inequities in access to safe and effective fertility care. Enabling laws and policies that regulate third party reproduction and ART are essential to ensure universal access without discrimination and to protect and promote the human rights of all parties involved. In collaboration with the WHO Regional Office for Africa and the WHO country office, HRP provided technical support to the Ministry of Health in Ghana to develop national guidelines for assisted reproductive technology. HRP reviewed the draft guidelines and provided input on aspects relating to operational, legal and ethical considerations, human resources and safety.

2 Diagnostics are essential to improve health outcomes and are critical tools in everyday medical practice and to tackle public health emergencies. Access to appropriate, affordable, good-quality diagnostics has remained problematic, especially in resource-limited countries. The *WHO model list of essential in vitro diagnostics* is an evidence-based resource that any country can use to help prioritize the diagnostic tests that should be available at each level of the health system. In 2021, and thanks to the work of HRP, tests for reproductive hormones including Serum Follicle-Stimulating Hormone (FSH), Luteinizing Hormone (LH), Estradiol and Prolactin were included in the list, which is currently being updated. This helps to ensure that countries have the latest evidence to create or update their national EDLs, including for reproductive hormones.



3 Over the past 40 years, the WHO laboratory manual for the examination and processing of human semen has become a vital guide for laboratory examinations, widely translated and used extensively by clinical and research laboratories throughout the world. The sixth edition of this important tool has now been published. It gives information on semen examination and preparation for clinical evaluation, assessment, cryopreservation, quality control in the semen analysis laboratory, and laboratory examination in the investigation of male sexual and reproductive health. The updated manual will help scientists, technicians, laboratory experts and health workers worldwide to safeguard the quality of research and clinical use of human semen in laboratory settings – ultimately improving sexual and reproductive health.



Read more: <https://www.who.int/news/item/27-07-2021-who-launches-updated-manual-to-ensure-high-quality-testing-of-human-semen-in-clinical-and-research-settings>

Access the manual: <https://www.who.int/publications/i/item/9789240030787>

Watch the webinar of the launch: <https://www.youtube.com/watch?v=CMz64qxyBj8>

04

ENSURING THE HEALTH OF PREGNANT WOMEN AND GIRLS AND THEIR BABIES

Each day, about 800 women across the world die from complications related to pregnancy or childbirth, most of which are preventable or treatable. The vast majority of maternal deaths – around 99% – occur in low- and middle-income countries, and the risk of maternal death is highest for adolescent girls under 15 years old.

The major complications that account for nearly 75% of all maternal deaths are severe bleeding, infections, high blood pressure during pregnancy (pre-eclampsia and eclampsia), difficulties during delivery, and unsafe abortion. Maternal deaths are also caused by or associated with diseases such as malaria and HIV. In addition, many more women experience morbidities due to complications of pregnancy and childbirth that include various immediate and longer-term debilitating conditions.

Ensuring access to affordable and good-quality care throughout pregnancy and the perinatal period is essential in reducing the rates of complications and deaths related to pregnancy and childbirth. HRP's research continues to address priority challenges faced by health systems, informing countries of best practices to reduce maternal mortality and morbidity – as well as to improve the experience of care for women and their babies.





SELECTED 2021 ACHIEVEMENTS IN MATERNAL AND PERINATAL HEALTH

- 1** HRP joined WHO in calling on health facility managers, leaders and health workers around the world to adopt and implement actions to achieve five World Patient Safety Day goals to improve maternal and newborn safety at the points of care, particularly around childbirth. The goals were launched at a virtual global conference, “Together for safe and respectful maternal and newborn care” on World Patient Safety Day on 17 September, with the theme of Safe maternal and newborn care.



Read more: <https://www.who.int/news/item/16-09-2021-who-s-world-patient-safety-day-goals-2021-promote-safe-maternal-and-newborn-practices>

- 2** Women worldwide face diverse forms of mistreatment during childbirth by health-care providers. Research on this abuse has until now largely focused on physical and verbal abuse, as well as neglect and stigmatisation. A new study, released by HRP in 2021, showed, however, that women are also experiencing different forms of mistreatment across any vaginal examinations – including non-consented care, sharing of private information, exposure of genitalia and exposure of breasts. The authors conclude, “Our results highlight the need to ensure better communication and consent processes for vaginal examination during childbirth. In some settings, measures such as availability of curtains were helpful to reduce women’s exposure and sharing of private information, but context-specific interventions will be required to achieve respectful maternity care globally.”



- 3** HRP has pioneered the use of the ‘living guideline’ to respond dynamically to new, important evidence as it emerges, so that WHO guidance can be regularly updated. This approach uses a combination of continuous literature surveillance, rapid updating of prioritized systematic reviews and virtual consultations with panels to update and develop new WHO recommendations. This helps to ensure that the latest evidence and recommendations can reach health workers worldwide as quickly as possible. In 2021, nine maternal health recommendations were updated, spanning: maternal peripartum infections, postpartum haemorrhage, hypertensive disorders of pregnancy, ultrasonography, and nutritional supplementation during antenatal care. A similar approach has been used for WHO contraception guidance and HRP is initiating this approach for WHO’s cervical cancer recommendations.



Access the latest recommendations: https://www.who.int/publications/i?healthtopics=56e27fa8-d578-47b0-87c7-ed0bafa14b35_4d3aac05-55f9-4049-b3ab-dbbbef640f88&healthtopics-hidden=true

4 New research from HRP and WHO found that caesarean section use continues to rise globally, now accounting for more than one in five (21%) of all births. This proportion is expected to continue increasing over the coming decade, with nearly a third (29%) of all births likely to take place by caesarean section by 2030. While a caesarean section can be an essential and lifesaving surgery, it can put women and babies at unnecessary risk of short- and long-term health problems if performed when there is no medical need. In low-income countries, about 8% of women gave birth by caesarean section with only 5% in sub-Saharan Africa, indicating a concerning lack of access to this lifesaving surgery. Conversely, in Latin America and the Caribbean, rates are as high as four in ten (43%) of all births.



Read more: <https://www.who.int/news/item/16-06-2021-caesarean-section-rates-continue-to-rise-amid-growing-inequalities-in-access>

Access the study: <https://gh.bmj.com/content/6/6/e005671.full?ijkey=JgilzebteZPF03j&keytype=ref>

5 According to a recent [HRP literature review](#), approximately 40% of the oxytocin samples tested in low- and middle-income countries were substandard. To help address this issue, HRP joined WHO, United Nations Children's Fund (UNICEF) and UNFPA to publish [new regulatory guidance](#) to help national medicines regulatory authorities to understand the nature and extent of oxytocin quality issues and to provide key technical information and quality requirements for oxytocin products in dossier assessments. The guidance also gives advice on other regulatory actions needed to ensure that only quality-assured oxytocin products are authorized and made available to women.



Access the guidance: <https://www.who.int/publications/i/item/9789240022133>

05

**PREVENTING UNSAFE
ABORTION**

Unsafe abortion occurs when a pregnancy is terminated either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both. Safe abortions are those performed in accordance with WHO guidelines and standards, thus ensuring that the risk of severe complications is minimal.

The rate of unsafe abortions is higher where access to effective contraception and safe abortion care is limited or unavailable. Life-threatening complications that may result from unsafe abortion include haemorrhage, infection, and injury to the genital tract and internal organs. In addition to the deaths and disabilities caused by unsafe abortion, there are major social and financial costs to women, families, communities and health systems. Almost every abortion-related death and disability could be prevented through sexuality education, use of effective contraception, provision of safe and legal induced abortion, and timely care for complications.



SPECIAL FOCUS: SUPPORTING COUNTRY STRATEGIES TO REDUCE MATERNAL MORTALITY AND ACHIEVE SUSTAINABLE DEVELOPMENT GOAL TARGETS THROUGH A HEALTH SYSTEMS APPROACH

The overall vision of this initiative is a comprehensive approach to maternal mortality reduction through health systems strengthening, with a specific focus on maternal mortality and morbidity caused by complications due to unsafe abortion. HRP coordinates implementation and monitoring through a technical working group that brings together all three levels of WHO. This initiative includes ten countries across four WHO regions and six departments at WHO headquarters.

Key 2021 achievements for the strategic objectives include:

- **STRENGTHENED POLICY AND REGULATORY ENVIRONMENT FOR ESSENTIAL SEXUAL AND REPRODUCTIVE HEALTH SERVICES**

- o A sexual and reproductive health policy dialogue training package for programme managers and policy-makers was institutionalized by national training institutions in four countries (Jordan, Morocco, Pakistan, and Tunisia) in the WHO Eastern Mediterranean Region.
- o The WHO South-East Asia Region maintains a technical advisory group for women and children's health, which works as a high-level policy dialogue platform. The creation of a sexual and reproductive health sub-committee of this group has improved information sharing, networking, discussion, consensus statement development, and planning for action on comprehensive abortion care and family planning for the region. Strategic recommendations from this group have been used by several WHO Member States (Bhutan, Bangladesh, India, Indonesia, Nepal, Myanmar, Maldives, Sri Lanka, Timor Leste, Thailand) in developing comprehensive abortion care indicators for regular monitoring.

- **NATIONAL GUIDELINES ALIGNED WITH WHO RECOMMENDATIONS**

- o National guidelines related to post-abortion care and family planning were revised in Sierra Leone. National standards and guidelines on the prevention of unsafe abortion and post-abortion care were updated and put into practice in the Lao People's Democratic Republic. In collaboration with the WHO Regional Office for Africa, 11 African countries (Angola, Burundi, Ethiopia, Gabon, Guinea-Bissau, Lesotho, Liberia, Madagascar, Mali, Niger and Zimbabwe) have been supported through building their national capacity to review and update national guidelines, and to develop national scorecards to monitor implementation.
- o Sierra Leone has revised its national model list of essential medicines to include Misoprostol for post-abortion care. Revisions to align national lists with the *WHO Model List of Essential Medicines* have been initiated in Benin, Lao People's Democratic Republic, Pakistan, and Rwanda.

- **INTEGRATING COMPREHENSIVE ABORTION CARE AND FAMILY PLANNING COMPETENCIES IN EDUCATIONAL PROGRAMMES**

- o As a response to requests received from many WHO country offices, HRP has initiated a comprehensive abortion care and family planning toolkit for health workforce strengthening. The toolkit: outlines comprehensive abortion care and family planning competencies; suggests competency-based curricula guidance; provides guidance on implementation, monitoring, and evaluation of competency-based education; and includes a checklist to facilitate the understanding of the roles, rights and responsibilities of health workers involved in comprehensive abortion care and family planning services.

- o To help strengthen the capacity and quality of education programmes, several countries (Benin, Nepal, Pakistan, Rwanda) have assessed their national curricula for the training of medical doctors, midwives, and nurses. Based on the findings, WHO country offices have collaborated with national education institutions to introduce comprehensive abortion care and family planning competencies into existing medical, nursing and midwifery pre-service curricula; to equip skills labs; and to enhance the capacity of faculty members.
- o To address misconceptions, myths and stigmatizing attitudes towards abortion care in the WHO Eastern Mediterranean Region, an online course on Islamic considerations with regards to sexual and reproductive health and rights, including family planning and comprehensive abortion care, was pilot tested and finalized.

- **IMPROVING SYSTEMATIC MONITORING AND EVALUATION OF ABORTION RELATED INDICATORS**

- o As a contribution to the "Harmonized Health Facility Assessment", a list of core abortion care indicators was developed to measure service availability, readiness, and quality of care. These indicators have been piloted in Pakistan and Burkina Faso, and are currently being tested in Rwanda, Uganda, and Zambia. Questionnaires were also developed for the population-based "World Health Survey Plus", so that it includes measures of core indicators of abortion incidence and safety, abortion-related decision making, quality of care, health system support for access to care, and the level of awareness of the legal status of abortion.
- o Several countries (Benin, Burkina Faso, India, Lao People's Democratic Republic, Pakistan, Rwanda, Sierra Leone, South Africa) have successfully included comprehensive abortion care and family planning indicators in their national health management information systems. HRP has been supporting these efforts and has facilitated learning between regions based on these countries' experiences.

- **STRENGTHENING ACCESS TO QUALITY-ASSURED ESSENTIAL SRH MEDICINES AND HEALTH PRODUCTS**

- o Based on essential medicine assessments conducted in 2020, five countries (Afghanistan, Iraq, Lebanon, Morocco, and Pakistan) have been supported to address the gaps identified. Three countries (Libya, occupied Palestinian territory, including east Jerusalem, and Somalia) began their assessments in 2021, and occupied Palestinian territory, including east Jerusalem, and Somalia have already disseminated their findings to national policy-makers, programme managers and other stakeholders.

- **INCORPORATING CAC SERVICES IN NATIONAL BASIC HEALTH SERVICE PACKAGES**

- o In collaboration with the WHO Health Governance and Financing Department, HRP included questions related to abortion in the current round of the "Global Health Technology Assessment and Health Benefit Package Survey"; results will be available in early 2022.

SELECTED 2021 ACHIEVEMENTS IN PREVENTING UNSAFE ABORTION

1 Results from a multi-country research study led by HRP with partners in 17 countries shed light on the severity of abortion-related complications and their clinical management. Published in *BMJ Global Health*, results from the facility-based study across 11 sub-Saharan African countries and six Latin American and Caribbean countries also highlight women's experiences of post-abortion care. Researchers in the 17 countries collected data from more than 20,000 women presenting at over 200 health facilities with an abortion-related complication. Their signs and symptoms were classified into one of five categories, based on severity: deaths, near misses, potentially life-threatening complications, moderate complications, and mild complications. The majority of women in the study suffered a mild to moderate complication. However, twice as many women in the African sites than in the Latin America and Caribbean sites had a potentially life-threatening complication, or nearly died.



Read more: <https://www.who.int/news/item/01-09-2021-what-s-needed-to-improve-safety-and-quality-of-abortion-care>

Read the HRP project brief: [https://www.who.int/publications/m/item/who-multi-country-survey-on-abortion-\(whomcs-a\)](https://www.who.int/publications/m/item/who-multi-country-survey-on-abortion-(whomcs-a))

2 There are growing concerns about the negative health impact of substandard and falsified medicines (also known as “out of specification” drugs), particularly in low- and middle-income countries – including several medicines on the *WHO Model List of Essential Medicines*, such as misoprostol. In 2021, HRP collaborated with the WHO Access to Medicines and Health Products division to publish a Medical Product Alert for a falsified CYTOTEC (misoprostol) product reported at wholesale and patient level in Cameroon, the Democratic Republic of Congo, Ghana and Nigeria.



06

PROMOTING
SEXUAL HEALTH
AND WELL-BEING

WHO defines sexual health as “a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”

Based on this definition, and drawing on the *WHO Operational framework for sexual health and its linkages with reproductive health*, and from the Guttmacher-Lancet Commission’s report on sexual and reproductive health and rights, HRP’s work on sexual health and well-being spans the continuum from well-being to disease and dysfunction. This includes the prevention and control of sexually transmissible infections, including HIV; prevention and management of cancers of the reproductive system; education, counselling and care related to sexuality, sexual identity and sexual relationships; and sexual function, sexual pleasure, and psychosexual counselling.



SELECTED 2021 ACHIEVEMENTS IN SEXUAL HEALTH AND WELL-BEING

1

In order to develop a short survey instrument to assess sexual health practices, behaviours and health outcomes, WHO has begun a global consultative process. For the resulting draft survey instrument, to be published as a global standard instrument, it is important to first determine that the proposed measures are understandable and relevant worldwide. In 2021, HRP published a multi-country study protocol to assess the interpretability and comparability of the survey instrument.



Access the protocol: <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-021-01301-w>

2

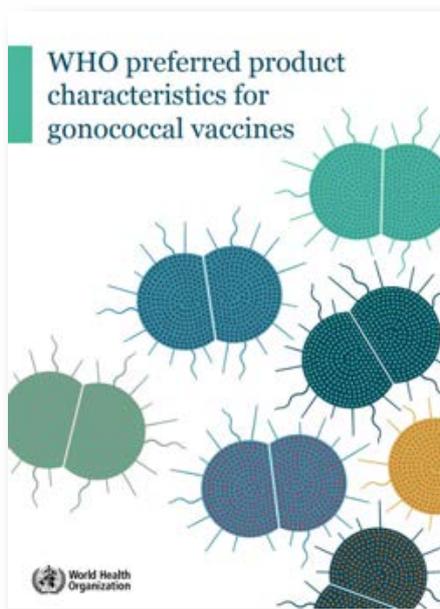
HRP is the focal point within WHO for preparing evidence-based responses to proposals received from professional societies, academics, and members of the public, relating to all sexual and reproductive health conditions in the International Classification of Diseases and Related Health Problems (ICD). During 2021, responses were prepared on several areas, including abortion outcomes, endometriosis and other gynaecological conditions, intersex-related conditions, and gender incongruence. A detailed evidence review and key informant interviews were undertaken to document the history of the ICD code relating to gender incongruence in childhood. This included the arguments for and against potential modifications or deletions that have been proposed, and whether the existence of a code acts as a barrier or a facilitator to access to care. In anticipation of WHO Member States beginning to use the 11th version of the ICD in 2022, HRP convened several webinars to sensitize users to the changes and support understanding of their correct use.



SELECTED 2021 ACHIEVEMENTS IN RESEARCH ON SEXUALLY TRANSMITTED INFECTIONS (STIs)

1 Reliable and low-cost point of care tests for STIs – which could allow diagnosis and treatment in a single visit – could significantly improve global efforts to monitor, control and prevent sexually transmitted infections. In recognition of this, the second edition of Target Product Profiles (TPPs) for point of care tests to detect four sexually transmitted infections were finalized. Such target product profiles are crucial for the research and development of a target product as they outline its desired “profile” or characteristics aimed at a particular disease or diseases.

2 Vaccination for *Neisseria gonorrhoeae* is an important objective for preventing STIs worldwide, as well as for the fight against antimicrobial resistance to existing treatments. WHO preferred product characteristics (PPCs) provide strategic guidance as to WHO’s preferences for new vaccines in priority disease areas. PPCs are intended to encourage innovation and the development of vaccines for use in settings most relevant to the global unmet public health need. In 2021, new PPCs for gonococcal vaccines were published. These describe global public health goals for gonococcal vaccines and preferred parameters pertaining to vaccine indications and target populations, safety and efficacy considerations, and immunization strategies.



3 New research on STIs is essential to strengthen the evidence base for improved and new interventions and guidelines on several areas. These include: the epidemiology, risk factors, and consequences of STIs; development and evaluation of behavioural, biomedical, clinical, and programmatic STI interventions and strategies; and scaling up existing interventions. In recognition of the need to identify research priorities, HRP supported WHO in its establishment of the WHO Technical Advisory Group on STI Research Priority Setting. Consisting of external experts, the group will contribute to the planning, development, and implementation of the research priority setting exercise.



Read more: <https://www.who.int/who-sti-research-priority-setting-technical-advisory-group>

SELECTED 2021 ACHIEVEMENT ON PREVENTING CERVICAL CANCER

1 WHO, with HRP's support, launched a new guideline to help countries make faster progress, more equitably, on the screening and treatment of cervical pre-cancer lesions. New recommendations include a DNA-based test for human papillomavirus (HPV) as the preferred method for cervical screening rather than visual inspection with acetic acid (VIA) or cytology ("Pap smear"), which is currently the most common method globally to detect pre-cancer lesions.

The new guideline includes specific recommendations for women living with HIV in recognition of the fact that they have a six-fold risk of cervical cancer. These include: using an HPV DNA primary screening test, followed by a triage test if results are positive for HPV, to evaluate the risk of cervical cancer and need for treatment; starting screening at an earlier age (25 years of age) than for the general population of women (30 years of age); and retesting after a shorter time interval following a positive test and following treatment.



Read more: <https://www.who.int/news/item/06-07-2021-new-recommendations-for-screening-and-treatment-to-prevent-cervical-cancer>

Access the guideline: <https://www.who.int/publications/i/item/9789240030824>

SELECTED 2021 ACHIEVEMENT ON SRHR FOR WOMEN LIVING WITH HIV

1 In collaboration with the International Community of Women Living with HIV, Trinidad and Tobago, Ukraine, Nepal and three states in India have implemented WHO's [checklist for community engagement to implement the WHO Consolidated guideline on sexual and reproductive health and rights of women living with HIV](#), as well as the [WHO Consolidated guideline on sexual and reproductive](#)

[health and rights of women living with HIV](#) itself. In addition, young women living with HIV promoted the WHO consolidated guideline during the 16 Days of Activism against Gender-Based Violence, with a suite of infographics which spoke to the specific experiences of violence often faced by women living with HIV – a campaign supported by HRP.

07

SRHR DURING THE GLOBAL COVID-19 PANDEMIC AND OTHER HEALTH EMERGENCIES

Countries around the world are under constant threat from infectious diseases and conflict, and increasingly face threats related to natural disasters and climate change. While COVID-19 continues, so do other disease outbreaks and health emergencies.

The COVID-19 pandemic continues to affect all areas of sexual and reproductive health and rights. Research is ongoing to examine risks faced by pregnant women; upholding women's rights to a positive pregnancy and intrapartum and postnatal experience is crucial, while observing protocol to avoid infection with COVID-19. People across the world are facing challenges in accessing contraception and abortion information and services, including fertility care services, and pre-existing services and supply chains have in many cases been severely disrupted. Access to sexual health care is being challenged in many settings, including for managing the complications of female genital mutilation (FGM), accessing cervical cancer screening and treatment services, and vaccinating against HPV.

With restrictions on movement, as well as greater stress and challenges to employment and finances, women and their children are at increased risk of violence, often finding themselves locked in with their abusers and unable to reach out to resources for help, or finding that pre-existing resources are no longer available.

While progress has been seen in improving sexual and reproductive health services in some crisis settings, important gaps remain, which have been further exacerbated by the ongoing COVID-19 pandemic. The critical importance of scientific evidence to guide planning and action cannot be overstated in order to meet the sexual and reproductive health needs of women and girls, as well as men and boys, living in health emergencies.



SELECTED 2021 ACHIEVEMENTS IN SEXUAL AND REPRODUCTIVE HEALTH DURING THE COVID-19 PANDEMIC

1



The WHO Health Emergencies Programme's Clinical Unit has launched the [Global Clinical Platform](#) to collect patient-level anonymized data on the clinical characteristics and management of COVID-19; assess variations across subgroups; identify associations between clinical characteristics of COVID-19 and clinical outcomes; and describe temporal trends in clinical characteristics. HRP developed the web-based data platform for WHO and provided data management, data curation, and statistical support throughout 2021. Clinical data on approximately 500,000 hospitalized COVID-19 cases globally are available in the database and can be visualised through a dashboard; approximately 11,000 records are for pregnant women.

2

As the COVID-19 pandemic continues, concerns for a diverse range of health issues are being raised worldwide. In order to address questions related to concerns about blood clots due to COVID-19, and combined oral contraception, the *WHO Questions and Answers* hub on contraception and family planning and COVID-19 was updated. It now explains that, according to currently available evidence, most women of childbearing age with COVID-19 will likely be asymptomatic or have mild COVID-19 symptoms and should continue to take combined hormonal contraception (CHC).

Access the Q&A on COVID-19 and contraception to find out more: <https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-covid-19-contraception-and-family-planning>

SELECTED 2021 ACHIEVEMENTS ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN HUMANITARIAN EMERGENCIES

1



WHO hosts the Global Health Cluster within the WHO Health Emergencies Programme. Currently there are over 700 health cluster partners – 49 of which work globally – across 23 National Health Clusters. HRP has been supporting the Global Health Cluster in implementing a project to improve the capacity of health cluster partners to deliver SRH services, and especially family planning and safe abortion care, in: Cox's Bazar, Bangladesh; Kasai, Democratic Republic of the Congo (DRC); and Yemen. This project was completed successfully in July 2021, and the lessons learned as well as impact results will inform future health and policy guidance.

2

When emergencies occur, coordination is necessary to prevent gaps and avoid overlaps in the response to needs. In Cox's Bazar in Bangladesh, United Nations (UN) and non-UN humanitarian organizations work together to coordinate service provision. WHO coordinates the health emergency response and has integrated GBV into its strategic planning. One major component of this work is to develop shared targets, indicators, and monitoring tools to ensure that health service providers are aligning their efforts across the entire relief effort. Thanks to the support of HRP, WHO has adapted an assessment tool to measure health facility preparedness to deliver GBV-related services in emergency settings and uses this to routinely monitor quality of care among health providers in Cox's Bazar. Context-specific capacity building and action plans are subsequently developed to make sure that service quality improvements are implemented and monitored across the health response.



Read more: <https://www.who.int/news/item/23-11-2021-quality-assurance-of-gender-based-violence-health-services-in-bangladesh>

SELECTED 2021 ACHIEVEMENT ON SRHR AND ZIKA VIRUS DISEASE

1 Following several reports which described the presence of Zika virus RNA in body fluids other than blood – including urine, semen, saliva, vaginal and rectal secretions with variable sensitivity – HRP co-funded a study on the persistence of Zika virus in sweat and other body fluids. The study findings showed an unusual – and as yet not investigated – shedding of the virus through eccrine glands. This research is important as such findings can have a significant impact on measures taken to prevent virus transmission.

Access the article: <https://www.scielo.br/j/mioc/a/Qsn69ZkmqQwfhLCsdQB93YR/?format=pdf&lang=en>





08

HEALTHY ADOLESCENCE FOR A HEALTHY FUTURE

Adolescence is the period of life that encompasses the transition from childhood to adulthood. WHO defines adolescents as people aged between 10 and 19 years, while recognizing that age is only one characteristic defining this critical period of rapid human development. An individual's behaviour and the choices they make during this time can determine their future health and well-being.

Adolescents across the world face considerable challenges to their SRHR. These include: sexual coercion and intimate partner violence; lack of education and information; high rates of early and unwanted pregnancy; lack of access to essential health services, especially for contraception and safe abortion; gender inequalities and harmful traditional practices, such as female genital mutilation (FGM), and child, early and forced marriage; and risk of STIs (including HIV).



SELECTED 2021 ACHIEVEMENTS IN ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH

1 HRP collaborated with the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNFPA, UNICEF, the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), and WHO, to develop a global status report on Comprehensive Sexuality Education (CSE), *The journey towards comprehensive sexuality education*. This report draws on multiple data sources to provide analysis of countries' progress towards delivering good-quality, school-based CSE to all learners. CSE is central to children and young people's well-being, equipping them with the knowledge and skills they need to make healthy and responsible choices in their lives. The report shows that 85% of 155 countries surveyed have policies or laws relating to sexuality education, with considerably more countries reporting policies to mandate delivery at secondary education level than at primary level. However, the existence of policy and legal frameworks do not always equate to comprehensive content or strong implementation.



Read the global status report on CSE: <https://www.unfpa.org/sites/default/files/pub-pdf/The%20journey%20towards%20comprehensive%20sexuality%20education%20-%20Global%20status%20report.pdf>

2 In recognition of the considerable challenges faced by adolescents to their sexual and reproductive health and rights, WHO and HRP published a series of country profiles to summarise data on key issues. These resources give an accurate picture of adolescent sexual and reproductive health issues for 50 different countries. They bring together relevant data on ten different areas: socio-demographic characteristics; sexual activity; child marriage/ in union status; childbearing; fertility intentions and contraceptive use; abortion; STIs, including HIV and human papillomavirus; gender-based violence; female genital mutilation/cutting; and menstruation.



Access the profiles: <https://www.who.int/publications/i/item/WHO-SRH-20.67>

Read more: <https://www.who.int/news/item/12-08-2021-international-youth-day-2021-quality-data-crucial-for-improving-adolescents-health-and-well-being-in-countries-across-the-world>

3 It is more than 25 years since the Beijing Declaration and Platform for Action – the most progressive blueprint ever for advancing the health rights of women and girls. At the 2021 Generation Equality Forum marking the anniversary of this landmark global policy framework, WHO committed to investing in the evidence base for sexual and reproductive health and rights, including delivering CSE within and outside school settings, supporting 25 countries in increasing adolescents' access to and use of contraception, and building knowledge among adolescents of their entitlements and ability to advocate for their needs. These commitments are made possible by the years of research on adolescent sexual and reproductive health and rights conducted and facilitated by HRP.

09

PREVENTING AND RESPONDING TO VIOLENCE AGAINST WOMEN AND GIRLS

Violence against women and girls constitutes a major public health concern and is a grave violation of human rights. Estimates by WHO indicate that, worldwide, about one woman in every three has experienced physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime.

Violence against women and girls takes multiple forms, including intimate partner violence, sexual violence, forced marriage, femicide and trafficking. FGM and child and early marriage constitute harmful practices that share some of the same risk factors as violence against women, such as unequal gender norms.

Violence against women and girls can lead to a range of adverse physical, mental and psychosocial health outcomes, including negative impacts on sexual and reproductive health. Intimate partner violence and non-partner sexual violence can lead to unintended pregnancies, induced abortions, gynaecological problems, and STIs, including HIV. Intimate partner violence during pregnancy also increases the likelihood of miscarriage, stillbirth, preterm delivery and low-birthweight infants. Conflict and post-conflict situations, including displacement, can exacerbate violence against women and girls, and may present the risk of additional forms of violence.



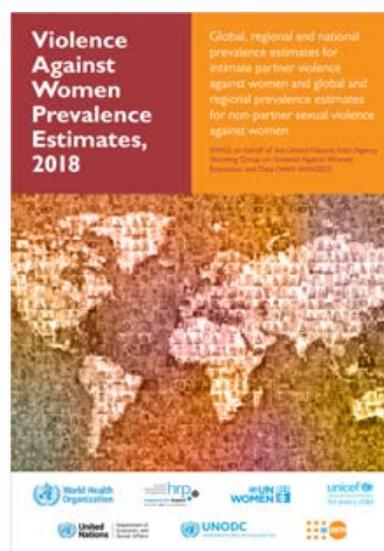
SELECTED 2021 ACHIEVEMENTS IN VIOLENCE AGAINST WOMEN AND GIRLS

1

New estimates show that violence against women continues to be a public health concern of pandemic proportions, with virtually no change over the past decade, despite huge investments in interventions and significant advocacy efforts. The report, published by WHO, HRP, and partners, shows that nearly one in three women, around 736 million, are subjected to physical or sexual violence by an intimate partner or sexual violence from a non-partner – a number that has remained largely unchanged over the past decade. Violence against women also starts alarmingly young, with one in four women aged 14 to 25 years, who have been in a relationship, experiencing violence by an intimate partner by the time they reach their mid-twenties.

Dr Tedros Adhanom Ghebreyesus, WHO Director-General commented:

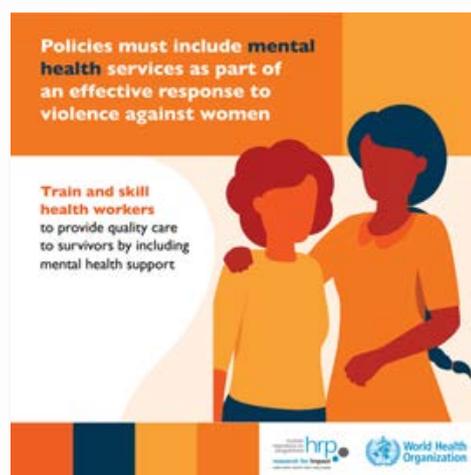
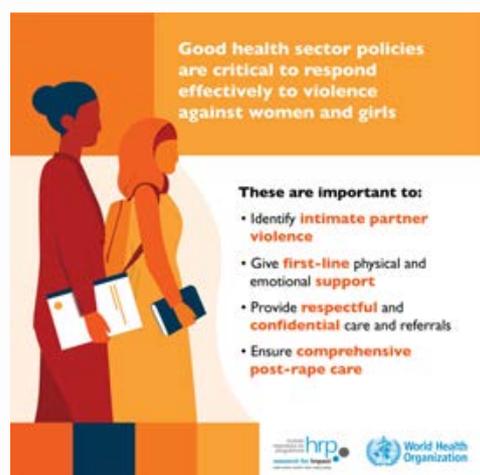
"unlike COVID-19, violence against women cannot be stopped with a vaccine. We can only fight it with deep-rooted and sustained efforts – by governments, communities and individuals – to change harmful attitudes, improve access to opportunities and services for women and girls, and foster healthy and mutually respectful relationships."



Access the report: <https://www.who.int/publications/i/item/9789240022256>

Read the executive summary: <https://www.who.int/publications/i/item/9789240026681>

Access the interactive database: <https://srhr.org/vaw-data>



2 Monitoring governments' commitments to end violence against women is important to ensure accountability for the wellbeing of millions of women and girls at risk of, or subjected to, violence. In recognition of this, HRP and WHO published a new report to monitor the existence of national action plans to prevent and respond to this violence, in line with international commitments, WHO guidelines that support quality health care for survivors, human rights standards, and evidence-based prevention strategies. Amongst many other key findings, the report showed that while countries recognize the need to act on violence against women – with four in five countries (81%) having national multisectoral action plans in place – under half lack clinical guidelines to actually address such violence.



Read more about the findings: <https://www.who.int/news-room/feature-stories/detail/tracking-progress-towards-a-world-without-violence-against-women>

Access the report: <https://www.who.int/publications/i/item/9789240040458>

3 The Generation Equality Forum, a global gathering for gender equality held in Paris in June 2021, marked 25 years since the Beijing Declaration and Platform for Action for the empowerment of women. Within this forum, WHO, along with UN Women, leads the Action Coalition on Gender-based Violence, a responsibility informed by HRP research and undertaken by HRP staff. In recognition of the role that the health sector can play in addressing gender-based violence, WHO made a number of important commitments to help strengthen the health sector response worldwide.



4 HRP and WHO, together with the WHO Country Office for India, commissioned the Centre for Enquiry into Health and Allied Themes (CEHAT) to work with three government teaching hospitals in Miraj, Sangli and Aurangabad to assess the knowledge and attitudes of health-care providers in responding to violence against women – as well as their skills in clinical care, linked to the training and improvements in health facilities. The experiences of the three hospitals revealed that health-worker training to care for women subjected to violence, conducted with country- and context-specificity to address personal values and beliefs, improves knowledge, attitudes, and practices among health-care providers, and is acceptable to them.



Read more and access the study: <https://www.who.int/news-room/feature-stories/detail/strengthening-the-health-system-response-to-violence-against-women-in-maharashtra-india>

SELECTED 2021 ACHIEVEMENT IN FEMALE GENITAL MUTILATION (FGM)

1

WHO is the lead agency supporting the health sector to address FGM by strengthening health systems. This includes the adaptation and integration of WHO guidelines and tools using a four-step process: (1) assessment of the country's FGM profile, current health sector response and the health system's readiness to do more; (2) development of national health sector action plans, integrated within existing MoH health plans;

(3) support for implementation of action plan activities; (4) monitoring processes and outputs. HRP is currently supporting nine countries in this process (Burkina Faso, Egypt, Ethiopia, Guinea, Kenya, Mali, Somalia, Sudan and United Republic of Tanzania), which are at different stages of planning and implementation.



10

PROTECTING AND SECURING THE HUMAN RIGHT TO SEXUAL AND REPRODUCTIVE HEALTH

Human rights are fundamental to the health of individuals, couples and families, and to the social and economic development of communities and nations.

As explained in the 2017 report of the high-level working group on the health and human rights of women, children and adolescents, *Leading the realization of human rights to health and through health*, everyone has the right to health and through health, because the “right to health does not stand alone but is indivisible from other human rights. Good health not only depends on but is also a prerequisite for pursuing other rights. Human rights cannot be fully enjoyed without health; likewise, health cannot be fully enjoyed without the dignity that is upheld by all other human rights”. Discrimination, abuse and violence, however, continue to prevent women and girls everywhere from fulfilling their human right to the highest standard of sexual and reproductive health.





SELECTED 2021 ACHIEVEMENTS IN HUMAN RIGHTS FOR SEXUAL AND REPRODUCTIVE HEALTH

1



A special series of papers on “Women’s health and gender inequalities” was released by HRP, WHO, and the United Nations University International Institute for Global Health (UNU-IIGH) in partnership with the *British Medical Journal (BMJ)*. The series celebrates and interrogates collective progress towards making the 1995 Beijing Declaration and Platform for Action a reality for all women and girls everywhere, in all their diversity. It launched the week of the Generation Equality Forum’s closing meeting, the largest global feminist gathering in more than 25 years. As well as analysing past successes and evidence-based strategies to advance women’s health and gender equality, the 13 articles within the series reflect on new and emerging threats. In addition, three episodes of *The BMJ Podcast* are dedicated to the special series.

Read more: <https://www.who.int/news/item/28-06-2021-the-future-we-expect-women-s-health-and-gender-equality>

Access the series: <https://www.bmj.com/gender>

2

HRP authors published a commentary in *The BMJ* to summarise some important ways in which power has been understood, defined and put into practice in research on sexual and reproductive health and rights. The authors concluded by underlining how, “power influences every element of the research endeavour”. With better recognition of this, it will be possible to improve the quality and impact of research on sexual and reproductive health and rights.



Access the commentary: <https://gh.bmj.com/content/6/4/e005482>

3 Legal accountability, or use of the judicial system, is a mechanism sometimes available to individuals when states fail to sufficiently safeguard their sexual and reproductive health and rights as enshrined in national laws. In recognition of this, experts at HRP conducted a scoping review of the impact of legal accountability efforts for sexual and reproductive health and rights – looking particularly at the links between legal accountability strategies and changes in the desired sexual and reproductive health and rights outcomes. It found that use of the judiciary can be effective for making change and that the act of claiming rights can shift social norms – but are more effective as part of a broader strategy to promote and safeguard sexual and reproductive health and rights.



4 Key stakeholders – including high-level donors, international civil servants and researchers working on sexual and reproductive health and rights – were interviewed on their perspectives as to what defines rights-inclusive research on sexual and reproductive health. Bringing together an analysis of their responses, a paper was published in the journal *Sexual and Reproductive Health Matters*, which aims to define what is needed to properly integrate human rights into sexual and reproductive health research. The article concludes that better understanding of issues and concerns in communities will help to move forward the research agenda to better integrate human rights into sexual and reproductive health research.



Access the article: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8011684/>

11

SUPPORTING AND STRENGTHENING NATIONAL HEALTH SYSTEMS FOR ACHIEVING UNIVERSAL HEALTH COVERAGE (UHC)

Much of HRP’s research is directly focused on strengthening various elements of national health systems in order to achieve UHC, including access to sexual and reproductive health services for all. UHC – including sexual and reproductive health – means that all people have access to the health services they need, when and where they need them, without suffering financial hardship.

For this to become a reality, it must be based on strong, people-centred primary health care. In recognition of this, HRP works to ensure an evidence base for integrating, implementing and financing sexual and reproductive health within WHO guidance and tools on implementing UHC in national health systems. We coordinate with WHO colleagues and partners across the world to produce guidance on digital health – to help decision-makers across sectors make decisions based on evidence and informed by best practices – to achieve sustainable and well-integrated outcomes that recognize local contexts and existing digital architecture, with the overall aim to improve health for all. In addition, our innovative digital tools aim to connect decision-makers with health systems, and health workers with high-quality, evidence-based WHO guidance.

HRP also conducts research on self-care innovations as part of broader strategies for health, in recognition of how self-care can help individuals and communities to access high-quality health services and to take care of their own health and the health of their families.



SELECTED 2021 ACHIEVEMENTS IN MONITORING SEXUAL AND REPRODUCTIVE HEALTH SERVICES

1

Based on findings of research from HRP, new country infographic snapshots were published, giving an overview of national data relating to sexual and reproductive health and rights. Highlighting the national SRHR situation – including successes, areas for improvement, data gaps, and innovative approaches such as self-care interventions – these snapshots can be used by policy-makers, researchers and civil society organizations for determining priorities, planning programmes and resource mobilization, and strengthening health systems, service delivery and community engagement. The snapshots are available for all 194 WHO Member States and use the latest publicly available data at the publication date, from reputable international sources. They aim to improve understanding of progress made and gaps remaining, as well as any health systems needs.



2



HRP launched the "[Sexual and reproductive health and rights policy portal](#)", to improve access to the most up to date global, regional and country data for policies and indicators organized by: cervical cancer, family planning, infertility, sexual health, STIs and violence against women, as well as links to the complementary "[Global abortion policies database](#)" and "[Maternal, newborn, child and adolescent health and ageing data portal](#)". An enabling policy environment is a prerequisite for achieving universal health coverage, and these interactive platforms can help countries to independently research and adopt WHO recommendations and evidence-based policies in their own settings.

SELECTED 2021 ACHIEVEMENTS IN SELF-CARE INTERVENTIONS FOR SEXUAL AND REPRODUCTIVE HEALTH

Thanks to the work of HRP, WHO launched new guidance which provides evidence-based recommendations on several self-care interventions that can help to ensure quality health and well-being, and to promote and protect human rights. The new *WHO Consolidated Guideline on Self-Care Interventions for Health* covers diverse interventions, from self-sampling for human papillomavirus (HPV) to improve cervical cancer screening, to self-administration of injectable contraception to prevent unintended pregnancy. The guideline is available in one user-friendly and easy-to-navigate online platform.

Read more: <https://www.who.int/news/item/23-06-2021-putting-people-first-in-managing-their-health-new-who-guideline-on-self-care-interventions>



SELECTED 2021 ACHIEVEMENT IN DIGITAL HEALTH

To make sure countries benefit from investments in digital health systems, “*Digital Accelerator Kits*” are designed to ensure WHO’s evidence-based guideline content is accurately reflected in the systems countries are adopting. Digital accelerator kits distil WHO guidelines and operational resources into a standardized format that can be more easily incorporated into digital tracking and decision support systems. In addition to the *Digital adaptation kit (DAK) for family planning*, mentioned above, the *Digital adaptation kit on antenatal care*, launched in 2021, aims to provide a common language across various audiences – maternal health and other programme managers, software developers, and implementers of digital systems – to ensure shared understanding of what health information content is appropriate within the area of antenatal care health programming. This is important to encourage and facilitate effective and sustainable use of these digital systems.



12

STRENGTHENING RESEARCH CAPACITY AND LEADING RESEARCH SYSTEMS IN SRHR

Many countries across the world lack the necessary human resources and infrastructure to undertake crucial research in SRHR.

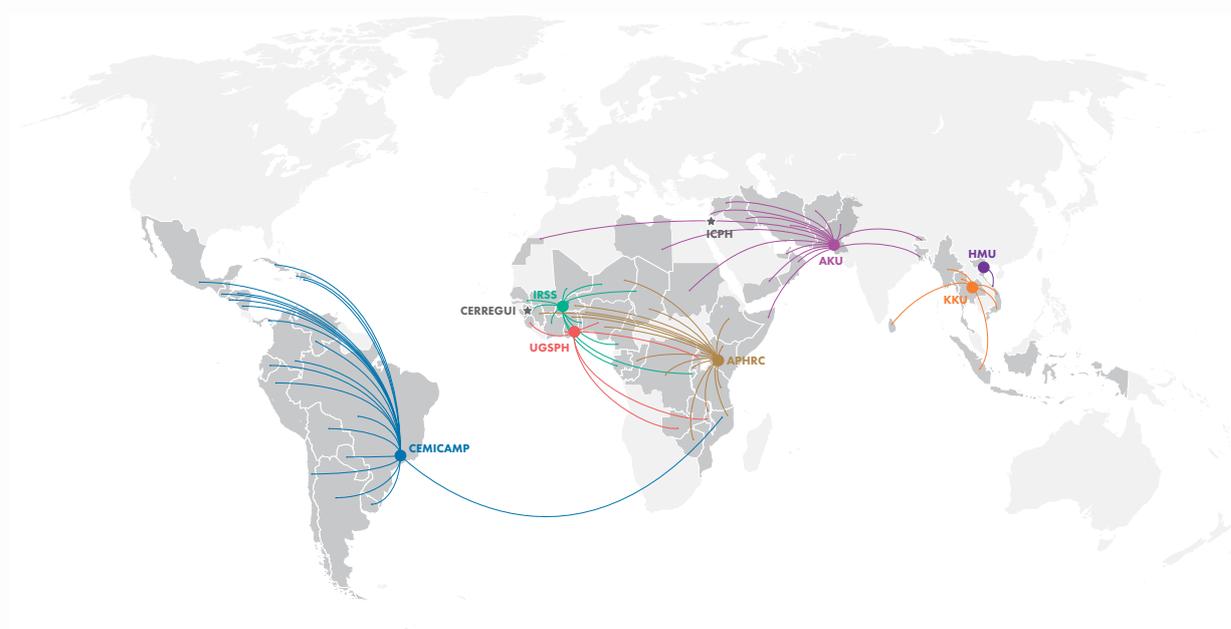
As the only body within the UN system with a global mandate to work on strengthening research capacity in SRHR, HRP promotes and funds relevant research, training, institutional development and networking to increase the research capacity in low- and middle-income countries. Rigorous scientific methods are essential to develop valid and credible evidence that informs norms and standards, to guide the provision of safe, effective, equitable and acceptable sexual and reproductive health services.



A SPOTLIGHT ON RESEARCH CAPACITY STRENGTHENING: FIVE YEARS INTO THE HRP ALLIANCE'S NEW STRATEGY

In 2016, HRP's research capacity strengthening (RCS) strategy was revised to create the HRP Alliance, a network of national research partner institutions, WHO country and regional offices, WHO special research programmes and partnerships, and WHO collaborating centres. Underpinning the HRP Alliance is a firm belief in the value of investing in building the capacity of research partners in LMICs who can lead and coordinate RCS in their countries and regions, decisively moving away from conventional RCS approaches that rely on the skills and expertise of elite research institutions in high-income countries.

At the core of this revised strategy are the regional HRP Alliance "hubs". These hubs are research institutions located across five WHO regions that are at the forefront of HRP's efforts to strengthen research capacity in multiple institutions throughout each region. Their support to regional research partners includes: skills training, supervision and mentorship of early career scientists; postgraduate scholarships at master's or doctoral levels; knowledge transfer activities with decision-makers; and policy dialogue. All regional hubs are also actively engaged as research partners in multi-site and national HRP-supported research studies.



HRP Alliance hubs (•) and grantees (★) and their spokes

SELECT ACHIEVEMENTS BY THE HRP ALLIANCE SINCE 2016

1 The HRP Alliance currently has seven regional hubs serving the following WHO regions: Africa (francophone and anglophone), Americas, Eastern Mediterranean, South-East Asia, and the Western Pacific. HRP also works directly with two institutional grantees in Guinea and occupied Palestinian territory, including east Jerusalem.

2 Since inception, a total of **92** individuals have been supported by the HRP Alliance to complete their master's degrees and **35** to complete their doctoral degrees on topics relating to SRHR research priorities. An additional **2,849** participants from **75** countries have received training through **93** short courses offered by the hubs. Courses covered topics around research methodology and analysis (qualitative, quantitative, implementation), evidence synthesis, research leadership, and scientific writing and dissemination. In addition, **hundreds** of research articles have been published by staff and students at the hubs due to the research capacity strengthening efforts.



3 In 2020, through a pilot mentorship programme for early-career female researchers, **13** mentor-mentee pairs selected from HRP Alliance partner institutions located in low- and middle-income countries were supported through a year-long initiative that is being scaled up in 2022.

4



Twenty-three research teams have been supported to respond to public health emergencies: in 2016, relating to the Zika virus epidemic; and in 2019, in response to the migration crisis in the Americas. Results from the small grants scheme during the Zika epidemic were published in a special supplement in 2020, and lessons learned about SRHR among migrants in the Americas will be published in 2022. Currently all seven hubs, as well as several other HRP Alliance partner institutions, are involved in implementing the COVID-19 sexual and reproductive health and rights research response convened by HRP in more than a dozen countries around the world.

5

The hubs are regional leaders in SRHR research. They have engaged policy-makers and stakeholders through research prioritization processes, have been actively engaged in HRP research and research agenda-setting (including the COVID-19 outbreak response), have initiated cross-hub collaborations through jointly developing grant proposals and mutual mentorship and capacity strengthening, and have been critical partners to advancing and defending SRHR in their regions with scientific evidence. For the upcoming years, the HRP Alliance looks forward to including opportunities for postdoctoral fellows to gain hands-on experience, to continuing their engagement with early career female researchers, and to strengthening and expanding the network of partners for continued sustainability and impact.



In 2021:

- 1173 junior and mid-level researchers were trained through short courses;
- 353 partner institutions globally were supported through building individuals' capacity;
- 88 peer-reviewed journal articles were published by HRP Alliance colleagues, 12 of which were cross-hub HRP collaborations, and one of which was a co-authored publication by hub and grantee staff;
- 33 doctoral students were supported, three of which completed their degrees;
- 31 masters' students were supported, 16 of which completed their degrees; and
- a year-long mentorship programme paired 13 early-career female researchers from HRP Alliance partners with 13 experienced female researchers.

SELECTED 2021 ACHIEVEMENTS IN RESEARCH MANAGEMENT

1

The HRP research project review panel (“RP2”) is the external review body for ensuring the scientific, technical, ethical and financial quality of HRP’s research projects. It comprises 40 independent technical experts from 17 countries (21 [52.5%] of which are women). An RP2 secretariat within HRP manages the protocol review process, archives study protocols and associated research tools, and ensures that HRP protocols are ready for submission to WHO’s Ethical Review Committee. In 2021, 48 new research proposals were reviewed by RP2.



2



In order to ensure that all data and documentation related to HRP research is securely and transparently archived, the HRP e-archive system has now been developed. This builds on the WHO’s “Oracle Enterprise Content Management” infrastructure. All content is stored in WHO servers behind the regulated firewall for data security, and these servers physically reside at the UN International Computing Centre in Geneva, Switzerland. Project metadata for all HRP projects have been uploaded into the repository and the system is now fully functional to generate a project ID for all new HRP projects. Project IDs are now required for all protocol submissions for RP2 and ERC, and they serve as an index to sort, search, and link study documents; a centre ID is also now required for all research sites. All HRP research projects are now required to include a study archival component to be implemented at the close of study. Essential study documents to be archived include approved protocols, study instruments, deidentified analytic files, completed case report forms, and publications.

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