

HRP ANNUAL REPORT 2019

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



human
reproduction
programme **hrp.**
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World Health
Organization

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HRP annual report 2019

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CONTENTS

01	About us	1
02	Why sexual and reproductive health and rights?	2
03	Helping people to realize their desired family size	4
	Selected 2019 achievements in family planning and contraception	5
	Selected 2019 achievements in fertility care	7
04	Ensuring the health of pregnant women and girls and their newborn infants	8
	Selected 2019 achievements in maternal and perinatal health	10
05	Preventing unsafe abortion	12
	Selected 2019 achievements in preventing unsafe abortion	13
06	Promoting sexual health and well-being	14
	Selected 2019 achievement in sexual health	15
07	Combatting sexually transmitted infections	16
	Selected 2019 achievements in STIs	18
	Selected 2019 achievements in cervical cancer	20
	Selected 2019 achievements on integrated sexual and reproductive health, including HIV	21
08	Sexual and reproductive health and rights in health emergencies	22
	Selected 2019 achievements in SRHR in humanitarian settings	24
	Selected 2019 achievement in SRHR in disease outbreaks	25
09	Healthy adolescence for a healthy future	26
	Selected 2019 achievement in adolescent sexual and reproductive health	27
10	Preventing and responding to violence against women and girls	28
	Selected 2019 achievements in violence against women and girls	30
	Selected 2019 achievements in female genital mutilation (FGM)	32
11	Protecting and securing health with human rights	34
	Selected 2019 achievement in human rights for sexual and reproductive health and rights (SRHR)	35
12	Supporting and strengthening national health systems	36
	Selected 2019 achievements in research capacity-strengthening	37
	Selected 2019 achievements in measuring and monitoring global indicators	38
	Targets and indicators of the Sustainable Development Goals where HRP aims to make an impact	40
	Selected 2019 achievement in digital health	42
13	Donors	43
	Photographer credits	44





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 for over 45 years.

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

HRP is based at the World Health Organization (WHO) headquarters in Geneva, Switzerland, within the Department of Sexual and Reproductive Health and Research. We work collaboratively with partners across the world to shape global thinking on SRHR by providing new 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 innovations and new information – including through digital technologies and the research and development of new medicines and devices. An ethical, human rights–based approach that aims to reduce gender inequalities is integrated throughout our work. HRP shares the WHO vision of the attainment of the highest possible standard of sexual and reproductive health for every single person across the globe. 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?

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

The Sustainable Development Goals (SDGs); the United Nations 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. Too many women and newborns continue to die before, during and after childbirth. Violence against women and girls – including harmful traditional practices – is widespread and 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 health, 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 care and enable managers to plan for equitable implementation; rigorously collected evidence improves estimates of health conditions and strategic planning to address priority needs; and information from intervention and implementation research informs 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 health systems will be able to effectively implement globally agreed norms and standards of care, or to achieve the goal of universal health coverage.

For over 45 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.



03

HELPING PEOPLE TO REALIZE THEIR DESIRED FAMILY SIZE

Access to safe, quality, affordable 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. Some 214 million women of reproductive age in developing countries have an unmet need for contraception. 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.

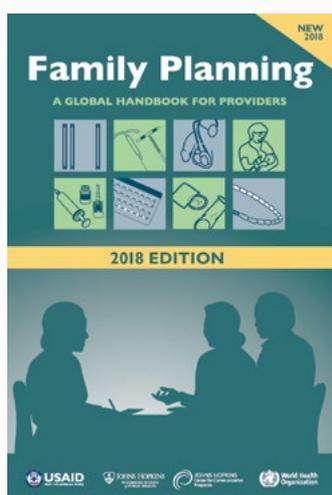
Infertility affects millions of people globally, the vast majority of whom cannot access the essential interventions they need for various reasons. Despite the scale of infertility and its negative consequences for individuals, couples, families and communities, it is a neglected area of policy, programming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



Giving choice to women helps parents plan the size of their families, India.

SELECTED 2019 ACHIEVEMENTS IN FAMILY PLANNING AND CONTRACEPTION

1 The WHO *Family planning global handbook* offers clear, up-to-date information and advice to help family planning providers meet clients' needs and inform their choice and use of contraception. WHO encourages all national health systems and other organizations providing family planning to consider this handbook when working to ensure the quality and safety of family planning services. The *Training resource for family planning* offers curriculum components and tools for trainers to design, implement and evaluate family planning and reproductive health training. In 2019, the *Global handbook* and the *Training resource* were disseminated through the IBP Network to over 80 member organizations and close to 10 000 individuals.



2 Women who have recently given birth are amongst those with the highest unmet need for contraception. Moreover, pregnancies in the postpartum period have increased risks of adverse health outcomes. Providing postpartum family planning is therefore crucial for ensuring the health, human rights and well-being of women and their babies. In 2019, the “Yam Daabo” or “Your Choice” study was completed. The study assessed the effect of a family planning package on modern contraceptive use at 12 months postpartum in predominantly rural Burkina Faso and urban settings of Kinshasa province in the Democratic Republic of the Congo. The results, published in *The Lancet*, suggest that, in rural settings in Burkina Faso, a package of six low-technology interventions can effectively increase uptake of contraception by women up to a year following childbirth – and such interventions may also have potential to make an impact in similar settings in both Burkina Faso and elsewhere.



Access the study : [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(19\)30202-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30202-5/fulltext)

3 A large clinical research study conducted in four African countries found no significant difference in risk of HIV infection among women using one of three highly effective, reversible contraceptive methods. Published in *The Lancet*, the Evidence for Contraceptive Options and HIV Outcomes (ECHO) study showed that each method had high levels of safety and effectiveness in preventing pregnancy, with all methods well accepted by the women using them. Combining this information with other available evidence, WHO released updated recommendations on the use of contraception by women at high risk of HIV infection.



Access the story: <https://www.who.int/reproductivehealth/hc-hiv/en/>

4 A systematic review published in the journal *BMJ Sexual & Reproductive Health* described the effectiveness of various counselling strategies that could help to increase uptake of modern contraception and continuation of such use by women. While further research is needed to determine the effectiveness of many counselling interventions in different settings, the study did show varying effectiveness of a range of strategies, with potential implications for making policy and designing programmes.

Find out more: <https://srh.bmj.com/content/early/2019/12/11/bmj.srh-2019-200377>

SELECTED 2019 ACHIEVEMENTS IN FERTILITY CARE

1 Following the recommendations of the 2018 summit on “Safety and access to fertility care”, in 2019, Morocco and Thailand strengthened their national assisted reproductive technology (ART) policies and fertility services. National ART guidelines were launched in Morocco, and in Thailand, infertility was included for the first time as an essential component of sexual and reproductive health services in the country’s second National Reproductive Health Strategy. These activities were conducted in collaboration with the WHO Regional Office for the Eastern Mediterranean and the WHO country office in Thailand, respectively.

2 In 2019, HRP and WHO collaborated with a number of entities to address various issues related to fertility care. These included: (i) the Office of the United Nations High Commissioner for Human Rights (OHCHR) and United Nations Population Fund (UNFPA) to address issues related to third-party reproduction; (ii) Share-Net International and the Center for Reproductive Rights to tackle silence and stigma around infertility; (iii) International Federation of Fertility Societies (IFFS) to promote infertility in the context of the SDGs; and (iv) the American Society of Reproductive Medicine (ASRM) to increase access to fertility care globally.



04

ENSURING THE HEALTH OF PREGNANT WOMEN AND GIRLS AND THEIR NEWBORN INFANTS

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), complications during delivery, and unsafe abortion. Other maternal deaths are 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 many debilitating conditions.

Ensuring access to affordable and good quality of care throughout pregnancy and the perinatal period is essential to 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.



Rahanna Katun, who lives in Chakmarkul refugee camp in Cox's Bazar, Bangladesh, with her baby boy at a health centre.



SELECTED 2019 ACHIEVEMENTS IN MATERNAL AND PERINATAL HEALTH

1

New evidence from an HRP-led study in four countries shows that more than one third of women experienced mistreatment during childbirth in health facilities. The study, published in *The Lancet*, was carried out in Ghana, Guinea, Myanmar and Nigeria. It showed that women were at the highest risk of experiencing physical and verbal abuse between 30 minutes before birth until 15 minutes after birth. Younger, less-educated women were most at risk, suggesting inequalities in how women are treated during childbirth. HRP's research and normative work also informed reports and resolutions by two high-level bodies: the Council of Europe and the United Nations Special Rapporteur on violence against women. Addressing these inequalities and promoting respectful maternity care for all women is critical to improving health equity and quality.



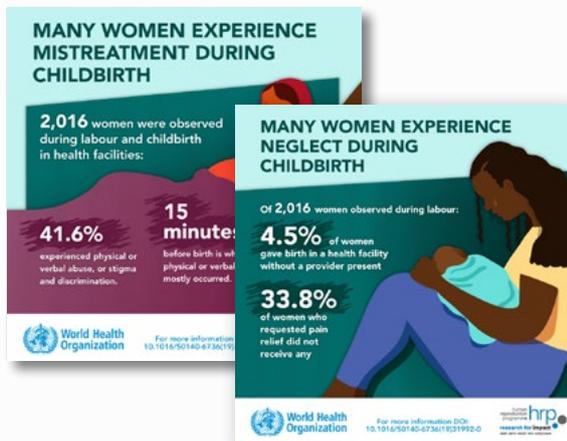
Find out more: <https://www.who.int/reproductivehealth/mistreatment-of-women-during-childbirth/en/>

2



An HRP review published in *The Lancet* found that – according to data from 12 million pregnancies – deaths of women following caesarean sections in low- and middle-income countries are 100 times higher than for women in high-income countries, and the lives of their babies are also at greater risk. The study results indicate that policy-makers and health-care professionals should promote appropriate use of caesarean sections, improve access to quality surgery for necessary caesarean sections and to intrapartum care generally, and increase neonatal resuscitation services to improve outcomes for babies born by caesarean section.

Read more and access the article: <https://www.who.int/reproductivehealth/death-from-caesarean-sections/en/>



Access the study: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)31992-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31992-0/fulltext)

3 Essential medicines are selected with due regard to public health relevance, evidence on efficacy and safety, and comparative cost-effectiveness. In 2019, heat-stable carbetocin was approved for inclusion in the *WHO model list of essential medicines*. Research completed in 2018 through an HRP study – conducted under a collaborative arrangement with MSD for Mothers and Ferring Pharmaceuticals – showed that heat-stable carbetocin is as safe and effective as oxytocin in preventing postpartum haemorrhage. This evidence informed WHO's decision to include it in the *WHO model list of essential medicines*.

4 A core component of maternity care, antenatal care screens a woman and her baby for actual and potential problems as the pregnancy progresses and treats any complications that may arise. Results from an HRP study indicate that women use antenatal care if they see it as a positive experience that fits with their beliefs and values, if it is easily accessible and affordable, and if they feel that they are being treated as individuals. Women also value tests and treatments that are offered when needed, as well as relevant information and advice. These insights from women themselves can guide improvements in antenatal care as WHO's antenatal care guideline is adapted globally.



Read more and access the study:
<https://www.who.int/reproductivehealth/antenatal-care-uptake/en/>



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.

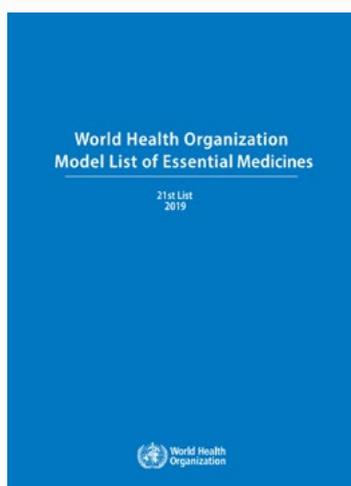
Life-threatening complications that may result from unsafe abortion include haemorrhage, infection, and injury to the genital tract and internal organs. In addition to the deaths and disabilities caused by unsafe abortion, there are major social and financial costs to women, families, communities and 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.



Monica Oguttu, Executive Director of Kisumu Medical and Education Trust (KMET), speaking about the dangers of unsafe abortion during a radio broadcast, Kenya.

SELECTED 2019 ACHIEVEMENTS IN PREVENTING UNSAFE ABORTION

1 The *WHO model list of essential medicines* serves as a guide for the development of national and institutional essential medicines lists and is updated and revised every two years by the WHO Expert Committee on Selection and Use of Medicines. In response to the technical application submitted by HRP in 2019, mifepristone and misoprostol – the recommended medications to induce abortion – moved from the complementary to the core list in the 21st edition of the list. Mifepristone and misoprostol in combination or, where mifepristone is unavailable, misoprostol alone, are the recommended medications to induce abortion and to manage incomplete abortion, or “intrauterine fetal demise” – the clinical term used to describe the death of a fetus in the uterus.



Access the *WHO Model List of Essential Medicines*:
<https://www.who.int/medicines/publications/essentialmedicines/en/>

2 The three-level initiative on “Supporting countries to reduce maternal mortality and achieve SDG targets through a health systems approach” was launched in January 2019. The initiative focuses on preventing unsafe abortion to reduce maternal mortality and morbidities, and is currently supporting ministries of health in seven countries in three WHO regions. HRP coordinates the work and is the technical lead for the initiative, which is supported by six departments at WHO headquarters. Through this initiative:

- WHO representatives, technical focal points and ministers of health from 15 countries were supported through a nine-month training on policy dialogue. This included support and mentoring to develop a policy brief and to identify and implement strategies for successful adoption.
- In collaboration with the WHO Regional Office for Africa, an exercise was undertaken to identify priorities for research. This resulted in a regional research agenda, with the following identified as research priorities: evaluation of quality of safe abortion and post-abortion care services; evaluation of the effectiveness and feasibility of implementing current guidelines on safe abortion services; and assessment of the community’s and clients’ perceptions towards accessible safe abortion and post-abortion care services.

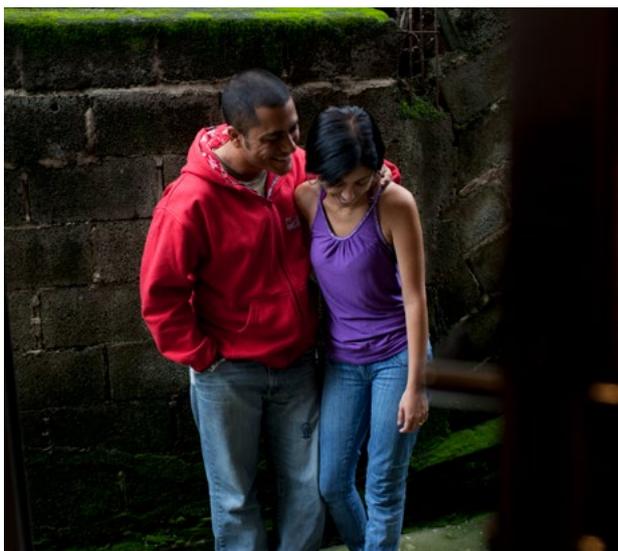


Access the WHO Q&A on safe abortion:
<https://www.who.int/news-room/q-a-detail/safe-abortion>

06

PROMOTING
SEXUAL HEALTH
AND WELL-BEING

Sexual health is more than the absence of disease or infirmity. WHO's current working definition describes sexual health as "... a state of physical, emotional, mental and social well-being in relation to sexuality...; 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".



SELECTED 2019 ACHIEVEMENT IN SEXUAL HEALTH

1 Self-care interventions are among the most promising and exciting new approaches to improve health and well-being, both from a health systems perspective and for people who use these interventions. WHO defines self-care as the ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a health-care provider. In 2019, WHO launched its first guideline on self-care interventions for health, with a focus in this first guideline on sexual and reproductive health and rights. Some of the interventions include self-sampling for human papillomavirus (HPV) and sexually transmitted infections (STIs), self-injectable contraceptives, home-based ovulation predictor kits, HIV self-testing, and self-management of medical abortion.

The guidelines were developed using evidence on the health benefits of certain interventions that can be done outside the conventional health sector, with the support of a health-care provider being available if needed. Self-care interventions do not replace high-quality health services but can complement provider-led interventions as elements of countries' approaches to achieving universal health coverage. The evidence base for the guideline was published in the journal BMJ as a special supplement.

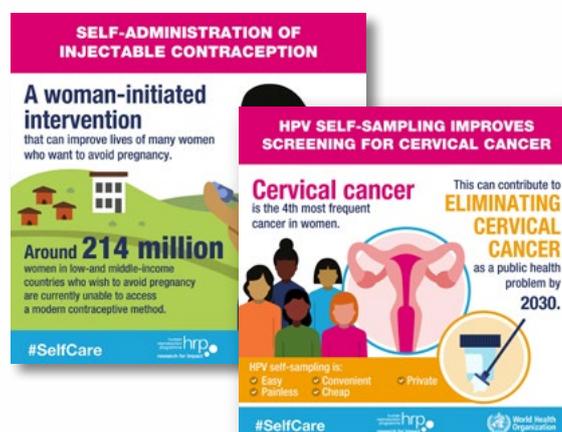
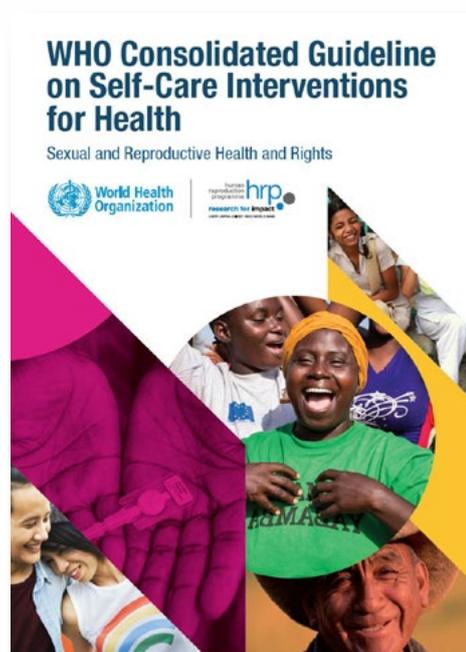


Download the *WHO Consolidated guideline on self-care interventions for health*:

<https://www.who.int/reproductivehealth/publications/self-care-interventions/en/>

Read more: <https://www.who.int/reproductivehealth/self-care-interventions/access-health-services/en/>

Access the BMJ supplement on self-care interventions: <https://www.bmj.com/selfcare-srhr>



07

COMBATting SEXUALLY TRANSMITTED INFECTIONS

STIs represent a massive global burden of disease – every day, more than 1 million people acquire an STI, which can have serious consequences beyond the immediate impact of the infection itself.

Many STIs, such as herpes and syphilis, can increase the risk of HIV acquisition three-fold or more, and mother-to-child transmission of STIs can result in a number of negative health outcomes for newborn infants, including stillbirth, congenital deformities and neonatal death. STIs can also lead to social stigma and psychological distress, and can have a detrimental impact on quality of life and sexual relationships. Cervical cancer – almost all cases of which are caused by sexually acquired infection with certain types of human papillomavirus (HPV) – is the second most common cancer in women living in low- and middle-income countries, and has a high rate of mortality.

Various barriers prevent or deter people from receiving prompt and appropriate testing, diagnosis and care for STIs, and those most at risk – including adolescents – often do not have access to adequate health services. Sensitivities surrounding discussions of sexuality present challenges for the promotion of sexual health and well-being, including ways of reducing STIs. More and better-quality research and data are needed to plan effective interventions and to advocate for resources to promote sexual health and well-being for individuals and couples.



Condom distribution by sex workers in Sangli, India



RFA

Five Rags



SELECTED 2019 ACHIEVEMENTS IN STIs

1 The prevalence and incidence of four curable STIs – chlamydia, gonorrhoea, trichomoniasis and syphilis—remain high according to new global estimates produced by HRP and published in the *WHO Bulletin*, with over 1 million new infections each day on average in 2016. Among the WHO regions, the African Region recorded the highest prevalence for chlamydia in men, trichomoniasis in women, and gonorrhoea and syphilis in women and men, whereas the Region of the Americas had the highest prevalence for chlamydia in women and trichomoniasis in men. These estimates underscore the continuing public health challenge posed by these four STIs and show that they remain widespread worldwide. They also indicate that current interventions have not resulted in any decline in these infections since the prior estimates in 2012.

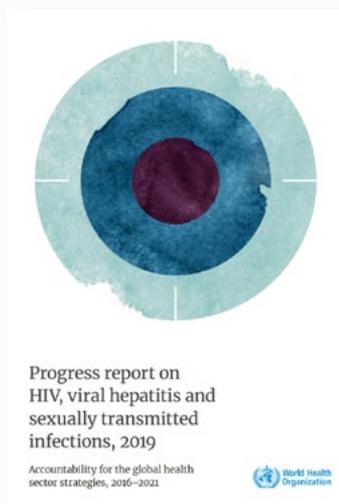
Read more: <https://www.who.int/reproductivehealth/curable-stis/en/>

2



Syphilis is one of the most common STIs globally, with approximately 6 million new cases each year. If a pregnant woman who is infected does not receive early and effective treatment, she can then transmit the infection congenitally to her foetus. HRP and partners published new estimates showing that there were more than half a million cases of congenital syphilis in 2016, resulting in over 200 000 stillbirths and neonatal deaths. The estimates also show that out of the 661 000 total cases of congenital syphilis, there were 355 000 adverse birth outcomes, including low birthweight, prematurity and congenital deformities. Despite a global decrease in infections overall, the number of cases remains unacceptably high.

Read more: <https://www.who.int/reproductivehealth/congenital-syphilis-estimates/en/>



3

The Global health sector strategy on STIs 2016–2021 positions the health sector response to STI epidemics as critical to the achievement of universal health coverage. In order to help ensure accountability for the strategy – and for the sister global health sector strategies for HIV and viral hepatitis – a *Progress report* was published in 2019. Citing estimates prepared by HRP, this report underlined that STIs are not declining globally except for slow declines in congenital syphilis. In fact, STIs are increasing in several countries. The report warns that a complete reversal in trend would be required to achieve the targets by 2020.

Access the report: <https://apps.who.int/iris/bitstream/handle/10665/324797/WHO-CDS-HIV-19.7-eng.pdf>

4



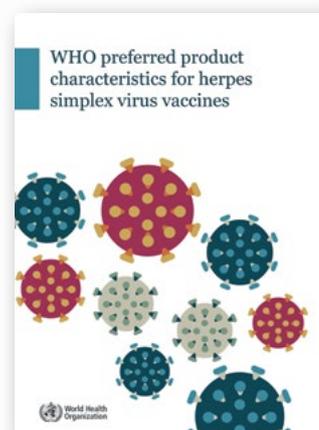
A target product profile (TPP) outlines the desired "profile" or characteristics of a target product that is aimed at a particular disease or diseases. TPPs state intended use, target populations and other desired attributes of products, including safety and efficacy-related characteristics. Such profiles can guide product research and development. WHO has identified *Neisseria gonorrhoeae* as a high-priority pathogen because of widespread antimicrobial resistance, including emergent resistance to "last-line" treatments. As multiple manufacturers seek to develop new treatment drugs, HRP research has supported the development and publication of two TPPs for improved antimicrobial stewardship for gonorrhoea. Subsequently, the Foundation for Innovative New Diagnostics (FIND) has released a request for proposals to develop a point-of-care test for gonorrhoea in resource-constrained settings, based on the TPP.

Read more about the TPPs for improved antimicrobial stewardship for gonorrhoea: <https://www.who.int/reproductivehealth/antimicrobial-stewardship-for-gonococcal-infection/en/>

5

WHO preferred product characteristics (PPCs) provide guidance on the Organization's preferences for new vaccines in priority disease areas for such attributes as vaccine indications, target populations, delivery strategies, and important safety and efficacy considerations. PPCs are part of HRP efforts to advance development of new vaccines for STIs through the *Global STI roadmap*. In 2019, HRP led the development of PPCs for prophylactic and therapeutic herpes simplex virus (HSV) vaccines, in collaboration with the WHO Department of Immunization, Vaccines and Biologicals; the National Institute of Allergy and Infectious Diseases (NIAID); and global technical partners. WHO HSV vaccine PPCs were published in 2019.

Access the HSV vaccine PCC:
<https://www.who.int/reproductivehealth/publications/HSV-Vaccine-PPCs/en/>



6

HRP supported the publication of technical guidance to help manufacturers of in vitro diagnostic medical devices who intend to seek WHO prequalification for rapid diagnostic tests used to detect syphilis infection. It is hoped that several companies will seek WHO prequalification, which could help more women to be tested, diagnosed and treated in one visit to a health-care setting, such as when accessing antenatal care.

Access the guidance document, *Technical specifications series for submission to WHO prequalification – diagnostic assessment*:
<https://apps.who.int/iris/bitstream/handle/10665/277285/9789241515160-eng.pdf>

SELECTED 2019 ACHIEVEMENTS IN CERVICAL CANCER

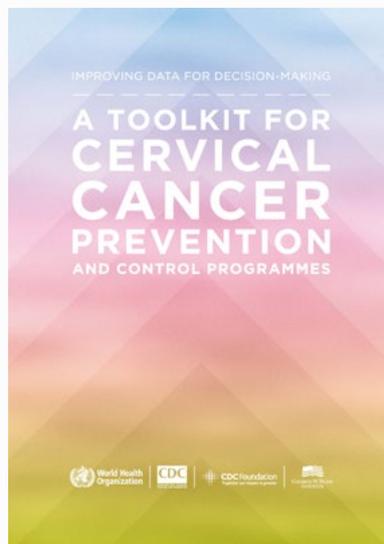
1 Thermal ablation, also called “cold coagulation” or thermocoagulation, is an ablative treatment for cervical intraepithelial neoplasia (CIN), the abnormal growth of cells on the cervix that can lead to cervical cancer. The equipment is simple, lightweight, and is easily portable to remote clinics. Thermal ablation can be provided by a variety of health-care personnel, including primary health-care workers, and is typically performed without anaesthesia. In 2019, HRP research informed the publication of the *WHO guidelines for the use of thermal ablation for cervical pre-cancer lesions* on the use of thermal ablation to treat cervical precancer.

Access the guidelines: <https://www.who.int/reproductivehealth/publications/thermal-ablation-for-cervical-pre-cancer-lesions/en/>



2 In 2019, HRP staff contributed to a new publication, *Improving data for decision-making: a toolkit for cervical cancer prevention and control programmes*, which aims to help ministries of health and other stakeholders gather the information needed to plan, implement, monitor, evaluate and scale up cervical cancer prevention and control programmes.

Access the toolkit: <https://www.who.int/ncds/surveillance/data-toolkit-for-cervical-cancer-prevention-control/en/>



SELECTED 2019 ACHIEVEMENTS ON INTEGRATED SEXUAL AND REPRODUCTIVE HEALTH, INCLUDING HIV

1



HRP highlighted how communities are leading on strategies that promote human rights through implementation of the *WHO Consolidated guideline on sexual and reproductive health and rights of women living with HIV*, in a new *web annex* to the already published guideline. Furthermore, a checklist was developed in collaboration with the Joint United Nations Programme on HIV/AIDS (UNAIDS) by networks of women living with HIV, to support efforts to increase access to, uptake and quality of outcomes of using sexual and reproductive health services; safeguard human rights; and promote gender equality for women living with HIV.

Access the checklist <https://apps.who.int/iris/bitstream/handle/10665/325776/9789241515627-eng.pdf>

See the web annex <https://apps.who.int/iris/bitstream/handle/10665/330034/WHO-RHR-17.33-eng.pdf>

2

The first face-to-face meeting of the WHO Advisory Group of women living with HIV was held at WHO headquarters in October 2019 in Geneva, Switzerland. The group includes representation from all WHO regions, as well as HRP members with global-level expertise. Members include women who are able to share a range of perspectives in relation to sexual orientation and gender identities; women who use drugs; women who engage in sex work; women from a broad age range, including young women and women born with HIV; and women with experience of multiple forms of discrimination, including in the context of the health sector. The first meeting agreed on how best to review and monitor progress made by WHO to address the sexual and reproductive health and rights (SRHR) of women living with HIV, and identified key priorities from the perspectives of diverse women living with HIV.



08

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN HEALTH EMERGENCIES

WHO defines health emergencies as sudden-onset events due to naturally occurring or man-made hazards, or gradually deteriorating situations where the risk to public health steadily increases over time. Countries around the world are under constant threat from infectious diseases and conflict, and also increasingly face threats related to natural disasters.

WHO estimates that every year more than 172 million people are affected by conflict and, as of December 2017, an estimated 135 million people required humanitarian assistance. Moreover, an estimated 100 epidemic-prone events occur each year. An estimated 32 million women and girls of reproductive age live in emergency situations, all of whom require SRHR information and services.

The critical importance of scientific evidence to guide planning and action to meet the sexual and reproductive health needs of women and girls, as well as men and boys, living in health emergencies cannot be overstated.



Tania, a midwife for UNFPA in Kutapalong refugee camp, Cox's Bazar, Bangladesh.



SELECTED 2019 ACHIEVEMENTS IN SRHR IN HUMANITARIAN SETTINGS

1 A framework of indicators for monitoring and evaluation of sexual and reproductive health in humanitarian settings was finalized alongside development of a research protocol for pilot testing it in five countries: Afghanistan, Bangladesh (Cox's Bazar), Cameroon, Democratic Republic of the Congo (Kasai) and Iraq. Partnerships in these countries were established and local ethical approvals obtained from several countries to commence the data collection.

2 More than half of the Rohingya refugees in camps in Cox's Bazar, Bangladesh, are adolescent girls and women. WHO aims to provide integrated comprehensive sexual and reproductive health services to this vulnerable group. To ensure that such services are implemented sustainably and successfully, HRP is supporting research to understand the specific sexual and reproductive health needs of this group; availability and delivery of these services for adolescent girls and women; as well as barriers to access and provision. The research protocol for this situation analysis has now been published.

Read the protocol: <https://bmjopen.bmj.com/content/9/7/e028340>



SELECTED 2019 ACHIEVEMENT IN SRHR IN DISEASE OUTBREAKS

1 WHO published interim guidelines on the prevention of sexual transmission of Zika virus in September 2016, based on a limited amount of evidence under an emergency process during a public health emergency of international concern. The body of evidence has grown considerably since then and WHO experts concluded at a meeting in March 2017 that the guidelines should be developed under the formal WHO guideline process. In 2019, renewed guidelines were published that contain updated recommendations on the prevention of sexual transmission of Zika virus, based on systematic reviews undertaken by HRP.

Access the guidelines: <https://www.who.int/reproductivehealth/zika/prevention-guidelines-sexual-transmission-summary/en/>



09

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 sexual and reproductive health and rights. These include: sexual coercion and intimate partner violence; lack of education and information; high rates of early and unwanted pregnancy; lack of access to 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).



Adolescents learning from peers to make informed life decisions, Southern Philippines.

SELECTED 2019 ACHIEVEMENT IN ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH

1

Twenty-five years ago, the International Conference on Population and Development (ICPD) endorsed a Programme of Action that laid out an ambitious population and development strategy. This Programme moved the emphasis of policies from a narrow focus on population dynamics to the varied sexual and reproductive health needs of people, especially women and adolescents. In December 2019, the *Journal of Adolescent Health* issued a special supplement which examines progress made for adolescent sexual and reproductive health since the Programme of Action was issued. Authored by HRP, WHO and UNFPA staff and partners, the review found that, despite progress, significant gaps remain across sectors to address the social and economic determinants which have an impact on adolescents' SRHR.

Access the article: [https://www.jahonline.org/article/S1054-139X\(19\)30468-9/fulltext](https://www.jahonline.org/article/S1054-139X(19)30468-9/fulltext)



10

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; FGM; child, early and forced marriage; femicide; and trafficking.

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.



Preventing violence at a neighbourhood level: Prumpung neighbourhood in Jakarta, Indonesia.



SELECTED 2019 ACHIEVEMENTS IN VIOLENCE AGAINST WOMEN AND GIRLS

1 When health-care providers are properly trained to address violence against women, they can make a big difference in addressing not only the physical injuries caused by violence, but also the mental, sexual and emotional hurt. In recognition of this, WHO published a new training curriculum to provide health-care providers with the knowledge and skills they need to know how to best help women who are living with violence. The training curriculum has been developed based on evidence compiled by HRP and has been piloted in numerous countries, including Bahamas, Botswana, Myanmar, Namibia and Pakistan.

Read more: <https://www.who.int/reproductivehealth/training-health-care-providers-help-women-survivors-of-violence/en/>



Access the training curriculum: <https://www.who.int/reproductivehealth/publications/caring-for-women-subject-to-violence/en/>

2 There is now more evidence than ever before about what works to prevent violence against women, and evidence shows the critical role that policy-makers can play in this regard. In 2019, HRP contributed to the development of a unified framework to support policy-makers to implement and scale up seven evidence-based prevention strategies to address violence against women. *RESPECT women: Preventing violence against women* – which has been endorsed by 12 United Nations and bilateral agencies – calls for political commitment and leadership in addressing gender inequality and the multiple forms of discrimination faced by women.



Access the framework: <https://www.who.int/reproductivehealth/topics/violence/respect-women-framework/en/>



3 An increasing number of countries are adapting or adopting WHO guidelines and tools on violence against women, or requesting support to strengthen their health systems response to violence against women. Egypt, Guyana and Iraq have initiated the process of adapting WHO tools to strengthen their health systems responses, and Namibia and Pakistan launched their national versions of the WHO clinical handbook, *Health care for women subjected to intimate partner violence or sexual violence*, as well as initiated training of providers and trainers. Bahamas and Myanmar have conducted training of trainers. Furthermore, 65 countries have requested technical assistance to implement violence against women programmes for the 2020–2021 biennium. A package of tools for health systems response to violence against women in Arabic was launched by the WHO Regional Office for the Eastern Mediterranean.



4 WHO is continuing to strengthen national health systems responses to violence against women across the world, including in humanitarian and emergency settings. Drawing from HRP's extensive expertise, technical support to strengthen the health systems response to gender-based violence in humanitarian settings has expanded and now includes Burkina Faso, Somalia and Sudan, as well as Afghanistan, Bangladesh (Cox's Bazar), Democratic Republic of the Congo (Kasai), Iraq, Northeast Nigeria and Syria. For example, Afghanistan has scaled up trainings to cover approximately 5000 providers.

SELECTED 2019 ACHIEVEMENTS IN FEMALE GENITAL MUTILATION (FGM)

1

An innovative package of training materials was developed to help build the skills of health-care providers to prevent FGM by focusing on communicating with people to address and change harmful social norms. The package includes a training manual and interactive training methodology, an animated video, as well as training and job aids. It will be implemented and tested through one arm of a multi-country implementation research study in three countries – Guinea, Kenya and Somaliland/Somalia – to be launched in early 2020.



2



HRP is providing support to six priority countries (Burkina Faso, Ethiopia, Guinea, Kenya, Somalia and Sudan) to develop and implement detailed national health sector action plans based on evidence-based interventions. This support will help countries ensure that a health systems strengthening approach is harnessed to integrate WHO recommendations into the training curricula of health-care providers; national guidelines; reproductive, maternal, newborn, child and adolescent health strategies; and health policies on FGM care and prevention for women seeking antenatal care and other sexual and reproductive health services.





11

PROTECTING AND SECURING HEALTH WITH HUMAN RIGHTS

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*, 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 2019 ACHIEVEMENT IN HUMAN RIGHTS FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

- 1** HRP supported development and monitored implementation of the first-ever joint workplan between WHO and OHCHR, which is addressing human rights in relation to fertility care, violence against women, and maternal mortality and morbidity in humanitarian settings. This initiative aims to guide policy-makers and programme managers, with joint activities planned to continue for 2020 to implement guidance in several countries. The workplan also provides a framework for capacity-building for human rights and sexual and reproductive health advocates and policy-makers in countries.



12

SUPPORTING AND STRENGTHENING NATIONAL HEALTH SYSTEMS

Much of HRP's research is directly focused on strengthening various elements of national health systems.

Many countries across the world lack the necessary human resources and infrastructure to undertake crucial research in SRHR. As the only body within the United Nations system with a global mandate to work on strengthening research capacity in SRHR, the HRP Alliance promotes and funds relevant research, training, institutional development and networking to increase the research capacity of low- and middle-income countries. Rigorous scientific methods are essential to develop valid and credible evidence, which informs norms and standards that guide the provision of safe, effective, equitable and acceptable sexual and reproductive health services.

Within the United Nations system, HRP is responsible for the measurement and monitoring of over 20 SRHR indicators for reporting on progress towards multiple SDGs, selected World Health Statistics indicators, and the *Indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)*.

HRP supports WHO in its role as a custodian, and co-custodian, agency for several SDG indicators, particularly in relation to skilled attendance at birth,

maternal mortality, violence against women and girls, and ensuring equal access to SRHR. HRP compiles and verifies data as well as metadata, develops and publishes global, regional and national estimates – ensuring that these are internationally comparable, and is also responsible for developing international standards and recommending methodologies for measurement and monitoring. In addition, HRP works with WHO to strengthen the monitoring and reporting capacity of countries.

The evidence collected for SDG indicators is only a fraction of HRP's research focus on SRH indicators. HRP also compiles country data on caesarean section, antenatal and intrapartum care, birth in health-care facilities, STIs and more.

Research and tools for digital and mobile health innovations are increasingly needed to improve the efficacy, accuracy and ease of data collection, analysis, reporting and use, for improving the delivery of sexual and reproductive health interventions.

SELECTED 2019 ACHIEVEMENTS IN RESEARCH CAPACITY-STRENGTHENING

1 HRP Alliance hubs are research institutions that have been selected to lead and strengthen SRHR research capacity strengthening in their regions. They support institutions that work with HRP in leading and conducting research. In 2019, two new HRP Alliance regional hubs were appointed and their workplans of activities developed for the upcoming year. In addition, 156 partner institutions across the world were supported through building individual-level capacity offered by the hubs.

2 The HRP Alliance supports graduate students from institutions that are part of the network through short courses. In 2019, 357 junior and mid-level researchers were trained through courses offered through hubs and grantees, 61% of them female.

3 In 2019, a joint call for proposals was issued to carry out research on SRHR and infectious diseases of poverty linked to the current mass migration in the Americas, with a focus on research capacity strengthening. This call was issued together with the Alliance for Health Policy and Systems Research (AHPSR) and the Special Programme for Research and Training in Tropical Diseases (TDR), with support from the Pan American Health Organization (PAHO), and is being coordinated and executed by the HRP Alliance hub at the Centro de Pesquisas em Saúde Reprodutiva de Campinas (CEMICAMP). This initiative aims to support a strengthened response towards SRHR issues during mass migration in the Americas, with a key component of each proposal being individual and institutional research capacity strengthening.

Access the call for proposals:
https://www.who.int/reproductivehealth/hrp_alliance/HRP-TDR-PAHO-small-grants-call-migrants.pdf



SELECTED 2019 ACHIEVEMENTS IN MEASURING AND MONITORING GLOBAL INDICATORS

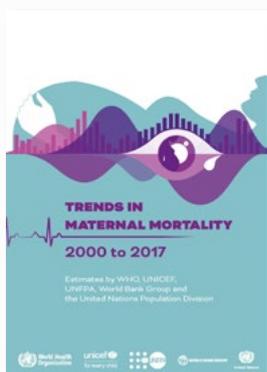
1 The Sustainable Development Goals adopted a target (SDG 3.1) of achieving a global maternal mortality ratio of less than 70 per 100 000 live births by 2030. In 2019 the first set of estimates to monitor progress on SDG 3.1 was published based on HRP research and following official WHO consultation with countries. Focal points were nominated from 119 WHO Member States, and 90 countries provided feedback during the consultation period. The report showed that for women, the global lifetime risk of maternal mortality – the risk that a 15-year-old girl will die eventually from a cause relating to pregnancy or childbirth – was approximately 1 in 190 for 2017, nearly half of the level of risk in 2000. Despite this decline, vast inequalities remain worldwide. The number of maternal deaths occurring in the world's least developed countries remains high – for example, the lifetime risk is as high as 1 in 37 for a 15-year-old girl in sub-Saharan Africa. The report shows that, despite the ambition to end preventable maternal deaths by 2030, at the current rate of progress the world will tragically fall short of this target by more than 1 million lives.



2 SDG indicator 5.6.2 measures the extent to which countries have national laws and regulations in place to guarantee full and equal access to sexual and reproductive health care, information and education for women and men aged 15 years and over. HRP has taken part in an extensive three-year process to inform the first agreed methodology to collect this data, covering maternity care services, contraception and family planning, comprehensive sexuality education and information, and sexual health and well-being. HRP joined a wide range of international and national experts – under the leadership of UNFPA, as well as the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) and WHO – to successfully see through the design, peer review, testing and refinement of the new methodology. Thanks to these efforts, the methodology was accepted by the Inter-agency and Expert Group on SDG Indicators, leading to a reclassification of this indicator from Tier III to Tier II. This means that, going forward, data on this indicator will be systematically collected as part of reporting for SDG 5.6.



Read more and access the report:
<https://www.who.int/reproductivehealth/maternal-mortality-2000-2017/en/>



3

HRP supports WHO in its role as co-custodian agency with the United Nations Children's Fund (UNICEF) for SDG indicator 3.1.2, which measures the "proportion of births attended by skilled health personnel". In 2019, HRP published a scoping review to identify and map the health personnel considered to be skilled birth attendants in low- and middle-income countries from 2000 to 2015, with a view to inform the WHO and UNICEF co-hosted global database on skilled birth attendance, which undergoes yearly country consultation. These data are crucial for monitoring progress and accountability for the SDGs as well as the *Global strategy for women's, children's and adolescents' health*.

Access the scoping review: <https://www.ncbi.nlm.nih.gov/pubmed/30707736>



TARGETS AND INDICATORS OF THE SUSTAINABLE DEVELOPMENT GOALS WHERE HRP AIMS TO MAKE AN IMPACT

GOAL

TARGET

INDICATOR



3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

3.1.1 Maternal mortality ratio

3.1.2 Proportion of births attended by skilled health personnel

3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

3.7.1 Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods

3.7.2 Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group



5.1 End all forms of discrimination against all women and girls everywhere

5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

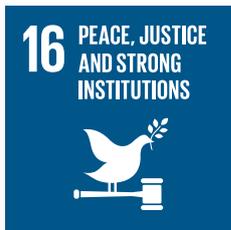
5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

5.6.1 Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care

5.6.2 Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education

GOAL**TARGET**

- 9.5** Enhance scientific research, upgrade the technological capabilities of industrial sectors in all countries, in particular developing countries, including, by 2030, encouraging innovation and substantially increasing the number of research and development workers per 1 million people and public and private research and development spending

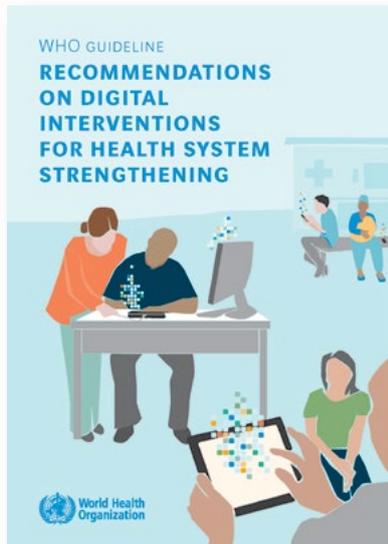


- 16.1** Significantly reduce all forms of violence and related death rates everywhere
- 16.2** End abuse, exploitation, trafficking and all forms of violence against and torture of children

SELECTED 2019 ACHIEVEMENT IN DIGITAL HEALTH

1

Drawing from HRP research, new WHO recommendations were released on 10 ways that countries can use digital health technology – accessible via mobile phones, tablets and computers – to improve people’s health and essential services. The recommendations examine the extent to which digital health interventions, primarily available via mobile devices, can help to address health system challenges along the pathway to universal health coverage. One digital intervention, for example – which is already having positive effects in some areas – is messages sent via phones to pregnant women reminding them to attend antenatal care appointments. Other digital approaches reviewed include decision support tools to guide health workers as they provide care and that enable individuals and health workers to communicate and consult on health issues from across different locations.



Access the guideline: <https://www.who.int/reproductivehealth/publications/digital-interventions-health-system-strengthening/en/>

DONORS

United Nations Organization

Office of the United Nations High Commissioner for Human Rights
United Nations Entity for Gender Equality and the Empowerment of Women
United Nations Population Fund
World Health Organization assessed contribution

Governments

China
France
Government of Flanders, Belgium
India
Netherlands
Norway
Philippines
Sweden
Switzerland
Thailand
United Kingdom
United States of America

Non-state actors

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