



HRP • RHR news

Special Issue: Key messages from PCC 2010 (23) on progress towards improving sexual and reproductive health by HRP

--> Director's report to PCC



We have a common commitment to the attainment of universal and equitable access to sexual and reproductive health, working in partnership to achieve results, but what does it mean to the pregnant woman on top of the hill or many other women, families, individuals and communities? It means not only surviving a pregnancy or a preventable sexual and reproductive ill-health problem but also being able, with all our support, to reach the promise within the horizon where it is normal to survive a pregnancy and lead a healthy sexual and reproductive life. Speaking at the

ICPD+15, the Secretary-General of the United Nations was emphatic: "... for the first time governments acknowledged that every person has the *right* to sexual and reproductive health. They agreed to put *gender equality, reproductive health* and reproductive *rights* at the *centre of development* ... recognized the need to make sure that *all people* who want reproductive health care can get it" and, at the recent Women Deliver conference: "When we work together, we succeed". This is a call at the highest level and our commitment and challenge is to translate this call to reality at the country level. The report of the Director covered this, among other issues, which include work done to prevent mother-to-child transmission of HIV; immediate and distal causes of maternal mortality, the high demand for the family planning wheel developed by HRP based on the publication *Medical Eligibility Criteria* and the *Reproductive Health Library* which disseminates electronically scientific reviews on best sexual and reproductive health practices.

Other messages included the following: from the Director-General of WHO, "Societies and the political leaders who govern them must first decide that the health of women matters. Public health can do something of course. We can promote better *access to sexual and reproductive health services* ... we can map out technical strategies for reducing maternal deaths"; as well as those from the External Evaluation of HRP presented to PCC in 1990, 2003 and 2008.

Dr Mike Mbizvo, Director a.i.

--> Strengthening health systems through operations research to improve sexual and reproductive health

Approaches to implementation research by HRP (Dr Metin Gulmezoglu, WHO/RHR)

In recent years there has been increasing acknowledgement of the gaps between our knowledge of effective practices and their utilization. The Department established two cross-cutting working groups on "Knowledge Synthesis and Exchange" and "Implementation Research" as priority. In 2010, due to the intrinsic closeness of the objectives of the two groups, they were merged into a single entity. Implementation research was defined as "The scientific study of methods to promote the systematic uptake of research findings and other evidence-based interventions into routine practice, and hence to improve the quality (effectiveness, reliability, safety, appropriateness, equity, efficiency) of health care". In keeping with its mandate, the Department is broadening its research in this area alongside strengthening capacity to conduct such research within Member States. Of particular

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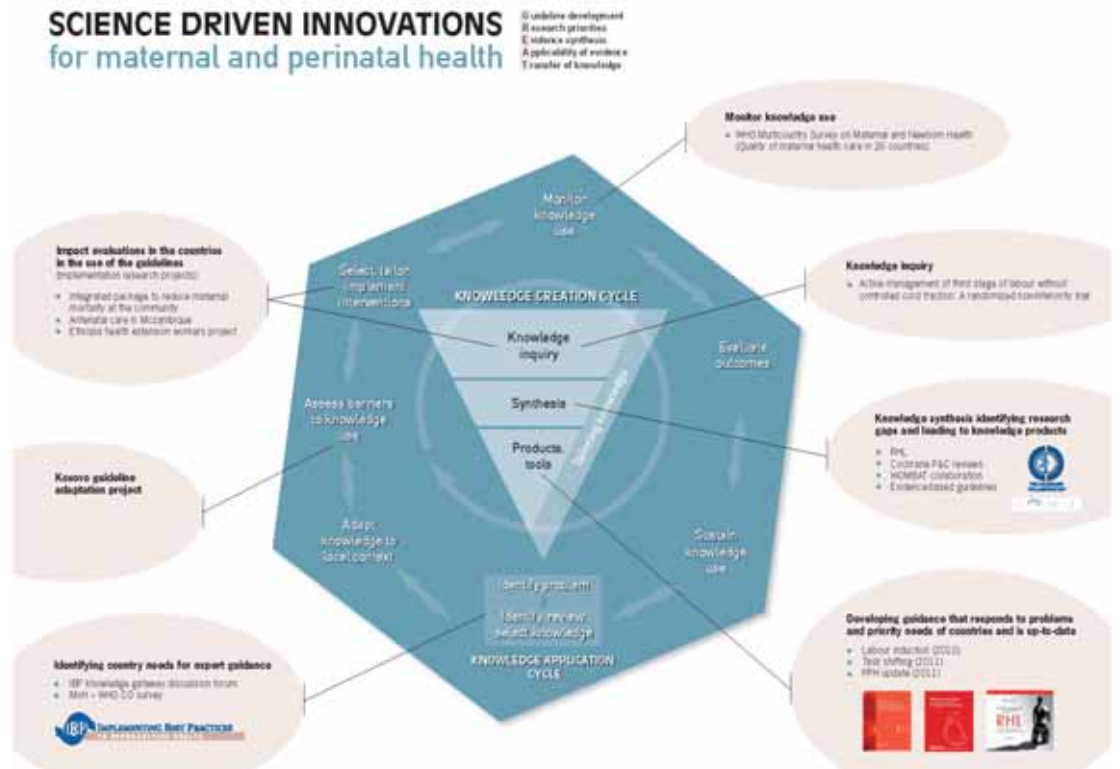
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importance is the conduct of studies that will improve the implementation of the Department's evidence-based guidelines. The Department recently launched a project that connects its research prioritization, knowledge synthesis and guideline development activities with the adaptation, adoption and implementation of those guidelines. The project is called G.R.E.A.T. (guideline development, research priorities, evidence synthesis, applicability of evidence, transfer of knowledge) ensuring that the care received by women and patients is appropriate and of high quality.



The HRP implementation research portfolio is based on country priorities and focuses on the health system, aiming to improve linkages between health-care delivery in the community and at a facility. The work builds on HRP's extensive existing research networks and is expanding to new partnerships to develop capacity for implementation research both globally and locally.

A case study on syphilis screening and upscaling to improve maternal and newborn health

(Dr Bayalag Munkhuu, Mongolia)

Dr Bayalag Munkhuu, was supported by HRP to conduct research on antenatal screening for syphilis in Mongolia. A cluster randomized trial was employed to test whether a "one-stop service" was more effective in prevention of congenital syphilis than the conventional antenatal screening service employed in 14 antenatal clinics in Ulaanbaatar, the capital city. The Ministry of Health, the WHO Country Office in Mongolia and the Regional Office of the Western Pacific Region provided further support to extend the "one-stop service" project to two other major provinces: Darkhan and Erdenet.

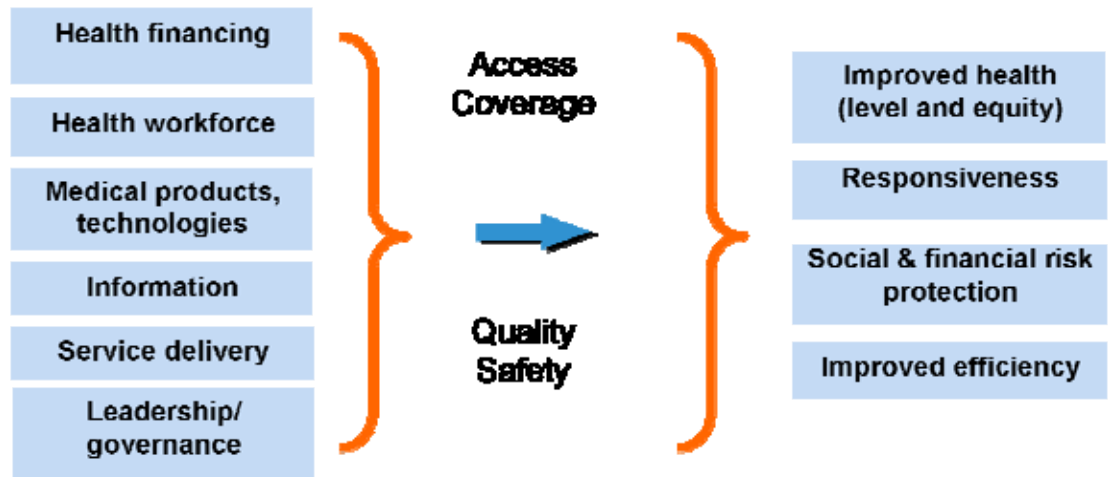


The project has been expanded by the Ministry of Health to eight provinces and six districts of Ulaanbaatar with financial support from the Global Fund (to Fight AIDS, Tuberculosis and Malaria). The National Congenital Syphilis Elimination Programme is in line with the WHO Global elimination of congenital syphilis strategy's objectives (improving effective antenatal syphilis screening coverage, prompt treatment of positives and partners), consequently eliminating congenital syphilis as a public health problem. Operations research can be used to guide programme interventions and policies, research findings can be translated into practice and scaled-up, but require supportive national congenital syphilis policies and appropriate monitoring and evaluation. The Global Fund is a source of support for scale-up of congenital syphilis elimination activities.

Innovation approaches to strengthen health systems to improve sexual and reproductive health by HRP

(Dr Dale Huntington, WHO/RHR)

Health system failures to deliver proven technologies and services are widely acknowledged, and today health systems strengthening is no longer considered a "black box" or "bottomless pit" to be avoided by priority programmes. The WHO Framework for Action "Strengthening health systems to improve health outcomes" gives a useful model for structuring actions to improve system performance. HRP supports research in each of these building blocks – and in the synergies between the different elements of a health system. In fact, there is a tremendous amount of research and innovation under way both within HRP and by our partners. The presentation at PCC focused on recent trends in health financing and the implications for sexual and reproductive health. Three broad areas of health financing were discussed: resource mobilization, pre-payment and pooling, and purchasing.



Resource mobilization is intimately related to sector governance. Following up on the Paris Declaration, foreign assistance is based upon principles of alignment and harmonization. Financing into the health sector is moving away from stand-alone projects to broader sector and general budget support. This is accompanied by increased attention to accountability, financial management systems and the development of performance indicator frameworks. HRP has been working with UNFPA to strengthen the UN partners and civil society's capacity to incorporate sexual and reproductive health within development frameworks.

The second area of financing is that of prepayment and pooling of funds. Where health systems are underfinanced, a typical result is high out-of-pocket expenses and financial barriers to access for the poor. There is currently considerable experimentation with innovative financing mechanisms to address this problem including new mechanisms for demand side financing: social health insurance, conditional cash transfers, voucher schemes, etc. HRP is supporting a number of different evaluation efforts to assess the impacts of these mechanisms.

The third major area of innovation in financing is that of payments and purchasing, which is being led by a surge of interest in performance based financing mechanisms. One common type of performance based financing is where monetary incentives are paid to providers on the basis of performance related to increased quality of care and volume of services provided. Results-based financing is conceptually easy to describe and very complex in operations. There is a need for guidance to countries on this subject. HRP has supported research that provides evidence on how these payment mechanisms effect sexual and reproductive health service performance. An excellent example was the evaluation of the study on impact of provider incentive payments conducted in Egypt, which was presented in detail in the next presentation by Dr Hassan Zaky.

A case-study on provider payment scheme to improve sexual and reproductive health

(Dr Hassan Zaky, Egypt)

Dr Zaky began his presentation with an overview of the Egyptian health policy context with emphasis on the ongoing process of health-sector reform. Key elements of the reform process included a focus on primary health care, the creation of a Family Health Fund, the introduction of a basic benefit package and piloting a set of incentive payments to health-care providers, based on performance indicators linked to quality of care in priority programmes. The hypothesis of the evaluation study was that providers who received the performance based incentive payments would provide better quality reproductive health services and be more responsive to clients' reproductive health needs than providers who received an equivalent salary supplement not linked to performance. The study was a case-control quasi-experimental study implemented in eight health units in two districts between 2006 and 2008.

The incentive payment scheme had a clear effect on the performance of providers of family planning, antenatal and childcare services, as reported by beneficiaries. An analysis of provider and beneficiary characteristics showed no significant differences between experimental and control groups, strengthening the interpretation of attribution of these improvements to the performance-linked incentives. However, interviews with district managers and providers noted that a number of problems had been encountered. For example, having incentives for physicians but not other members of the service delivery team created decreased motivation for these cadres. On the bases of the results from both quantitative and qualitative interviews, the Ministry of Health and Population was able to make adjustments to the incentive scheme and are currently scaling-up the revised model in additional districts of Egypt.

--> Research, policy and practices for improving sexual and reproductive health: context and strategies at country and global levels

Policy-maker perspective

(Dr Catherine Sanga, United Republic of Tanzania)

The Government of the United Republic of Tanzania was among the first countries to participate in the WHO–UNFPA Strategic Partnership Programme (SPP) whose objective is the systematic introduction, adaptation and adoption of evidence-based guidelines to improve the quality of, and access to, sexual and reproductive health. SPP implementation involved a phased approach at country level. This has been a response to a felt need in the country, which also involved updating of national guidelines and training modules.



Actions were taken whose objectives were to:

- Inform, educate, train, motivate and support health-care providers to use evidence-based practices.
- Promote a comprehensive approach to reproductive health, such as by promoting safe sex and dual protection, integrating reproductive health services, and expanding contraceptive coverage and quality of care. In addition, decrease medical barriers and promote access to services including promoting awareness of sexually transmitted infections and appropriate care-seeking and timely service.
- Involvement of and orientation of key decision-makers at different levels as appropriate (continuous process).
- Work through established focal points/units.
- Support the initial steps of adaptation/adoption.
- Collaboration with in-country partners and departments:
 - for United Republic of Tanzania, the following have been involved –: National AIDS Control Programs (Mainland & Zanzibar), Safe Motherhood Program (Zanzibar), UNICEF, UNFPA and WHO country offices, FCI, PSI, Jhpiego, EngenderHealth/ACQUIRE and Pathfinder.
- Challenges and slow scaling-up have been observed due to:
 - inadequate financial resources to support activities at all levels in relation to the magnitude of issues and problems to be addressed;
 - inadequate number of skilled service providers in many health units;

- sociocultural factors:
 - gender inequalities in decision-making powers at household level;
 - still there are unknown social cultural practices that hinder adoption of appropriate reproductive and child health (RCH) practices;
- not all components of reproductive health are well addressed, e.g. infertility, cancers, reproductive health needs for men, the elderly.

***Reproductive health programme director perspective
(Dr Chisale Mhango, Malawi)***

In his introductory remarks, Dr Mhango noted that:

1. Developed countries do not provide adequate budgets for evidence-based studies to guide national programme development.
2. WHO is considered the authoritative source of best practice.
3. WHO is a regular provider of technical support to ministries of health.
4. WHO country offices provide HRP outputs on a regular basis.
5. HRP support to national studies is critical.

Examples of HRP influence on country programme development

Program development	HRP inputs
<ul style="list-style-type: none"> • Continental programme 	<ul style="list-style-type: none"> • Continental Policy Framework for SRHR in Africa based on the WHO <i>Global reproductive health strategy</i> and <i>Adolescent reproductive health strategy</i> (2005). • Maputo Plan of Action developed to implement Continental Policy Framework (2006) and incorporated in Africa Health Policy – WHO indicators adopted (2007).
<ul style="list-style-type: none"> • Regional programme 	<ul style="list-style-type: none"> • Regional Policy Frameworks based on Continental Policy Framework
<ul style="list-style-type: none"> • National programmes 	<ul style="list-style-type: none"> • Maputo Plan of Action developed to implement Continental Policy Framework and incorporated in Africa Health Policy

Specific examples of HRP studies used at country level 1

Programme implementation	HRP outputs
<ul style="list-style-type: none"> • Promotion of family planning in developing countries 	<ul style="list-style-type: none"> • Health benefits of family planning
<ul style="list-style-type: none"> • Development of population policies in developing countries 	<ul style="list-style-type: none"> • Maternal and child health outcomes versus birth order • Relationships of CPR and MMR, IMR, TFR

Specific examples of HRP studies used at country level 2

Programme implementation	HRP outputs
<ul style="list-style-type: none"> • Use of community-based distributors for universal access to family planning 	<ul style="list-style-type: none"> • Safe delivery of FP services in the community
<ul style="list-style-type: none"> • Improved quality scale up of antenatal care services 	<ul style="list-style-type: none"> • Use of <i>Medical Eligibility Criteria</i> tool • Focused antenatal care
<ul style="list-style-type: none"> • Routine use of the partogram to monitor labour 	<ul style="list-style-type: none"> • Development of more user friendly partographs

Specific examples of HRP studies used at country level 4

Programme implementation	HRP outputs
<ul style="list-style-type: none"> Routine use of magnesium sulfate 	<ul style="list-style-type: none"> Promotion of studies on magnitude of unsafe abortion in developing countries
<ul style="list-style-type: none"> Move towards the provision of safe abortion 	
<ul style="list-style-type: none"> Revised STI Guidelines 	<ul style="list-style-type: none"> Studies on STI drug resistance
<ul style="list-style-type: none"> Standardization of care to improve quality of care 	<ul style="list-style-type: none"> Promotion of magnesium sulfate for PIH and AMTSL to reduce PPH
<ul style="list-style-type: none"> Introduction of manual vacuum aspiration at HC level 	

Development partner perspective (Dr Jeff Spieler, USAID)

In his perspective as a development partner who has worked in a large number of countries, Dr Spieler noted that there are a number of common aspects of successful reproductive health services, which include:

- supportive policies and regulatory framework;
- evidence-based programming;
- strong leadership and management;
- effective communication strategies;
- commodity security;
- high-performing staff;
- client-centred care;
- easy access to services;
- affordable services;
- appropriate integration of services.



Policy-level/guidelines

Dr Spieler underscored the importance of development partners working in collaboration on the development of evidence based guidelines based on the following principles:

- Ensuring national guidelines and policies reflect current evidence, for example by aligning with the **WHO Medical Eligibility Criteria**.
- Promoting family planning to key stakeholders, such as using the **RAPID Model**.
- Addressing misinformation and increase knowledge and awareness of reproductive health through **mass media**.
- Assessing needs, building ownership, and making a plan, for example through the "**SPARCHS**" – **Strategic Pathway to Reproductive Health Commodity Security**



“Given appropriate and competency-based training, community health workers (CHWs) can screen clients effectively, provide DMPA injections safely and counsel on the side effects appropriately, demonstrating competence equivalent to facility-based providers of progestin-only injectables.”

Conclusions of WHO Technical Consultation (June 2009)

--> Concluding remarks by PCC Chair

Having heard of the recent commitments announced at the Women Deliver conference, the G8 summit and the Pacific Health Summit, it is clear that a new global momentum to address reproductive health is attracting more attention than ever before from all corners, and raising hopes for accelerating progress towards Millennium Development Goal 5. Governments, international agencies and civil society are stepping up their prioritization of women's and children's health. This is a time where new research findings must be readily available, where lessons and ideas are shared and policies carefully crafted and implemented. The UN Secretary General's Joint Action Plan for Women's and Children's Health, Investing in Our Common Future, brings about a great need for knowledge on what can be done and how to improve reproductive health. Policy-makers need to be assured that solutions exist. They need to be told of recent studies that prove the positive impact that policies and services have on reducing maternal deaths and disabilities. We need to be clear on technologies that save women's lives, as well as the importance of sexual and reproductive rights as a key cornerstone of development. This is a role that HRP can play. Given HRP's long track record of coordinating and conducting research and strengthening research capacity and programme development to improve sexual and reproductive health, it is well positioned within the UN system to play an active role in advancing key research actions within the UN Secretary-General's Joint Action Plan. Specifically, it is well placed to play a facilitating role in aligning global evidence to country action and following up the priority given to reproductive health by the top 100 health research institutions mentioned in the Joint Action Plan. Together with partners, HRP can also support countries to define local solutions and respond to evolving needs with the generation of evidence-based interventions and their applicability to scaling up, through implementation research. It is further important that HRP supports the identification of performance indicators and the effective monitoring and evaluation of country programmes.

Helga Fogstad
PCC Chair

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With *HRP/RHR News* we aim to strengthen communication with our partners, and, together continue to advocate for improving sexual and reproductive health and the work of HRP. We invite you to send us any observations or suggestions that you may have in support of this objective as well as the contents of this newsletter (or items that you wish to see included in *HRP/RHR News*). In this regard, we would be interested especially in hearing from members of our advisory bodies, our donors and potential donors. Please send your comments and suggestions to: HrpRhrNews@who.int.

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