Celebrating the Impact of the Human Reproduction Programme

HRP at 50

Strengthening impact at country level

Since 1972, the UN cosponsored special programme, HRP, has pursued a vision of sexual and reproductive health and rights (SRHR) for all. This is the fourth in a series of stories to share key moments from HRP's history and the impact of its work on advancing the attainment of SRHR. Find out more about the Human Reproduction Programme here.

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Based in WHO's Department for Sexual and Reproductive Health and Research, HRP is uniquely positioned to help translate research and normative guidance into action at the national level due to its extensive experience, convening power and network of collaborating centres and partners. This story describes examples of the impact of HRP's work in a range of countries.

Expanding contraceptive choice in countries with high HIV incidence

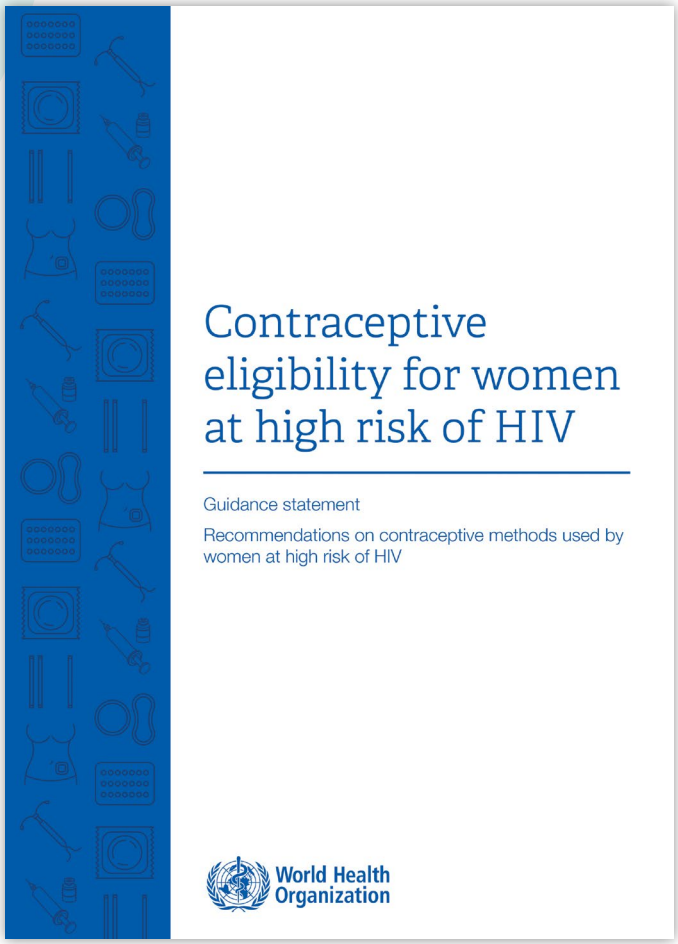
HRP has been at the forefront of research initiatives developing and confirming the safety of innovative methods of contraception, including the contraceptive vaginal ring, monthly injectables and emergency contraception. These methods have expanded choice for couples worldwide since being made available.

In African countries with high HIV incidence, the most common contraceptive used is intramuscular injectable progestin depot medroxyprogesterone acetate (DMPA-IM). As the HIV epidemic spread across the continent, a number of observational research studies suggested a possible increased risk of HIV for women using progestogen-only injectables, particularly DMPA-IM.

To find a definitive answer, between 2015 and 2017, HRP carried out the Evidence for Contraceptive Options and HIV Outcomes (ECHO) trial in four countries with high HIV incidence – Eswatini, Kenya, South Africa and Zambia – as part of a research consortium, including FHI 360, the University of Washington and Wits Reproductive Health and HIV Institute. The trial compared HIV incidence among 7 829 sexually active HIV-negative women, aged 16–36 years, who were randomly assigned to use either DMPA-IM, a copper IUD or a levonorgestrel (LNG) implant.

The results, published in June 2019, revealed no significant difference in the rate of HIV infections among women using one of the three reversible contraceptive methods evaluated and found all methods to be safe and highly effective.

"After decades of uncertainty, the results of the ECHO trial were the most robust to address concerns over HIV risk with these contraceptives. The findings



supported continued and increased access to these contraceptive methods, alongside high-quality integrated HIV and STI prevention services,", said Petrus Steyn, Scientist, HRP and WHO Department of Sexual and Reproductive Health and Research.

A meeting of the WHO Guideline Development Group in July 2019 considered the results of the trial and recommended revision to the fifth edition of the Medical Eligibility Criteria for Contraceptive Use (MEC) to state that women at high risk of HIV infection can use all methods of contraception without restriction. The revision was deemed particularly important for sub-Saharan Africa

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In preparation for publication of the ECHO trial and actions that would follow, HRP had been engaging with the four study countries and ten other high HIV prevalence countries in sub-Saharan Africa, bringing together researchers, policy makers, advocates, civil society, funders and staff from WHO, ministries of health, UNFPA and UNAIDS to establish national task teams. The task teams, convened by ministries of health, developed roadmaps, prepared messaging for different scenarios and incorporated updated WHO recommendations into national guidelines.

By the end of 2019, eight countries had incorporated updated WHO guidance into their national guidelines and five had disseminated the updates. Since all three contraceptive methods were shown to be safe and effective, nine countries expanded the availability of these methods, i.e. by providing better access to methods already available and introducing previously unavailable methods. Furthermore, to ensure that services address the full range of needs, family planning services were integrated with HIV and STI prevention in Botswana, eSwatini, Ethiopia, Kenya, Lesotho, Malawi, Namibia, South Africa, Tanzania, Uganda and Zambia.

The formation, development and implementation of the task teams in countries had a substantial impact on building awareness of the complex issues surrounding the study, implementation of the findings and uptake of subsequent guidance. HRP and WHO continue to work with countries to advance the agenda set by the ECHO trial.

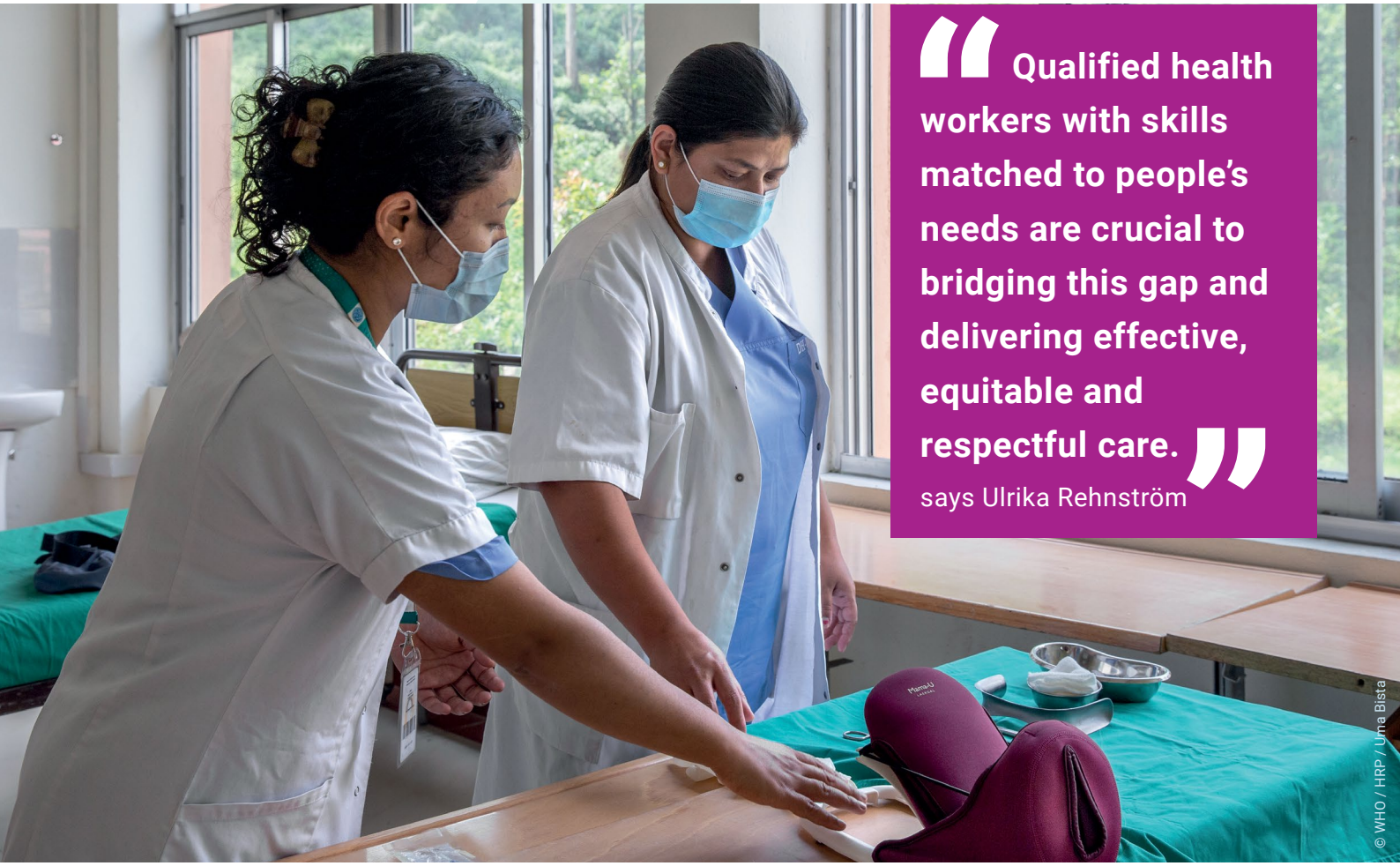
Building skills in family planning and comprehensive abortion care

Around 73 million induced abortions take place worldwide each year, according to estimates published in 2020. Nearly half of all induced abortions are unsafe, according to estimates from 2010 to 2014. In the least safe conditions, abortions are performed by untrained persons using dangerous and invasive methods.

In 2019, HRP began a four-year project to reduce the burden of unsafe abortion and its consequences by supporting countries to integrate sexual and reproductive health (SRH) – with a focus on all elements of comprehensive abortion care, including post abortion care – as integral components of their primary health care (PHC) and universal health coverage (UHC) approaches. Access to skilled health workers features among the objectives of the project.

"Qualified health workers with skills matched to people's needs are crucial to bridging this gap and delivering effective, equitable and respectful care. Yet, in many countries' health workers remain untrained in areas related to family planning and comprehensive abortion care", said Ulrika Rehnström, Technical Officer, HRP and WHO Department of Sexual and Reproductive Health and Research.

HRP and WHO strengthened the training for health workers in family planning and comprehensive abortion care in Benin through a series of steps. First, in 2019, all five of Benin's health professional training institutions were assessed by the Ministry of Health on their capacity to provide sexual and reproductive health and rights (SRHR) training. The human rights component was found to be a key training gap in all institutions. To address this and other specific challenges and recommendations identified for each institution, in 2020 the WHO Benin Country Office worked closely with the five institutions to update their curricula in line with WHO guidance. This was done with the support of experts from the Ministry of Health, Institut Régional de Santé Publique and HRP/WHO.



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As a result, all five health professional training institutions in Benin have integrated updated SRHR modules, with emphasis on the rights perspective, family planning and comprehensive abortion care, into their curricula in accordance with WHO guidance. A total of 1 389 newly recruited health workers have been oriented on ethics and rights in sexual and reproductive health and 185 students who had completed their studies in 2021, but not received the training using this new module in earlier years of study, were provided with remedial seminars before their graduation and commencement of employment.

WHO will support and monitor the use of the updated modules to train health professionals in SRHR. The modules will continue to be revised in line with WHO/HRP and national SRHR guidelines to ensure that health professionals apply the latest best practices in SRH services for women and girls in Benin.

Ensuring respectful maternal and newborn care

HRP and WHO's 2018 Recommendations on intrapartum care for a positive childbirth experience highlighted the importance of woman-centred care to optimize women's experiences of labour and childbirth through a holistic, human rights-based approach. This approach includes the provision of respectful maternity care that maintains women's dignity, privacy and confidentiality, enables informed choice and continuous support throughout labour and childbirth, and ensures freedom from mistreatment.

In October 2019, an HRP-led study of mistreatment during childbirth, including over 2 000 women in Ghana, Guinea, Myanmar and Nigeria, was published. The study found that 42% of the women observed experienced physical or verbal abuse, stigma or discrimination – 14% experienced physical abuse, most commonly being slapped, hit or punched. Furthermore, there were high rates of non-consensual caesarean sections, episiotomies and vaginal examinations. Women were at highest risk of physical and verbal abuse between 30 minutes before birth until 15 minutes afterwards. Younger, less-educated women were most at risk of mistreatment.

"A positive childbirth experience should meet a woman's personal and cultural expectations, giving her a sense of control and involvement in her own care, with the support of competent clinical staff and her own choice of birth companion. This study helped uncover the scale of the problem of mistreatment", said Özge Tuncalp, Medical Officer, HRP and WHO Department of Sexual and Reproductive Health and Research.

The study proved to be a powerful catalyst for action. Less than two months after it was published, in December 2019, scientists at the Center for Research in Reproductive Health in Guinea (CERREGUI), supported by HRP, brought together ministerial officials, directors of maternity hospitals, international agencies, NGOs and professional associations to present the findings. They developed a set of recommendations – including practical steps, such as allowing chosen birth companions and accepting the birth position desired by the

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woman, and health system changes, including scaling up training in respectful maternity care, and strengthening governance and oversight – that could be implemented nationally to reduce mistreatment of women during childbirth.

The recommendations were accepted by the Ministry of Health of Guinea and incorporated into the National Reproductive, Maternal, Newborn, Infant, Adolescent Health and Nutrition Strategic Plan (SRMNIA-N 2020–2024). Furthermore, they also informed the Regional MUSKOKA Action Plan of 2021.

Changes can be seen at the health facility level in Guinea. In the maternity ward of the National Teaching Hospital, Ignace Deen, in Conakry, there are now chairs beside each bed in the labour ward so every woman can have the birth companions of her choice by her side during childbirth.

"From the Ministry of Health to the maternity ward, we are committed and enthusiastic about turning this research into action, putting into practice these recommendations for respectful care which can improve the experience of childbirth for every woman in Guinea", said Mrs Hawa Keita, Head Midwife of Maternity Ward at Ignace Dean.

HRP is working with partners to develop a knowledge translation toolkit to organize and package available evidence, recommendations and experiences in an accessible and usable format to further enable implementation, scale up and cross-contextual learning for respectful maternal and newborn care.

Strengthening health systems responses to violence against women during crises

Women's risk of sexual violence and intimate partner violence increases in humanitarian emergencies and outbreak situations. While exact estimates of violence against women during outbreaks and emergencies are not available, factors such as displacement, economic stress and reduced access to support services, all exacerbate the risk of women experiencing violence. Physical distancing and lockdown measures, as seen during the COVID-19 pandemic, further add to the risk.

The health sector has an important role to play in responding to the needs of women subjected to intimate partner violence and sexual violence.

Systematic reviews generated by HRP and WHO contributed to the 2013 WHO clinical and policy guidelines for responding to intimate partner violence and sexual violence against women. To translate these evidence-based guidelines into clinical practice in countries, HRP and WHO developed implementation tools to strengthen the capacity of health providers. These included a clinical handbook, 'Health care for women subjected to violence', followed by an updated protocol for the clinical management of rape and intimate partner violence in humanitarian settings in 2020, as well as infographics and other tools supporting providers to address violence against women during the COVID-19 pandemic. HRP and WHO have been collaborating with WHO regional and country offices, other HRP co-sponsors and international and national NGOs over the past decade to support the implementation of these guidelines and tools in countries.

In 2020, recognizing that many survivors of violence could not access services during the COVID-19 pandemic, the WHO Country Office in Pakistan partnered with the Balochistan Institute of Psychiatry to establish a model of telemedicine to provide gender-based violence (GBV) care, psychosocial

support, mental health care and referral services in 22 primary health facilities and four tertiary care hospitals in Pakistan. The clinical handbook, adapted to the Pakistan context, was used to train the health care providers staffing telemedicine clinics on providing clinical care to survivors.

Similarly, in Iraq, to ensure continuity of services for survivors of violence during the COVID-19

Following the trainings, which involved staff from 40 primary health centres, six hospitals and two mobile clinics, 81% of participating health facilities updated referral pathways to other services and 40% of facilities reported an increase in uptake of services by women survivors of violence.

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pandemic, the WHO Country Office developed information, education and communication (IEC) materials highlighting what health providers could do to support survivors. Iraq's adapted clinical handbook was used in online trainings for health care providers and adapted flow-charts from the handbook were used to provide first-line support, both face-to-face and online. Following the trainings, which involved staff from 40 primary health centres, six hospitals and two mobile clinics, 81% of participating health facilities updated referral pathways to other services and 40% of facilities reported an increase in uptake of services by women survivors of violence.

In 2023, the WHO Country Office in Poland and national partners launched the Polish translation of the clinical management of rape and intimate partner violence guidance to support survivors, including the context of the Ukraine crisis. Details of the launch were made available in a short film.

"The examples from Iraq, Pakistan and Poland show the path through which HRP's evidence on effective health interventions to respond to violence against women is translated into guidelines and implemented, including in crisis contexts. These innovations can have a real impact on the quality of services provided to survivors", said Avni Amin, Head of the Rights and Equality Across the Life Course Unit, HRP and WHO Department for Sexual and Reproductive Health and Research.

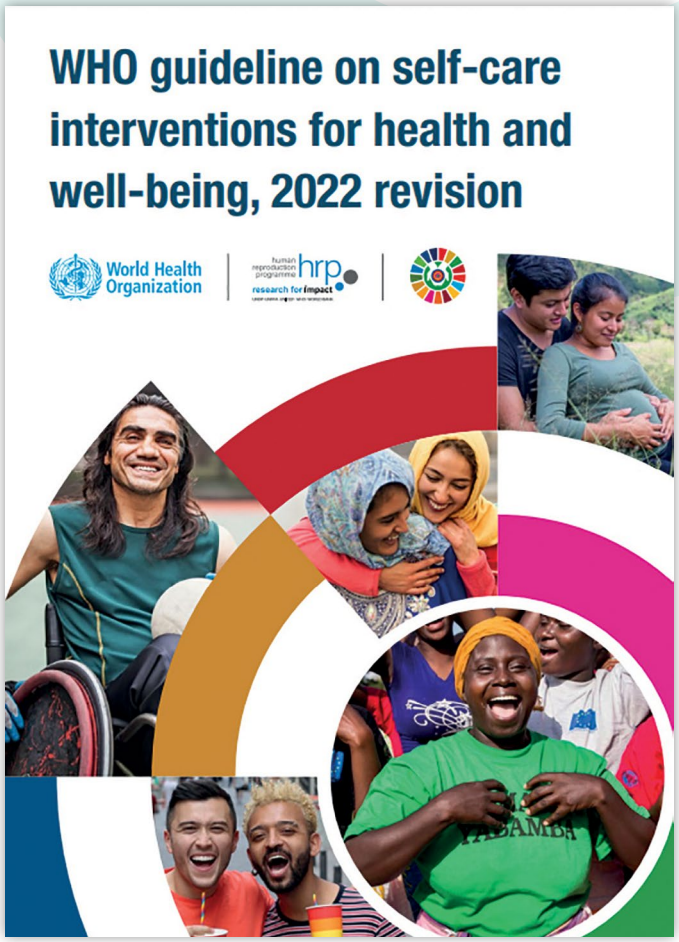
Self-care interventions for sexual and reproductive health and rights

Although self-care has been practised around the world since time immemorial, new products, technologies and information are changing the way health services are delivered, providing more opportunities for individuals to make informed decisions about their health and well-being. The first consolidated, global guideline on self-care interventions for health and wellbeing, published by WHO/HRP in 2019, represented an important paradigm shift in WHO guidance, paving the way to link communities, primary health care and health systems.

Nigeria was one of the first countries to adopt the global guideline. In 2020, with the support of the WHO Nigeria Country Office, the Federal Ministry of Health led the adaptation of the global guideline through a consultative process engaging advocacy groups, NGOs, policymakers, the private sector, professional associations and regulatory bodies to provide inputs. The National Guideline on Self-Care for Sexual, Reproductive and Maternal Health was officially launched in March 2022, providing strategic direction on integrating and implementing SRH self-care interventions into the Nigerian health system.

"The WHO/HRP global guidance on self-care interventions was the template for the WHO Country Office to provide leadership and coordination of partners to work with the Federal Ministry of Health to adapt the guideline in line with our national context and priorities,", said Olumuyiwa Ojo, Technical Officer, WHO Nigeria Country Office.

By adapting and contextualizing the conceptual



framework and good practice statements in the global guideline, the government and national stakeholders could strategically roll out and implement the national guideline. As of 2023, 21 states in Nigeria have committed to implementing the guideline and expanding access to self-care interventions for sexual and reproductive health – from building awareness of healthy behaviours to increasing the availability of self-administered injectable contraception, HIV self-testing and human papillomavirus (HPV) self-sampling for increased cervical cancer screening. The WHO Nigeria Country Office also coordinated the implementation of a costed national plan for self-care interventions.

Federal Ministry of Health officials used the national guideline on self-care interventions as a policy intervention to mitigate the disruption to services caused by the COVID-19 pandemic. For instance, DMPA sub-cutaneous self-injection and over-the-counter contraceptives were prioritized as self-care interventions to ensure their continuous availability, particularly for adolescent girls and women with poor access, and among internally displaced populations.

Several other self-care interventions for sexual and reproductive health have also been piloted with good results in parts of Nigeria. Home-based ovulation predictor kits and over-the-counter oral emergency contraceptives have been available in Nigeria for some time to support health systems and enable people to have additional options to clinical care. The national guideline on self-care interventions provides a framework for wider access, uptake and coverage in line with national goals and targets to improve primary health care and reach UHC goals.

In collaboration with the government and other partners, the WHO Nigeria Country Office is taking steps to ensure the rollout of self-care interventions at the community level through state-level dissemination

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and engagement with key stakeholders, including the media and community representatives. So far, dissemination has taken place in 19 out of 36 states in Nigeria. Strengthening partnerships for the implementation of self-care interventions is a key area of work in Nigeria. As more partners include self-care options in their intervention packages, self-care interventions can reach more communities.

Nigeria is focused on guideline roll-out and dissemination and increasing awareness and uptake of services in the first two years after the national adaptation of the global guideline. Continuing this coordinated approach to implementation, in the next three years the country will focus on expanding the regulatory space to create an enabling environment, growing the market and uptake of self-care interventions, and strengthening the quality of services through regulation and monitoring. The potential to expand services and achieve universal sexual and reproductive health for all through strategic investment in and promotion of self-care interventions is becoming a priority to national policymakers.

South-south learning exchange to strengthen family planning

In 2019, WHO/HRP embarked on the Family Planning Accelerator Project using South-South Learning Exchange (SSLE) to support partners and ministries of health to strengthen national family planning services, within the broader frameworks of the Sustainable Development Goals (SDGs), UHC and WHO's 13th General Programme of Work [GPW 13]. SSLE is a process where two countries in the Global South engage in peer-to-peer exchange of knowledge and experience. It is based on the belief that countries facing common challenges and seeking to achieve common goals can make faster progress through shared learning.

In January 2020, the ministries of health of Nepal and Sri Lanka agreed to share best practices and learnings to strengthen the family planning programme in alignment with their national plans and policies using the five-step methodology developed under the HRP/WHO Family Planning Accelerator project: preparation, planning,

exchange, implementation of lessons learned and dissemination of results.

Following preparation and planning (steps 1 and 2) led by both their ministries of health in consultation with key stakeholders, the two countries set specific learning objectives and agreed to mentor and learn from each other. Nepal aimed to integrate post-partum family planning in maternal, newborn and child health (MNCH) services. Sri Lanka's objective was to upgrade its paper-based logistics management information system (LMIS) to a web-based eLMIS to facilitate planning and implementation of procurement and supply of FP commodities to the last mile and avoid stock outs.

Due to the COVID-19 pandemic, the exchange of experiences and perspectives (step 3) took place using virtual meetings. The two teams developed a monitoring system to track progress and implemented the learnings (step 4). Nepal developed advocacy tools and began implementing integrated family planning services in a decentralized environment. In Sri Lanka, e-LMIS was developed for contraceptive commodities and included in the district health information software - staff at all

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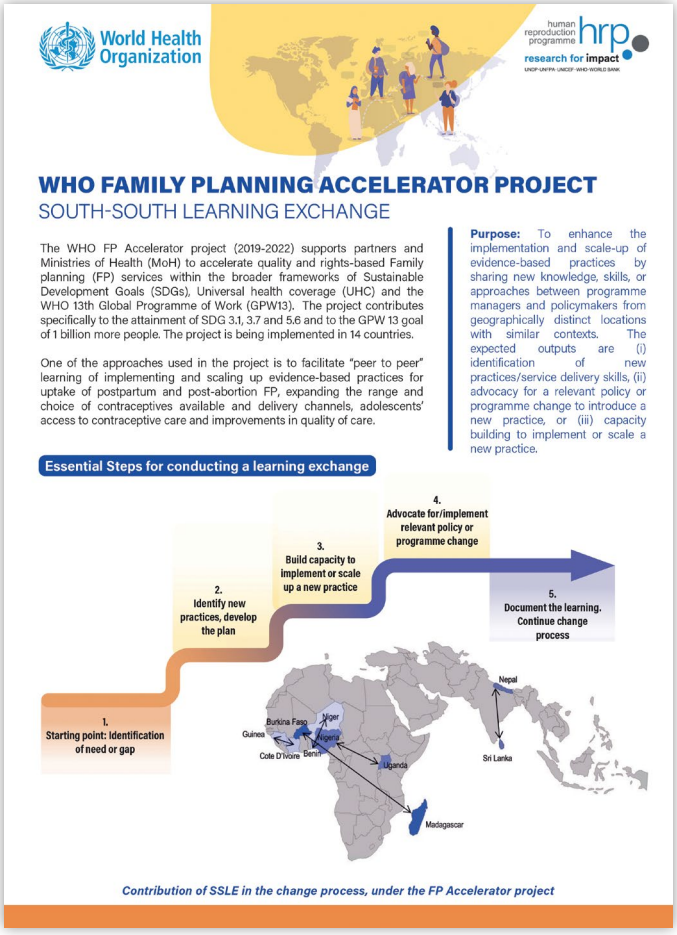
levels were trained on using e-LMIS. The system was piloted in nine districts and then scaled up to all 28 health districts. A mid-year external evaluation of the SSLE documented the progress and learnings. Final evaluation (Step 5) of the exchange is planned for the last quarter of 2023.

"This was a country-led process that leveraged WHO/HRP's role as a knowledge broker, curator and disseminator. WHO/HRP's convening power, country presence, technical expertise and impartiality supported and strengthened the collaboration between both countries. SSLE based on principles of national ownership, respect for sovereignty and equality as demonstrated by Nepal and Sri Lanka is an ideal opportunity for countries to collaborate and scale up good practices", said Rita Kabra Technical Officer, HRP and WHO Department for Sexual and Reproductive Health and Research.



Contribution of SSLE in the change process, under the FP Accelerator project

The SSLE has made a positive contribution to improving the knowledge and capacity of national and subnational FP programme managers and contributed to strengthening the health systems of both countries to better implement and deliver FP programmes.

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