Programme budget 2014-2015 Performance Assessment
Programme area: 3.1 Reproductive, Maternal, Newborn, Child and Adolescent Health

OUTCOME 3.1. INCREASED ACCESS TO INTERVENTIONS FOR IMPROVING HEALTH OF WOMEN, NEWBORNS, CHILDREN AND ADOLESCENTS

I. OVERVIEW OF MAJOR ACHIEVEMENTS AND CHALLENGES

The biennium 2014-2015 marked the end of the Millennium Development Goal (MDG) attainment period during which the Programme Area targeted accelerated action towards MDGs 4 and 5. Major achievements include: global expansion of the Every Newborn Action Plan; collaboration with the United Nations (UN) Commission on Life Saving Commodities; the Global Action Plan for Pneumonia and Diarrhoea (GAPPD); on the integrated community case management programme (iCCM) and the Integrated Management of Childhood Illness programme (IMCI) with Unicef; a global system of sexually transmitted infections (STIs) reporting; a wide-ranging reproductive, maternal, newborn, child and adolescent health (RMNCAH) research programme, which produced 475 research papers and involved several multi-country trials and cohort studies to guide global policy; multi-country work on quality of care and disrespect towards women during childbirth; a package of evidence briefs for policymakers on sexual and reproductive health issues such as contraception, STIs, eliminating female genital mutilation, comprehensive sexuality education, adolescent sexual and reproductive health (SRH) and maternal and perinatal health; estimates of maternal mortality rates worldwide (1990-2015); work on HIV, preventing mother to child transmission (PMTCT) and behaviour change programmes; research on new methods of family planning; an extensive guideline development and guidance reports programme; and technical support to global policy-making, and directly to regions and countries.

Work was also carried on the post-2015 agenda in line with the Sustainable Development Goals (SDG)s and their targets defined by the international community. Building on the success and lessons learnt from the 2010 Global Strategy, the Global Strategy for Women’s, Children’s and Adolescents’ Health, 2016–2030, was launched in September 2015. With ambitious yet achievable targets, and fully aligned with the SDGs, the new Global Strategy offers a roadmap to end preventable deaths of women, children and adolescents, and to ensure that they not only survive, but also thrive, and that the societies they live in are transformed. There was active involvement in the Global Financing Facility, the RMNCH Trust Fund, the Partnership for Maternal, Newborn, and Child Health, and a Global Accelerated Action Framework for the Health of Adolescents (AA-HA) prepared, as part of the global strategy.

The year 2015 also marked a key opportunity for the promotion and protection of the sexual and reproductive health and human rights agenda by ensuring the integration of gender, equity and human rights issues across key international development processes. WHO’s research in sexual and reproductive health was enhanced through partnership under the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP).

Implementation has been facilitated by several regional initiatives and strategies towards achieving the MDGs and beyond. In the African Region a commitment to end preventable maternal, new-born and child deaths by 2035 was endorsed by African Ministries of Health (MoHs) during the Joint African Union and WHO Ministerial meeting. In the Eastern Mediterranean Region, a WHO, UNFPA and UNICEF regional initiative on saving the lives of mothers and children in the nine high-burden Member States have been further supported through technical assistance for development and implementation of maternal and child health acceleration plans.

The European Region adopted the “Investing in children: the European child and adolescent health strategy 2015-2020” developed with active involvement from Member States and partners at the Regional Committee in 2014. In the Western Pacific Region, the Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020) presents a regional platform for action focused on newborn infants.
A joint regional UN statement on women’s and children’s health issued by the Regional Directors of the South-East Asia Region, UNICEF (ROSA and EAPRO) and UNFPA-APRO to convey commitment to, and advocate for, accelerating progress towards achieving MDGs 4 and 5 and progress beyond 2015, provided a strong platform for action in collaboration with partners. These regional initiatives and strategies helped translate multiple global initiatives into action, acknowledging the regional and country specific situations.

II. OUTPUT MEASUREMENT

Output 3.1.1. Further expansion enabled of access to and quality of effective interventions from pre-pregnancy to postpartum focusing on the 24-hour period around childbirth

<table>
<thead>
<tr>
<th>Output indicator</th>
<th>Baseline</th>
<th>Target</th>
<th>Achieved Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of countdown countries that have expanded access to skilled attendance at birth</td>
<td>0</td>
<td>75</td>
<td>39</td>
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Overview of achievements and challenges

There has been significant progress in 2014-2015 in expanding access to and the quality of reproductive, maternal, neonatal, and child health care services using cost-effective interventions. A number of WHO global guidelines, manuals and publications to support scale-up of effective interventions for maternal and newborn health were finalized. In 2014, the Every Newborn Action Plan (ENAP) was endorsed by WHA67. Regional and country offices focused efforts on strengthening early essential newborn care (EENC) and country capacities to expand high quality interventions for the improvement of child health and reduce preventable child deaths.

Global monitoring of maternal and perinatal mortality also advanced in 2014-2015. Each Region made progress in Maternal Deaths Surveillance and Response (MDSR), in line with the objectives of the Commission on Accountability for Women and Children’s Health (CoIA), and information and accountability was strengthened through updated analyses of levels and causes of maternal mortality, updates and applications of implementing CD-MM, MDSR, use of score cards for RMNCAH and data from MNCAH policy surveys. The vision, strategic actions and targets for “ending preventable maternal mortality – EPMM” were defined, while maternal mortality estimates for 1990-2015 were analysed for 183 Member States.

Achievements and challenges in countries

African Region: Twenty-two countries developed plans to introduce and/or strengthen efforts to improve quality of care for mothers and children and 25 countries developed RMNCH score cards to monitor progress in order to take remedial actions to reduce maternal and child deaths. Four countries (Burkina Faso, Côte d’Ivoire, Namibia and Malawi) conducted quality of care assessments. Maternal Deaths Surveillance and Response (MDSR) was introduced in 47 countries and maternal death notification was integrated within Integrated Disease Surveillance and Response (IDSR) in 32 countries. Twenty-two countries are regularly reporting maternal deaths in their IDSR weekly bulletins. Antenatal care services are free of charge at the point of delivery in 29 countries, child birth in 24 countries, caesarean delivery in 26 countries and access to pharmaceutical products for maternal and newborn care in 18 countries in the African Region.

Region of the Americas: 15 countries are implementing integrated plans on maternal and perinatal mortality health and another 12 are implementing plans on Sexual and Reproductive health. Three countries are implementing integrated child health policy/strategies.

Eastern Mediterranean Region: Cost effective and high impact interventions on haemorrhage, eclampsia and infection were implemented in all high burden countries and RMNCH strategic planning for 2016-2020 in Member States was initiated. A survey was also conducted on the implementation of the maternal health life saving interventions (the quick wins) in 14 Member States.
Policy dialogues on improving access to, and quality of, interventions were organized in Kyrgyzstan, Republic of Moldova, Tajikistan, Ukraine and Uzbekistan. Implementation of “Beyond the number” approaches (CEMD and NMCR) were used in improving the quality of care during birth in 12 countries. Capacity building for improving health information on maternal and perinatal health and implementation of the road map of the Commission on Information and Accountability for Women’s and Children’s Health (COIA) was conducted in Kyrgyzstan and Tajikistan. Updated training on “Effective Perinatal Care” was carried out in Uzbekistan and Kyrgyzstan.

South-East Asia Region: India has started implementing Quality Assurance for the RMNCH+A strategy and has developed guidelines and tools for ensuring the quality of RMNCAH services at different levels of the health system. The Regional Office supported a pilot project for assessment of quality of care for maternal, newborn and child care in selected medical college hospitals, district hospitals and sub-district hospitals. Orientation workshops and preliminary assessment of QOC in the Democratic Republic of Korea and the Maldives were also supported by the Regional Office.

Western Pacific Region: In Lao People’s Democratic Republic, Mongolia, Papua New Guinea and the Solomon Islands Early Essential Newborn Care (EENC) was introduced in almost all national hospitals (over 80%). EENC was also introduced in all provincial and first-level referral facilities in Cambodia and in over 80% of first-level referral facilities in Mongolia. Quality improvement was introduced in all national hospitals implementing EENC in Lao People’s Democratic Republic, Mongolia, Papua New Guinea, Solomon Islands and Viet Nam, and in all EENC implementing provincial hospitals in Lao People’s Democratic Republic, Mongolia, Papua New Guinea, Solomon Islands and Papua New Guinea, quality improvement was rolled out in select EENC implementing provincial hospitals.

The MDSR assessment framework was updated by the eight priority countries to monitor progress in their systems since 2012. MDSR systems were improved in Cambodia, Papua New Guinea and Philippines where data is actively being collected and results applied to improve quality of care. In Viet Nam, MDSR guidelines were revised in 2014 and the first national report on maternal deaths was released. Similarly, in 2015, the first ever report on maternal death reviews was released in Lao People’s Democratic Republic, drawing attention to factors which need to be addressed to reduce maternal mortality. Cambodia reinitiated its National MDSR Committee in 2015 and Solomon Islands has made efforts to improve its maternal death reporting forms at the provincial and national levels. Overall, priority countries have moved from passively collecting information to actively applying the information collected to improve the quality of care.

Challenges

Though much progress has been made, insufficient financial and human resources, inadequate number and skill mix of health workers, as well as weak monitoring and supervision and political changes resulting in high turnover of staff within Ministries of Health, continue to present challenges. Another challenge faced is the multiplicity of initiatives and actors which results in fragmentation and duplication of on-going efforts to reduce maternal, newborn and child mortality and ensure universal access to sexual and reproductive health (SRH). Limited availability of funds for RMNCAH, especially in countries that have experienced a decline in maternal mortality has also been a challenge. Restricted policies around provision of safe abortion services and contraception and lack of priority for family planning in some settings is also a substantial obstacle.

Achievements and challenges at regional and global levels

Headquarters:
In 2014, the Every Newborn Action Plan was endorsed by WHA 67, for which coordination mechanisms for implementation and monitoring were established, and a progress report already published in 2015. The Global Strategy for Women’s, Children’s and Adolescent Health was endorsed in September 2015, with subsequent coordination mechanisms established and active country support for implementation in place, including support for the development of business plans for the Global Financing Facility.

Several WHO global guidelines were developed to expand access to, and quality of, effective interventions from prepregnancy to the postpartum period, including ones on improving preterm birth outcomes, prevention and management of maternal peripartum infections, augmentation of labour, management of newborn infections in situations where hospital referral is not possible, health promotion interventions for maternal and newborn health, and safe delivery and newborn care in regions affected by Ebola Virus Disease (EVD).
A WHO vision for improving quality of maternal and newborn care was published, along with development of working standards, quality statements and measurements for provision and experience of quality of care. In addition, Service Availability and Readiness Assessment (SARA) modules related to MNH quality of care were updated. The Pregnancy, Childbirth and Postnatal Care Newborn care manual was also updated. A vision, strategic actions and targets for “ending preventable maternal mortality –EPMM” were defined and published. Papers were additionally published in the State of the World’s Midwifery report 2014, accompanying Lancet series, as well as the Lancet Newborn Health series.

Global experiences with Maternal Death Surveillance and Response (MDSR) and quality improvement were documented and trainings on measuring and monitoring causes and levels of maternal mortality were carried out in three Regions.

African Region: A commitment to end preventable maternal, new-born and child deaths by 2030 was endorsed by African Heads of States and Governments, and 21 countries subsequently renewed their commitment to ending preventable maternal, newborn and child deaths. The regional average increase in percentage of births attended by skilled personnel increased by 2% (from 49 % in 2013 to 51% in 2015).

Region of the Americas: The Regional Office implemented the Inter-Departmental Project “Zero Maternal Deaths by Haemorrhage”.

Eastern Mediterranean Region: A regional resolution (EM/RC62/R.1) urging Member States to develop or update national reproductive, maternal, neonatal, child health strategic plans in accordance with the United Nations global strategy on women’s, children’s and adolescents’ health was adopted in 2015.

European Region: Support for adapting and implementing WHO clinical guidelines in the area of maternal and perinatal health was provided to 11 countries.

South-East Asia Region: A Regional Framework for improving care for RMNCAH was developed. Implementation reports on maternal death reviews in five countries were compiled and disseminated in all countries in the Region for experience sharing.

Western Pacific Region: The WHO/UNICEF Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020) was finalized and aligned with the global newborn action plan and was followed by seven out of eight priority countries (Cambodia, China, Lao People’s Democratic Republic, Mongolia, Papua New Guinea, Phillipines, Solomon Islands and Viet Nam) in completing a newborn situation analysis. An Early Essential Newborn Care Clinical Practice Pocket Guide was developed by the Western Pacific Regional Office to improve the skills of health professionals, raise the quality of birthing facilities, upgrade programme planning and mobilize social support for newborn care.

Risks and assumptions

Assumptions:
Capacity for follow-up and implementation of global action plans such as ENAP at country level; continued commitment by countries; and investment by donors in RMNCAH.

Risks:
Lack of alignment on strategic priorities with regard to RMNCAH between headquarters (WHO HQ), regional and country offices. In a competing environment there is a risk that Member States may shift funding/budget away from RMNCAH. Staff turn-over in governments and among policy makers in the area of maternal and newborn health in countries threatens to diminish capacity gains achieved through a lack of continuity. Another risk is duplication of interventions by large donors with materials that are not consistent with those endorsed by Ministries of Health and without consultation and support of national stakeholders. Large parallel systems run counter to the Paris Declaration and can diminish the fragile early gains made towards country ownership. Mitigation strategies have included regular interaction between the three levels of the Organization and with partner stakeholders. In addition, Regional and Country offices have actively engaged in discussions with relevant partners on the need to harmonize approaches and advocate for evidence-based approaches.
Gender, equity and human rights and social determinants of health

Gender, equity and human rights and social determinants of health are key pillars of the Global Strategy for Women's, Children's and Adolescent Health, which will be translated into action at the country level. In the European Region, gender analysis for national strategies was undertaken in Moldova, Tajikistan, and WHO tools for human rights and reproductive health were translated into many national languages for use by national experts. The draft European Action plan for Human Rights based SRH includes gender equity and health equity as guiding principles.

Output 3.1.2. Countries’ capacity strengthened to expand high-quality interventions to improve child health and early child development and end preventable child deaths, including from pneumonia and diarrhoea

<table>
<thead>
<tr>
<th>Output indicator</th>
<th>Baseline</th>
<th>Target</th>
<th>Achieved Value:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Countdown countries that are implementing an integrated plan for the prevention and control of pneumonia and diarrhoea</td>
<td>5</td>
<td>20</td>
<td>31</td>
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</tbody>
</table>

Overview of achievements and challenges

Although many countries did not achieve the MDG4, good progress has been made in reducing mortality for children under five years of age. In the WHO African Region, the under-five mortality rate has been reduced by 54%, from 177 to 81 per 1000 live births between 1990 and 2015.

Countries have been supported in developing/updating their national child survival strategies. The Global Action Plan for Pneumonia and Diarrhoea (GAPPD) is being implemented as part of that, with support of the Secretariat, and IMCI remains a key strategy. Many regions have also embarked on developing support for Early Child Development (ECD). Quality of care remains a cross-cutting priority for all interventions.

The South-East Asia Region supported countries to review and strengthen their national newborn and child health plans and GAPPD in line with the Regional Flagship project on ending preventable newborn, child and maternal mortality, which has strong commitment from Member States. In the Eastern Mediterranean Region, the child survival strategies have been supported through the regional initiative on saving the lives of mothers and children in the nine high-burden Member States. In the African Region, the GAPPD has guided countries to include the integrated approaches and high impact interventions for diarrhoea and pneumonia in their updated national child survival strategies, and countries were supported to expand community child survival interventions through roll-out of integrated Community Case Management (iCCM). In the European Region, a renewed strategy for child and adolescent health was approved by the Regional Committee and several publications were developed and presented to countries, facilitating regional and national dialogue on expanding integrated interventions to improve child health and development. They include: “Early child development in the European region: needs, trends and policy development”, and “European framework for quality standards in school health services and competences for school health professionals”. In the Western Pacific Region, WHO has focused on supporting implementation of Integrated Management of Childhood Illness (IMCI) and essential child survival interventions, particularly among the priority countries in the region to achieve holistic improvement across a range of child survival interventions. WHO has also sought to improve linkages between hospital water and sanitation and immunization administration with child health programmes. Several intercountry workshops with a focus on quality of care have been held both in the African and South-East Asia Regional Offices.

To support efforts at regional and country levels, a number of guidelines and manuals on the scale-up of effective interventions for child health were finalized. These include: “WHO e-Pocketbook of hospital care for children” made available for iOS and android platform application for smart phones and tablets, “Guidelines on emergency management of sick children, including fluid and oxygen therapy and management of seizures”, “Guidelines on management of opportunistic infections in HIV infected children”, an IMCI distance learning course, and CHW materials on caring for a child’s healthy growth and development.
Good progress was made in development of normative guidance for application of human rights in strategic planning and accountability for child health. WHO worked closely with the Office of the UN High Commissioner for Human Rights (OHCHR) in the preparation of concise technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce and eliminate preventable mortality and morbidity of children under five years of age.

Resources were mobilized through the new Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) funding model and coordination with partners to build capacity and facilitate implementation in countries. Specific support in reviewing and developing concept notes was provided by WHO.

**Achievements and challenges in countries**

**African Region**: Capacity built in improving the quality of care for mothers, newborns and children in 11 countries (Benin, Botswana, Burkina Faso, Côte d'Ivoire, Malawi, Mali, Namibia, Niger, Rwanda, South Africa, Zambia). Capacity building for health workers from six countries (Botswana, Lesotho, Rwanda, Senegal, United Republic of Tanzania and Togo) was provided on Integrated Management of Childhood Illness Computerized Adaptation and Training Tool (ICATT). To accelerate scaling up of population coverage of effective child survival interventions, 15 countries were supported to expand community child survival interventions and 16 countries developed plans to introduce and/or strengthen efforts to improve quality of care for mothers and children at national level.

**South-East Asia Region**: Support was provided to strengthen coordinated approaches for prevention and control of childhood pneumonia and diarrhoea (in line with the global framework – GAPPD) in Bangladesh and India. Support was provided to Bangladesh, Democratic People’s Republic of Korea, India, Indonesia, Myanmar and Nepal to finalize their national newborn action plans in line with the global Every Newborn Action Plan (ENAP). Support provided for developing national action plans for prevention and control of birth defects in Bhutan, Indonesia, Maldives, Myanmar and Nepal.

**European Region**: Technical guidance in improving Child health at all levels is being provided to 12 countries. Particular focus was improvement of the quality of care in hospitals and primary health care (PHC), and the rights-based approach in health service.

**Western Pacific Region**: Technical support was focused on priority countries (Cambodia, China Lao People’s Democratic Republic, Papua New Guinea, Philippines and Viet Nam) to reduce under-five mortality rates. In Lao People’s Democratic Republic, the Government is being assisted to undertake an analysis of the current status of IMCI; in the Philippines funds have been mobilized to support IMCI.

**Eastern Mediterranean Region**: nine countries (Afghanistan, Djibouti, Egypt, Iraq, Morocco, Pakistan, Somalia, Sudan and Yemen) were implementing the developed MCH acceleration plans using start-up funds allocated from domestic and donor sources. Strengthening community interventions for pneumonia and diarrhoea control is a challenge across all countries. The local capacity at district level to improve community-based interventions is lacking in most of the target countries.

**Achievements and challenges at regional and global levels**

Substantial progress was made in improving child survival, but the challenge of the unfinished agenda, particularly inequity in progress, remains.

Efforts to improve Early Child Development and to prevent the risk of future noncommunicable diseases (NCDs) through efforts like Ending Childhood Obesity have gained momentum.

**Risks and assumptions**

**Assumptions**: The development of new areas such as ECD requires capacity within the Organization and a strong network of technical expertise.
Risks:
- Shortfall in capacity and resources within the Organization.
- Mitigation strategies have included targeted resource mobilization for new focus areas

Some risks raised by regions:
- In the African Region, the Ebola epidemic negatively impacted on the delivery of critical maternal and child health interventions including immunization in the three most affected countries (Guinea, Liberia and Sierra Leone). Overall the epidemic negatively affected implementation of planned activities at Regional, ISTs and country levels including the non-affected countries whose resources including staff were redirected to prevention and control of the epidemic.
- In the European Region, a major risk is the lack of funding and loss of human resources. Staff in the area have been lost because of insecure funding. In Ukraine, the emergency situation delayed the rollout of the programme.
- In the Eastern Mediterranean Region, continued investment in RMNCAH both from domestic and donor resources has been put at risk by the economic recession and competing priorities in countries.
- In the Western Pacific Region, a major risk to the achievement of the output has been the lack of financial and human resources to fully support activities related to child survival.

Gender, equity and human rights and social determinants of health

Gender, equity and human rights and social determinants of health are key pillars of the Global Strategy for Women’s, Children’s and Adolescent Health, which will be translated into action at country level

Specific initiatives at regional level include:
- In the European Region, a Framework for improving Quality of Care using the convention of the rights of the child has been developed, and tools made available. An assessment tool for child rights in health services in Uzbekistan, Republic of Moldova and Georgia was developed and Gender analysis for national strategies was undertaken in Republic of Moldova, Tajikistan.
- The Regional Office for South-East Asia a situation report on MDG 4 with an analysis of disparities arising from economic and social factors. It has been used to advocate for improving gender and equity related to newborn and child health.

### Output 3.1.3. Countries enabled to implement and monitor effective interventions to cover the unmet needs in sexual and reproductive health and to reduce adolescent risk behaviour

<table>
<thead>
<tr>
<th>Output indicator</th>
<th>Baseline</th>
<th>Target</th>
<th>Achieved Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of countries that are implementing and monitoring effective interventions to cover the unmet needs in family planning</td>
<td>0</td>
<td>25</td>
<td>40</td>
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</tbody>
</table>

Overview of achievements and challenges

The biennium witnessed the development of key evidence-based policies; technical and clinical guidelines to cover unmet needs in sexual and reproductive health, including: guidelines on validation of elimination of mother-to-child transmission (EMTCT) of HIV and syphilis; articulation of health worker roles in providing safe abortion care and post-abortion contraception; WHO recommendations on interventions to improve preterm birth outcomes (for mothers and newborns); and publication of the 5th edition of the Medical Eligibility criteria for Contraceptive use. In addition, in line with the 20th anniversary of the International Conference on Population and Development (ICPD) in 2014, a package of evidence briefs in main sexual and reproductive health issues, such as contraception, addressing STIs, eliminating female genital mutilation, comprehensive sexuality education, adolescent sexual and reproductive health, and maternal and perinatal health, were developed, along with technical consultations on how to address bottlenecks in implementation.
The global report on Health of the World’s Adolescents was published in May 2014 and a global system of STIs reporting on 10 core indicators within the Global AIDS Response Progress Reporting System was established.

WHO Regional offices played a critical role in supporting country implementation of policies and guidelines relating to sexual and reproductive health and adolescent health. The Regional Office for the Eastern Mediterranean provided key technical support to MDG priority countries in implementing the MCH acceleration plans. In the Western Pacific Region, technical support was provided to countries for increasing coverage of reproductive health services, including adolescent health, through strengthened national policies. The Regional Office for South-East Asia supported the strengthening of national adolescent health programmes, scaling-up implementation of quality adolescent-friendly health services and extension of the adolescent care package to include health promotion and prevention of health risk behaviours for sexual-reproductive health and non-communicable diseases. Elements of prevention of adolescent pregnancy and pre-conception care were also introduced in national adolescent health strategies and plans. The African, European and South–East Asia Regions saw advances in family planning. For example in the African Region, 10 countries were oriented on new tools and guidelines for Family Planning, bringing the total to 22 countries. In the South-East Asia Region, support was provided to countries for strengthening their plans for expanding contraceptive choices and in the European Region the European Action Plan for Human Rights Based SRH was used to promote sexuality education, quality family planning and other sexual and reproductive health services including information and services to adolescents and other specific groups. A regional training package for cervical cancer screening and management was organized to support member countries to scale up implementation of good quality screening and management services for cervical cancer.

Achievements and challenges in countries

African Region: Partnership and advocacy activities were conducted in countries to support scaling up of Family Planning. Mali, Niger, Nigeria, Senegal were supported to conduct national campaigns on Family planning, while Botswana was supported in developing Information, Education and Communication (IEC) materials for Family Planning, and in dissemination of health information on family planning through the media. Plans, strategies and other tools for Reproductive Health / Family Planning were developed in 18 countries (Botswana, Burkina Faso, Burundi, Central Africa Republic, Congo, Côte d’Ivoire, Gabon, Eritrea, Ethiopia, Ghana, Guinea, Lesotho, Madagascar, Nigeria, South Sudan, Swaziland, Uganda, and Zimbabwe). Five countries (Swaziland, Eritrea, Uganda, Mali, and Nigeria) developed National Sexual and Reproductive Health Policy and Strategies, while Zimbabwe, Uganda, Madagascar, Ethiopia and Lesotho developed Reproductive Health (ASRH) training manuals including on Family Planning. Botswana adapted the Medical eligibility Criteria (MEC) wheel for contraceptive use, which provided an opportunity to conduct a desk review of available documents in the family planning programme, and Ghana revised and disseminated the National Reproductive Health service policy and standards and developed a costed Implementation Plan (CIP) for Family Planning. South Sudan developed technical programme on task shifting policy and guidelines in order to increase access and improve the quality of family planning services. Burkina Faso and Congo revised and updated the training modules for Family Planning followed by a training of trainers at national level, and Nigeria updated the National Family Planning Standard of Practice and the clinical protocol in line with the 2015 WHO Medical Eligibility Criteria for contraceptive use. Côte d’Ivoire revised the strategic plan for Family Planning 2013-2016, built capacity of 140 health workers on family planning, organized 49 sensitization campaigns on family planning targeting 18 702 individuals, and strengthened the capacity of 260 Community Health Workers so that they can extend the community-based distribution of contraceptives. In Guinea, an integrated Family Planning training package was developed and introduced in the package for Community Health Workers. Malawi created a special budget line for family planning commodities within the national budget, which led to a reduction in stock-outs of family planning commodities.

Region of the Americas: The adolescent fertility rate continues on a downward trend, even though the reduction is slow and unequal between and within countries. Such progress is the result of the collective efforts of countries, PAHO and regional partners. Six countries updated or developed national adolescent health strategies and policies.

Eastern Mediterranean Region: Family planning interventions including counselling, securing commodity and close monitoring were conducted in the nine priority countries, in addition to capacity building on counselling, promoting long term contraceptives and logistical management. A family planning best practices survey was conducted in the Region with responses from 15 Member States highlighting key cost effective interventions to reduce unmet needs. The updated version of the medical eligibility criteria for contraception use was communicated to all Member States highlighting the new existing evidence.
European Region: Activities on prevention and Improvement of access to STI services were carried out in Montenegro, and a six month project on prevention of unmet need on family planning in Uzbekistan, including training of university staff in using WHO tools for teaching future health professionals. The 2013-2014 health behavior in school-aged children (HBSC) survey cycle was finalized in 35 countries, with country reports launched, and used to inform policy decisions. Several countries were supported in developing school health approaches (Ukraine, Latvia, Kosovo, Uzbekistan). In addition, the Regional Office provided technical assistance to Uzbekistan for analysing cervical cancer prevention and management in collaboration with VPI and NCD programmes, and support for developing the national reproductive health strategy was provided to the Republic of Moldova and Tajikistan.

South-East Asia Region: The Regional Office supported India, Myanmar and Timor-Leste in strengthening family planning services including support for development of strategic and operational plans. Bangladesh, Nepal, Myanmar and India received support for safe abortion services. India initiated an amendment process of their medical termination of pregnancy (MTP) Act to which the Regional Office provided supportive evidence and inputs. Technical support was provided for the development/strengthening of national adolescent health strategies in Bhutan, India, Maldives and Myanmar, as well as for capacity building of health providers through development/adaptation of training packages and conduct of national trainings in India, Maldives and Myanmar. Nepal received support for an assessment of the quality of adolescent health services. Prevention of adolescent pregnancy was integrated in national adolescent health programmes across countries. Sri Lanka strengthened the pre-conception care initiative, with support from the Regional Office. The package was translated into English and will be shared with other countries for adaptation into national RMNCAH strategy/plans.

Western Pacific Region: WHO Country Offices have worked collaboratively with government counterparts to address unmet needs in sexual and reproductive health and adolescent risk behaviours. In China, national family-based adolescent health and development guidelines have been developed, whilst in Cambodia, efforts to develop guidelines on reproductive and adolescent health are under way. Assessment of youth-friendly services in Viet Nam and the Philippines is ongoing. WHO has worked with technical assistance providers in the Pacific island countries to develop the next phase of the STI and HIV response, which encompasses maternal and child health and gender-based violence. In the Lao People’s Democratic Republic, a small-scale screening programme for cervical cancer was initiated. In Cambodia and Papua New Guinea, a qualitative study was undertaken to identify strategic actions which will accelerate reduction of undesired pregnancies and serve to determine the feasibility of scaling up long-term reversible methods nationwide, namely implants. Findings from the study in Cambodia were presented to the Ministry of Health in 2015 and will be presented in early 2016 in Papua New Guinea.

Headquarters: Guidelines were developed and disseminated, and technical and policy assistance was provided to all regions through multi-country and specific country support activities. This includes refinement of approaches and tools to improve adolescent health through primary health services and school health services, and the introduction, adaptation and adoption of new and updated guidelines and evidence briefs on key sexual and reproductive health issues.

Challenges

Globally, time constraints faced by staff, especially country office staff, has deterred implementation follow up.

The main challenges in the Western Pacific Region relate to the engagement of government, and policies and regulations on sexual and reproductive health which restrict the range of activities that can be undertaken. The Regional Offices for Europe and the Western Pacific both faced challenges arising from insufficient technical and financial resources to provide needed country support. The Regional Office for Africa also cited the lack of flexible and predictable funding as a challenge to supporting implementation and monitoring of family planning programmes. In the South-East Asia Region, expansion of the contraceptive basket in India continues to be a challenge with resistance from different agencies and concurrent reluctance of MOHFW to include injectable contraceptives. Making safe abortion services available to women and especially adolescents persists as a challenge in some countries. The Regional Office for South-East Asia also faced challenges in expanding cervical cancer control activities especially screening and managing the precancerous conditions owing to limited capacities, funding and competing priorities. The Regional Office cites the need to address cultural barriers towards use of contraception and for constant engagement and advocacy with national
governments directly or through country office colleagues for sustained interest in strengthening and scaling-up of national adolescent health programmes.

**Achievements and challenges at regional and global levels**

**African Region:** In order to strengthen implementation of SRH/family planning (FP) interventions, an orientation workshop was organized for 10 countries in Eastern and Southern Africa, with dissemination of the Training Resource Package for FP to strengthen capacity building of health-care professionals and community health workers in countries. A regional consultation on universal access to Sexual and Reproductive Health was organized in collaboration with WHO/headquarters and partners with participants from 28 countries, UN Agencies, professional societies, the West African Health Organization, nongovernmental organizations (NGOs) and Development Partners, resulting in workable recommendations for accelerating progress in SRH, in particular towards reducing the unmet need for family planning. The Regional Office provided technical support to 14 countries to introduce vaccination against human papilloma virus (HPV), allowing 520,000 adolescents girls to be vaccinated against HPV. In addition, the Regional Office supported 10 countries (Cameroon, Ghana, Kenya, Madagascar, Malawi, Niger, Senegal, Sierra Leone, Tanzania and Zimbabwe) to assess and identify the interventions to be delivered along with the HPV vaccination as part of the integration approach.

To strengthen monitoring and evaluation in the area of adolescent health and development, a regional consultation was organized to build country capacity in Benin, Burkina Faso, Burundi, Cameroon, Côte d’Ivoire, Ghana, Guinea, Kenya, Malawi, Niger, Senegal, South Africa, United Republic of Tanzania and Togo on planning, implementation, monitoring and evaluation of adolescent health interventions. And a set of regional indicators to improve the monitoring and evaluation of adolescent health was discussed at the global level by different partners (WHO, UNFPA, World Bank, UNAIDS and UNICEF). Technical support was provided to develop or review adolescent health strategies in six countries (Angola, Burkina Faso, Cameroon, Democratic Republic of the Congo, Lesotho and Niger), and national standards for adolescent friendly health services in five countries (Benin, Burkina Faso, Democratic Republic of the Congo, Lesotho and Niger). In addition, guidelines and guidance on adolescent friendly health services, focused on HIV testing and counselling and care for adolescents living with HIV, prevention of adolescent pregnancies, and a comprehensive approach to cervical cancer prevention and control were scaled up and disseminated. Assessment tools were developed to help countries in assessing adolescent health interventions in the context of the HPV project and the All In initiative to end HIV/AIDS among adolescents. A regional consultation was organized to support 14 countries with the high burden of new HIV infection in adolescents (Botswana, Cameroon, Ethiopia, Ghana, Namibia, Nigeria, Swaziland, South Africa, United Republic of Tanzania, Uganda, Kenya, Malawi, Zambia, and Zimbabwe) in the development of roadmaps in order to step up the pace for HIV prevention, treatment and care in adolescents.

**Region of the Americas:** Implementation of the Regional Strategy and Plan of Action for integrated Child Health, and the Regional Plan of action on Adolescent and Youth Health was a continued priority during the biennium, with the development of technical materials and training tools, the establishment of cooperative activities with key partners, operational research and development of updated evidence-based materials on reproductive, maternal, newborn, child and adolescent health. The PAHO/Norway Initiative “HIV Prevention in Young People Using a Human Rights Framework in Central America and the Caribbean” contributed to the development of policies and plans that protect and promote the health of adolescents and youth in Latin America and the Caribbean. The signing of the Honduras Declaration by the First Ladies of eight countries in the Region is helping to mobilize support for the prevention of adolescent pregnancy. Progress was made in the availability of adolescent strategic health information, through analysis and dissemination of existing data, support to countries to conduct studies, and initiation of a midterm evaluation of the Regional Adolescent Health Strategy and Plan of action.

**Eastern Mediterranean Region:** A Regional situation analysis was conducted on preconception care (PCC), and a Regional framework for promoting preconception care was developed. There was also a Regional core of interventions identified for promoting preconception along with guiding steps to develop PCC programmes in countries; existing PCC evidence based interventions for country adoption were reviewed. A Regional situation analysis on congenital disorders was conducted and a survey tool to assess the implementation of best practices in family planning was developed. A Regional manual on reproductive health counselling was also developed.
European Region: A technical briefing on Women’s health was presented at the 64th session of the Regional Committee. An international HBSC report based on 2013-2014 surveys is coming out in early 2016. Support for implementation of a new Framework for school health services was provided. Progress was made in developing and promoting tools on sexuality education in collaboration with BZgA, WHO CC in Cologne, Germany and UNFPA RO EEECA. Development of the European Action Plan for Human Rights Based SRH involved analysis of family planning, STIs, prevention of sexual violence and cervical cancer in the European Region and defining the existing challenges and actions for 2017-2021. Information on unmet need in family planning and other SRH aspects is detailed in the Regional report “Beyond the mortality advantage. Investigating women’s health in Europe” (2015).

South-East Asia Region: The Regional Office facilitated technical cooperation and application of regional policy and programme options for implementing effective interventions to address the sexual and reproductive health needs of women and adolescents. A multisectoral Regional meeting on adolescent health reviewed Regional success factors and challenges and the Regional office has strengthened country capacities in multisectoral approaches for adolescent health and development. A Regional Framework for comprehensive control of cervical cancer along with the training package was also developed.

Western Pacific Region: Efforts were intensified to promote family planning and adolescent health. A review was undertaken to map abortion policies, programmes and services in the Region and the Regional Office provided technical support for the qualitative study on family planning undertaken in Cambodia and Papua New Guinea. An adolescent health situational analysis was carried out and a systematic review was undertaken in 2015 to identify school-based interventions implemented in the Western Pacific Region to promote adolescent health and well-being. The Regional Office also contributed to a report developed by UNFPA on the coverage of adolescent health interventions in Asia and the Pacific.

Headquarters: Key tools and guidelines in all areas of sexual and reproductive health were developed/summarized and updated and regional consultations were held to introduce the new evidence and guidelines. Specifically, key guidelines aiming to improve sexual and reproductive health, including ensuring human rights in delivering contraceptive information and services, cervical cancer control, and medical eligibility criteria for contraception, were developed and/or updated. Derivatives of guidelines including those on health sector interventions for responding to violence against women were also developed for facilitating adoption and implementation by countries and disseminated in regional consultations. Global guidance on criteria and processes for validation of elimination of mother-to-child transmission (EMTCT) of HIV and syphilis was launched, and over 25 countries were supported in incorporating new and updated evidence in policies and programmes. In addition, guidelines on health worker roles in providing safe abortion care and post-abortion contraception were published. An online platform for registering mobile health (mHealth) projects that governments can use to review and assess mHealth strategies for RMNCH was established, and a framework to assess and prioritize strategies to facilitate scaling of mHealth projects was developed.

**WHO recommendations on interventions to improve preterm birth outcomes** (for mothers and newborns) were published which provided much-needed international guidance following the publication of the large multicountry trial that cast doubt on the safety and efficacy of antenatal corticosteroids for women at risk of preterm birth in low- and middle-income countries (LMICs). A draft global plan of action to strengthen the role of the health system within a national multisectoral response to addressing interpersonal violence, in particular against women and girls, and against children was developed. The plan was submitted to the Executive Board in January 2016, which recommended to the WHA endorsement of the plan. The global report on Health of the World’s Adolescents was published in May 2014 providing state of the art guidance on the burden of adolescent ill health, protective and risk factors, and strategic actions to protect, promote and support adolescent health. In addition, standards for adolescent health services and competencies for health personnel were finalized along with an implementation guide outlining actions to be taken at national, district and local levels. A document describing “Core competencies in adolescent health and development for primary care providers” was also published.

**Challenges**

In the European, South-East Asia and Western Pacific Regions, insufficient staffing and funding in regional and country offices impede the provision of appropriate support for national health programmes on adolescent health, family planning and STIs. In the European Region, a lack of funding for STIs means that the work is often postponed or cancelled. In the South-East Asia Region, stigma associated with abortion continues to prevent women, especially adolescent females, accessing abortion services. Further challenges were experienced in
the South-East Asia Region relating to under prioritization of cervical cancer despite growing numbers, the large number of estimated deaths and availability of primary and secondary prevention techniques. Coupled with health system issues such as inadequate numbers and skills mix of providers, health financing and monitoring and supervision, that places further constraints on service availability. The countries in the Region are also facing an emerging private sector which remains poorly regulated and generally offers services at unaffordable prices. Another serious challenge is ensuring access to sexual and reproductive health services in emergencies and humanitarian settings. WHO’s global normative work in this area is reliant on voluntary contributions for over 80% of funds.

**Risks and assumptions**

**Assumptions:**

Engaged participation of critical partners, such as UNDP, UNFPA, UNICEF, World Bank, UNAIDS, International Planned Parenthood Federation (IPPF) and other partners at the country level is a key assumption. However, the lack of a continuous presence of WHO staff at all levels with requisite competencies to achieve programme outputs is a global risk. This can be mitigated through regular interactions between the three levels of the Organization and with partners and stakeholders including for strengthening capacity through updated information and evidence. The Regional Office for South-East Asia mentions sustained commitment of national governments and partner agencies, which is necessary for scaling up SRH and adolescent health programmes in countries. In addition, the ability of the health sector to work closely with other sectors like education, employment, social development etc. is extremely important but is nevertheless dependent on having sufficient health system capacities. The Regional Office for the Western Pacific mentions a similar risk pertaining to lacklustre partner engagement and inconsistent staff capacities. To mitigate these risks, the Regional Office works with partners such as WHO Collaborating Centres and other UN agencies to generate evidence that can be used for advocacy purposes to secure commitment. It cites additional risks from a lack of supportive policies for adolescent health care, high-level commitment within government, or synergy between programmes with adolescent health components. To improve synergy between programmes with adolescent health components, a meeting was held at the Regional Office for the Western Pacific with all relevant units working in ADH. The discussions focused on optimizing support to countries by harmonizing resources and plans across the units in one regional action plan on adolescent health. The European Region faces risks associated with the political situation in several countries and positions adopted by the European Commission and European Parliament which result in barriers to improving sexual and reproductive health. A lack of funding makes it difficult to mitigate this risk. The Regional Office for Africa has worked on integrating services to mitigate the lack of resources for Family Planning.

**Gender, equity and human rights and social determinants of health**

Gender, equity and human rights and social determinants of health are key pillars of the Global Strategy for Women’s, Children’s and Adolescent Health, which will be translated into action at country level.

In the Western Pacific Region, family planning studies were undertaken in Cambodia and Papua New Guinea in 2015 with the aim of identifying strategic actions to accelerate a reduction in unwanted pregnancies. They used to promote gender equity and to help women realize their right to reproductive health. Similarly, a study undertaken by the Regional Office on the underuse of modern methods of contraception in 35 low- and middle-income countries and published in a scientific journal in 2015, highlighted the populations where under-use is prevalent and the underlying reasons and consequences. Addressing the findings from the study would promote equity in access to modern methods of contraception.

In the Eastern Mediterranean Region operational plans of action that overcome health inequities and equitable access to reproductive and maternal health care services were formulated.

The HBSC study in the European Region is the most important source for information on gender and equity differences, and social determinants in the younger adolescent age group in Europe. The new report is entitled: Growing up unequal: gender and socioeconomic difference in young people’s health and well-being. The development of the European Action Plan for SRHR was carried out in close collaboration with gender and social determinants of health teams in the Regional Office for Europe, as well as human rights specialists in RHR in WHO HQ.
The Regional Office for South-East Asia carried out actions to include a human rights focus in guidelines for universal access to SRH, especially for Family Planning. While these have been well received by partner agencies and countries, their implementation in national plans and programmes has yet to happen.

### Output 3.1.4. Research undertaken, and evidence generated and synthesized to design key interventions in reproductive, maternal, newborn, child and adolescent health, and other conditions and issues linked to it

<table>
<thead>
<tr>
<th>Output indicator</th>
<th>Baseline</th>
<th>Target</th>
<th>Achieved Value:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of new and improved tools, solutions, and implementation strategies successfully applied to reproductive, maternal, newborn and child health</td>
<td>N/A</td>
<td>80</td>
<td>483</td>
</tr>
</tbody>
</table>

*INDICATOR USED TO MEASURE THIS OUTPUT: Number of scientific publications reporting new and improved tools, solutions and strategies in maternal, newborn, child and adolescent health within the biennium*

### Overview of achievements and challenges

At WHO HQ level, 483 research papers were published on: a large number multi-country trials and cohort studies to guide global policy; multi-country work on quality of care and disrespect to women during childbirth; a package of evidence briefs for policymakers on sexual and reproductive health issues such as contraception, STDs, eliminating female genital mutilation, comprehensive sexuality education, adolescent SRH, and maternal and perinatal health; estimates of maternal mortality rates worldwide 1990-2015; work on HIV, PMTCT and behaviour change programmes; research on contraception; an extensive guideline development programme; technical support to global policy-making, and directly to regions and countries. Much of this work was carried out with partners under the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP).

In addition, the Organization developed, tested and implemented a number of new interventions to address unmet needs in sexual and reproductive health, including new approaches to catheterization after simple fistula repair, new approaches to screening programmes aimed at dual elimination of mother-to-child transmission (EMTCT) of HIV and syphilis, and the establishment of a new framework for ensuring human rights in contraception information and services.

Capacity of research centres in all regions, and particularly in sub-Saharan Africa and South Asia, was strengthened, including for conducting implementation research. Under the HRP partnership, 17 institutions in low-income countries were supported to build capacity in sexual and reproductive health research. In addition, regional offices have supported several research initiatives at country and regional levels (see below).

### Achievements and challenges in countries

**African Region:** WHO coordinated and provided technical support for the country case studies on factors influencing child survival in Kenya, Liberia, Zambia and Zimbabwe to inform policy decisions and child health programming in the respective countries. Other countries that undertook research include on-going support provided for INSPIRE PMTCT research in Malawi, Nigeria and Zimbabwe. Research was conducted on unsafe sex behaviour in adolescents in Ethiopia, in the United Republic of Tanzania, operational research for HPV in adolescents is on-going, and ORS and Zinc operational research is being finalized. Nine countries (Benin, Burundi, Ethiopia, Madagascar, Malawi, Senegal, Swaziland, Uganda and Zimbabwe) were supported to conduct and complete case studies on Sexual and Reproductive Health, including aspects of access to modern contraception for adolescents. An assessment of factors influencing child survival has been carried out in four countries. A regional consultation was held in 2015 which identified areas of adolescent health research. Best practices in adolescent health have been documented. The identification of regional research priorities for Reproductive, Maternal and Newborn Health was conducted through a technical consultation organized in 2015, in Nairobi, Kenya. This was conducted in collaboration with the Regional Offices for Africa and the

Western Pacific Region: In Cambodia, the Regional Office coordinated a study on success factors for improving women’s and children’s health outcomes. In relation to enhancing research capacity in countries, capacity for operational research in RMNCAH has been improved at the subnational level in Mongolia.

South-East Asia Region: WHO supported the establishment of a network of WHO Collaborating Centres with a Secretariat at the National Institute for Research in Reproductive Health (NIRRH) in Mumbai, in order to allow better coordination of collaborative research, and facilitate joint activities among centres. WHO also facilitated the conduct of Systematic Reviews for Obstetric Fistula, Gestational Diabetes and Maternal Vaccination with the aim of generating regional knowledge, and to assist countries prepare strategies for tackling them. Integrated databases for newborn health and birth defects have been established in selected hospitals in Bangladesh, Bhutan, India, Indonesia, Nepal, Sri Lanka and Thailand. Small research grant proposals were supported in Bhutan and Nepal.

Eastern Mediterranean Region: 12 research proposals have been developed in collaboration with Member States to support various facets of RMNCAH in the Region. Long institutional development (LID) grants granted to Member States were expanded from Afghanistan to include Morocco, Pakistan, and Palestine in 2015. Four Member States were assisted to develop and apply for LID grants (Afghanistan, Morocco, Pakistan and Palestine) as well as reproductive health research proposals.

European Region: Operations research projects supported by WHO were carried out in the Republic of Moldova, Russia and Kyrgyzstan. The Tajik Scientific Research institute of obstetrics, gynaecology and perinatology of the Ministry of Health received a LID for research capacity building. The Human Reproductive Health Research Centre at the Lithuanian University of Health Science assisted the Tajik Scientific Research Institute in developing Mentoring grant applications. Operational research was conducted in Kyrgyzstan on improving access to medical abortion for rural populations, and the involvement of midwives in delivering quality abortion services.

Achievements and challenges at regional and global levels

Progress is being made through research on interventions and delivery strategies to address the most important issues in reproductive, maternal, newborn and child and adolescent health and other key sexual and reproductive health issues, adolescent sexual and reproductive health, violence against women, early child development, and prevention of future NCDs.

Major achievements include:

- The WHO framework on quality of care for pregnant women and newborns around the time of childbirth was published in BJOG. The quality statements and indicators for the eight domains focusing on both provision and experience of care were finalized.
- A WHO statement on caesarean section rates was released, including information on optimal rates and monitoring of caesarean sections at facilities.
- An analysis of changes in caesarean section usage in 21 countries was published in the Lancet Global Health.
- WHO recommendations on interventions to improve preterm birth outcomes (for mothers and newborns) were published.
- WHO recommendations for prevention and treatment of maternal peri-partum infections were launched during the International Federation of Gynecology and Obstetrics (FIGO) World Congress in Vancouver, Canada.
- The mistreatment of women during childbirth in health facilities globally: a mixed-methods systematic review was published in the journal PLoS Medicine, with extensive international media coverage.
- Estimates of maternal mortality for the period 1990–2015 were published as a peer-reviewed paper in The Lancet and as a full Interagency report.
- Three flagship adolescent research studies – ARMADILLO (providing ASRH messages through mobile phones), AHEAD (preventing rapid repeat pregnancy) and GEAS (understanding factors in early adolescence, including gender norms that are precursors to ASRH behaviours) – have completed their formative phases in multiple countries.
• Country case studies of the policy and programmatic environment for adolescent sexual and reproductive health have been prepared in 10 countries and six of these have been published as peer-reviewed journal articles.

• Research gaps in prevention and management of health complications of female genital mutilation (FGM) were identified and published.

• A comprehensive package of studies to evaluate dual HIV/syphilis rapid diagnostic tests (RDTs) in China, Colombia and Zambia was completed.

• Core protocols were developed for an independent laboratory-based and field (clinic-based) validation of point-of-care tests (POCTs) to detect Neisseria gonorrhoeae, Chlamydia trachomatis, Trichomonas vaginalis and syphilis.

• A pilot study investigating the persistence of Ebola virus (EBOV) in body fluids in a cohort of Ebola virus disease (EVD) survivors showed that EBOV may be present in semen well beyond six months post-EVD onset.

• Outcomes of the global community survey on sexual and reproductive health and rights (SRHR) of women living with HIV were published in a special supplement of the Journal of the International AIDS Society (JIAS) and launched on World AIDS Day, 1 December 2015.

• Three neonatal vitamin A supplementation trials in Ghana, India and the United Republic of Tanzania completed, published and the findings disseminated. Mechanistic studies on the same area completed in collaboration with NHD.

• A large multi-country study in Africa on management of newborn infections when hospital treatment is not possible was completed.

A study on maternal and newborn mortality and morbidity cohorts (AMANHI) prospectively followed nearly 300,000 pregnancies in South Asia (Bangladesh, India and Pakistan) and in sub-Saharan Africa (Democratic Republic of the Congo, Ghana, Kenya, United Republic of Tanzania and Zambia).

**Risks and assumptions**

**Assumptions:**

- Resources for research to improve newborn and child survival and sexual and reproductive health and rights will remain sufficient in the post 2015 period.

**Risks:**

- Limited number of donors for research on newborn and child health. Even fewer for adolescent health.

- Budgetary and financial rules, regulations and policies do not support WHO taking a leading role in a large number of research initiatives.

Mitigation strategies include reaching out to several potential supporters of research. Budget ceilings for 3.1 remain a major problem.

**Other risks identified:**

- In the Regional Office for South-East Asia, low availability of funding for research at country and regional levels has been observed. It is assumed that WHO headquarters will be able to mobilize resources for research and provide opportunities for collaboration and introducing specificities that apply to the Region. It is challenging to sustain the network of WHOCCs as functioning of the network secretariat depends upon continued financial support from WHO HQ.

- In the Regional Office for the Western Pacific, a major risk factor has been limited capacity within countries to undertake and apply research in policy and practice.

- In the Regional Office for Europe, activities to strengthen research capacity are limited owing to understaffing in SRH programmes.
Gender, equity and human rights and social determinants of health

An independent “Gender and Rights Advisory Panel” met in February 2014 and February 2015 to examine HRP’s work from a gender and rights perspective, and to provide guidance to HRP on gender and rights in the field of reproductive health, thus ensuring that gender and rights perspectives are mainstreamed into the work of the HRP Special programme.

III. SUMMARY OF FINANCIAL IMPLEMENTATION FOR THE PROGRAMME AREA

<table>
<thead>
<tr>
<th>2014-2015 (US$ 000)</th>
<th>AFRO</th>
<th>AMRO</th>
<th>SEARO</th>
<th>EURO</th>
<th>EMRO</th>
<th>WPRO</th>
<th>HQ</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHA approved budget</td>
<td>68,900</td>
<td>12,100</td>
<td>14,200</td>
<td>7,000</td>
<td>14,600</td>
<td>12,100</td>
<td>103,900</td>
<td>232,800</td>
</tr>
<tr>
<td>Funds Available (as at 31 Dec 2015)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flexible Funds</td>
<td>20,053</td>
<td>6,892</td>
<td>7,075</td>
<td>3,469</td>
<td>7,729</td>
<td>3,283</td>
<td>13,538</td>
<td>62,039</td>
</tr>
<tr>
<td>Voluntary Contributions Specified</td>
<td>56,682</td>
<td>1,772</td>
<td>4,070</td>
<td>3,153</td>
<td>7,774</td>
<td>6,182</td>
<td>114,504</td>
<td>194,137</td>
</tr>
<tr>
<td>Total</td>
<td>76,735</td>
<td>8,664</td>
<td>11,145</td>
<td>6,622</td>
<td>15,503</td>
<td>9,465</td>
<td>128,042</td>
<td>256,176</td>
</tr>
<tr>
<td>Funds available as a % of budget</td>
<td>111%</td>
<td>72%</td>
<td>78%</td>
<td>95%</td>
<td>106%</td>
<td>78%</td>
<td>123%</td>
<td>110%</td>
</tr>
<tr>
<td>Staff costs</td>
<td>24,905</td>
<td>4,441</td>
<td>4,179</td>
<td>3,036</td>
<td>4,860</td>
<td>3,502</td>
<td>49,332</td>
<td>94,255</td>
</tr>
<tr>
<td>Activity costs</td>
<td>44,417</td>
<td>4,083</td>
<td>5,806</td>
<td>3,320</td>
<td>8,603</td>
<td>5,346</td>
<td>59,944</td>
<td>131,519</td>
</tr>
<tr>
<td>Total expenditure</td>
<td>69,322</td>
<td>8,524</td>
<td>9,985</td>
<td>6,356</td>
<td>13,463</td>
<td>8,848</td>
<td>109,276</td>
<td>225,774</td>
</tr>
<tr>
<td>Expenditure as a % of approved budget</td>
<td>101%</td>
<td>70%</td>
<td>70%</td>
<td>91%</td>
<td>92%</td>
<td>73%</td>
<td>105%</td>
<td>97%</td>
</tr>
<tr>
<td>Expenditure as a % of funds available</td>
<td>90%</td>
<td>98%</td>
<td>90%</td>
<td>96%</td>
<td>87%</td>
<td>93%</td>
<td>85%</td>
<td>88%</td>
</tr>
<tr>
<td>Staff expenditure by Major Office</td>
<td>26%</td>
<td>5%</td>
<td>4%</td>
<td>3%</td>
<td>5%</td>
<td>4%</td>
<td>52%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Major financial implementation issues which affected programme delivery

In 2014-2015 the budget of UNDP/UNFPA/UNICEF/WHO/ World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) was included in the base programme budget under programme area 3.1. As a result, some delays were observed in implementing funds received in HQ (123%) that were above the level of the budget. To remedy this situation for 2016-2017, the WHA has approved a distinct budget line because of the additional governance and resource mobilization mechanisms and budget cycle which inform the annual/biennial budget for this special programme.

IV. LESSONS LEARNT AND OUTLOOK FOR 2016-17

Lessons learnt in 2014-2015

The potential loss of any major funding partner is a significant risk for the HRP partnership. It has been managed though strengthened responsiveness to HRP donors, 100% on-time reporting, and enhanced fundraising efforts to bring on board new donors and partners.

In order to strengthen the uptake of WHO evidence-based guidelines, the Organization has enhanced its dissemination and communication approaches, including the use of digital media, in order to support stronger uptake in countries.

Impediments due to any outbreak and emergency response including the response to the Ebola crisis

None.
Outlook for 2016-2017: Planning for Sustainable Development Goals (SDGs)

The Global Strategy for Women's, Children's and Adolescent Health will guide the work in the Programme Area. With ambitious yet achievable targets and fully aligned with the Sustainable Development Goals (SDGs), the 2016–2030 Global Strategy offers a roadmap to end all preventable deaths of women, children and adolescents, and ensure that they not only survive, but also thrive and transform the societies they live in. The updated Strategy’s inclusion of adolescents, emphasis on multisectoral action, gender, equity and rights, and focus on humanitarian and fragile settings among others, pose new challenges to all stakeholders and partners on how to translate the targets and objectives into action at country level.