REVISED PROGRAMME BUDGET 2022–2023

HUMAN REPRODUCTION PROGRAMME (HRP)

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

human reproduction programme hrp
research for impact
UNDP·UNFPA·UNICEF·WHO·WORLD BANK

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Human Reproduction Programme (HRP) revised programme budget 2022-2023

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ACRONYMS AND ABBREVIATIONS

AMR	antimicrobial resistance
ART	assisted reproductive technologies
CCS	Country Cooperation Strategy
DMPA	depot medroxyprogesterone acetate (injectable contraceptive method)
ECHO	Evidence for Contraceptive Options and HIV Outcomes Study
EMTCT	elimination of mother-to-child transmission
EPMM	Ending Preventable Maternal Mortality
FGM	female genital mutilation
FHW	front-line health worker
GAMA	Global Action for Measurement of Adolescent health (GAMA)
GAP	HRP Gender and Rights Advisory Panel
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GFF	Global Financing Facility for Women, Children and Adolescents
Global Strategy	Global Strategy for Women's, Children's and Adolescents' Health 2016-2030
GPW13	WHO's 13th General Programme of Work
GRC	WHO Guidelines Review Committee
HPV	human papillomavirus
HRP	UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction; also "Human Reproduction Programme"
HSV	herpes simplex virus
IAP	Independent Advisory Panel
ICD	International Classification of Diseases
ICD-11	International Classification of Diseases 11th revision

IPU	Inter-Parliamentary Union
IUD	intrauterine device
MAR	medically assisted reproduction
MPTs	multipurpose prevention technologies
POCTS	point-of-care tests
PCC	HRP Policy and Coordination Committee
PHC	primary health care
QED	Quality, equity, dignity
RCS	research capacity strengthening
RCT	randomized controlled trial
RP2	HRP Research Project Review Panel
RTIS	reproductive tract infections
SDG	Sustainable Development Goal
SRH	WHO Department of Sexual and Reproductive Health and Research
SRHR	sexual and reproductive health and rights
STAG	HRP Scientific and Technical Advisory Group
STI	sexually transmitted infection
UHC	universal health coverage
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

1 INTRODUCTION

1.1 HRP'S MANDATE IN SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Established in 1972, the UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction (also referred to as the Human Reproduction Programme or HRP) is the main instrument within the United Nations (UN) system for research in human reproduction, bringing together policy-makers, scientists, health-care providers, clinicians and community representatives to identify and address priorities for research to improve sexual and reproductive health.

HRP is a cosponsored Special Programme executed by the World Health Organization (WHO), embedded within WHO's Department of Sexual and Reproductive Health and Research (SRH) to ensure strong linkages between the evidence-based outputs of HRP and the normative guidance and programme development roles of WHO.

The overall mandate for the work of HRP in sexual and reproductive health and rights (SRHR) is guided by the global *Reproductive health strategy, (1)* adopted by WHO Member States at the World Health Assembly in 2004. This forward-looking strategy remains central to WHO and HRP's work in sexual and reproductive health and rights to the present day.

In September 2015, the Sustainable Development Goals (SDGs) of the 2030 Agenda for Sustainable Development *(2)* were formally adopted by world leaders at an historic UN Summit, and these officially came into force on 1 January 2016. Several targets were established for SRHR issues, primarily within Goals 3 (Ensure healthy lives and promote well-being for all at all ages) and 5 (Achieve gender equality and empower all women and girls); these targets provide countries, as well as WHO and HRP, with clear directions and targets for the coming decade.

In 2019, WHO launched an ambitious, but achievable, five-year strategic plan: WHO's 13th General Programme of Work (GPW13), covering the period from 2019 to 2023. GPW13, which is explicitly linked to the SDGs, focuses on a new "triple billion" target to provide a billion more people with universal health coverage, to protect one more billion people from health emergencies and to provide a further billion people with better health and well-being, including relating to sexual and reproductive health.

The GPW13 reflects WHO's ambitions to become a stronger, more efficient and results-oriented organization that will serve and guide governments and partners as part of a collective effort to improve the health of their populations and to achieve Sustainable Development Goal 3. The "triple billion" goal is a joint effort of Member States, WHO, HRP, and other partners. No single actor operating alone can achieve these goals. Contributions are required from many partners – principally Member States themselves, but also non-State actors and the WHO and HRP Secretariat. Consequently, there is a need for both collective action and accountability, as well as for demonstrating the contribution made to outcomes and impact.

These three coordinated international agreements, taken together, form a bold roadmap for SRHR as they aim to keep women, children and adolescents at the heart of the sustainable development agenda, unlocking their vast potential for transformative change and impact at the country level. These agreements also provide a strong global mandate for rigorous research that can produce the empirical evidence needed by countries to achieve the high goals of both GPW13 and the SDGs.

BOX 1. HRP'S SDG TARGETS

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

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

3.8. Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

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

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

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

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

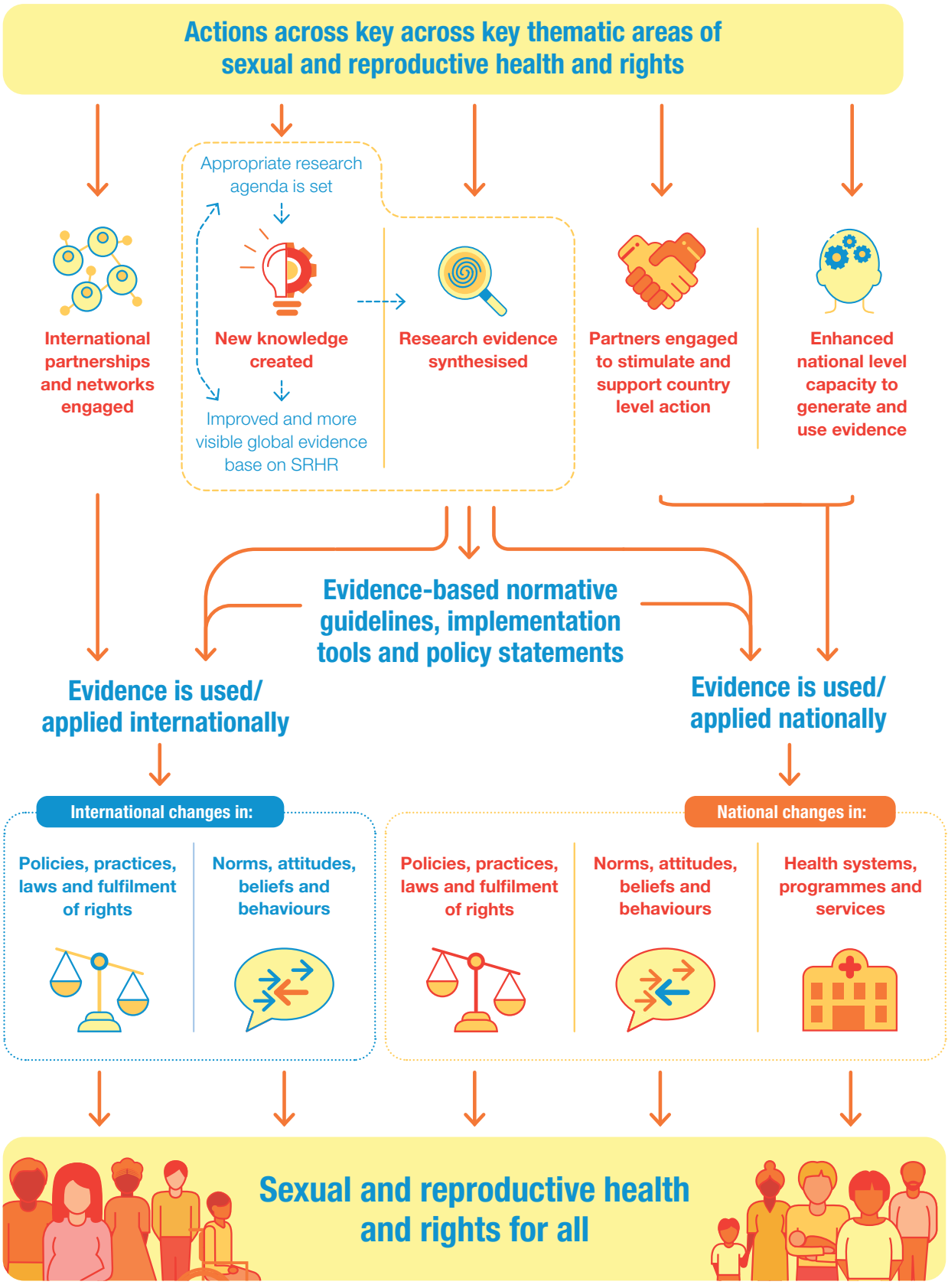
9.5. Enhance scientific research, upgrade the technological capabilities of industrial sectors in all countries, in particular low- and middle-income countries, including, by 2030, encouraging innovation and substantially increasing the number of research and development workers per 1 million people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

1.3 HRP'S THEORY OF CHANGE

HRP's work is guided by a theory of change and its performance is being monitored and evaluated through a results framework. This theory of change and its impact framework were finalized in 2020 following an extensive consultative process involving PCC Members, HRP cosponsors, advisory bodies, and WHO and HRP staff. This theory of change is summarized on the Figure 1 on page 4, and in the budget is disaggregated according to HRP Theory of Change outputs in Figure 3.

FIGURE 1. WHO'S 13TH GENERAL PROGRAMME OF WORK

HRP Theory of Change



1.4 HRP PROGRAMME BUDGET AND OPERATIONAL PLAN, 2022–2023

The HRP programme budget 2022–2023 is based on a comprehensive portfolio of technical products, milestones for their achievement during the biennium, and planned contributions to the GPW13 outputs as described below. As in the past, each product has been assigned a priority level,* which will determine the order of funding and implementation over the course of the biennium. The products in 2022–2023 are organized according to the thematic areas established by the HRP Portfolio Review conducted in 2016 (see box).

A draft budget and workplan for 2022–2023 was presented to STAG in February 2021 for its advice and guidance. Following the STAG meeting, the document was revised to incorporate feedback, and submitted on 12 March 2021 for review by the HRP Standing Committee of Cosponsors. The document was then submitted to and approved by the HRP Policy and Coordination Committee at its 34th meeting in March 2021. The approved allocation of the overall HRP budget is shown by thematic area in Figure 2.

The workplan and budget of HRP are fully integrated within and contribute to WHO's GPW13, which covers the period from 2019 to 2023, as well as the *WHO programme budget 2022–2023 (3)* which was approved by the World Health Assembly in May 2021. Specifically, all the outcomes anticipated in the HRP budget contribute to one or more of the "Triple Billion" targets in the GPW and WHO Programme Budget, as shown in Figure 4.

* If the programme budget is fully funded, all products will be implemented. At the beginning of the biennium, ongoing research projects and other activities to which HRP has already made a commitment to implement will be funded ("Priority A") and implementation will continue. As receipt of additional funding permits, new products and deliverables will be implemented ("Priority B").

BOX 2. HRP THEMATIC AREAS, 2022–2023

A. Family planning and contraception
B. Maternal and perinatal health
C. Safe abortion
D. Sexual health and well-being
F. Fertility care
H. Violence against women and girls
I. Adolescent SRHR
J. Female genital mutilation
K. SRHR in health emergencies
M. Human rights, gender equality and social determinants
N. Health systems, including self-care and digital innovations
O. Measuring and monitoring indicators
P. Scientific leadership and capacity strengthening

FIGURE 2. HRP PROGRAMME BUDGET 2022–2023, BY THEMATIC AREA**

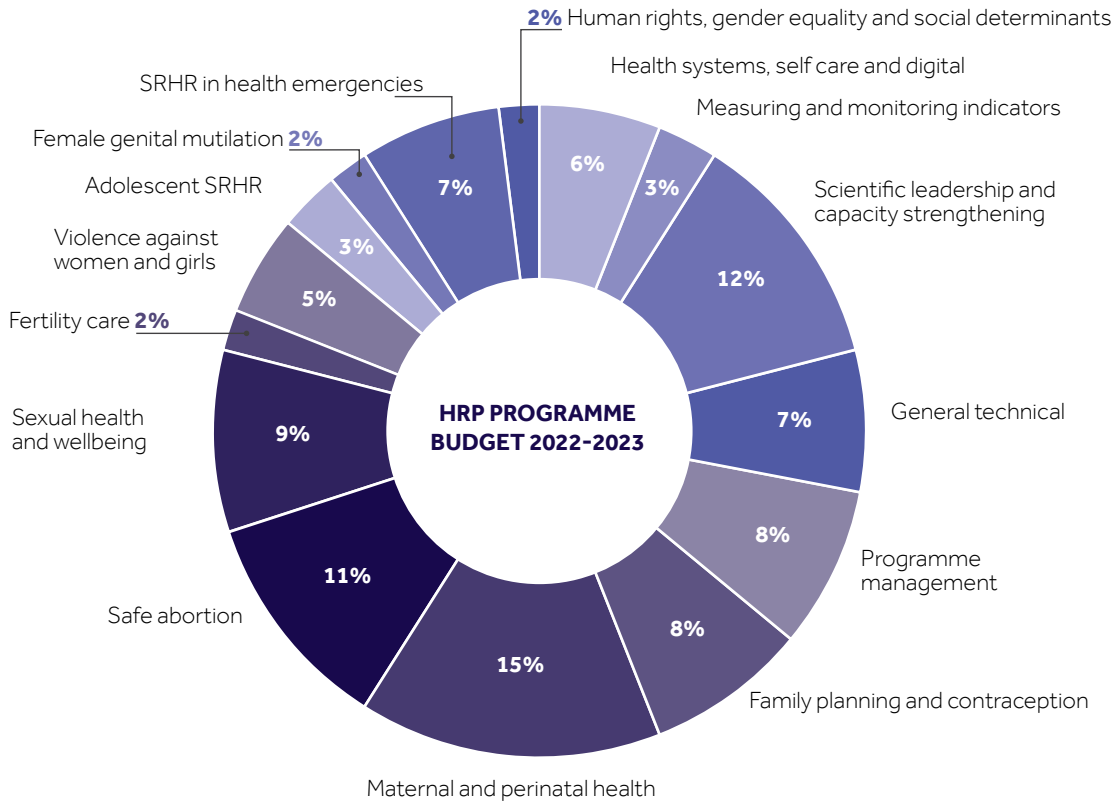
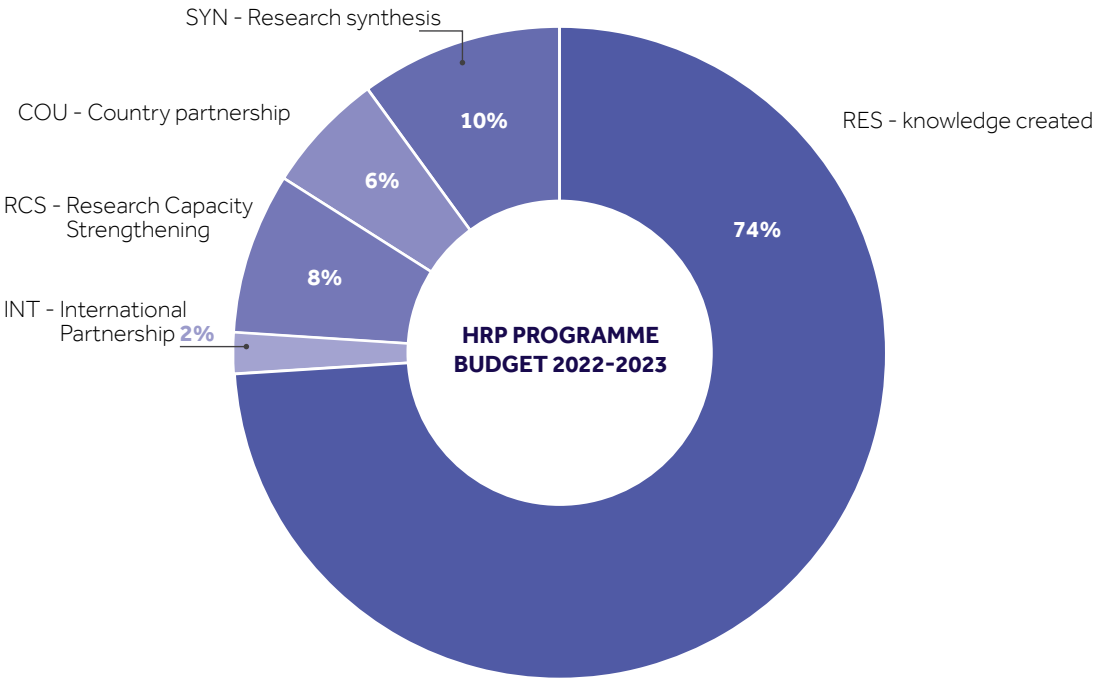


FIGURE 3. HRP PROGRAMME BUDGET 2022–2023, BY OUTPUTS IN THE HRP THEORY OF CHANGE (ACTIVITIES ONLY)



** For budget details please refer to section 4. HRP Budget tables on page 57.

FIGURE 4. SRH DEPARTMENT AND HRP'S CONTRIBUTION TO WHO'S 13TH GENERAL PROGRAMME OF WORK

WHO "TRIPLE BILLION" TARGETS	Achieving universal health coverage – 1 billion more people benefitting from universal health coverage	Addressing health emergencies – 1 billion more people better protected from health emergencies	Promoting healthier populations – 1 billion more people enjoying better health and well-being	Focusing global public goods on impact – normative guidance and agreements; data, research and innovation
PRIMARY GPW13 OUTPUTS FOR SRH DEPARTMENT AND HRP	**1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course**	2.3.3. Essential health services delivered and systems maintained and strengthened in humanitarian and vulnerable settings	3.1.1. Countries enabled to address social determinants of health across the life course	**4.1.3. Countries enabled to strengthen research capacity and systems, conduct and use research on public health priorities, and scale effective innovations in a sustainable manner**

IMPACT OF SRH DEPARTMENT AND HRP WORK ON WHO "TRIPLE BILLION" TARGETS, BY THEMATIC AREA				
A. Family planning and contraception	●●●	●●	●●	●●
B. Maternal and perinatal health	●●	●	●	●●●
C. Safe abortion	●●●	●●	●●	●●●
D. Sexual health and well-being	●●	●	●●	●●●
F. Fertility care	●		●●	●●
H. Violence against women and girls	●●●	●●	●●	●●
I. Adolescent SRHR	●●	●●	●●	●●
J. Female genital mutilation	●●		●●	●●
K. SRHR in health emergencies	●	●●●	●●	●●
M. Human rights, gender equality and social determinants	●	●●	●●●	●●
N. Health systems, self-care, digital innovations	●●	●	●●	●●●
O. Measuring and monitoring indicators	●●	●●	●●	●●●
P. Scientific Leadership and Capacity Strengthening	●●●	●	●	●●●
Maternal mortality project	●●●		●	●

All products to be implemented for each thematic area, both under HRP and the WHO SRH Department, are shown together throughout this document; they are disaggregated by funding source to clarify those implemented by HRP and those by WHO.

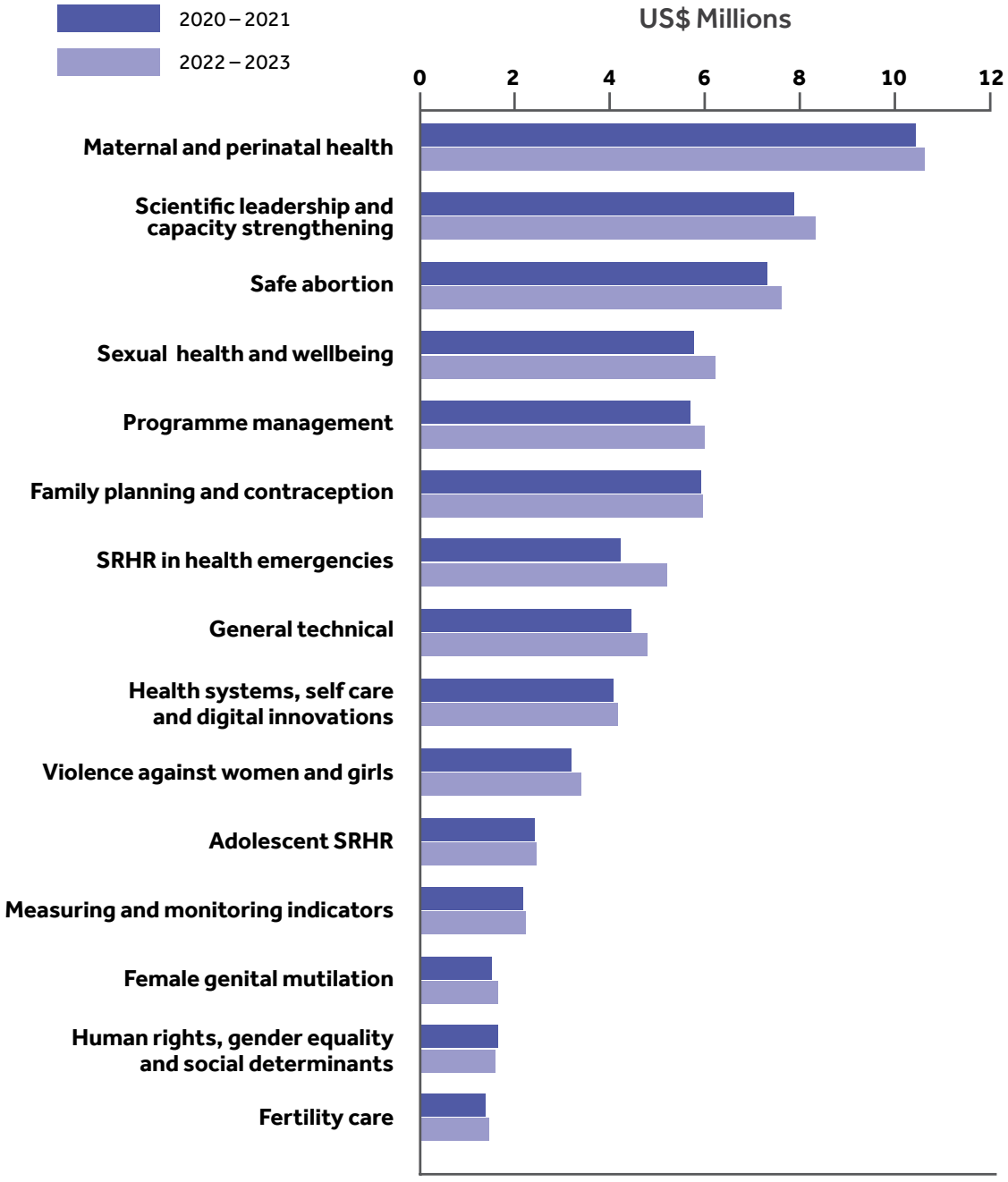
The approved 2022-23 budget for HRP is shown in Table 1, alongside an indicative budget for the WHO SRH Department; changes in budget allocations between thematic areas are shown in Figure 5. For budget details please refer to the HRP budget tables beginning on page 57.

TABLE 1. HRP PROGRAMME BUDGET AND INDICATIVE BUDGET FOR WHO/HQ CORE WORK IN SRHR***

	2020–2021		2022–2023		PERCENT CHANGE
	Budget US$ in thousands	Percent	Budget US$ in thousands	Percent	
UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP)					
Products	41,040	60%	41,040	57%	0%
Staff positions	27,360	40%	31,000	43%	13%
Subtotal HRP Core	68,400	100%	72,040	100%	5%
Global Maternal Mortality Project	50,000		37,000		-26%
Total HRP	**118,400**		**109,040**		**-8%**
WHO/HQ core work in SRHR					
Products	8,105	50%	8,105	50%	0%
Staff positions	8,000	50%	8,000	50%	0%
Total WHO Core	16,105	100%	16,105	100%	0%
Grand total SRH/HQ department	**134,505**		**125,145**		**-7%**

*** WHO budget figures are provisional and provided for indicative purposes only. The WHO Programme budget 2022-2023 will be submitted for approval to the World Health Assembly in May 2021.

FIGURE 5. HRP BUDGET 2018–2019 AND 2020–2021, BY THEMATIC AREA (PRODUCT BUDGET ONLY)**



**** For budget details please refer to section 4. HRP Budget tables beginning on page 57.

1.5 MONITORING AND ACCOUNTABILITY

The success of HRP's work in sexual and reproductive health and rights depends on its scientific and ethical rigour, its leadership and commitment to human rights and gender equality, and its capacity to address global priorities that are also important for countries, particularly low- and middle-income countries. This implies continual monitoring of the programme outcomes and output indicators. Monitoring is carried out by several complementary advisory and governing bodies.

- The HRP Theory of Change includes a detailed results framework, that includes output, outcome, and impact indicators and qualitative evaluation approaches that that are reported to PCC in an annually HRP Performance Assessment Report. The first such annual report, covering 2020, was presented to PCC in March 2021. In 2022, an interactive "HRP Performance Dashboard" was launched, in order to provide PCC Members and other stakeholders with an enhanced level of transparency on HRP indicator reports. The dashboard allows visitors to review achievement values for each indicator, and as appropriate disaggregation by year, region, country income group, and sex. The dashboard also allows users to drill down to explore the anonymized data on which the indicator reports are based. The HRP Performance Dashboard can be viewed at: http://extranet.who.int/hrp/performance

- The HRP Scientific and Technical Advisory Group (STAG) meets annually to review progress in scientific studies, to recommend priorities and to advise on the allocation of resources.

- The Gender and Rights Advisory Panel (GAP) reviews the work from the perspective of gender and rights. Beginning in 2022, GAP will also provide an independent periodic assessment to PCC of the extent to which HRP is addressing issues of gender equality and rights.

- The Research Project Review Panel (RP2) provides an independent scientific and ethical review and approval for every research proposal funded by HRP; it also meets annually to assess the review process.

- The work of the HRP Alliance is monitored and evaluated at annual meetings of the HRP Alliance Steering Committee. At these meetings, progress is reviewed and evaluated, and plans for the coming year are developed. HRP research capacity strengthening projects are reviewed by the HRP Alliance Steering Committee. Beginning in 2022, the HRP Alliance Steering Committee will provide an independent periodic assessment of the extent to which HRP is contributing to research capacity strengthening in countries.

- HRP is evaluated at the annual meetings of the Policy and Coordination Committee (PCC), at biannual meetings of the Standing Committee, and through periodic independent external evaluations. The last external evaluation, covering the period 2013–2017, was presented to PCC in March 2019.***** In 2021, PCC requested a new external evaluation to cover the period 2018-2022, to be organized in 2022 and implemented in 2023.

Each of these bodies can assess, from different points of view, the achievement of the programme processes, outputs and outcomes.

***** https://www.who.int/publications/m/item/hrp-2013-2017-external-evaluation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GRAVIT

2 HRP THEMATIC AREAS

A. FAMILY PLANNING AND CONTRACEPTION

Contraception is one of the most effective and cost-effective public health interventions. Its use is increasing worldwide but remains very uneven across regions. it is estimated that out of 923 million women of reproductive age in LMICs who want to avoid pregnancy, 218 million have an unmet need for modern contraception and are not using effective contraceptive methods for a variety of reasons. Improving access to contraception could decrease maternal mortality by one third worldwide. Ensuring high standards of quality of care across the wide variety of service-delivery settings remains a challenge. WHO's guidelines relating to family planning, which are developed with significant support from HRP, are widely recognized as authoritative. To facilitate their use, HRP and the SRH Department will continue to develop guidelines and derivative tools that are easier to adapt and use by intended audiences, and that improve service availability and delivery.

This guidance needs to be kept up to date as new scientific evidence becomes available and potential safety concerns emerge. HRP will contribute to the global evidence base on safety, efficacy and utilization of contraception through synthesizing existing evidence, coordinating generation of new evidence and convening key stakeholders.

A wide variety of contraceptive methods are available. In practice, however, many individuals have a limited choice and there is a need to continue to develop methods that are better suited to a wider range of health needs and living conditions. As new or adapted contraceptive technologies become available such as subcutaneous depot medroxyprogesterone acetate [DMPA] self-injection, pericoital or on-demand contraception, and multipurpose prevention technologies), HRP will ensure that there is a clear and coordinated pathway to complete the product development process through pre-qualification and introduction by convening, guiding and supporting key stakeholders. HRP will continue implementation research (IR) studies in multiple countries to support introduction and scale-up of DMPA Sub C self-injection and support member states conducting implementation research on the integration of pre-exposure prophylaxis (PrEP) into Family Planning Services (FP services) in countries where the use of oral PrEP is licensed, to improve choice and access to FP and methods, as well as integration of services.

To meet the increasing demand for services in the context of an existing health workforce that is limited in numbers and coverage, and to reach underserved populations, efforts must continue to ensure the provision of services by the most appropriate and competent cadre of providers, at different levels of the health system and through integration with other services. Task sharing of family planning services must be achieved while maintaining a high level of quality of care and full respect for human rights. HRP's contribution will be to synthesize existing evidence from programmatic research, coordinate the generation of new evidence and convene key stakeholders for periodic review and dissemination of the evidence on task sharing and integration.

From the perspective of health system strengthening to improve access to modern contraceptives, HRP will coordinate the evidence base for cost-effective service delivery and financing innovations through multi-site operations research and develop guidance for their implementation and documentation at scale through coordinating multi-site implementation research. HRP will develop guidance tools to assist countries in implementing WHO recommendations for quality FP services as part of WHO's "Quality, Equity, Dignity" (QED) initiative.

HRP will support policy dialogue and programme design, implementation and monitoring of sexual and reproductive health programmes using the SRHR policy portal.

HRP has a key role to play in the process of developing and reporting on SRHR-related indicators under the Sustainable Development Goals (SDGs) and the United Nations' Global Strategy for Women's, Children's and Adolescents' Health 2016-2030. It will take decisive action to ensure that global agreement is reached on operational definitions and indicators for measuring and monitoring contraceptive-use dynamics, particularly when it comes to the estimation of unmet need for contraception called for under SDG indicator 3.7.1, and to contribute to SDG indicators 3.7.2 and 3.8.1.

PRODUCT LISTING

ID	PRODUCT DESCRIPTION	MILESTONES				PRODUCT CLASSIFICATION INFORMATION*
A02	**Implementing and institutionalizing Evidence based interventions promoting community monitoring and social accountability of contraceptive programmes**	Identification of countries	Development of intervention	Implementation		• **Priority A** • **HRP** • **CFC Unit** • **ToC: COU**
A05	**Evidence-based recommendations for implementation and scale-up of subcutaneous DMPA**	Intervention	Data cleaning	Data analysis	Dissemination of results	• **Priority A** • **HRP** • **CFC Unit** • **ToC: SYN**
A06	**Leadership of Implementing Best Practice (IBP) initiative to implement WHO guidelines and High-Impact Practice (HIP) interventions through Implementing Best Practice (IBP) initiative partners**	New IBP Governance Structure Implemented	Web based application for WHO Matrix Tool	Partnerships for exploring FP linkages with fertility and other social determinants	Research prioritization for multi-sector linkages and FP programming	• **Priority A** • **WHO core** • **CFC Unit**
A11	**Evidence in innovative financing approaches (RBF) on effectiveness, efficiency, and equitable strategic purchasing of contraception and family planning**	Project proposal development. Partners identification	Advisory group meetings, project refinement	Implementation of research proposal	Project completion, write up	• **Priority A** • **HRP** • **CFC Unit** • **ToC: RES**
A12	**Strengthening health systems response to accelerate access to quality and right based contraception and FP services**	Annual country plans developed	Reports on country implementation	Results analysed, reports prepared	Results published	• **Priority A** • **WHO core** • **CFC Unit**
A13	**Implementation research on scaling up effective family planning counselling strategies and approaches**	Project proposal development. Country team and partners identification	Advisory group meetings, site visit	Implementation of research proposal	Data cleaning, validation, write up	• **Priority A** • **HRP** • **CFC Unit** • **ToC: RES**

* Classification information on this and subsequent tables indicates: (i) the priority level of this product, which is explained on page 5, (ii) whether the product is included in the HRP budget or is under the WHO core budget segment, (iii) the Unit within the Department responsible for product implementation, and (iv) the "output" in the HRP Theory of Change to which the product contributes (see Figure 3).

ID	PRODUCT DESCRIPTION	MILESTONES				PRODUCT CLASSIFICATION INFORMATION
A14	**Using implementation research to strengthen contraceptive programmes supported by UNFPA through improving access, method mix, and quality of care**	Key research questions, priority areas and populations, and research methodology/	Scoping of research, including research protocol development and study tools	Research implemented in selected countries	Research completed in all sites. Dissemination of results with stakeholders	• **Priority A** • **HRP** • **CFC Unit** • **ToC: RES**
A16	**IBP Online Community Engagement Platform strengthened and updated to foster research collaboration and partnership**	Review of the platform		Maintenance of the platform		• **Priority A** • **HRP** • **CFC Unit** • **ToC: INT**
A17	**Normative WHO guidelines and derivative products for family planning services Including the medical eligibility criteria (MEC) for contraceptive use**	Initiation of MEC and SPR revision	Training on contraception	Strengthening health systems for contraception	Linkages and integration of FP and other health services including in emergency settings	• **Priority A** • **WHO core** • **CFC Unit**
A20	**Research to prepare for introduction of reversible non coitally dependent male methods**	Identification of study sites	Development of site specific protocols	Research implementation	Results reporting	• **Priority A** • **HRP** • **CFC Unit** • **ToC: RES**
A21	**Manual for implementing and scaling-up DMPA subcutaneous (DMPA SC) self-injection**	Coordination of development	Expert meetings	Document drafting	Layout and design	• **Priority B** • **WHO core** • **CFC Unit**

B. MATERNAL AND PERINATAL HEALTH

HRP remains at the forefront of global efforts to address the challenges in maternal and perinatal health. Its core mission is to coordinate and lead R&D, innovations, and evidence synthesis to support the development of WHO guidance and implementation tools that not only ensure that pregnant women and their newborns survive but also have a positive pregnancy, childbirth, and postnatal experience. HRP's work is guided by strategic priorities for achieving the SDG targets 3.1, 3.2, 3.4, 3.7 and 3.8, and by the Global Strategy.

Three integrated areas of work across the continuum of pregnancy through postnatal care are key priorities for HRP: antenatal care, intrapartum care and postnatal care. HRP will develop guidance tools to assist countries in implementing WHO recommendations for antenatal care and intrapartum care at scale, to improve the quality and outcomes of pregnancy and childbirth care. Guidance for implementing the WHO antenatal and intrapartum care models will be informed by multi-site implementation research for health systems strengthening. For postnatal care, guidance tools will also be developed, validated, and integrated with existing tools along the continuum of care.

HRP has intensified and expanded efforts across these broad priority areas of research and evidence generation with a focus on transitioning from clinical to implementation research for achieving measurable impact at the country level.

Of the 295 000 maternal deaths that occur annually, it is estimated that over one-quarter are due to obstetric haemorrhage (predominantly postpartum haemorrhage [PPH]). HRP will provide global leadership in preventing and managing PPH through coordinating multi-site research to assess the safety and efficacy of clinical innovations, and multi-site implementation research to investigate the effectiveness of PPH bundle strategies, while continuing to provide support for adaptation of WHO recommendations on PPH prevention and treatment.

Preterm birth is the leading cause of death in infants and children younger than 5 years of age globally, accounting for approximately 1 million deaths annually. HRP will provide global leadership in reducing preterm newborn deaths through coordinating of multi-site research to assess safety and efficacy of antenatal steroids in low-resource countries, and multi-site implementation research to develop

implementation models that will substantially increase population-level coverage for safe use of antenatal steroids in the same settings.

New technologies have the potential to improve pregnancy and childbirth experience and health outcomes. HRP will coordinate the development of digital and technological innovations, including artificial intelligence and machine-learning tools, to support decision-making of health care providers.

HRP continues to advocate for rational use of caesarean section, performed exclusively for medically indicated reasons. It will provide global leadership in optimizing the use of caesarean section by conducting multi-site implementation research for evaluating the effectiveness of interventions, implementation frameworks and processes. Building on the efforts of the last biennium, HRP will provide global leadership for research in maternal and newborn sepsis to address emerging clinical and health system organizational challenges.

Over the years, HRP has developed a series of WHO clinical and programmatic guidelines for maternal and perinatal care. It will develop and apply innovative approaches to continuously review these guidelines, undertake revisions as informed by new evidence, and develop consolidated guidelines and derivative tools that are easier to adapt and use by intended audiences.

PRODUCT LISTING

ID	PRODUCT DESCRIPTION	MILESTONES			PRODUCT CLASSIFICATION INFORMATION
B. MATERNAL AND PERINATAL HEALTH					
B02	**Interventions for stillbirth reduction based on Doppler screening developed**	Multi-country intervention research protocol on the effectiveness of low-cost, continuous wave, antenatal doppler screening in low-risk women approved		Country selection finalized and recruitment started	• **Priority A** • **HRP** • **MPH Unit** • **ToC: SYN**
B03	**Research to support implementation of the WHO antenatal care model at the country level**	Implementation of country-specific research continued in India and Burkina Faso		Implementation of country-specific research continued in Rwanda and Zambia	• **Priority A** • **HRP** • **MPH Unit** • **ToC: RES**
B05	**Effectiveness of a novel magnesium sulfate regimen for eclampsia prevention and treatment evaluated**	Protocol for second phase of multi-country, non-inferiority, randomized control trial comparing the safety and efficacy of a novel magnesium sulfate regimen with standard regimens approved		Country selection finalized and recruitment started	• **Priority A** • **HRP** • **MPH Unit** • **ToC: RES**
B06	**Effectiveness of digital and wearable technologies for prediction of pregnancy complications demonstrated**	OptiBP multicounty validation study results prepared for publication and disseminated		Formative research on acceptability and feasibility of self-BP monitoring completed	• **Priority A** • **HRP** • **MPH Unit** • **ToC: RES**
B07	**Quality of care around the time of childbirth: Optimizing caesarean section through quality decision making by women and providers in low- and middle-income countries**	Implementation of QUALI-DEC intervention strategies started in four countries	Monitoring visits for QUALI-DEC process evaluation established and initiated	Main findings of QUALI-DEC formative research published	• **Priority A** • **HRP** • **MPH Unit** • **ToC: COU**
B09	**Research to support implementation of the WHO intrapartum care model at the country level**	Intrapartum care toolkit validated and disseminated		Implementation research to scale up WHO intrapartum care recommendations initiated in selected countries	• **Priority A** • **HRP** • **MPH Unit** • **ToC: RES**

ID	PRODUCT DESCRIPTION	MILESTONES				PRODUCT CLASSIFICATION INFORMATION
B10	**Effective intrapartum decision-support tool developed (SELMA – Simplified, Effective, Labour Monitoring-to-Action – to support front-line health workers in labour management)**	SELMA machine learning tool updated and tested		Intrapartum care algorithms integrated into WHO smart guideline and tested		• **Priority A** • **HRP** • **MPH Unit** • **ToC: RES**
B13	**Research to assess potential benefits and harms of heat stable carbetocin for postpartum haemorrhage treatment use implemented**	Protocol for Phase III trial on safety of oxytocin for postpartum haemorrhage treatment in the context carbetocin for postpartum haemorrhage prophylaxis approved and recruitment initiated		Protocol for Phase III pragmatic trial of carbetocin vs other uterotonics for postpartum haemorrhage treatment developed and approved		• **Priority A** • **HRP** • **MPH Unit** • **ToC: RES**
B14	**Evidence of the quality of medicines, devices and technologies used during pregnancy and childbirth in field settings (e.g. oxytocin, misoprostol)**	Quality of misoprostol evaluated in four African countries		Training of national regulators in Africa on oxytocin guidance conducted and post-market surveillance completed		• **Priority A** • **HRP** • **MPH Unit** • **ToC: RES**
B15	**Evidence of the safety and effectiveness of corticosteroids for women at risk for preterm birth in low resource settings**	ACTION-III (Antenatal Corticosteroids for Improving Outcomes in Preterm Newborns) trial initiated in Bangladesh, India, Kenya, Nigeria and Pakistan	Antenatal corticosteroids implementation research protocol finalized, and study initiated in Ethiopia, India, Nigeria, and Pakistan	Antenatal corticosteroids implementation formative research completed in Ethiopia, India, Nigeria, and Pakistan		• **Priority A** • **HRP** • **MPH Unit** • **ToC: RES**
B18	**Research and research syntheses to inform living guidelines approach for dynamic updating of maternal and perinatal health recommendations implemented**	Quantitative and qualitative evidence syntheses for WHO recommendations prioritized for update completed and published	Mixed-methods assessment of valuation of outcomes for WHO maternal and perinatal health guidelines conducted	Mapping of evidence and intelligence gathering for guideline prioritization completed	Living cost-effectiveness evidence for priority maternal health interventions published	• **Priority A** • **HRP** • **MPH Unit** • **ToC: RES**
B22	**Evidence on interventions for respectful care/ experience care for improved quality of care generated**	Package of systematic reviews on effective intervention finalized, knowledge translation tools tested and disseminated	Generic protocol developed for RMC intervention package	Formative and validation work for measuring experience of care/respectful care during ANC and PNC initiated		• **Priority A** • **HRP** • **MPH Unit** • **ToC: RES**
B27	**Interventions to reduce the burden of maternal and newborn sepsis evaluated**	Maternal sepsis FAST-M+ bundle protocol developed and approved, and research activities initiated in three countries		Maternal sepsis implementation research (APT-Sepsis) protocol developed and approved and research activities initiated in two countries		• **Priority A** • **HRP** • **MPH Unit** • **ToC: RES**
B28	**Evidence from harmonized database generated to improve quality and outcomes of perinatal care in Nigerian referral maternity hospitals**	Protocol for locally tailored quality improvement strategies developed and approved		In-country site selection finalized, and recruitment started		• **Priority A** • **HRP** • **MPH Unit** • **ToC: COU**
B29	**Normative WHO guidance and derivative products for Intrapartum Care**	Intrapartum care guideline dissemination continued	Intrapartum care toolkit validated and disseminated	Global situational analysis of quality of intrapartum and immediate postnatal care completed	Dissemination and training on the use of platform for optimizing of caesarean section rate continued	• **Priority A** • **WHO core** • **MPH Unit**

ID	PRODUCT DESCRIPTION	MILESTONES				PRODUCT CLASSIFICATION INFORMATION
B30	**Research to assess comparative benefits and harms of uterine tamponade devices for refractory postpartum haemorrhage treatment implemented**	Recruitment for Phase I of uterine balloon tamponade device trial completed and interim analysis conducted	Design of Phase II of uterine balloon tamponade device trial approved, and trial initiated	Recruitment for Phase II of uterine balloon tamponade device trial completed, and analysis conducted		• **Priority A** • **HRP** • **MPH Unit** • **ToC: RES**
B31	**Interventions to enhance transition to motherhood in the immediate postnatal period assessed**	Strategy for implementation of WHO postnatal care recommendations in selected countries developed	Formative phase to develop and adapt postnatal care policy-maker toolkit conducted	Embedded implementation research projects developed for implementation in selected countries		• **Priority A** • **HRP** • **MPH Unit** • **ToC: COU**
B33	**Antenatal and postnatal care digital decision support systems for policymaker and care providers**	ANC smart guideline package tested in three country settings and WHO generic versions updated	Development and testing of digital adaptation kit (DAK) for postnatal care, linked to antenatal care	Development and testing of evidence portal for postnatal care linked to antenatal care		• **Priority A** • **HRP** • **MPH Unit** • **ToC: RES**
B35	**Postpartum haemorrhage bundle implementation research implemented in low- and middle-income countries**	Recruitment for Early detection and treatment of postpartum haemorrhage using the WHO 'first response' bundle (the E-MOTIVE cluster trial) completed	Mapping and synthesis of quantitative and qualitative evidence for guideline prioritization completed	Package of interventions for managing refractory postpartum haemorrhage tested in 1 country		• **Priority A** • **HRP** • **MPH Unit** • **ToC: RES**
B36	**Methodological advances in maternal and perinatal norms, standards, and research**	Methodologies to improve surveillance for living evidence syntheses developed and tested	Methodologies to enable use of different evidence bases for guideline developed and tested	Methodologies for impactful engagement with guideline end-users developed, tested, and optimized	Review of research designs for efficient testing of multiple interventions completed	• **Priority A** • **HRP** • **MPH Unit** • **ToC: RES**
B40	**Reducing mistreatment and improving quality of care during pregnancy and childbirth**	RMC intervention package disseminated		Knowledge translation tools finalized and disseminated		• **Priority A** • **WHO core** • **MPH Unit**
B41	**Interventions to reduce the burden of maternal sepsis identified and evaluated**	Toolkit for infection prevention and management in maternity settings validated				• **Priority A** • **WHO core** • **MPH Unit**
B42	**Interventions to enhance transition to motherhood in the immediate postnatal period assessed and guidance issued**	Postnatal care guideline dissemination continued		Postnatal care toolkit validated and disseminated		• **Priority A** • **WHO core** • **MPH Unit**
B43	**Living guidelines panel meetings for updating WHO maternal and perinatal health recommendations**	Annual Executive Guideline Steering Group and technical meetings held	Six priority recommendations updated per year	WHO guidelines on routine ANC, IPC, and PNC, and management of ANC, IPC, and PNC complications consolidated, and published	Consolidated handbook for management of pregnancy and childbirth developed, published, and disseminated	• **Priority A** • **WHO Core** • **MPH Unit**
B44	**Evidence for optimizing assisted vaginal birth generated**	Research strategies for implementation based on the findings of systematic reviews developed		Implementation of key research priorities initiated		• **Priority B** • **HRP** • **MPH Unit** • **ToC: RES**

ID	PRODUCT DESCRIPTION	MILESTONES				PRODUCT CLASSIFICATION INFORMATION
B45	**Global research priority setting to accelerate impact in countries for leading causes of maternal and perinatal mortality and morbidity**	Evidence for strategic priorities in postpartum haemorrhage research generated	Evidence for strategic priorities in pre-eclampsia research generated	Evidence for strategic priorities in maternal peripartum infection research generated	Evidence for strategic priorities in maternal anaemia research generated	• **Priority B** • **HRP** • **MPH Unit** • **ToC: RES**
B46	**Individual patient data (IPD) meta-analysis of calcium supplementation trials**	Data from primary studies compiled and IPD meta-analysis plan developed		Preliminary IPD meta-analysis completed		• **Priority B** • **HRP** • **MPH Unit** • **ToC: RES**
B47	**Evidence for optimizing outcomes for non-communicable diseases during pregnancy, childbirth and postnatal periods generated**	Priority non-communicable diseases during pregnancy, childbirth, and postpartum identified through evidence reviews	Evidence syntheses on interventions to improve pregnancy with non-communicable diseases completed for development of guidance	Implementation research to improve quality of care in maternal and newborn health with linkages to non-communicable diseases initiated		• **Priority B** • **HRP** • **MPH Unit** • **ToC: SYN**

C. SAFE ABORTION

Globally, an estimated 56.3 million abortions take place each year. Over the past 25 years, abortion rates declined markedly in high-income regions but have remained static in low- and middle-income regions. Less than half of all abortions take place in circumstances that would be considered safe, and between 2003–2009, abortion-related deaths accounted for 7.9% of all maternal deaths. An estimated 7 million women seek facility-based care for abortion complications.

Preventing unsafe abortion has been a strategic objective of HRP since its inception, placing it in a unique position within the UN system to provide credible scientific information and guidance to countries on understanding and interpreting abortion data. Measurement of abortion-related events has always been methodologically challenging, but the complexity has increased manifold with the widespread informal use of misoprostol outside of health-care facilities. HRP will pursue this work and strengthen the global evidence base of population-level data to measure trends in the magnitude of unsafe abortion and its consequences.

HRP will step up its technical support to countries with a focus on guideline implementation and integration of services into primary health care and universal health coverage. HRP will also continue to guide progressive policy development and reform to increase access to safe abortion care through documenting the impact of diverse interpretations and applications of abortion laws and policies (both facilitative and restrictive) on access to and availability of services.

Over the past 15 years, HRP has been recognized for its leadership in the development of WHO's technical and policy guidance on safe abortion, which integrates clinical, health system and human rights issues. Evidence-based updates and revisions to the guidelines will continue. Scaling up the use of these guidelines remains a challenge and HRP will develop implementation research to facilitate this process.

A powerful development in recent years has been the increasing evidence base for moving medical abortion care to the community level and for women to self-manage all or parts of the process. Innovative interventions to make accurate information, quality-assured medications and appropriate back-up care available to women in these circumstances are needed. HRP will develop models of care by coordinating multi-site implementation research on task sharing and self-management approaches for increasing the availability of mifepristone and misoprostol.

PRODUCT LISTING

ID	PRODUCT DESCRIPTION	MILESTONES				PRODUCT CLASSIFICATION INFORMATION
C. SAFE ABORTION						
C01	**Evidence of the effectiveness of decentralized models of providing medical abortion**	Case studies on the interface between formal and informal access to abortion services; including through use of innovative technologies		Implementation research protocol to assess interface between formal and informal access developed		• **Priority A** • **HRP** • **PUA Unit** • **ToC: RES**
C03	**Expansion of the Global Abortion Policies Database**	Database kept up-to-date with quarterly revisions	Country consultation on the update conducted and completed	Revision to the interface including linking to other relevant databases within HRP		• **Priority A** • **HRP** • **PUA Unit** • **ToC: SYN**
C04	**Evidence on the burden of abortion complications in the facilities**	Expansion of the sentinel site network in Latin America		Development of a sentinel site network in Africa		• **Priority A** • **HRP** • **PUA Unit** • **ToC: RES**
C08	**Safe abortion technical and policy guidance revised and updated (clinical; health systems; law and policy; human rights; monitoring and measurement, task shifting) and disseminated**	Dissemination activities including monitoring of guidelines uptake	Derivative products to improve dissemination and use of updated guidelines developed	Development of a CIRE-like system to transition to a living guideline format		• **Priority A** • **HRP** • **PUA Unit** • **ToC: SYN**
C09	**Scale up availability of quality assured Mifepristone and Misoprostol, both commodities required for medical abortion**	Development of innovative technologies to identify falsified drugs initiated	Landscape assessment of the availability of medical abortion commodities developed	Collaboration with partners to facilitate implementation of recommendations from the landscape assessments	Work with internal and external partners to facilitate revisions of national Essential Medicines List/registrations and availability of quality assured medical abortion commodities	• **Priority A** • **HRP** • **PUA Unit** • **ToC: COU**
C13	**Generating evidence on implementation of abortion laws and policies**	Research protocol for assessing the implementation of laws and policies related to comprehensive abortion care services approved	Implementation initiated in selected countries	Recruitment completed, results, analysed and submitted for publication		• **Priority A** • **HRP** • **PUA Unit** • **ToC: RES**
C14	**Supporting policy formulation, programme design, implementation and monitoring**	Strategies developed and implemented for policy, advocacy and communication initiatives related to comprehensive abortion care		Support in country partners to adapt and implement WHO normative guidance		• **Priority A** • **HRP** • **PUA Unit** • **ToC: COU**
C17	**Evidence to determine the safety, efficacy, feasibility, and acceptability of alternatives to mifepristone-misoprostol medical abortion regimens**	Formative research completed to inform study design	Protocol developed	Study initiated		• **Priority B** • **HRP** • **PUA Unit** • **ToC: RES**
C18	**Evidence on unsafe abortion and its determinants**	Estimates on abortion safety developed	Review on social determinants of unsafe abortion completed	Methodological guidance on studying unsafe abortion updated		• **Priority B** • **HRP** • **PUA Unit** • **ToC: SYN**

ID	PRODUCT DESCRIPTION	MILESTONES			PRODUCT CLASSIFICATION INFORMATION
C19	**Evidence on the effectiveness and use of early menstruation induction**	Review on menstrual induction usage completed	Proof of concept trial on EMI regimen completed, results analysed and submitted for publication	Follow up study designed	• **Priority B** • **HRP** • **PUA Unit** • **ToC: RES**
C20	**Evidence on the approaches to reduce abortion stigma**	Review of stigma interventions/ strategies completed	Mapping of stakeholders completed, and technical consultation conducted	Scoping review of existing strategies to improve the experience of women accessing abortion services	• **Priority B** • **HRP** • **PUA Unit** • **ToC: RES**

D. SEXUAL HEALTH AND WELL-BEING

WHO defines sexual health as "a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled." Based on this definition, HRP's work on sexual health and well-being covers four technical areas:

- Prevention and control of sexually transmissible infections, including HIV
- Prevention and management of cancers of the reproductive system
- Education, counselling and care related to sexuality, sexual identity, and sexual relationships
- Sexual function and psychosexual counselling.

Following the WHO Transformation process in which WHO's normative and country support functions for STIs were transferred from the SRH department to the Global HIV, Hepatitis and STI Programmes (HHS) department, HRP's work on STIs is focusing on research to inform future developments in STI prevention and management. HRP is in the process of completing a scoping exercise to identify priority short-term implementation research needs for STIs and cervical cancer and a longer-term priority setting process to identify a comprehensive set of global research priorities for STIs. During this biennium, HRP will share the agendas widely, and establish and implement a system for monitoring and reporting on the research undertaken to address this agenda.

HRP will initiate implementation research studies in multiple countries to support introduction and scale-up of STI testing, including Point of Care Testing (POCT), to improve STI screening and case management in different populations, mainly in primary health care services. HRP will also establish a registry to compile and make available evidence of the clinical utility and accuracy of STI POCTs. Given the continued high burden of

STIs among adolescent girls and young women, especially in settings with high prevalence of HIV, HRP will continue implementation research on integrating STI testing and partner management in other sexual and reproductive health services for this population. HRP will also continue its study to determine the safety and efficacy of an alternative to benzathine penicillin for the treatment of syphilis in pregnancy to prevent congenital syphilis. HRP will also maintain efforts to build the evidence base for STI vaccines, including for therapeutic HPV vaccines.

Following the WHO Director-General's call for the elimination of cervical cancer in 2018, WHO has established a "Cervical Cancer Elimination Initiative", bringing together multiple departments across the organization and a clear focus on achieving country impact. The WHO guideline for screening and treatment to prevent cervical cancer in all women, including women living with HIV, is being launched in April 2021, and in this biennium HRP will undertake three broad areas of work: support implementation research to inform the introduction and scale-up of the interventions recommended in the guideline, especially for countries with high HIV prevalence; routinely scan the literature to inform regular updates to the guideline following a 'living' guideline model; and sustain its research into new and emergency screen and treat interventions. HRP will also initiate a limited set of activities to address the challenges of other reproductive cancers, by firstly undertaking a mapping exercise to start the identifying what research is currently being done in terms of breast and prostate cancers.

Education, counselling and care related to sexuality, sexual identity, and sexual pleasure, as well as sexual functioning, have received limited attention, often due to socio-cultural sensitivities and stigma when addressing these issues publicly. During this biennium, HRP will step up its work on these issues to improve the evidence base concerning sexual well-being and inform the design and implementation of effective and acceptable interventions that can be incorporated into UHC programmes. HRP will move to the next phase in its work on Brief Sexuality-related Communication interventions, through supporting implementation research to introduce and scale-up such interventions in various populations and contexts. HRP will also support social science research to understand and compare the effectiveness of biomedical and behaviour change interventions in improving sexual health and well-being. HRP will also undertake evidence reviews to inform interventions that promote the sexual and reproductive health of persons with diverse sexual orientation, gender identity and expression, including gender affirming care.

A budget increase of 8 percent over the 2020-2021 level is envisaged for 2022-2023 for this thematic area in order to accommodate development and support to implementation research across multiple countries to support national adaptation and scale-up of the cervical cancer screen and treat guidelines, as well as modest increase in staffing cost to support this work.

PRODUCT LISTING

ID	PRODUCT DESCRIPTION	MILESTONES				PRODUCT CLASSIFICATION INFORMATION
D. STI, HIV LINKAGES AND CERVICAL CANCER						
D01	**Evidence generated of safety and effectiveness of alternative treatment protocols for syphilis in pregnancy and congenital syphilis**	Preliminary analysis Phase 2 study	Results Phase 2 study;	Publication of Phase 2 study results; Recruitment started Phase 3 trial	Report of continuing recruitment Phase 3 trial	• **Priority A** • **HRP** • **SRC Unit** • **ToC: RES**
D04	**Implementation research to introduce and scale-up cervical cancer prevention measures, including screen-and-treat algorithms using HPV testing and other new screening tests**	ESTAMPA publication finalised	CESTA HIV implemented in South Africa	Protocol for introduction of guidelines developed	IR protocol implemented	• **Priority A** • **HRP** • **SRC Unit** • **ToC: RES**
D05	**Systematic reviews and other research to inform living guideline for WHO cervical cancer recommendations**	Topics for systematic reviews identified	Systematic reviews undertaken	Evidence published and available for use cervical cancer living guideline		• **Priority A** • **HRP** • **SRC Unit** • **ToC: SYN**
D09	**Implementation research to introduce and scale-up STI testing for improving STI management, including new point of care tests (whole system approach)**	Global Network established: site specific protocols and research instruments developed	Whole system approach, Work Package 1: feasibility, context and impact mechanisms evaluated	Whole system approach, Work Package 2: Economic analysis, evaluation of health system capacity and point-of-care testing pathways performed	Toolkit for STI Point-of-care-test adoption and implementation	• **Priority A** • **HRP** • **SRC Unit** • **ToC: RES**
D14	**Support to WHO regional and country offices to introduce updated guideline on screening and treatment for prevention of cervical cancer**	Report on the introduction of the guidelines ready for at least 6 countries		Report on the introduction of the guidelines ready for additional 18 countries		• **Priority A** • **WHO core** • **SRC Unit**
D16	**Implementation research on how to best deliver PrEP in FP and STI services**	Identification of site	Protocol adaption and setting up of site	Implementation of study	Data analysis	• **Priority A** • **HRP** • **CFC Unit** • **ToC: RES**
D17	**Implementation research on people-centred approaches to integrated sexual and reproductive health and rights, including HIV**	Women-centred care model on sexual and reproductive health and rights of women living with HIV developed	Country infographics on sexual and reproductive health and rights and HIV developed for 30 priority countries	Tools developed to support comprehensive, integrated approaches to sexual and reproductive health and rights and HIV globally	Dissemination activities held in collaboration across WHO, communities and partners	• **Priority A** • **HRP** • **SHS Unit** • **ToC: RES**
D19	**Coordination of partnerships for implementation of comprehensive, integrated approaches to sexual and reproductive health and rights and HIV**	Manage co-convening of inter-agency working group	Meetings held of the WHO advisory group of women living with HIV	Report developed on civil society and partner engagement in development and introduction of guidance		• **Priority A** • **WHO core** • **SHS Unit**
D22	**Strengthen evidence base to advance development of STI vaccines, including therapeutic HPV vaccines**	Systematic reviews of burden, natural history, and cost data to inform STI vaccine models	Initiate key modelling analyses of STI vaccines (e.g. impact of therapeutic HPV vaccines in cervical cancer prevention)	Conduct health utility studies to inform QALYs/DALYs for STIs	Final report on cost-effectiveness of selected STI vaccines	• **Priority A** • **HRP** • **SRC Unit** • **ToC: SYN**

ID	PRODUCT DESCRIPTION	MILESTONES				PRODUCT CLASSIFICATION INFORMATION
D23	**Develop implementation guidance for use of BSC intervention in clinic settings with various populations**	Scoping of the implementation guidelines and GPHG	Systematic reviews and consultation with countries and regions	Development and review of the guidelines	Publication and dissemination of the guidelines	• **Priority A** • **WHO core** • **SRC Unit**
D24	**Evidence generated on global sexual health-related practices, behaviours and outcomes, and their effect on maintaining well-being across life course**	Research completed in all sites	Reviews on treatments for sexual health-related life course 'events' (e.g. menopause) completed	Sites results submitted for publication, instrument revised and published		• **Priority A** • **HRP** • **SRC Unit** • **ToC: RES**
D25	**Systematic review and community consultation on sexual health**	Interagency statement on intersex health published and disseminated				• **Priority A** • **HRP** • **SRC Unit** • **ToC: SYN**
D26	**Implementation research on STI testing and management strategies for adolescent girls and young women in high HIV/STI burden settings, including sex partner management**	Protocol developed and key sites identified	Initiate recruitment into studies	Data analysis and initial report	Final report and draft tools for STI testing/ management for adolescent girls and young women and sex partners in high burden settings	• **Priority A** • **HRP** • **SRC Unit** • **ToC: RES**
D27	**Disseminate, monitor and report on implementation of a global research agenda for STI and STI related diseases**	Publish and disseminate global research agenda for STI	Establish system for monitoring implementation of priority STI research	Report on global STI research implementation		• **Priority A** • **HRP** • **SRC Unit** • **ToC: RES**
D28	**Living guideline panel meetings for updating WHO cervical cancer recommendations**	Panel meetings convened	Updated recommendations issued			• **Priority B** • **WHO core** • **SRC Unit**
D29	**Support to WHO regional and country offices to introduce brief sexuality-related communication (BSC) to improve communication skills of health providers**	A set of standard in-service training materials translated in Official UN languages	An online platform, Massive Open Online Courses on BSC	Technical support model, piloted and validate	Technical support on demand	• **Priority B** • **WHO core** • **SRC Unit**
D30	**Social science research to understand effectiveness of biomedical and behaviour change interventions in promoting and improving sexual health**	Key research questions, priority sexual and reproductive health areas and populations, and research methodologies	Scoping of research, including core research protocol/s	Country specific research protocol and instruments	Research implemented in a selected country	• **Priority B** • **HRP** • **SRC Unit** • **ToC: RES**
D31	**Explore opportunities for initiating research on reproductive cancers with the highest disease burdens**	Map the existing evidence and gaps for breast and prostate cancer interventions to initiate setting a global research agenda		Convene consultations with technical and community stakeholders to determine perspectives and priorities		• **Priority B** • **HRP** • **SRC Unit** • **ToC: RES**
D32	**Registry established for reviews of STI Point-of-care-test evaluations (laboratory/ clinic-based utility)**	Scoping of literature and methods. Partnerships for collaboration established	Concept for automated, QUADAS-2-based review of STI Point-of-care-test evaluation studies	Pilot of the registry and review of functions	Registry established, widely disseminated, and in use	• **Priority B** • **HRP** • **SRC Unit** • **ToC: RES**

F. FERTILITY CARE

Infertility is a global health issue affecting millions of people of reproductive age. However, the burden of infertility differs based on definition and methods of estimating it. Available data suggests that people with infertility range from 42 million couples to 180 million individuals *(4)*. In addition of the lack of reliable data, which WHO/HRP plans to address, a significant proportion of people with infertility do not have access to services. A population survey in high-and low-middle income nations by Boivin et al showed that only about 10% of infertile women/couples obtain fertility care and this represents a huge unmet need *(5)*.

The most common causes of infertility in lower-income countries include severe tubal damage in women and sperm deficiencies in men, for which effective treatment including assisted reproductive technologies (ART) is not widely available and accessible due to high treatment costs and limited infrastructure. Endometriosis is also an important contributor to infertility, yet there is limited data related to its prevalence in low- and middle-income countries. There is also lack of awareness and use of proven approaches to prevent, diagnose and treat infertility. In this regard, a recent study showed that there is a lack of adequate models of low-cost ART *(6)*. HRP will coordinate research to identify such models that is urgently needed.

Infertility can also create devastating social stigma, rooted in harmful gender stereotypes, where women are often blamed and may face violence as a result. People living with infertility are subjected to numerous violations of their human rights, including in relation to the right to the highest attainable standard of health, the right to choose the number and spacing of one's children, the right to found a family and the means to do so, as well as a right to be protected against discrimination and violence. These violations can have devastating consequences that disproportionately affect women including stigmatization, depression, injuries and HIV infection *(7)*. WHO/HRP will contribute towards understanding actions as well as economic and mental health consequences of infertility through collaborative research.

Other challenges in the field of assisted reproductive technologies (ART) globally that HRP will address include: cultural and ethnic diversities in how reproductive options are undertaken, lack of patient safety standards, misconduct in providing gamete donation and surrogacy and lack of clarity on the ethics of assisted reproduction for same sex partners, single individuals and of non-medical sex selection. Laboratory standardization and quality assurance, that will be addressed by publishing laboratory manuals, is also an important issue that is fundamental to patient safety and cost-effective treatment outcomes. These challenges are particularly important given the current changes in age of first last births, which may have implications on demographics and potential demand for assisted reproductive technologies (ART).
To support implementation of fertility services, HRP will develop appropriate normative guidelines and derivative tools on the prevention, diagnosis and treatment of male and female infertility. These will need to be implemented and progress carefully monitored. Indicators to measure the status of fertility care are urgently needed, WHO/HRP will develop appropriate indicators for infertility and fertility care that can complement existing prevalence data.

PRODUCT LISTING

ID	PRODUCT DESCRIPTION	MILESTONES				PRODUCT CLASSIFICATION INFORMATION
F. FERTILITY CARE						
F03	**Evidence-based infertility and fertility care guidelines development and implementation**	Policy brief from the WHO guidelines for the prevention, diagnosis and treatment of infertility published	Dissemination of the WHO guidelines for the prevention, diagnosis and treatment of infertility conducted through virtual conferences and regional events	Evidence underlying the WHO guidelines for the prevention, diagnosis and treatment is published in peer reviewed journals	Advocacy and technical support to support the implementation of infertility services in several countries	• **Priority A** • **WHO Core** • **CFC Unit**
F06	**Research on implementation and scale up of effectiveness, safety and scalability of low-cost IVF services**	Fundraising and selection of research sites and negotiation of TSAs	Model of low-cost ART demonstrated in selected counties, and externally fundraised for	Results from low cost ART research is disseminated widely, briefs developed	Development of evidence and policy briefs to support implementation (If models are successful	• **Priority A** • **HRP** • **CFC Unit** • **ToC: RES**
F08	**Research on endometriosis through life course**	Research collaboration with University Berlin Charite established and work plan agreed	Fact sheet on endometriosis published and disseminated to countries, non-state actors, and other stakeholders	Research on reproductive life spans and demographics conducted, published and disseminated to inform services to respond to changing first and last births	Data on the prevalence of endometriosis globally collected, reviewed, published and disseminated	• **Priority A** • **HRP** • **CFC Unit** • **ToC: RES**
F09	**Global coordination and evaluation of services for strengthening implementation of services and programmes to provide and evaluate fertility care**	Coordination of research on the organization, implementation and measurement indicators of fertility services	Survey on the uptake and implementation of the WHO guidelines on the prevention, diagnosis and treatment is designed	Data on uptake and implementation of the WHO guidelines on the prevention, diagnosis and treatment is published	Based on results of estimates and of indicators of fertility services, develop evidence and policy briefs to support the implementation of infertility services in several countries	• **Priority A** • **HRP** • **CFC Unit** • **ToC: SYN**
F11	**Sexual reproductive Health ancillary studies to the Women and Infant Integrated Nutrition and Growth Study (WINGS)**	Coordination of research on PPCP in North India	Coordination of data analysis	Result analysis and draft report	Publication of results	• **Priority A** • **HRP** • **CFC Unit** • **ToC: RES**

H. VIOLENCE AGAINST WOMEN AND GIRLS

Violence against women and girls is a major public health problem, as well as a violation of their human rights. It is rooted in and further perpetuates gender inequality. WHO 2010 estimates found that, worldwide, about 1 woman in every 3 has experienced either physical or sexual intimate partner violence or non-partner sexual violence in her lifetime (since age 15). Much of this violence is hidden, stigmatized and still often unrecognized, including by the health sector, although it can have profound effects on women's and girls' physical, mental, sexual and reproductive health and also affects the health of their children. Moreover, 20% of girls and 7% of boys are affected by sexual abuse.

The Department's work has focused on intimate partner violence and sexual violence, with increasing attention to groups at risk, such as women with disability, migrants, others. Humanitarian crises, including conflicts exacerbate existing intimate partner and other violence and harmful practices and may also bring additional forms of violence, particularly non-partner sexual violence. COVID-19 lockdowns and its social and economic impacts have further increased the risk of violence, particularly by partners/other family members, while limiting access to services. HRP will continue to focus on the following: Epidemiological, interventions and implementation research; evidence synthesis/systematic reviews to update guidelines and tools for the health sector response; disseminating/ facilitating the country uptake and implementation of research and guidelines; and strengthening political commitment through evidence-driven advocacy.

Epidemiological research supported by HRP has contributed greatly to giving visibility to violence against women in the international health and development agenda. Commitment to end violence against women is now enshrined in SDG target 5.2 and in WHO's General Programme of Work 13. In 2016, the World Health Assembly endorsed a Global plan of action to strengthen the role of the health system to address violence against women and girls, and against children *(8)*. HRP is supporting and monitoring the implementation of this action plan through strengthening research, capacities, partnerships, measurement and advocacy efforts at regional and country levels. HRP is also consolidating evidence on how violence against women is being addressed in health policies and protocols and will continue to update this periodically.

HRP is continuing to lead the development and application of improved standards (e.g. ethical and safety recommendations) and methodologies for primary and secondary research, estimation and monitoring indicators, and through research capacity strengthening. A Global Database on Prevalence of Violence against Women has been established and will be kept updated. This has provided the basis for new global, regional and national prevalence estimates for intimate partner violence and global and regional estimates for non-partner sexual violence which will be used for monitoring of SDG 5.2. This will facilitate the expansion of the global evidence base on the prevalence, determinants and consequences of violence against women and young girls – a task central to global monitoring, to improving understanding of the magnitude and nature of the problem, and to initiating action in countries.

HRP will continue to advance the global evidence base on health system responses to the needs of women and girls affected by violence in various settings, through developing and evaluating the effectiveness and synthesizing evidence on the implementation of health-sector-based interventions for prevention and response, including in humanitarian settings. HRP will document the impacts of COVID-19 on women and girls affected by violence. HRP has synthesized the evidence on prevention of violence against women and will continue to disseminate and update this evidence.

SRH/HRP have developed clinical and policy guidelines and related tools for responding to violence against women and girls. Approximately 60 countries are already using them to strengthen their health responses to violence against women. These guidelines will be updated, and the Department will

continue to facilitate their dissemination, adaptation and use, including through capacity building and implementation research in a variety of settings, including humanitarian crises. It will also document and disseminate learnings from countries that are implementing the guidelines and tools.

HRP's evidence has and will continue to inform advocacy efforts, including by its co-sponsors and other partners in fora such as the World Health Assembly, Human Rights Council, UN General Assembly, the Commission on the Status of Women, and the GBV Action Coalition, among others.

A budget increase of 7 percent over the 2020-2021 level is envisaged for 2022-2023 for this thematic area in order to accommodate increased implementation research on health-sector-based interventions to address violence against women and new efforts to document the impact of violence against women in different/new settings and contexts.

PRODUCT LISTING

ID	PRODUCT DESCRIPTION	MILESTONES				PRODUCT CLASSIFICATION INFORMATION
H. VIOLENCE AGAINST WOMEN AND GIRLS						
H01	**Evidence on health-sector-based interventions to address violence against women, including in humanitarian settings**	Data collection for one-stop crisis centre evaluation completed in at least 2 countries	Results of the Tanzania randomized controlled trial on addressing violence against women in humanitarian settings published	Systematic reviews to inform policy debates on violence against women		• **Priority A** • **HRP** • **AVP Unit** • **ToC: RES**
H02	**Implementation research for strengthening health systems response to violence against women through WHO guidance and tools and to understand and address barriers in access to quality care for survivors**	Expanding integration of violence against women response into primary health care generic IR protocol submitted: Data collection phase 2 in Maharashtra, India initiated and research partners identified in one more setting	Validation of tools to assess implementation of violence against women guidelines (knowledge, attitudes and practice assessment; health system readiness instrument, and violence against women HMIS forms) completed in at least 2 sites, including in humanitarian settings	Documenting economic costs of providing violence against women services: Delphi method initiated to identify cost elements and data sources	Testing and validating quality assurance tools and assessing the impact of policies on use of services for GBV in humanitarian settings	• **Priority A** • **HRP** • **AVP Unit** • **ToC: RES**
H05	**Monitoring and implementation of progress made in implementing Global Plan of Action on violence against women and girls**	Expanded Database of 20+ indicators on violence against women policies and protocols published and visualized	Database on violence against women policies and protocols and global status report disseminated: at least 2 regional meetings	Updating method for gathering violence against women policy data including revisions of the policy survey		• **Priority A** • **WHO core** • **AVP Unit**
H07	**Guidelines and tools for prevention and health response to violence against women and girls updated and disseminated**	Guidelines and clinical handbook for violence against women response updated	RESPECT evidence base updated: 2 systematic reviews published and evidence page updated	2 Case studies on violence against women health response including humanitarian settings published	Costing tool/ information on package of violence against women health services developed	• **Priority A** • **WHO core** • **AVP Unit**
H08	**Technical support to countries to implement a health systems response to violence against women in line with the Global plan of action on violence against women and girls and to build WHO Regional and Country Office capacities**	Strengthened capacity of WHO Regional Office/ WHO Country Offices for health response to violence against women including through a creation of master trainer roster/a training hub	Support development of WHO academy course/violence against women + disseminate curriculum including e-learning	Facilitate WHO Regional Office/WHO Country Offices to pilot/integrate violence against women into nursing, midwifery or medical curriculum in one setting		• **Priority A** • **WHO core** • **AVP Unit**
H12	**Documenting the impact of violence against women in different/new settings and contexts**	Study to document violence faced by women health workers initiated: survey protocol and instruments developed		Data collection to document impact of COVID-19 on violence against women survivors and their access to health services initiated in at least 2 settings including 1 humanitarian setting		• **Priority B** • **HRP** • **AVP Unit** • **ToC: RES**
H13	**Capacity building on violence against women research including partnerships and advocacy**	Established/Reactivated network on researchers working on health sector responses to violence against women: one meeting conducted and lessons learned documented		Sexual Violence Research Initiative forum meeting participation including workshops held		• **Priority B** • **HRP** • **AVP Unit** • **ToC: RCS**

I. ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

While much progress has been made in relation to adolescent sexual and reproductive health and rights (ASRHR) over the past 25 years, many adolescents continue to face challenges related to their sexual and reproductive health. Twelve million girls are married before the age of 18 every year. Twenty-three million adolescents aged 15-19 years have an unmet need for modern contraception, and nearly four million girls aged 15-19 years undergo unsafe abortions every year in lower-income countries. Complications related to pregnancy and childbirth remain the leading cause of death in 15-19-year-old girls. Adolescents, and adolescent girls in particular, are disproportionately affected by HIV and STIs. Menstrual stigma continues to blight the lives of millions of girls worldwide, and inequitable gender norms, including justification for intimate partner violence, begin early and are deep seated across contexts.

Much needs to be done in order to meet the sexual and reproductive health needs of adolescents and fulfil their rights. All adolescents must be prepared with the knowledge and skills they need to make use of the opportunities and to face the challenges they will encounter in their lives. These efforts should contribute to building their sense of self-worth and to strengthening their links with the individuals and institutions in their communities. Meanwhile, adolescents need protection from harm on the one hand, and support to make independent decisions and act on them on the other. Finally, they need health and counselling services that can contribute to helping them stay well, and to get back to good health when they are ill or injured.

In many places, however, the reality is that neither health workers nor health systems are geared towards meeting the needs and fulfilling the rights of adolescents. To address this widely recognized gap, efforts are increasingly underway to build competence and empathy among health workers; however, these efforts need to be stepped up. Likewise, the laws, policies, and systems in which they operate must be reoriented in order to create a conducive environment for the implementation of the many effective promotive, preventive and curative interventions available. Such efforts must go beyond perfunctory, top-down approaches to involving adolescents, community members, health workers and managers to identify the factors contributing to the poor reach, quality, and equity of these services and to define and implement evidence-based approaches that are tailored to the local context.

Beyond health services, much also still needs to be done to address harmful social norms – such as unequal gender norms, norms that support harmful traditional practices such as FGM, norms that condone violence against women and girls, norms that shun discussion of sexuality and reproduction, and norms that oppose the provision of sexuality education and sexual and reproductive health services. Towards this aim, communities, media, teachers, parents, and adolescents themselves all have an important role to play.

HRP's work for 2022-23 is grounded in this ecological approach and in the recognition of gender and power as powerful determinants of adolescent health and wellbeing. It contains five broad lines of work. Firstly, to inform advocacy, policy formulation and programme development, HRP will work to strengthen epidemiologic estimates in selected aspects of ASRH at both the national and subnational levels. Secondly, HRP will undertake research - including social and behavioural research in areas such as gender socialization in young adolescents, intervention effectiveness research on cutting edge areas such as digital health, and implementation research to address programmatic challenges in scaling up ASRH programmes with quality and equity. Thirdly, this body of prospective research work will be complemented by policy and programme review, documentation and evaluation to draw out lessons from country-level action. HRP will also extend its work on systematically distilling evidence from research. Fourthly, HRP will develop normative guidance for policy makers and programme managers on adolescent sexual and reproductive health issues identified by them as priorities. Fifthly, HRP will support policy formulation, programme design, implementation and monitoring of ASRH programmes using strategic entry points i.e. government-led initiatives supported by the Global Financing Facility, the Global Fund to fight AIDS, Tuberculosis and Malaria, and the Joint UN Programme to Accelerate an End to Child Marriage.

PRODUCT LISTING

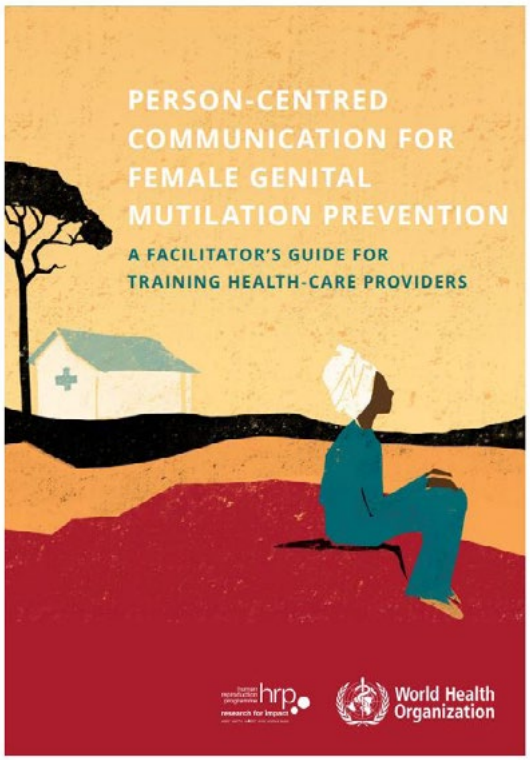
ID	PRODUCT DESCRIPTION	MILESTONES				PRODUCT CLASSIFICATION INFORMATION
I. ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS						
I01	**Adolescent sexual and reproductive health research - Study on gender socialization, and implementation research on comprehensive sexuality education and health worker performance**	Publications on the Global Early Adolescent Study	Publications on implementation research findings on out of school comprehensive sexuality education	Publications on implementation research on health worker performance for adolescent friendly health services		• **Priority A** • **HRP** • **AVP Unit** • **ToC: RES**
I03	**Adolescent sexual and reproductive health support for scale up**	Targeted support to 15 countries through programmes e.g. UN Programme on Child Marriage, Initiatives e.g. FP2030, and Funds e.g. GFF and GFATM				• **Priority A** • **WHO Core** • **AVP Unit**
I10	**Adolescent sexual and reproductive health data - Strengthened estimates from traditional and unconventional sources in selected areas, and facilitation of data collection,**	Publication on inequities in adolescent sexual and reproductive health	Publications on STI epidemiology and menstrual health epidemiology in adolescents	Publications on alternative data sources on adolescent sexual and reproductive health	Guidance on subnational data collection, analysis, and use	• **Priority A** • **HRP** • **AVP Unit**
I12	**Adolescent sexual and reproductive health evidence syntheses and reviews**	Evidence syntheses in selected priority areas e.g. care for pregnant adolescents and young mothers		Systematic reviews in selected priority areas e.g. care for pregnant adolescents and young mothers		• **Priority A** • **HRP** • **AVP Unit** • **ToC: SYN**
I13	**Adolescent sexual and reproductive health guidelines - Updates and derivative products**	Derivate products from the updated guidelines on child marriage and adolescent contraception		Updated guidelines on care for pregnant adolescents and young mothers		• **Priority A** • **WHO core** • **AVP Unit**

J. FEMALE GENITAL MUTILATION

Female genital mutilation (FGM) affects some 200 million women and girls globally. It is a deeply rooted sociocultural practice in many countries in Africa, and in some countries in the Middle East and Asia, as well as among migrant populations from these areas; it is therefore a global concern. FGM carries no health benefits and is recognized internationally as a grave violation of human rights, including the rights of children as it is nearly always carried out on minors. It reflects deep-rooted inequality between the sexes and is an extreme form of discrimination against women. The inclusion of FGM abandonment in the Sustainable Development Goals (SDG 5.3) demonstrates political commitment to put an end to this practice. Global initiatives at the community, national and international levels towards abandonment of FGM have resulted in an observable decrease in the prevalence of FGM over the past 15-20 years in several countries for which trend data are available. However, given population growth trends, the absolute number of girls at risk is increasing, and in some settings, data suggest that health-care providers themselves are being asked by community members to perform FGM.

COVID-19 threatens to roll back progress achieved, due to disruptions in existing prevention activities and child protection measures, increased isolation of at-risk communities and competing demands on health systems. Maintaining FGM activities in the health sector to promote FGM prevention and sustain care and treatment for complications is essential. HRP has been supporting a set of priority countries to strengthen the health sector to work towards the abandonment of FGM and to provide high quality health care for women and girls who have already undergone FGM. This includes support in the development and implementation of national action plans for the health sector on FGM, which include a set of activities to strengthen the legal and policy frameworks for preventing the practice; to build capacity of health care providers in providing prevention and care services; and to hold health care providers accountable to the law and to their oath to "Do no harm" by preventing the medicalization of FGM. HRP is also supporting countries to develop health information systems to monitor FGM related indicators for purposes of programmatic and quality improvement.

Health care providers have the potential to be important advocates of change in their communities, as we know from other programmes. However, to date no standardized approach has been developed to strengthen their role in advocating for FGM abandonment while also building their skills in providing FGM related care. To fill this programmatic and evidence gap, HRP developed an innovative training package aimed at nurses and midwives, which uses a person-centred communication approach to promote FGM prevention. This package, which includes a facilitator's manual, an animated video, training aids and slides, is delivered by in-country facilitators trained by HRP. The package is being tested in three countries (Guinea, Kenya and Somalia (Somaliland)). Existing WHO guidance and tools (WHO guidelines, clinical handbook and posters) are disseminated to all study sites, while half of the sites receive the person-centred communication training. If the research shows that this package enables nurses and midwives in primary health care and antenatal care settings to effectively deliver prevention messages, then for the first time, the health sector will have a valuable set of tools to make a meaningful contribution to global prevention efforts.



Conducting this research in the context of COVID-19 has required adaptations to some of the research processes but has also provided an opportunity to promote COVID-19 prevention strategies and to ensure that FGM-related services are maintained during the pandemic.

HRP is also developing research tools, such as monitoring and evaluation instruments to measure impact of FGM programming as well as ethical guidance on research on FGM to guide researchers and research ethics committees on how to conduct research ethically and safely. No such guidance currently exists on how to navigate ethical issues on this sensitive topic. Finalization and dissemination of this tool will be an important contribution to the FGM research community.

HRP is also building a web-based Toolkit consolidating all of the existing evidence-based guidance, tools and training materials for health care providers, while also adding specific guidance on how to integrate FGM into midwifery curricula, for example, and how to develop a costed national health sector action plan on FGM, how to monitor the plan and also how to develop a national surveillance system on FGM. The Toolkit will facilitate the implementation of health sector planning and implementation on FGM.

A budget increase of 7 percent over the 2020-2021 level is envisaged for 2022-2023 for this thematic area in order to accommodate increased implementation research on approaches to scaling up prevention and care in countries.

PRODUCT LISTING

ID	PRODUCT DESCRIPTION	MILESTONES			PRODUCT CLASSIFICATION INFORMATION
J. FEMALE GENITAL MUTILATION					
J01	**Evidence generated and disseminated on female genital mutilation**	Results of implementation research published and disseminated	Manuscript on research gaps published and disseminated	Manuscript on implementing health sector action plan	• **Priority A** • **HRP** • **AVP Unit** • **ToC: RES**
J03	**Guidelines and tools to enable countries to implement female genital mutilation prevention and care**	Update female genital mutilation guidelines with new evidence (new)	Female genital mutilation prevention training package finalized and launched	Toolkit components finalized and toolkit launched	• **Priority A** • **WHO core** • **AVP Unit**
J06	**Female genital mutilation Surveillance Models in health services in 3 countries**	Three additional countries initiate surveillance	Follow up countries conducting surveillance activities		• **Priority A** • **WHO core** • **AVP Unit**
J07	**Evidence on implementation of female genital mutilation prevention and care**	Evidence generated	Evidence on scale up on prevention and care approaches		• **Priority A** • **HRP** • **AVP Unit** • **ToC: RES**
J08	**Research and evaluation tools for the health sector**	Ethical guidance on female genital mutilation related research disseminated	Monitoring and evaluation tools for health sector developed and validated		• **Priority B** • **HRP** • **AVP Unit** • **ToC: RES**
J09	**Countries supported to deliver female genital mutilation prevention action plans through health systems**	Female genital mutilation prevention health sector action plans developed in additional countries	Implementation of health sector action plans on female genital mutilation	Female genital mutilation content integrated into midwifery curricula	• **Priority B** • **WHO core** • **AVP Unit**

K. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN HEALTH EMERGENCIES

WHO defines health emergencies as sudden-onset events due to naturally occurring or manufactured hazards, or gradually deteriorating situations where the risk to public health steadily increases over time. Recent global health emergencies (humanitarian settings and outbreaks) have highlighted the importance of a rapid, coordinated response from WHO, including HRP.

The WHO and HRP's work in improving sexual and reproductive health services in humanitarian settings emphasizes: (i) strengthening sexual and reproductive health service delivery; (ii) strengthening data and accountability; (iii) strengthening prevention of and response to gender-based violence and ensuring its integration in the health cluster's workplan, and (iv) strengthening research in sexual and reproductive health and rights humanitarian settings.

HRP will focus on strengthening data systems and accountability mechanisms, and guidance on health information systems, by building a database in order to perform meta-analysis and individual data meta-analysis. HRP will support this by utilizing innovative technologies, including recent developments in mobile health, to facilitate programme documentation, record-keeping, reporting and use of data for decision-making. Further, HRP will work with partners, WHO regional and country offices as well as relevant ministries of health to scale up a monitoring and evaluation framework for sexual and reproductive health services and outcomes evaluation in humanitarian settings. The ultimate aim of this work will be to strengthen capacities in data collection, analysis, and use in these settings and enhance accountability.

HRP is undertaking implementation research to institutionalize and strengthen capacity to deliver integrated SRHR services through the Global Health Cluster. A series of sexual and reproductive health service and outcomes challenges were identified, which were further exacerbated as a result of COVID-19, such as in Yemen and among Venezuelan migrants in Brazil. Consequently, work will follow, building on these initial evidence to support strengthening service delivery, quality and human resources capacities to address the identified challenges. The formative research was completed for a study of a counselling intervention in antenatal care to address intimate partner violence during pregnancy among Burundian and Congolese refugee women in Tanzania and a pilot randomized controlled trial will be implemented as a second phase in 2021. HRP has also conducted assessments of facility readiness to deliver gender-based violence services in Bangladesh (Cox's Bazar), Iraq, and Nigeria (northeast) and the results will be used to develop and validate a simplified quality assurance tool. Strengthening research methodologies will allow for a better comprehension of the humanitarian needs as well as to design interventions that could improve sexual and reproductive health service delivery and outcomes, especially in the context of acute onset of crises.

HRP will also continue to act as a convener for identification of research needs and gaps and facilitating collaborative research projects, bringing together key stakeholders and researchers while also supporting policy engagement for enhanced uptake of research evidence.

The SRH Department and HRP are working to strengthen the prevention and response to gender-based violence in humanitarian settings. HRP has revised and updated WHO guidelines related to clinical management of rape and intimate partner violence for humanitarian-settings and an accompanying e-learning to include intimate partner violence and a mental health module. An adaptation of RESPECT: A policy framework for prevention of violence against women and girls for humanitarian settings and a training manual to address mental health and gender-based violence are also under development. Guidance to respond to gender-based violence in the context of COVID-19 is ongoing and will continue to be updated on a regular basis.

In responding to disease outbreaks, HRP has strengthened operational mechanisms established within WHO's Office of Health Emergencies Preparedness and Response to provide a rapid response to address sexual,

reproductive, maternal and perinatal health challenges during infectious disease outbreaks and other emergencies. HRP will build on its rigorous response to the Ebola, Zika, and COVID-19 outbreaks to inform the public health response and to prepare for the next health emergency with regard to reproductive and sexual health needs of affected people.

A budget increase of 7 percent over the 2020-2021 level is envisaged for 2022-2023 for this thematic area in order to accommodate research on COVID-19 and sexual and reproductive health that was not anticipated when the 2020-21 budget was prepared, and this research will continue throughout the 2022-23 biennium.

PRODUCT LISTING

ID	PRODUCT DESCRIPTION	MILESTONES				PRODUCT CLASSIFICATION INFORMATION
K. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN HEALTH EMERGENCIES						
K07	**Evidence generated to inform global/national responses to address effect of disease outbreaks on sexual and reproductive health and rights**	Zika Virus Individual Participant Data Consortium Individual Participant Data Meta-analysis Initiative Finalised	Recruitment finalized for Coved cohort of pregnant women	Cleaning and analysis of data	Network consortium for PMA of COVID-19 and pregnancy Plans for other outbreaks as needed	• **Priority A** • **HRP** • **SRC Unit** • **ToC: RES**
K09	**Applying quality assurance tools and assessing the impact of policies on use of services for GBV in humanitarian settings**	Documenting the impact of mandatory reporting policies on accessibility and appropriateness of health services for GBV survivors in humanitarian settings		Policy brief and case studies on impact of mandatory reporting policies on access to health services for gender-based violence survivors in humanitarian settings		• **Priority A** • **WHO core** • **AVP Unit**
K10	**The Self-efficacy and Knowledge Trial (SEEK Trial)**	Setting up a feasibility community based randomized trial in at least one country to test the effectiveness of the Intervention		Plan for the Definitive Community-based Trial to test the effectiveness and the cost effectiveness of the Intervention		• **Priority A** • **HRP** • **SHS Unit** • **ToC: RES**
K12	**Adaptation and dissemination & implementation of gender-based violence in emergencies tools**	Mental health and gender-based violence training curriculum piloted and published	Interagency curriculum for CMR/IPV in humanitarian settings published	Webinars & social media stories targeting stakeholders to disseminate tools		• **Priority A** • **WHO core** • **AVP Unit**
K13	**Strengthening capacities for the health response to gender-based violence in humanitarian settings**	Integrate gender-based violence expert profiles in SURGE mechanisms within WHO's health emergency programme	Roster of gender-based violence experts for short-term deployments and for gender-based violence national professional officers in humanitarian settings created	Gender-based violence experts deployed to newly graded public health emergencies	Countries and regional offices supported on capacity building and adaptation and use of tools in humanitarian settings	• **Priority A** • **WHO core** • **AVP Unit**
K14	**Completion and dissemination of tools and guidance to address GBV in humanitarian settings**	MH and GBV Training Curriculum piloted, published and disseminated	Adapted RESPECT framework for humanitarian settings shared with stakeholders including health and other actors, HCs and GBV AoR in global/regional workshops	Interagency curriculum for CMR/IPV in humanitarian settings completed and disseminated (with UNFPA and UNHCR)		• **Priority B** • **WHO core** • **AVP Unit**
K15	**Improved evidence base on facilitators and barriers for provision of rights-based, accountable sexual and reproductive health and rights services including in crises**	Published up to 3 case studies on barriers and facilitators to provision of rights based sexual and reproductive health services in humanitarian settings		Manuscript synthesizing the lessons learned across the case studies on rights based sexual and reproductive health services in humanitarian settings		• **Priority A** • **HRP** • **DO Unit** • **ToC: RES**

ID	PRODUCT DESCRIPTION	MILESTONES				PRODUCT CLASSIFICATION INFORMATION
K16	**Establish and implement data collection and measurement systems for documenting the impact of health emergencies on sexual and reproductive health rights and gender inequalities**	Existing data systems reviewed and gaps identified for recording rights and gender issues	Convene experts and stakeholders to review and recommend system development	Seek funding to support creation of system	Initiate data system	• **Priority B** • **HRP** • **DO Unit** • **ToC: RES**
K17	**Research-to-action consultations for sexual and reproductive health and rights in humanitarian settings**	Strengthening partnerships, Capacity building & Networking		Convening two annual meetings		• **Priority A** • **HRP** • **SHS Unit** • **ToC: COU**
K18	**Testing the feasibility of a core list of monitoring and evaluation indicators for sexual and reproductive health and rights data and accountability in humanitarian settings**	Data Collection and Analysis is completed	Convene a technical consultation to scale up findings and determine next steps	Production of Technical guidance on Monitoring and Evaluation in humanitarian settings		• **Priority A** • **HRP** • **SHS Unit** • **ToC: RES**
K19	**Social science and health systems research on impact of disease outbreaks on service availability and use**	Cleaning, validation and data analysis	Research completed in all sites. Dissemination of results with stakeholders			• **Priority B** • **HRP** • **SRC Unit** • **ToC: RES**
K20	**Support to capacity building via small research grants for sexual and reproductive health and rights community-linked projects during public health emergencies, or in humanitarian situations**	Identification of collaborative capacity building small grants scheme with other special programmes	Joint fundraising	Plan for capacity building and implementation of joint small grants scheme	Implementation of call and time plan for RCS	• **Priority A** • **HRP** • **RLC Unit** • **ToC: RES**

M. HUMAN RIGHTS, GENDER EQUALITY AND SOCIAL DETERMINANTS

Sexual and reproductive health affects and is affected by people's personal experiences and relationships, and by the broader contexts of their lives. This context is shaped by gender inequality including harmful gender norms, and other socio-economic inequalities, including limited economic circumstances, lack of access to education, limited employment opportunities, poor living conditions, having a disability, being from a minority ethnicity, as well as challenging political and legal environments. Studies have shown that norms that promote male dominance over women prevent women from practicing safer sex, limit their use of contraceptives and increase their risk of acquiring STIs, including HIV. These inequalities contribute to and manifest in neglect and violation of human rights, which in turn has been shown to have negative health outcomes. Therefore, there is a need to better integrate gender equality and human rights approaches into interventions, with attention to provider training, service delivery, raising awareness and capacity-building.

In the past two decades, great strides have been made in the development of norms and standards related to gender equality and human rights pertaining to sexual and reproductive health, and in the interpretation and application of existing standards to different areas of programming and policy-making. This is true at the level of international policy, as well as at policy and programmatic levels within countries. The centrality of addressing interconnections between gender equality, human rights and sexual and reproductive health was recognized most recently in the 2030 Agenda for Sustainable Development and the accompanying SDGs. The COVID-19 pandemic has only magnified how gender and other socio-economic inequalities have affected women, men and other sub-groups and populations unequally based on their ethnicity, age, disability status, where they live, gender identity, class and social orientation.

A challenge in operationalizing human rights in concrete programmatic approaches and interventions is to achieve an explicit application and a comprehensive integration of these rights. Having spearheaded work in this area, HRP will continue its efforts to operationalize human rights commitments in international norms and gender equality principles. This will require identifying desired outcomes and effective implementation strategies for reducing gender inequalities and human rights violations in relation to sexual and reproductive health and rights (SRHR), with a view to long-term sustainability. Going forward, research on how harmful gender norms, including masculinities can be addressed in SRHR programmes, policies and services as well as how unequal power based on intersecting discrimination shapes SRHR outcomes will contribute to furthering the evidence-base and normative standards. COVID-19 and its impacts on rights violations and gender inequalities will need to be factored into the evidence building. HRP's external evaluation also highlighted the need to strengthen capacities and processes for integration of sex and gender as well as human rights approaches into sexual and reproductive health research, highlighting the need for a systematic approach to capacity building on this issue.

HRP will extend its analytical work to topics prioritized as being most challenging and sensitive. Achieving a deeper understanding of these issues will require taking into account the intersecting forms of discrimination and inequalities that influence and create vulnerabilities of different sub-groups of populations to adverse SRHR outcomes. Capturing these intersecting inequalities will require expanding research methods to participatory approaches, a systematic and active engagement of women and marginalized communities in research, agenda setting for research and in guideline development. In this regard HRP will aim to broaden its inclusion, consultation and engagement with civil society groups working on women's rights, sexual and reproductive rights, gender equality as well as representing issues for vulnerable and marginalized populations.

PRODUCT LISTING

ID	PRODUCT DESCRIPTION	MILESTONES			PRODUCT CLASSIFICATION INFORMATION
M. HUMAN RIGHTS, GENDER EQUALITY AND SOCIAL DETERMINANTS					
M02	**Evidence on masculinity and gender norms in relation to sexual and reproductive health and rights**	Dissemination of Priority Research Agenda on masculinities and sexual and reproductive health and rights	A special supplement on masculinities and sexual and reproductive health and rights published		• **Priority A** • **HRP** • **DO Unit** • **ToC: RES**
M06	**Evidence generated on unequal power and its role as driver of inequities in relation to sexual and reproductive health and rights**	An expert meeting to identify and agree on components of a framework	A framework to integrate intersectional power analysis in sexual and reproductive health research published	Dissemination of the framework on intersectional power analysis in sexual and reproductive health research	• **Priority A** • **HRP** • **DO Unit** • **ToC: RES**
M07	**Strengthened research methodologies, capacities and processes for integration of human rights and gender equality in sexual and reproductive health research**	Guidance on how to integrate human rights in sexual and reproductive health research published	Draft training materials to support integration of gender and rights into sexual and reproductive health research developed	Training materials to support integration of gender and rights into sexual and reproductive health research piloted in at least one HRP Alliance partners	• **Priority A** • **WHO core** • **DO Unit** • **ToC: RES**
M09	**Developing or updating content to facilitate integration of gender equality and human rights into sexual and reproductive health guidelines and tools**	Generate or update evidence on gender equality and human rights implications for at least one sexual and reproductive health guideline or tool			• **Priority A** • **HRP** • **DO Unit** • **ToC: RES**
M10	**Building evidence on inequities/discrimination and sexual and reproductive health**	Analysis and peer-reviewed paper on sexual and reproductive health and migration identifying research gaps			• **Priority B** • **HRP** • **AVP Unit** • **ToC: RES**
M11	**Research on emerging gender equality and human rights issues in sexual and reproductive health developed and conducted (eg COVID-19, humanitarian crises)**	At least one research protocol developed and submitted for approval	Research partners identified	Data collection initiated	• **Priority B** • **HRP** • **DO Unit** • **ToC: RES**
M12	**Research to promote the sexual and reproductive health and rights of persons of diverse sexual orientation, gender Identity, and gender expression**	Reviews on sexual and reproductive health and rights-related health outcomes for sexual orientation, gender Identity, and gender expression persons published	Gender affirming care interventions for transgender persons identified		• **Priority B** • **HRP** • **SRC Unit** • **ToC: RES**

N. HEALTH SYSTEMS, INCLUDING SELF-CARE AND DIGITAL INNOVATIONS

WHO and HRP will continue to support countries to strengthen their health systems and specifically primary health care to progress towards achieving UHC and advancing SRHR. Achieving universal access to a comprehensive range of sexual and reproductive health services, policies and programmes requires building the evidence and investing in health systems innovations that address challenges of financial protection, coverage, access, availability and quality. This is important, recognizing that poor sexual and reproductive health arises from a combination of poorly functioning health systems, insufficient integration in PHC, poverty, stigma and discrimination, violence and gender inequalities that limit women's and girls' control over decision-making and reduce their access to social support, economic opportunities and health care. Therefore, moving towards PHC and UHC through addressing SRHR inequalities in terms of healthcare access, service coverage and financial protection is a political choice with important benefits. HRP will not only support countries to make this choice and facilitate access to an integrated package of sexual and reproductive health services but will also take a leadership role in the generation of evidence to inform guidelines, norms, tools and standards to strengthen health systems and people-centred SRHR, including in innovative approaches such as digital health and self-care interventions. Over the past decade, HRP has integrated research on health systems across a range of core SRHR thematic areas strengthening evidence on topics such as quality improvement, demand-side financing, human resources and barriers to access. Over the following biennium, HRP will build and extend this work in three areas relating to 1) health systems strengthening especially at the PHC level, 2) digital health and 3) self-care interventions.

1) HRP will work to ensure that SRHR is incorporated within the PHC and UHC agenda through three activities. The first activity is a sexual and reproductive health and UHC repository of implementation stories bringing together available evidence and experience in sexual and reproductive health integration in UHC from the field. The second activity will focus on supporting implementation research that is demand-driven and context-specific to support evidence-informed decision-making. The third activity entails the development of normative guidance and tools that communicate evidence for integrating sexual and reproductive health in PHC towards UHC that can be used for priority setting, advocacy, monitoring and evaluation at a country level.

2) Achieving UHC also entails rectifying decades-old dysfunction in health system supply and demand, and investment in innovations including digital health. In many countries, ministries of health are turning increasingly to digital technologies to help scale up and integrate efficacious public health interventions. The COVID-19 pandemic has further accelerated the adoption of digital tools and heightened interest in effectively harnessing digital technologies to overcome challenges in access and provision of services. However, the process of transitioning from paper to digital person-centric information systems that support SRHR service provision and accountability remains an arduous process. HRP will continue to advocate for the use of digital person-centric information systems, by establishing standardized data and health content derived from WHO guidelines that can be incorporated into digital systems, leveraging multi-site implementation research for health system strengthening, and fostering partnerships on the science and impact of these complex interventions. Together with partners, HRP has developed guidelines and operational tools for effective investments in digital interventions for sexual, reproductive, maternal, newborn, child and adolescent health and broader health system strengthening and will continue to provide global leadership for harnessing digital health innovations to reduce barriers to health access and enhance the potential for UHC. HRP will also lead implementation research on the digitization of sexual and reproductive health services at PHC level by ensuring digital tools used at service provision levels are able to impact quality of care and accountability. Additionally, HRP will

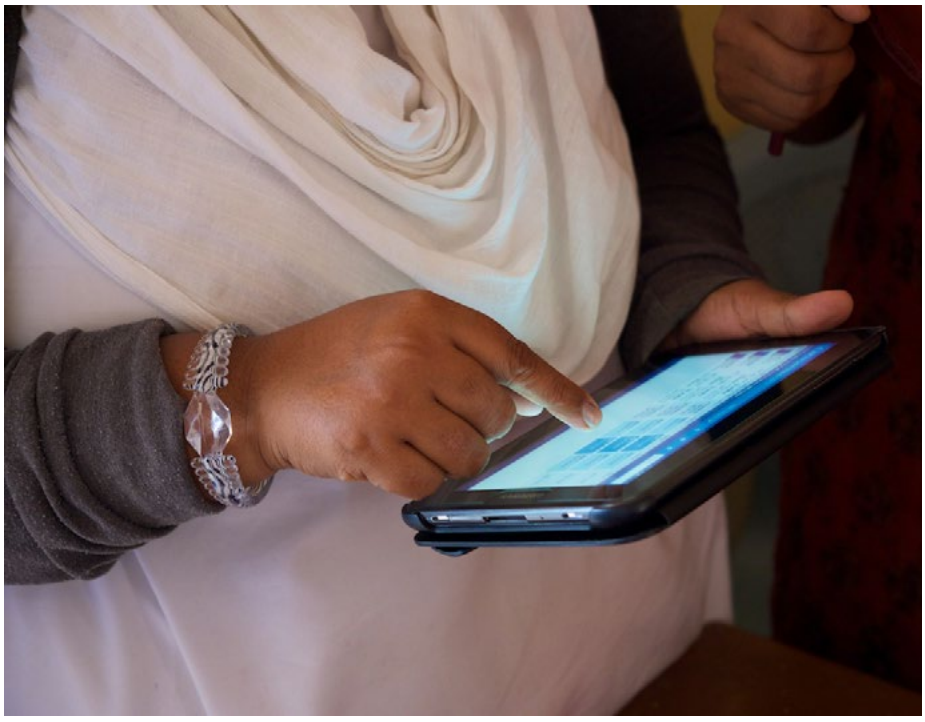
identify emerging digital innovations of value for SRHR and promote research on the enduring effects of specific digital innovations, including their scale-up, sustainability and institutionalization.

3) Self-care interventions for health are among promising and exciting approaches to reach UHC and PHC. Self-care interventions give individuals, families and communities the ability to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a health worker; can also support reaching health goals in low-resource or humanitarian settings with fragile health-care systems; and is an essential aspect of promoting health and well-being. Using a broad, consultative process, including from end-user perspectives, HRP is expanding the evidence base for version 2 of the WHO Consolidated 'Living' Guideline on self-care interventions for SRHR. The development version 2 of the guideline continues to bring the purpose and context of self-care to social, biomedical and traditional care and is expected to help reducing health inequities, enhancing user autonomy and advancing WHO's "triple billion" goals. Additionally, HRP is showcasing the current evidence base for self-care particularly for SRHR, by supporting several journal supplements that highlight implementation examples of self-care interventions, particularly in EMR and AFR, and among vulnerable populations. The pandemic has placed self-care and self-care interventions at the forefront of national responses and many countries have started adapting and adopting policy changes to introduce and scale-up these interventions. Lastly, a community of practice has been established to support advocacy, communication and partnerships on self-care interventions and is available in all six UN languages to support dissemination and implementation across the three levels of WHO. In the coming biennium, implementation guidance, tools and implementation research will further contribute towards advancing SRHR for all.

PRODUCT LISTING

ID	PRODUCT DESCRIPTION	MILESTONES				PRODUCT CLASSIFICATION INFORMATION
I. ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS						
N01	**Implementation research to support digitization of sexual and reproductive health service provision and accountability through SMART Guideline components**	Implementation research protocol developed	Baseline data collection initiated			• **Priority A** • **HRP** • **SHS Unit** • **ToC: RES**
N02	**Implementation research to sustain and expand health systems' capacity to meet sexual and reproductive health needs during the COVID-19 pandemic, and to lay the foundation for building health system resilience beyond**	Implementation research initiated in at least 3 countries	Data collection completed	Analysis completed		• **Priority A** • **HRP** • **SHS Unit** • **ToC: RES**
N03	**Development of core health and data content for digital client record systems compliant with WHO guidelines (i.e. digital adaptation kits)**	Digital adaptation kit developed for 1 additional sexual and reproductive health programme area	Manuscript developed on DAK country introduction			• **Priority A** • **HRP** • **SHS Unit** • **ToC: RES**
N04	**Implementation Guides: Updates and dissemination to implement guidelines on digital health interventions for strengthening health systems for sexual and reproductive health**	Findings from implementation research on digital innovations during Coved-19 that can be mainstreamed/ replicated	Guidance on emerging digital health interventions co-developed with WHO Digital Health and Innovation department			• **Priority A** • **HRP** • **SHS Unit** • **ToC: RES**
N05	**WHO Reproductive Health Library (RHL)**	RHL continuously updated				• **Priority A** • **HRP** • **SRT Unit** • **ToC: SYN**
N07	**Implementation research of effective interventions health systems strengthening interventions that improve access to sexual and reproductive health at primary health care level**	IR protocol approved	Data collection completed	Publication of findings	Dissemination and evidence uptake to inform policy and practice	• **Priority A** • **HRP** • **SHS Unit** • **ToC: RES**
N08	**Expanding online repository of sexual and reproductive health implementation stories in Universal Health Coverage**	Increased coverage of countries/ content across WHO regions	Increased coverage of countries/content across WHO regions			• **Priority A** • **HRP** • **SHS Unit**
N10	**Strengthening capacity in integration of sexual and reproductive health in Universal Health Coverage plans**	Tools for capacity support developed	Country and regional introduction and support to adaptations	Report synthesizing lessons from implementation experience across countries		• **Priority A** • **WHO core** • **SHS Unit** • **ToC: SYN**
N11	**Development of guidelines and tools on self-care interventions**	Policy and programmatic tools developed	Support to 5 priority countries for introduction and scale-up of self-care interventions	Translation and dissemination off normative tools	Health worker training modules developed	• **Priority A** • **WHO core** • **SHS Unit**
N12	**Country support for digitalization of clinical guidelines and strengthening of routine health information systems in sexual and reproductive health through digital adaptation kits**	Regional workshop conducted with sexual and reproductive health and digital/HMIS MOH focal points		Country support to 5 countries on use DAKs		• **Priority A** • **WHO core** • **SHS Unit**

ID	PRODUCT DESCRIPTION	MILESTONES				PRODUCT CLASSIFICATION INFORMATION
N13	**Country support for digital health investments into sexual and reproductive health in line with health system strengthening goals and national digital health strategies**	Regional workshop conducted with sexual and reproductive health and digital MOH focal points		Country support to 5 countries needs basis		• **Priority A** • **WHO core** • **SHS Unit**
N17	**Primary health care Packages of sexual and reproductive health and rights linked to Universal Health Coverage compendium**	Draft packages developed	External and internal reviews completed	Primary health care sexual and reproductive health packages published		• **Priority A** • **HRP** • **SHS Unit** • **ToC: RES**
N18	**Guidance to support costing and budgeting of sexual and reproductive health interventions in Universal Health Coverage Compendium of Interventions**	Advisory group selected, technical consultative meeting held	Draft tools developed	Publication	Dissemination	• **Priority B** • **WHO core** • **SHS Unit**
N19	**Guidance on strengthening the role of the health workforce to implement national sexual and reproductive health policies aligned with the WHO primary health care Operational Framework**	Advisory group selected, technical consultative meeting held	Draft tool developed	Publication	Dissemination	• **Priority B** • **WHO core** • **SHS Unit**
N20	**Implementation research to introduce and scale-up self-care interventions**	Research prioritization conducted	Research protocol developed	Research initiated in three priority countries		• **Priority B** • **HRP** • **SHS Unit** • **ToC: RES**
N21	**Provide leadership and support to MOH, donor, and technical partners on self-care interventions**	Development and implementation of communication plan	Identify, document and disseminate innovations, best practices and country case studies	Lead and support discussion forums on self-care interventions	Maintain and strengthen partnerships to support introduction of guidelines	• **Priority B** • **WHO Core** • **SHS Unit**



O. MEASURING AND MONITORING INDICATORS

HRP is recognized for its leadership, convening power and expertise in global monitoring of populations and use of programmatic data. It is involved in the monitoring of over 20 global-level indicators in sexual, reproductive, maternal, newborn and child health, which, as a group, address the gender, equity and rights perspectives that determine people's experience of their health conditions and/or access to services.

Challenges in this area continue to be the availability and quality of reported, observed data, as well as data interpretation and strategic use. Too often, health-care providers lack a comprehensive picture of the monitoring system that would enable them to understand its utility, a situation which undermines the validity and reliability of data collection. With the goal of "leaving no one behind", increased emphasis is also being placed on data disaggregation to reveal variations in health status based on economic, geographic, demographic or other criteria. Improved data availability and quality has been identified as an urgent need by global initiatives such as the Global Strategy for Women's, Children's and Adolescents' Health, the Ending Preventable Maternal Mortality (EPMM) strategy, as well as being a key focus of WHO's Division of Data, Analytics and Delivery for Impact. HRP provides leadership in collating metrics for reporting Member State progress on selected SRHR indicators (e.g. maternal mortality, skilled birth attendance, antenatal care, violence against women, etc.) for global accountability mechanisms, and in undertaking disaggregation analyses to report on equity.

Currently, HRP is continuing its reporting of skilled birth attendance, antenatal care coverage and other key indicators through World Health Statistics and Global Health Observatory. An update of the maternal causes of death is also forthcoming. HRP is leading efforts to harmonize reporting on SRHR indicators within specialized populations such as in humanitarian settings and co-chairs the Global Action for Measurement of Adolescent health (GAMA) Advisory Group to harmonize reporting of health outcomes for adolescents. Maternal mortality estimates specific to adolescents 15-19 years will be forthcoming during 2021. HRP will continue to enhance, including through capacity-building, the development, testing, validation and dissemination of new or improved indicators and measurement methodologies to ensure that all SRHR issues can be adequately and appropriately reported and highlighted at global, regional and national levels, including indicators for social accountability. During the 2022-2023 biennium, updated national, regional and global maternal mortality estimates will be published.

HRP contributed significantly to the revision and update of the International Classification of Diseases (ICD). As the ICD-11 is implemented HRP will ensure that all SRHR aspects of the manual are appropriately updated through convening experts and using the most current and up to date evidence, and it will monitor the impact of these changes over time through research, including field testing of the ICD-11 and other trend analyses. Areas of focus currently being looked at include the codes used for endometriosis and gender incongruence of childhood.

PRODUCT LISTING

ID	PRODUCT DESCRIPTION	MILESTONES				PRODUCT CLASSIFICATION INFORMATION
O. MEASURING AND MONITORING INDICATORS						
O04	**Analysis and recommendations developed to strengthen the measurement, estimation and monitoring of global indicators of violence against women and girls**	At least 2 peer - reviewed manuscripts on analysis of data from the WHO Global Database on Prevalence of VOW	Analysis and publication of prevalence of intimate partner violence and sexual violence among adolescent/young girls completed	Information briefs with recommendations to strengthen data collection and reporting of vow prevalence and forms of discrimination/ inequities (e.g. disability, migrants, ethnic minorities)	Live systematic review and regularly updated global database and visualization platform on prevalence of violence against women	• **Priority A** • **HRP** • **AVP Unit** • **ToC: RES**
O06	**Guidance to define, measure and monitor sexual and reproductive morbidities and access to services and determinants of sexual and reproductive health and rights including ICD-11**	Evidence generated on use of new sexual health codes in ICD-11	ICD-MM updated for ICD-11	Evidence generated on measurement of maternal morbidity		• **Priority A** • **HRP** • **SHS Unit** • **ToC: RES**
O10	**Maternal mortality (national, regional, and global level) estimates; including refinements in methodology to reflect disaggregated reporting and new analyses**	Input datasets updated	Estimation methodology refined and updated	Dissemination of estimates		• **Priority A** • **HRP** • **SHS Unit** • **ToC: SYN**
O13	**Surveillance system for capturing data on female genital mutilation prevalence and complications in high prevalence countries**	FGM surveillance models tested and documented	Documentation of scale up models in 2-3 countries			• **Priority A** • **HRP** • **AVP Unit** • **ToC: RES**
O18	**Updated data on global maternal mortality levels and trends and strengthened capacity for maternal mortality measurement**	MMR estimates for 2022 release published	Input datasets updated for 2024 publication	Country consultation initiated for 2024 publication	One Country model disseminated	• **Priority A** • **WHO core** • **SHS Unit**
O19	**Databases on global sexual and reproductive health and maternal health coverage measures updated and maintained**	Institutional delivery, antenatal care, skilled attendance at birth and caesarean section databases updated	Data visualized via Global Health Observatory			• **Priority A** • **WHO core** • **SHS Unit**
O20	**Adolescent sexual and reproductive health data - Strengthened estimates from traditional and unconventional sources in selected areas, and facilitation of data collection, analysis, and use at country level**	Publication on inequities in adolescent sexual and reproductive health	Publications on STI epidemiology and menstrual health epidemiology in adolescents	Publications on alternative data sources on adolescent sexual and reproductive health	Guidance on subnational data collection, analysis, and use	• **Priority B** • **HRP** • **AVP Unit** • **ToC: RES**
O21	**Global and regional estimate of violence against women**	Regularly updated global database and visualization platform on prevalence of violence against women		Workshops to build country capacity on violence against women data collection, reporting and use		• **Priority A** • **WHO core** • **AVP Unit**
O22	**Collaboration on strengthening maternal and newborn health and Adolescent measures (MONITOR and GAMA)**	One meeting of MONITOR organized, co-facilitated	One meeting of GAMA organized, co-facilitated	At least 2 manuscripts emanating from MONITOR and GAMA work prepared		• **Priority B** • **WHO core** • **SHS Unit**

ID	PRODUCT DESCRIPTION	MILESTONES				PRODUCT CLASSIFICATION INFORMATION
O23	**Research to conceptualize, define, measure and monitor universal health coverage, including effective coverage, of sexual and reproductive health services within health systems**	Scoping/mapping & strategic review of existing indicators produced	Conceptual framework of effective coverage within sexual and reproductive health domain produced	Protocol for development and testing of indicators developed		• **Priority B** • **HRP** • **SHS Unit** • **ToC: RES**
O24	**Secondary analyses of key SDG indicators related to sexual and reproductive health**	Skilled attendant at birth database updated	Analyses of selected SDG sexual and reproductive health indicators carried out	SDG reporting	2 manuscripts developed	• **Priority B** • **HRP** • **SHS Unit** • **ToC: RES**
O25	**Sexual and reproductive health-related evidence, review and response to ICD proposals and maintenance of ICD**	Evidence-based input provided				• **Priority B** • **WHO core** • **SHS Unit**

P. SCIENTIFIC LEADERSHIP AND CAPACITY STRENGTHENING

Research informs SRHR policy and guides policy implementation. During the last decades, the critical role of science has been increasingly recognized on the development agenda of low- and middle- income countries, and research and innovation have been identified by many governments as important for social and economic development. Investments in research have also been shown to be successful in terms of contributing to economic growth, recognizing and creating possibilities to maximize resource utilization, and identifying ground-breaking innovations. This thematic area is new to HRP and brings together scientific leadership and infrastructure core functions together with research capacity building under one theme.

The HRP Alliance delivers research capacity strengthening (RCS) to enhance the ability and resources of individuals, institutions or systems to undertake, communicate and use high-quality research. HRP has engaged in RCS within SRHR research since its foundation in 1973. An external case study evaluation of this programme conducted in 2014 stressed the importance of sustainability and long-term engagement with grant recipients, highlighted the value of knowledge transfer and suggested implementing deliberate steps with clear methodologies to influence policy and programmes and further iterated in the external evaluation presented in 2019.

For this purpose, the HRP Alliance for RCS was designed to encompass a dynamic network structure, bringing together grant recipients with collaborating centres active in RCS and other long-standing HRP research partners, in addition to WHO HQ, regional and country offices. The HRP Alliance aims to bring in stakeholders of various capacities to facilitate knowledge transfer nationally and regionally. The new strategy, implemented since 2017, was developed to put emphasis on organizing RCS through the identification of regional HRP Alliance Hubs: institutions selected to receive and supply regional long-term institutional support to SRHR research focused RCS, including all steps from knowledge generation to translation. The HRP Alliance hubs are at the core of the RCS strategy and are crucial

in supporting regional partner institutions, who are linked to HRP research, and in need of RCS. The HRP Alliance does promote research and capacity building in joint action, for example through support to research studies related to emergencies or specified topics in competitive calls and works through HRP research links to supply targeted institutional support to build a solid human resource base with in-depth SRHR implementation research skills as well as to provide institutional capacity to engage in research, apply and administer grants. HRP Alliance hubs are encouraged to become regional resources for SRHR research and knowledge transfer. The HRP Alliance RCS is guided by principles of gender equality and human rights and activities are governed by the HRP Alliance advisory board assessing the regular performance reports from grant recipients.

Research proposals reviewing to ensure scientific standards together with Quantitative Assessment and Data Management are integral components of HRP, to provide targeted scientific leadership and infrastructure to implement HRP research.

The Research project review panel, RP2, is a statutory external, independent body of scientific experts that provides mandatory, in-depth scientific and budget reviews of all HRP research protocols to ensure they are aligned with the highest research standards. The RP2 secretariat supports development, review and approval of HRP research protocols and ensures scientific quality assurance through dialogue and collaboration with the responsible officers, study teams and external reviewers. The secretariat is also the focal point for HRP's engagement with the WHO Ethical Review Committee (ERC) and participation in the WHO's newly created Science Division.

Statisticians, data analysts, database developers, and clinical data managers provide expert scientific support for study design and protocol development, database and statistical analysis plan development, study implementation following HRP Standard Operating Procedures, data curation and analytics, and works closely with country teams to ensure embedded capacity strengthening of local researchers. Additionally, development of electronic platforms to enhance research infrastructure and capacity are being undertaken to establish (1) an automatized tool to manage external research reviewing centralized system (2) standard procedures for retention of all essential HRP research project documents and analytic datasets, (3) a portal to share statistical and data management methodologies and HRP SOPs, and (4) an HRP portal to merge e-Archive metadata with WHO-GSM project administrative data for program management.

The staff also provides senior leadership to the emergency research response, to individual scientific projects described under the emergency thematic area, and also to support research prioritization, governance, convening and interpretation and analyses of emergency data under the International health regulations in regular contacts with the WHO Office of Health Emergency Preparedness and Response.

PRODUCT LISTING

ID	PRODUCT DESCRIPTION	MILESTONES				PRODUCT CLASSIFICATION INFORMATION
I. ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS						
P01	**Regional research and knowledge transfer hubs supported for regional or sub-regional research capacity-strengthening**	7 Hubs implementing RCS work plans	Needs assessment related to readiness for emergency research response conducted	Needs assessment and tailored training in support of HRP Alliance Hubs' engagement with national policy makers to actively engage in knowledge transfer	Timely reporting on strategic indicators by Hubs and timely AB reviews conducted	• **Priority A** • **HRP** • **RLC Unit** • **ToC: RCS**
P02	**Research capacity strengthened through Long-term Institutional Development (LID) grants in specifically targeted settings**	1 LID grantee implementing institutional RCS activities	One additional LID grantee implementing institutional RCS activities	Links to regional Hubs established	Plan for future engagement with regional Hub and HRP finalised	• **Priority A** • **HRP** • **RLC Unit** • **ToC: RCS**
P05	**HRP Alliance Mentorship programme targeting junior female researchers and pilot post-doc programme**	Mentorship programme planned for based on pilot results	Mentorship programme implemented	Plan for post-doc support and linked engagement within the HRP Alliance	Established plan for pilot post-doc activity	• **Priority B** • **HRP** • **RLC Unit** • **ToC: RCS**
P08	**HRP Alliance support to networking, governance**	Regular contact points with HRP Alliance Hub principal investigators	Regular AB meetings organized	One global meeting organised	One meeting organised with SRH department hosted WHO collaborating centres	• **Priority A** • **HRP** • **RLC Unit** • **ToC: RCS**
P11	**Research capacity strengthening in collaboration with HRP hubs and CCs**	HRP Research project review panel and ethics approvals of collaborative research	Implementation of project	Interim results analyses	Interim reporting	• **Priority A** • **HRP** • **RLC Unit** • **ToC: RCS**
P12	**External, independent, research review accomplished for all new and ongoing projects**	Upkeeping of HRP Research project review panel secretariat	External reviews enabled inclusive of as needed software development	Chair leadership of HRP Research project review panel ensured	One meeting with the whole RP2 panel conducted	• **Priority A** • **HRP** • **RLC Unit** • **ToC: RES**
P13	**Biostatistics and data management support provided for HRP research**	Licensing fees for OC, SAS, Stata, Adobe & others	Protocol development and database development	Site/data monitoring and management	SIS Staff Training	• **Priority A** • **HRP** • **RLC Unit** • **ToC: RES**
P14	**SharePoint Statistical Portal to disseminate statistics and data management educative information including standard operating procedures and references**	Maintenance of the Portal	Expansion of the Portal to include products of methodology development	Expansion of the Portal to include library of algorithms for statistical analysis	Training Material Development	• **Priority A** • **HRP** • **RLC Unit** • **ToC: RES**
P15	**e-Archive electronic record management system for archival and management of SRH/ HRP Research protocols, and other records**	Maintenance	Archival of essential documents	HRP Portal finalization	Train staff	• **Priority A** • **HRP** • **RLC Unit** • **ToC: RES**
P16	**Core competences and educational gaps analysis in new methodologies and ethics related to implementation research**	Invention of RCS capacity building needs	Gap analyses with Hubs related to IR core competencies and trainings	Plan for IR core competencies expansion with HRP Alliance	Implementation of training related to core competencies in IR and gap analysis	• **Priority A** • **HRP** • **RLC Unit** • **ToC: RCS**
P17	**HRP Research Infrastructure Strengthening**	Review and revision of HRP SOPs	Set up of Governance Structure for Data Share	Training Material Development	Train staff	• **Priority B** • **HRP** • **RLC Unit** • **ToC: RES**

Q. GENERAL TECHNICAL AND PROGRAMME MANAGEMENT ACTIVITIES

HRP undertakes general technical activities in support of its work, including the convening of strategic and technical advisory bodies, such as the Scientific and Technical Advisory Group (STAG), and Gender and Rights Advisory Panel (GAP). HRP also provides advice to Member States and partners on issues of sexual and reproductive health and rights, and carries out advocacy and communications activities to support the use of HRP's research products.

With increased communication and globalization, new public health issues can grow in significance very rapidly and have wide regional or even global impact. In recent years, for example, rapid responses were needed to address health emergencies as they concern SRHR, such as in the COVID-19 pandemic. HRP needs to be ready to respond to emerging SRHR issues that need urgent attention or that could be addressed with a strategic investment of funds. This will include responding to well justified requests for new or revised guidelines, and for urgently needed evidence to address pressing SRHR-related challenges.

Recognizing the key enabling role played by parliamentarians in legislation, oversight, accountability and advocacy, HRP has established a strong and systematic collaboration with several regional and global parliamentarian platforms. A strong workplan has been set up with the Inter-Parliamentary Union (IPU) to support the inclusion of SRHR, and HRP actively participates in the IPU Advisory Group on HIV/AIDS and Maternal, Newborn and Child Health. Together with the IPU, HRP has established constructive collaboration with other parliamentarian platforms at the regional level, including the European Parliamentary Forum on Population and Development, the Pan African Parliament and the Women in Parliaments Global Forum, and will continue expanding the portfolio of partners to other regions. Additionally, HRP has engaged with thematic platforms such as the parliamentarian forums on population and development, specifically focusing on SRHR, and has provided technical support to national parliaments. Through its work with parliamentarians, HRP helps to bridge the gap between research and policy, and this engagement continues to help ensure high-level support for critical SRHR issues that are central to the work of HRP.

Programme management activities encompass HRP's leadership, direction, external relations, resource mobilization and managerial and administrative support. An important function is organization of the meetings of HRP's Policy and Coordination Committee (PCC), which meets annually in June, and of the Standing Committee of HRP cosponsors. Other activities in programme management include staff development and training, provision of office equipment and supplies and other related expenses.

PRODUCT LISTING

ID	PRODUCT DESCRIPTION	MILESTONES				PRODUCT CLASSIFICATION INFORMATION
Q. GENERAL TECHNICAL AND PROGRAMME MANAGEMENT ACTIVITIES						
Q03	**Scientific and Technical Advisory Group (STAG) and Gender and Rights Advisory Panel (GAP) convened**	STAG 2022 convened, recommendations integrated into programme activities	GAP 2022 convened, recommendations integrated into programme activities	STAG 2023 convened, recommendations integrated into programme activities	GAP 2023 convened, recommendations integrated into programme activities	• **Priority A** • **HRP** • **SRT Unit** • **ToC: RES**
Q05	**External engagement with, and advice provided to, Member States**	Advice provided to Member States and partners at Directorial level, in response to enquiries from individuals, Member States, UN agencies, nongovernmental and other organizations	External engagement with, and advice provided to, Member States	Stepping up WHO's leadership in sexual and reproductive health and rights through increased global diplomacy		• **Priority A** • **HRP** • **SRT Unit** • **ToC: COU**
Q06	**Advocacy for sexual and reproductive health and rights through engagement in global initiatives, with partnerships and with parliamentarian platforms and assessment of the impact of legislation**	HRP/SRH Department engagement with global initiatives ensured, including H6, G7, GFF, the High-level Political Forum	Strategies developed and implemented for engagement with key partnerships and networks, including: civil society, other UN agencies, private sector political stakeholders.	Collaboration with parliaments and parliamentarian networks at the global, regional and country level, to provide technical support and policy advice on sexual and reproductive health and rights	Engagement with key regional and global political platforms such as the European Union, the African Union	• **Priority A** • **HRP** • **SRT Unit** • **ToC: INT**
Q08	**Advocacy and campaigns for sexual and reproductive health and rights through multiple communications channels and approaches**	Apps, digital tools, and HRP website migrated in 2021 and maintained	HRP outputs communicated through selected international conferences	Communications strategy developed and implemented	Scientific and technical materials translated, designed, printed, disseminated, and monitored	• **Priority A** • **HRP** • **SRT Unit** • **ToC: INT**
Q13	**Stepping up HRP's leadership in sexual and reproductive health and rights through increased global diplomacy**	Leadership asserted through appropriate initiatives				• **Priority A** • **HRP** • **SRT Unit** • **ToC: INT**
Q15	**Networking with WHO Regional Office, WHO Country Office and external partners for Country Support Plans to drive impact on sexual and reproductive health and rights in countries**	WHO/HRP networking with HQ, WHO Regional Office, WHO Country Office, partners for Country Support Plans	Outreach through IBP and NSAs. Web site maintained	Monitoring of HRP result framework for country impact and maintenance of list of country level activities	Databases of country engagement maintained	• **Priority A** • **HRP** • **SRT Unit** • **ToC: INT**
R01	**HRP programme planning, governance, management and evaluation implemented**	HRP Policy and Coordination Committee meeting held annually	HRP Standing Committee meeting held twice-annually	HRP programme Budget approved and issued		• **Priority A** • **HRP** • **SRT Unit** • **ToC: RES**
R03	**HRP staff development and learning**	Capacity building activities carried out, including global learning and development activities				• **Priority A** • **HRP** • **SRT Unit** • **ToC: RES**
R04	**HRP resource-mobilization and coordination activities supported**	Funds raised to support implementation of programme budget		Fundraising materials developed		• **Priority A** • **HRP** • **SRT Unit** • **ToC: INT**
R05	**Administrative support for HRP provided**	Direct administrative support cost budgeted and incurred for HRP (budget, finance, human resources, office rental, legal services, etc.)		Indirect administrative support cost paid to WHO		• **Priority A** • **HRP** • **SRT Unit** • **ToC: RES**


ADOLESCENT
REPRODUCTIVE

3 MATERNAL MORTALITY PROJECT

SUPPORTING COUNTRY STRATEGIES TO REDUCE MATERNAL MORTALITY AND ACHIEVE SDG TARGETS THROUGH A HEALTH SYSTEMS APPROACH

Approximately 830 women die daily, globally from pregnancy- or childbirth-related complications. Almost all these deaths occur in low-resource settings, and most can be prevented. Unsafe abortion remains an important preventable cause of maternal mortality and morbidity. Regional estimates vary substantially. For example, of all abortion-related deaths occurring globally, an estimated 99.5% are in lower-income countries, with 65% in sub-Saharan Africa *(9)*.

The project aims to reduce the burden of unsafe abortion and its consequences through

- Supporting countries (at their request) to integrate sexual and reproductive health (with a focus on safe abortion & post-abortion contraception) as integral components of their primary health care and Universal Health Coverage (UHC).
- Strengthening global normative guidance, evidence base and implementation tools.
- Building and sustaining WHO global leadership on these topics.

The initiative is broad-based, focusing on supporting countries with high burdens of maternal mortality, high rates of unintended pregnancy and unmet need for modern contraception, and relatively weak health system infrastructures. The countries currently being supported include:

- WHO African Region: Benin, Burkina Faso, Rwanda, Sierra Leone, South Africa
- WHO Eastern Mediterranean Region: Pakistan
- WHO South East Asia Region: India, Myanmar, Nepal
- WHO Western Pacific Region: Lao People's Democratic Republic

Several WHO headquarters departments also work with HRP to ensure adequate technical support to the countries. These include Country Strategy and Support (CSS), Division of Analytics and Delivery for Impact (DDI); Health Governance and Finance (HGF), Health Work Force (HWF); Regulation and Prequalification (RPQ) and Health Products and Data (HPS) in the Division of Access to Medicine and Health Products (MHP) The initiative also supports ad hoc requests for focal activities.

OBJECTIVES AND STRATEGIC APPROACHES

The initiative's primary objective is to support countries to integrate comprehensive reproductive and maternal health care as integral components of UHC through strengthening their primary health care approach to end preventable maternal deaths. Interventions are chosen along six strategic objectives that align to WHO's health system building blocks. The initiative works in close coordination with other in-country programmes and WHO programmes that are supporting the reduction of maternal mortality through strengthening health systems.

ACTIVITIES

Activities in-country are driven by responding to the priorities identified by the Ministries of Health, in collaboration with a range of national actors. In defining WHO's support in any given country, the needs / priorities, national capacity and partnership environment are all considered.

Policies, health systems, other investments as well as ongoing activities by in-country partners, vary among the seven countries, thus the specific in-country activities vary, but all will be based on evidence-based interventions, drawing extensively from HRP's expertise in sexual and reproductive health.

Detailed workplans are developed on an annual basis. The project timeline currently runs from to December 2022.

BUDGET AND FINANCE

The budget for this project, has been secured through funding specifically earmarked for this project. The project budget includes activities and staffing required at WHO Headquarters, Regional and Country Office to carry out project activities. Funds are recorded in a separate account within the HRP Trust Fund to ensure separate accounting and financial reporting on this project. No core HRP funds will be used for this project.

PRODUCT LISTING

ID	PRODUCT DESCRIPTION	MILESTONES		PRODUCT CLASSIFICATION INFORMATION
S. GLOBAL MATERNAL MORTALITY PROJECT				
S01	**Global normative sexual and reproductive health and rights guidance, evidence base, and implementation tools strengthened**	New or existing global guidelines, standards, norms, and best practices developed and strengthened	Development of tools that can support national introduction and scale-up best practices	• **Priority A** • **HRP** • **PUA-MM Unit** • **ToC: COU**
S02	**Support countries to integrate comprehensive reproductive and maternal health care as integral components of Universal Health Coverage**	Initiative countries supported to implement their workplans	Requests from additional countries responded to as needed for support on specific time-limited activities	• **Priority A** • **HRP** • **PUA-MM Unit** • **ToC: COU**
S03	**WHO's global leadership in maternal mortality reduction and promotion of reproductive health sustained**	Strategic partnerships, globally, regionally, and within countries built to facilitate and amplify the implementation of WHO's normative guidance developed and maintained		• **Priority A** • **HRP** • **PUA-MM Unit** • **ToC: COU**

4 HRP BUDGET TABLES

TABLE 2. HRP BUDGET SUMMARY FOR 2022–2023, BY THEMATIC AREA

THEMATIC AREA	BUDGET US$			
	PRODUCTS	STAFF	TOTAL	PERCENT
Family planning and contraception	3 767 000	2 226 000	5 993 000	8%
Maternal and perinatal health	6 658 000	3 997 000	10 655 000	15%
Safe abortion	5 000 000	2 633 000	7 633 000	11%
Sexual health and wellbeing	3 880 000	2 365 000	6 245 000	9%
Fertility care	1 000 000	451 000	1 451 000	2%
Violence against women and girls	1 500 000	1 914 000	3 414 000	5%
Adolescent SRHR	1 950 000	548 000	2 498 000	3%
Female genital mutation	750 000	901 000	1 651 000	2%
SRHR in health emergencies	3 238 000	1 997 000	5 235 000	7%
Human rights, gender equality and social determinants	520 000	1 095 000	1 615 000	2%
Health systems, including self care and digital innovations	2 388 000	1 817 000	4 205 000	6%
Measuring and monitoring indicators	1 800 000	451 000	2 251 000	3%
Scientific leadership and capacity strengthening	3 269 000	5 087 000	8 356 000	12%
General technical	1 925 000	2 906 000	4 831 000	7%
Programme management	3 395 000	2 612 000	6 007 000	8%
Grand total	**41 040 000**	**31 000 000**	**72 040 000**	**100%**

TABLE 3. HRP BUDGET SUMMARY FOR 2022–2023, BY BUDGET SECTION

BUDGET SECTION	BUDGET US$			
	PRODUCTS	STAFF	TOTAL	PERCENT
Addressing needs of vulnerable populations	5 318 000	3 363 000	8 681 000	12%
Contraception and fertility care	5 347 000	3 224 000	8 571 000	12%
Maternal and parinatal health	6 722 000	3 997 000	10 719 000	15%
Prevention of unsafe abortion	5 096 000	2 633 000	7 729 000	11%
Sexual health and reproductive cancers	4 145 000	3 363 000	7 508 000	10%
SRH integration in health systems	5 185 000	2 718 000	7 903 000	11%
Research leadership and capacity strengthening	3 878 000	5 088 000	8 966 000	12%
HRP secretariat	4 474 000	4 844 000	9 318 000	13%
Director's office	875 000	1 770 000	2 645 000	4%
Total	**41 040 000**	**31 000 000**	**72 040 000**	**100.0%**

TABLE 4. HRP BUDGET FOR 2022–2023 COMPARED WITH 2020-2021, BY THEMATIC AREA

THEMATIC AREA	BUDGET US$		
	2020-2021	2022-2023	CHANGE
Family planning and contraception	5 965 000	5 993 000	0%
Maternal and perinatal health	10 478 000	10 655 000	2%
Safe abortion	7 324 000	7 633 000	4%
Sexual health and wellbeing	5 767 000	6 245 000	8%
Fertility care	1 398 000	1 451 000	4%
Violence against women and girls	3 189 000	3 414 000	7%
Adolescent SRHR	2 434 000	2 498 000	3%
Female genital mutation	1 545 000	1 651 000	7%
SRHR in health emergencies	4 263 000	5 235 000	23%
Human rights, gender equality and social determinants	1 635 000	1 615 000	-1%
Health systems, including self-care and digital innovations	4 104 000	4 205 000	2%
Measuring and monitoring indicators	2 198 000	2 251 000	2%
Scientific leadership and capacity strengthening	7 910 000	8 356 000	6%
General technical	4 490 000	4 831 000	8%
Programme management	5 700 000	6 007 000	5%
Grand total	**68 400 000**	**72 040 000**	**5%**

TABLE 5. SRH/HQ DEPARTMENT CONSOLIDATED INCOME REQUIREMENTS AND SOURCES OF FUNDS FOR 2022-2023*§

	BUDGET US$	PERCENT
UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP)		
WHO contributions (indicative)	877 000	1%
Voluntary contributions	108 163 000	99%
All sources HRP	**109 040 000**	**100%**
WHO/HQ core work in SRHR		
WHO contributions (indicative)	2 090 000	13%
Voluntary contributions	14 015 000	87%
All sources WHO/HQ core work in SRHR	**16 105 000**	**100%**
Total SRH/HQ Department		
WHO contributions (indicative)	2 967 000	2%
Voluntary contributions	122 178 000	98%
All sources SRH/HQ Department	**125 145 000**	**100%**
WHO programme support cost (PSC)	1 822 000	
Grand total income requirement, including PSC	**126 967 000**	

* WHO budget figures are provisional and provided for indicative purposes only. *The WHO Programme budget 2022-2023* will be submitted for approval to the World Health Assembly in May 2021.

§ WHO Programme support cost (PSC) of 13% is charged on expenditure against all extra-budgetary contributions to WHO SRH Department, except those to HRP. In accordance with WHA34.17, the HRP budget figures presented herein include administrative costs in the form of indirect and direct PSC charges, including infrastructure, rent and support to WHO administrative posts, which are not included in this PSC figure.

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