Since our last interview with you in October 2013, what has been happening at the World Health Organization’s Department of Reproductive Health and Research (RHR)?

Over the past year and a half, the RHR Department, including the UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), has significantly strengthened its research and innovations portfolio on sexual and reproductive health (SRH). Our activities have comprised the development and dissemination of guidance on critical areas of SRH, including, for example, the publication of guidelines such as Ensuring human rights in the provision of contraceptive information and services, and Responding to intimate partner violence and sexual violence against women.

We have also dedicated intensified efforts to adolescent SRH (ASRH) research and research synthesis, and promoted the implementation of evidence-based interventions, with the aim of improving ASRH and contributing to the reduction of unintended pregnancies and unsafe sexual behaviours.

Additionally, the RHR Department has strengthened its focus on research and advocacy work to decrease maternal deaths.
We are promoting respectful care and reducing unjustified medicalisation for mothers. A randomised trial is underway on the novel use of carbetocin at room temperature for preventing postpartum haemorrhage, one of the major causes of maternal mortality.

Increased investment in digital health has prompted the development of two studies with the aim of strengthening routine health service delivery data collection and real-time monitoring of essential services. The RHR Department is also using mobile technologies as vehicles to deliver SRH information and services to adolescents and youth.

Finally, there has been sustained commitment to family planning and contraception through the UPTAKE project, devoted to addressing unmet need through a participatory approach involving the community and healthcare providers within a human rights framework. Other initiatives include clinical trials on advancing contraception methods and strengthening routine assessment of measuring unmet need.

**Could you outline the main differences between the RHR Department’s core responsibilities and the HRP?**

The activities of these two entities differ as the HRP has a focus on research and, in addition to WHO, is co-sponsored by numerous organisations and supported by a number of Member States through the Policy and Coordination Committee, a different governance mechanism to which the HRP is accountable. Housed within the Department of Reproductive Health and Research, the HRP shares the collective overall aim of identifying and addressing research priorities to improve SRH with the Programme Development in Reproductive Health (PDRH) – the solely WHO part of the RHR Department. The two entities work together in an integrated seamless manner.

The RHR Department has made significant inroads into driving the awareness, availability and use of innovations that improve SRH, including several platforms cataloguing initiatives. How have these efforts contributed to further R&D in the SHR field?

The area of digital health innovations, and specifically the field of mobile health (mHealth) for reproductive, maternal, newborn and child health (RMNCH), has indeed witnessed a necessary experimental phase that resulted in the proliferation of pilot projects. In response, WHO has harnessed the lessons learned from these experiences and initiated research into innovations that can be deployed at the national scale and integrated into the
THE RHR DEPARTMENT’S CORE ACTIVITIES

Professor Dr Marleen Temmerman highlights how the RHR Department, including HRP, has participated in essential high-level global advocacy activities to promote SRH in the context of regional and international initiatives.

Key contributions include:

- Advancing commitments relevant to SRH, as with the reviews of the 20th anniversary year of the International Conference on Population and Development (ICPD Beyond 2014) in 1994 in Cairo; and the 20th anniversary (Beijing+20) reviews of the World Conference on Women in in 1995 in Beijing.

- Providing input on the accountability work conducted under the umbrella of the UN Secretaty-General’s ‘Every Women Every Child’ initiative; input to the discussions around the development of new accountability frameworks; work carried out in the context of the UN H4+ initiative; and co-leadership of the performance, monitoring and accountability work of the ‘Family Planning 2020’ (FP2020) initiative, as well as participation in its governing body.

- Leading the development of technical content for the ‘Global Strategy for Women’s, Children’s and Adolescents’ Health’ and contributing to the Global Financing Facility, which will drive the strategic investments for the post-MDG agenda.

- Developing and adopting of a Member State-led World Health Assembly Resolution 67.15 on: ‘Strengthening the role of health systems in addressing violence, in particular against women and girls and against children’.

- Serving as the WHO SRH focal point for the Ebola virus disease (EVD) outbreak, which included generating guidance documents on safe delivery and newborn care in regions affected by EVD (in collaboration with UNICEF and Save the Children) and an evidence brief on EVD and seminal fluids.

As part of the post-MDG unfinished agenda, the goals on ending preventable maternal, newborn and child death, and preventing stillbirths as well as achieving universal health coverage on SRH, have already been agreed to by UN Member States. The inclusion of these goals is necessary for achieving sustained progress and to contribute to overall human development. The next critical step, which is currently underway by Member States, is to identify appropriate indicators and targets for monitoring progress and driving necessary action in due course. A global strategy to improve the health of women, children and adolescents in the next 15 years, will be launched in September 2015, and will be financially supported through a Global Financing Facility mechanism.

In addition to generating high-quality evidence, it is equally important to strengthen the research infrastructure in low-resource settings and stimulate local response to the SRH needs of these communities. HRP’s research capacity strengthening programme has been established for over 40 years and builds the capacity of identified institutions in low-resource settings through the provision of technical support and grant funding. One of the main grant schemes are the LID grants, which aim to bolster the capacity of individuals working in these institutions and strengthen the facilities themselves as a more sustainable investment for research-capacity strengthening.

The Millennium Development Goals (MDGs) included an objective to reduce the number of maternal deaths by three-quarters but, unfortunately, it has not been reached. What, at the policy level, do you feel needs to be done to finally reach this aim?

The MDGs were very aspirational. Although the goals have not been reached at a global level for MDG 4 and 5, maternal mortality has been reduced by almost 50 per cent over the last 15 years, which is the result of an unprecedented international effort towards the improvement of the health of women and children. So, we know what to do, now we have to invest in the ‘how’.

Political will is of utmost importance to spur progress towards the aims set by the MDGs; it is indispensable for designing and developing evidence-based programmes and policies that can enable the scaled-implementation of effective interventions and ensure that women can access these interventions. Adequate financing should accompany this political will in order to facilitate sound national planning and execution.

What aims do you feel the Sustainable Development Goals should include with respect to reproductive, maternal, newborn, child and adolescent health?

broader national health information system. These learnings have also contributed to the development of a scale-up framework for digital health, to improve planning and optimise implementations in order to accelerate the impact on RMNCH. Additionally, the RHR Department plans to further develop a repository mechanism for governments to catalogue and standardise digital health implementations to enhance coordination and decision making of the innovation landscape in their respective countries.

What are Long-term Institutional Development (LID) grants and why does the HRP issue them? Is research-capacity strengthening in areas particularly affected by SRH health issues key to addressing these challenges?

In addition to generating high-quality evidence, it is equally important to strengthen the research infrastructure in low-resource settings and stimulate local response to the SRH needs of these communities. HRP’s research capacity strengthening programme has been established for over 40 years and builds the capacity of identified institutions in low-resource settings through the provision of technical support and grant funding. One of the main grant schemes are the LID grants, which aim to bolster the capacity of individuals working in these institutions and strengthen the facilities themselves as a