



UNDP/UNFPA/WHO/WORLD BANK
Special Programme of Research, Development and
Research Training in Human Reproduction (HRP)

External evaluation 2003–2007

Executive summary



World Health
Organization

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Views expressed in this document are those of the 2003–2007 HRP External Evaluation Team.

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Introduction and methods

Introduction

This external evaluation of the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) was designed to complement the comprehensive external evaluation covering 1990–2002, conducted by Management Sciences for Health and the Swiss Centre for International Health of the Swiss Tropical Institute. It was recognized that the findings of the previous external evaluation remained relevant to most of HRP's work. Therefore, for the current evaluation, a case-study approach was chosen to highlight specific areas in which HRP's work produces global public goods. (For terms of reference and information about the five case-studies conducted during this evaluation, see Annex 1.) A sixth case-study was included to update information on the governance, management, administration and efficiency of HRP's work.

The conclusions and recommendations of the 1990–2002 external evaluation were based on document review, analysis of key publications, seven country visits and input from more than 300 informants, of whom 249 provided detailed information through interviews and e-mail questionnaires. The evaluation addressed four key issues:

- the relevance and effectiveness of HRP-supported research in reproductive health;
- dissemination, global use and impact of the results of HRP's reproductive health research;
- capacity-strengthening for reproductive health research by HRP and use and impact of HRP's work at country level; and
- HRP's governance, management, administration and efficiency.

The external evaluators gave HRP a strong, favourable endorsement for its performance, management and strategic direction. The overall conclusion was that, during the period 1990–2002, HRP had clearly met expectations in terms of its core mission to coordinate, promote, conduct and evaluate international research in reproductive health, and had achieved its major objectives. The Programme established its position as the global leader in generating research results and establishing scientific consensus to advance reproductive health policies and practices, especially in developing countries.

Selected conclusions from the 1990–2002 external evaluation

- HRP's contribution to global public goods include its cumulative impact on fertility regulation and reproductive health, leading to significant public health benefits for women, couples and children throughout the world.
- HRP is uniquely important in supporting national health administrations' efforts to improve reproductive health through research, research training, setting of standards and guidelines, and promoting the use of research results in policy-making and planning. While other organizations carry out some of these functions, none comes close to the breadth, capacity, prestige and credibility of HRP, with its base in WHO, international composition and links to governments.
- Because of the good credibility of the Programme and WHO in general, HRP's research results have a greater influence on reproductive health policies and standards than the research of any other organization.
- Research capacity-building is one of HRP's major strengths.





- HRP has created an impressive global research network, particularly in developing countries (123 supported centres in 59 countries in 2000–2001).
- The research results of HRP and the centres it supports have contributed substantially to shaping national policies and practice.
- Cosponsorship of HRP is vital both for financial reasons and for enhancing global and inter-organizational acceptability. Cosponsorship strengthens the credibility of HRP as the premier international institution in reproductive health research.
- The overall management of HRP is considered effective and is appreciated by cosponsors and donors.
- Total HRP income from all sources has been decreasing for the past 8 years, despite expanding priorities and activities to be addressed.

The conclusions were the basis for a number of recommendations for further improvement on each of the key issues. One of the main recommendations, which forms the basis of the current evaluation, was "HRP should continue to focus on global public goods, and should try to document the contribution of its work to global public health. As a measure of efficiency, the cost to HRP of its contribution to health outcomes should be calculated. Estimates and projections of abortions averted, unwanted pregnancies prevented, and improved reproductive health through more effective contraceptive methods, emergency contraception, and service guidelines will help to demonstrate HRP's important contributions and cost-efficiency."

The report was approved by the External Evaluation Monitoring Team and presented to the Policy and Coordination Committee in June 2003.

The HRP secretariat then prepared a detailed action plan to respond to the recommendations. This was presented to the Policy and Coordination Committee at its meeting on 30 June–1 July 2004.

Methods used in the 2003–2007 external evaluation

Financial support to the Programme from the World Bank, one of its four cosponsors, is provided by the Development Grant Facility and awarded annually by the Development Grant Facility Council. One of the conditions for grants is a periodic external evaluation. Thus, at a meeting to decide on grants in fiscal year 2006, the Development Grant Facility Council, in approving a budget allocation to the Programme, requested that an "independent evaluation" be undertaken in 2007. This request was discussed by HRP's Standing Committee of cosponsors at their 54th meeting on 1 February 2006. The Committee agreed that the new independent evaluation should be more limited in scope and focus than the previous evaluation. Specifically, the Committee "agreed that the focus of the forthcoming external evaluation should be on the impact of the Programme on global public goods", in accordance with the proposal of the Policy and Coordination Committee "... to strengthen and monitor follow-up actions to the recommendations of the 1990–2002 external evaluation..."

In the five technical case-studies, the definition¹ of 'global public goods' used, in accordance with the terms of reference, was:

Public goods are generally defined as those goods that produce benefits that are non-rival (many

1. The two definitions that follow are taken from the Independent Evaluation Group of the World Bank Guidelines for Global Program Reviews, 24 January 2006. The Group was known until November 2005 as the Operations Evaluation Department of the World Bank.

people can consume, use, or enjoy the good at the same time) and non-excludable (it is difficult to prevent people who do not pay for the good from consuming it). If the benefits of a particular good accrue across all or many countries, then this is deemed a global or international public good.

The International Task Force on Global Public Goods made the above definition operational, as follows:

International public goods, global and regional, address issues that: (i) are deemed to be important to the international community, to both developed and developing countries; (ii) typically cannot, or will not, be adequately addressed by individual countries or entities acting alone, and, in such cases (iii) are best addressed collectively on a multilateral basis.

The team mandated to conduct the external evaluation for 2003–2007 was composed, for overall coordination, supervision of the technical case-studies and the case-study on HRP governance, of Douglas Huber, Management Sciences for Health, and Claudia Kessler, Swiss Centre for International Health of the Swiss Tropical Institute, and, for the analyses of cost-effectiveness and economic analysis of the five technical case-studies, William Winfrey, Futures Institute.

In line with the terms of reference (Annex 1), the following global public goods were examined in-depth (with the names of independent reviewers who wrote the technical case-studies):

- promoting family planning: long-term safety and effectiveness of copper-releasing intrauterine devices (Roberto Rivera);
- promoting family planning: improving the quality of care in family planning in China (Barbara Pillsbury);

- medical (non-surgical) induced abortion (Jane Norman);
- improving maternal and newborn health (Affette McCaw-Binns); and
- knowledge synthesis and transfer (Cynthia Farquhar).

The five case-studies follow a standard case review template designed by the two external evaluation coordinators, with input from the HRP secretariat, which was approved by the Policy and Coordination Committee's External Evaluation Committee.

The consultants were guided by the question, “By investing in HRP, how has the world, region or country changed?” A person in HRP was identified to provide documents, programme costs and factual input requested by the consultants for each of the five technical case-studies.

In addition to document review, the consultants conducted in-depth interviews with key stakeholders and collaborated with the economist (William Winfrey) who helped quantify cost-effectiveness and potential health impacts. The governance case-study assessed HRP's actions related to governance, management, administration and sustainability in response to its own action plan for responding to the recommendations of the 1990–2002 external evaluation.

Feedback and comments on the technical case-studies were provided by the Scientific and Technical Advisory Group at its meeting on 19–21 February 2008, and the feedback was used by the consultants to finalize their reports. The complete report of the external evaluation was approved by the Policy and Coordination Committee's External Evaluation Committee for presentation to the Policy and Coordination Committee in June 2008 and for further dissemination.



Executive summary



Executive summaries of case-studies, 2003–2007

The following are executive summaries of the full case-studies as presented in the full report. In addition to the summaries, the evaluation coordinators made a number of overall conclusions and recommendations on the various global public goods, in collaboration with the team of external reviewers and the economist.

I. Long-term safety and effectiveness of copper intrauterine devices

HRP's research programme on intrauterine devices (IUDs) was initiated in 1972. At that time, multiple models existed, but their safety and efficacy had not been established in appropriate clinical trials. HRP's research was designed to provide information on the safety of existing IUDs, the duration of effectiveness of copper IUDs, their mechanism of action and their relation to pelvic inflammatory disease. Another goal was to prepare internationally acceptable evidence-based guidelines for service delivery. These goals provided the foundation for HRP's extended IUD research initiative.

Methods

Four main methods were used to obtain the information included in the case-study: personal interviews and continuous communication with HRP

infrastructure to the Programme and improved research capability in developing countries to allow them to conduct research on other aspects of sexual and reproductive health of national or international interest,

- provision of data for approval in 1994 of the TCu 380A device by the United States Food and Drug Administration for 10 years of use; and
- publication of *Medical eligibility criteria for contraceptive use - third edition*, *Selected practice recommendations for contraceptive use*, *Decision-making tool for family planning clients and providers*, and the *Family planning: a global handbook for providers*, which have become the standard references guiding delivery of IUD services worldwide.

HRP's IUD research between 1972 and 2007 resulted in 21 randomized and seven non-randomized clinical trials, 11 studies on menstrual blood loss, 10 on the mechanism of action of IUDs, seven on new IUDs, three on agents to

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