

MANAGEMENT RESPONSE TO THE RECOMMENDATIONS OF THE HRP EXTERNAL EVALUATION, 2013–2017

https://www.who.int/reproductivehealth/about_us/hrp/HRP-Evaluation-Report-Vol-1.pdf?ua=1

Original Management Response Date: 25 March 2020 Update Date: As of 24 March 2021

	RECOMMENDATIONS	MANAGEMENT RESPONSE	Update since March 2020
	Creating new knowledge		
1.	HRP should urgently upgrade and organise its documentation system, assuring that approved research protocols (RP2 decisions) as well as all published and unpublished research outputs can be readily retrieved from a central server. (Rabbit)	<p>Since 2016/17 the RP2 secretariat has been using an intermediary archiving system for submitted research protocols, while awaiting development of a fully automatized system. This RP2 reviewing and submission system will be linked to the HRP e-ARCHIVE system for data management; work will start in early 2020, aiming for a fully integrated RP2 and data management HRP e-ARCHIVE system before mid-2021.</p> <p>The HRP e-ARCHIVE system was developed in 2019 on the WHO Enterprise Content Management platform as an electronic repository for all essential HRP study documents and research data. This system is integrated into the WHO servers and sits behind the UN International Computing Centre firewall for data security.</p> <p>Development of the system has been completed and migration of research documents and data has begun. Project-related meta-information from TRIMS coversheets, approved research protocols, and publications for all HRP projects since 1990 are currently being uploaded into the system, with a projected completion date of June 2020. Migration of research data for HRP projects completed since 2008 (when HRP research data collection began on a web-based platform), is expected to be completed by December 2020.</p> <p>Access to this archival system is currently available to</p>	<p>Implemented</p> <p>The HRP e-ARCHIVE system, developed in 2019 on the WHO Enterprise Content Management platform, was launched in 2020 and is now fully operational.</p> <p>The archiving system was originally designed to incorporate all documentation relating to each research project, including confidential of RP2 documents. Since 2016/17 the RP2 secretariat has been using an intermediary archiving system on (SharePoint) for submitted research protocols and approvals, while awaiting development of a fully automatized system. This RP2 reviewing and submission system was initially aimed to be linked to the HRP e-ARCHIVE system for data management per above. In 2020 needs assessment and mapping revealed that the functionality needed to capture external research reviewing makes integration with e-archive less suitable. The RP2 secretariat has instead upgraded the SharePoint archive and have made a preliminary agreement with the Benchpress software company to develop a tailor-made automatized review programme for the secretariat. The system was operational in 2020.</p>

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		the RHR secretariat by sign-on with their individual WHO credentials. All content in the system is searchable based on meta-data parameters and upload, download, and modify functions are available based on user-specific security levels.	
2.	<p>HRP should strengthen its research proposal screening and approval processes and mechanisms to ensure that issues of gender, equity and human rights are effectively mainstreamed in the portfolio of HRP-supported research.</p> <ul style="list-style-type: none"> • Middle management of all three research teams should be accountable for the effective integration of gender, equity and human rights in research. • Guidelines for gender, equity and human rights mainstreaming should be disseminated and HRP staff should be coached to ensure stronger integration of gender, human rights and equity issues during the research design process. • Relevant research projects to be selected with participation of the GAP should be reviewed by the GAP during the design and approval stage. <p>(Rabbit)</p>	<p>WHO is embarking on an organization-wide effort to mainstream gender equality, human rights and equity, and the department will align its approach with that of the organization. This will include requiring indicators to track these issues to be reported on annually. A new position of Gender Adviser has been created to complement that of the Human Rights Adviser and will strengthen mainstreaming of gender equality in HRP's work.</p> <p>Starting in 2020, a checklist has been developed that will be implemented at the early planning stage for all new products to ensure that issues of gender equality, human rights and equity are addressed during the initial planning of any research, normative or implementation related product. A proposed new product may not be approved if these issues are not satisfactorily addressed through the checklist.</p> <p>Related to this, the RP2 secretariat has updated the standard proposal submission forms to require information on how the research will address issues of gender equality, human rights and equitable access, and will start using them in 2020. Unit Heads are responsible for reviewing these before they are submitted to the RP2.</p> <p>As an advisory body, GAP's inputs are sought at several stages in the research process, including design and planning before being submitted to RP2 and the WHO Research Ethics Review Committee (ERC) for approval.</p> <p>HRP staff have collaborated with TDR staff to better</p>	<p>In progress</p> <p>WHO is embarking on an organization-wide effort to mainstream gender equality, human rights and equity, and HRP is aligning its approach with WHO. This will include indicators to track these issues to be reported on annually.</p> <p>The RP2 secretariat drafted an update to the standard proposal submission forms to require information on how the research will address issues of gender equality, human rights and equitable access, following iterative consultations with HRP staff. This mechanism will be finalized before mid-2021 and unit heads will be responsible for ensuring that all research proposals being submitted to RP2 have adequately and appropriately considered and integrated these issues.</p> <p>As an advisory body, GAP's inputs are sought at several stages in the research process, including design and planning before being submitted to RP2 and the WHO Research Ethics Review Committee (ERC) for approval.</p> <p>HRP staff have collaborated with TDR staff to better align and strengthen efforts to integrate gender equality and human rights into WHO's research processes, including through joint dissemination of tools and capacity building of research partners. This work will link to HRP Alliance Hubs and be accelerated in 2021.</p> <p>The newly created position of Gender Adviser, will be recruited in 2021. Once complete, both this position and the Human Rights Adviser will accelerate the</p>

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		align and strengthen efforts to integrate gender equality and human rights into research processes, including through joint dissemination of tools and capacity building of research partners. This work will be accelerated in 2020.	mainstreaming of human rights and gender equality in HRP's proposal development process.
3.	HRP should implement its stated intentions of giving implementation research increasing priority in its research portfolio. Since implementation research requires a presence at the sites of programme implementation and close collaboration with programme implementers, the effort needs to be linked to expanding the network of SRHR research partners in programme countries and to supporting their capacity to conduct research. (Rabbit)	<p>Noted. To strengthen capacity, all professional staff have been encouraged to take online courses in implementation research; moreover, the SIS team conducted a workshop on implementation research for staff. Going forwards, the internal working group on implementation research that was created two years ago will increase its role in building internal understanding and skills on IR, and to coordinate approaches across HRP, and with the Science Division.</p> <p>The HRP Alliance is HRP's mechanism for both building research capacity, including IR capacity, at country level and for strengthening links and networking between research partners and programme implementors across countries. All of HRP's implementation research projects are implemented by national partners who are responsible for establishing and ensuring close collaboration between researchers, policy-makers and programme managers; HRP staff at HQ provide technical assistance and play a coordination role for multi-site studies.</p> <p>In the forthcoming biennium, HRP anticipates implementing at least 13 implementation research projects with a combined budget of over US\$ 4.3m. This includes using implementation research to support introduction of innovations or revised guidelines and scaling up interventions that have been implemented on a pilot basis.</p> <p>Implementation research will be used to across many thematic areas, including contraception, maternal and</p>	<p>Implemented</p> <p>To strengthen capacity, all professional staff have been encouraged to take online courses in implementation research, and a task team to ensure a unified approach to such research has been created.</p> <p>The HRP Alliance is HRP's mechanism for both building research capacity, including IR capacity, at country level and for strengthening links and networking between research partners and programme implementors across countries. All HRP's implementation research projects are implemented by national partners who are responsible for establishing and ensuring close collaboration between researchers, policy-makers and programme managers; HRP staff at HQ provide technical assistance and play a coordination role for multi-site studies.</p> <p>Implementation research is being used across virtually all of HRP's thematic areas, including contraception, safe abortion, maternal and perinatal health, violence against women, FGM, sexual and reproductive health (SRH) for adolescents, self-care interventions and digital health systems. HRP anticipates expanding this effort in the forthcoming biennium, with at least 13 research projects. This includes using implementation research to support introduction and scaling-up of proven innovations, or adaptation of new and revised guidelines.</p>

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		perinatal health, integrated HIV services, violence against women, sexual and reproductive health (SRH) for adolescents, and digital health systems.	
4.	In its emerging research agenda of SRHR in the context of migration and in humanitarian settings HRP should include the documentation of data gaps and the development of tools for estimating and monitoring the incidence and prevalence of key SRHR issues in such populations or situations. (Rabbit)	A draft monitoring and evaluation framework and common core set of indicators have been developed in collaboration with multiple partners working in humanitarian settings, with the intention of facilitating better and standardised measures and data gathering from various data collection systems. The draft framework is currently being tested in a number of fragile contexts with different characteristics and should be finalized by mid-2020.	In progress The draft monitoring and evaluation framework and common core set of indicators has been tested in four different fragile contexts with different characteristics and is planned to be finalized by mid-2021.
5.	In developing its portfolio of research activities in SRHR in humanitarian settings, HRP should assure that it balances its plans to fill existing research gaps with an appropriate allocation of human and financial resources. (Turtle)	Noted.	In progress
	Synthesising research evidence		
6.	HRP should continue to give priority to evidence synthesis and consensus building in SRHR as a work area in which it occupies a unique leadership role and has established a record of excellent performance. (Owl)	HRP continues to publish a wide range of evidence syntheses on virtually all sexual and reproductive health and rights (SRHR) issues. In 2019, HRP published 27 systematic reviews.	Implemented HRP continues to publish a wide range of evidence syntheses on virtually all sexual and reproductive health and rights (SRHR) issues. In 2020, HRP further expanded this work and published 40 systematic reviews. PCC management response: PCC agrees that HRP has unique leadership role in evidence synthesis. This is a priority, whilst recognizing the need for a balance with HRP core research activities. In the new Theory of Change and corresponding indicators, evidence synthesis was strengthened in 2021.

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	Strengthening research and technical capacity		
7.	<p>HRP should with some urgency develop and widely communicate a comprehensive strategy for the development of the HRP Alliance in close collaboration with the established HRP hubs and key partners among the WHO Collaborating Centres. This should include a timed implementation plan and the mobilisation of sufficient human resources to implement it. (Rabbit)</p>	<p>The HRP Alliance originally developed a strategy in 2016 and began implementation in 2017/18 through the selection of sub-/regional Hubs for research capacity strengthening (RCS). Four institutions were selected in 2017, one in 2018, and two in 2019. Currently all WHO regions have at least one HRP Hub, except for EURO, for which a mapping exercise is under way to determine the best approach for this region, which includes central Asian countries.</p> <p>Work plans for the Hubs have been individually developed, tailored to the capacity of each Hub and the needs in the (sub) region, including the Hub's own RCS needs. Hubs are implementing partners in HRP research.</p> <p>A brief strategic framework, together with Standard Operating Procedures (SOPs), have been developed under guidance from the HRP Alliance Advisory Board and shared with HRP Alliance partners and HRP staff. In addition, a brochure and newly designed website, which are updated as needed, are being used to communicate the main components of the strategy. Key WHO Collaborating Centres are involved in RCS support through multi-country research projects, as well as in organization of trainings.</p> <p>HRP Alliance work is included in the RHR monthly newsletter. The HRP Alliance has a closed LinkedIn group and a dedicated e-mail listserv for all members which is used for sharing news and updates.</p> <p>The need for additional HRP staffing for supporting the HRP Alliance has been highlighted and new positions will be recruited in 2020.</p>	<p>Implemented</p> <p>Regarding the HRP sub/regional HRP Hubs, the current EURO strategy involves plans for working with several institutions to support the lower resourced central Asian countries.</p> <p>A commentary by Hub PIs and HRP officers depicting the HRP Alliance strategy was published in 2020.</p> <p>Communicating HRP Alliance's work continues via the SRH departmental monthly newsletter, a HRP Alliance closed LinkedIn group and a dedicated e-mail listserv for all members. An additional HRP staff, as recommended, is currently being recruited and will be in place in 2021.</p>

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8.	To build sustained capacity for research and technical expertise in adolescent SRHR, in SRHR among migrants and in humanitarian settings, HRP should expand the HRP Alliance network through strategic engagement with regional research partners that have proven strengths and track records in research on adolescent health as well as in working with migrants and populations affected by humanitarian crises. (Turtle)	<p>The HRP Alliance supports RCS across the broad spectrum of SRHR issues. The African Population and Health Research Centre (APHRC) Hub in Kenya has significant expertise and experience in SRHR for adolescents and is collaborating with HRP staff to pilot and disseminate research tools for this issue, initially for use in the Sub-Saharan Africa region with expansion to other regions through engaging other Hubs planned.</p> <p>In September 2019 a joint call for small research grants to respond to the recent mass migration crisis in the Americas was launched in collaboration with TDR and AHPSR. The call is being implemented by the CEMICAMP Hub in Brazil, which is coordinating and disbursing the funds and is supporting grantees technically during protocol development, implementation and results dissemination, including through training courses and mentorship. Together with TDR and AHSPR, a similar call addressing RCS in relation to migration and health, in the WHO EMRO region is planned with the newly recruited Hub at the Aga Khan University in Pakistan.</p>	<p>In Progress</p> <p>The joint work and strategy was presented at the Health System Global conference in 2020, and HRP and GAP authors have written a commentary on HRP work on migration and SRHR that will be published in the WHO Bulletin in 2021.</p>

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9.	HRP should continue and expand its collaboration with the Tropical Disease Research Programme (TDR) and eventually also the Alliance for Health Policy and Systems Research (AHPSR) in developing and delivering a curriculum of short research training courses in parallel and within the strategy for the HRP Alliance network. (Rabbit)	<p>Since 2018, the HRP Alliance Hubs have been providing short training courses in implementation research in collaboration with the TDR research training centres and using the tool kit for implementation research developed by TDR.</p> <p>Together with TDR, HRP is developing a strategic document to define core competencies in implementation research; this has been drafted, vetted with potential users in the networks of both Special Programmes, and will be piloted among HRP Alliance partners in 2020.</p> <p>An implementation research handbook is under way as a joint initiative with TDR and AHPSR, within the frame of the Implementation research and delivery science (IRDS) coalition.</p>	<p>In progress</p> <p>The HRP Alliance Hubs' provision of short training courses in implementation research in collaboration with the TDR research training centres will be expanded to specifically include gender and IR in a collaboration between TDR and HRP.</p> <p>The HRP/TDR strategic document defining core competencies in implementation research was vetted with potential users in the networks of both Special Programmes and was validated among HRP Alliance partners in 2020.</p>
	Strengthening the research/policy dialogue		
10.	HRP should continue to exercise its role and consolidate its niche for driving the policy dialogue at global, regional and national level for the adoption of policies and programmes in sensitive areas of SRHR that promote gender equality, social equity and human rights. (Owl)	<p>HRP participated in policy dialogues and outreach with multiple Member States and missions in Geneva and New York during the course of 2019, including during negotiations for the Universal Health Coverage (UHC) Declaration at the UN General Assembly 2019, the UHC Resolution adapted by the Inter-Parliamentary Union (IPU), and preparations for the ICPD@25 Nairobi Summit. HRP participated in a briefing hosted by the current HRP Chair on SRHR issues for all PCC members in January 2020 in preparation for discussions at the WHO Executive Board.</p> <p>In Nov 2019 and Feb 2020, HRP staff participated in an annual dialogue hosted by the Governments of Denmark and Georgia and organized with IPPF for mission representatives from 25 Member States involved in negotiations related to SRHR. In 2019, the focus was on violence against women.</p>	<p>Implemented</p> <p>HRP participated in a briefing hosted by the current HRP Chair on SRHR issues for all PCC members in January 2020 in preparation for discussions at the WHO Executive Board.</p> <p>In Feb 2020, HRP staff participated in an annual dialogue hosted by the Governments of Denmark and Georgia and organized with IPPF for mission representatives from 25 Member States involved in negotiations related to SRHR. In 2019, the focus was on violence against women.</p> <p>HRP, in collaboration with WHO's External Relations Division, has continued to coordinate the WHO engagement with Parliaments at the global, regional and country level. Agreement and workplans have been developed with major parliamentary platforms in coordination with WHO regions, and in collaboration with</p>

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		<p>HRP Staff engaged with members of low- and middle-income countries at the UNHCR on a dialogue for strengthening SRHR normative standards through the UNs Human Rights Procedures.</p> <p>In 2020, HRP is planning to engage in various global policy efforts related to commemoration of the Beijing + 25 platform for action on women for which two of the lead pillars on gender-based violence and SRHR. HRP is working with UNU and other partners to publish a special supplement of the BMJ on women's health for the Beijing + 25 activities.</p> <p>HRP has also been asked to co-participate with TDR in a side event at the WHA in 2020 focusing on experiences in addressing gender equality in health research.</p>	<p>partners including cosponsors. The work has been aligned to the COVID-19 priorities and the role that Parliaments play in terms of legislation, advocacy, accountability and budget allocation.</p> <p>PCC management response: PCC agrees that HRP has an important role in driving the policy dialogue at global, regional and national level, and a continued focus on gender equality, social equity and human rights is strongly encouraged.</p> <p>PCC will follow up through the Theory of Change (ToC) and related indicators, which is also to be used as a reference for planning activities. Progress as well as an overview of the current situation shall be reported at PCC and in the annual technical report.</p> <p>PCC encourages HRP to remain ambitious with cosponsors to jointly drive policy dialogue, and to identify opportunities for policy dialogue based on evidence at country-level.</p>
11.	To achieve sustainable changes in national policies and programmes for adolescent sexual and reproductive health and rights, HRP should intensify its engagement with implementing organisations, including the UN cosponsors and INGOs, with the aim of strengthening the financial and technical support they provide to governments with the evidence generated by the research of HRP and its research partners. (Turtle)	<p>HRP is making concerted efforts to engage with cosponsors and others to achieve greater impact in terms of adolescent SRHR in countries. In 2019, HRP initiated an ambitious Technical Assistance Coordination Mechanism to support countries, continued strengthening district-level 'learning-by-doing' in India and Ethiopia, and supported evidence-based interventions in multi-country initiatives (e.g. UNFPA-UNICEF Global Programme on Child Marriage, FP2020, GirlsNotBrides, Muskoka Initiative and the Adolescent Girls/Young Women Initiative of the Global Fund). HRP is also collaborating with UNFPA to support implementation research in five countries that seeks to expand access to comprehensive sexuality education for out-of-school adolescents.</p> <p>HRP formalised an agreement with the European</p>	<p>In Progress</p> <p>HRP continues to engage intensively with cosponsors and others to achieve greater impact in terms of adolescent SRHR in countries. In 2020, HRP continued to implement the Technical Assistance Coordination Mechanism (established in 2019) to support countries, continued strengthening district-level 'learning-by-doing' in India and Ethiopia, and supported evidence-based interventions in multi-country initiatives (e.g. UNFPA-UNICEF Global Programme on Child Marriage, FP2020, GirlsNotBrides, Muskoka Initiative and the Adolescent Girls/Young Women Initiative of the Global Fund). HRP is also collaborating with UNFPA to support implementation research in five countries that seeks to expand access to comprehensive sexuality education for out-of-school adolescents.</p>

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		Parliamentary Forum on Sexual and Reproductive Rights (EPF) to promote policy dialogue and parliamentary engagement on SRHR, including for adolescents.	<p>PCC management response: PCC agrees that HRP should intensify its engagement with local, national, regional and global implementing organizations, including cosponsors and NGOs at country-level in order to achieve sustainable changes in policies and programmes. PCC members may contribute to catalysing this engagement at country-level, when considered relevant by HRP.</p> <p>For inspiration and greater engagement by PCC, PCC member states as well as cosponsors and INGOs may share progress in their respective countries at PCC meetings.</p> <p>Based on the new system for systematically documenting all research efforts by HRP, PCC recommends HRP to provide an interactive database of engagements per country and region, so that member states may identify opportunities for cooperation or future engagement.</p>
	Developing evidence-based guidelines, implementation tools and policy statements		
12.	The RHR Department, in collaboration with the WHO Guideline Development Group, should explore means and procedures for more rapid development of practical guidelines for programme implementers. (Turtle)	The Department, in consultation with the WHO Guidelines Review Committee, has established a 'living guidelines' approach to rapidly respond to impactful research evidence and maintain an up-to-date portfolio of WHO recommendations in maternal and perinatal health. To ensure rapid dissemination of the corresponding recommendations for practical use by target audiences, including policy makers and programme implementers, the Department is exploring the use of an online publishing and dissemination platform (MAGICApp) which has features for developing recommendation-specific job aids and practical issues relating to implementation. The Department has similar "living guideline" procedures in place for the family planning MEC and for the SRHR self-care interventions guideline.	<p>Implemented</p> <p>Drawing directly from the Department's experience with developing various approaches to living guidelines and living recommendations, WHO's Science Division is now promoting a living guideline approach to be the standard approach to developing and communicating WHO's formal guidelines and recommendations. The Department is collaborating with the Quality, Norms and Standards (QNS) Department in the Science Division, under the leadership of the Chief Scientist, to developing standard operating procedures for living guidelines, drawing primarily from the department's experiences with maternal and perinatal health and contraception. The two departments are also collaborating to transition the Cervical Cancer screening guideline to a living guideline,</p>

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		<p>During 2019, the Department rapidly coordinated the process of reviewing and updating WHO's guidance concerning the use of contraceptive methods by women at high risk of HIV. The entire process, including systematic reviews and other preparatory activities as well as the convening and reviews processes of the WHO Guideline Development Group (GDG) and the WHO Guidelines Review Committee (GRC), took only six months.</p> <p>As part of the transformation process, WHO is revising its standard guideline development procedures, which will impact on how the Department supports the development of GRC-approved guidelines and other guidance going forwards.</p>	<p>and all other guidelines supported by the department, and drawing from HRP's research, will also transition during the near future.</p> <p>To ensure rapid dissemination of the corresponding recommendations for practical use by target audiences, including policy makers and programme implementers, the Department is exploring the use of an online publishing and dissemination platform (MAGICApp) which has features for developing recommendation-specific job aids and practical issues relating to implementation. The Department has similar "living guideline" procedures in place for the family planning MEC and for the SRHR self-care interventions guideline.</p>
13.	HRP should continue to maintain its strong profile in supporting the development and the implementation of policy guidance at global, regional and national levels in areas where it has built its strength and where few other international agencies are active such as in abortion safety, gender-based violence and sexual rights. (Owl)	<p>HRP continues to support the development and implementation of multiple guidance on these issues; recent examples include medical management of abortion, the RESPECT framework for preventing violence against women, the inter-agency statement on eliminating virginity testing, responding to children and adolescents who have been sexually abused, and the new chapter on sexual health in ICD-11.</p> <p>At country level, HRP is currently supporting a policy implementation study with Ireland's Health Services to examine factors that account for implementation, scale-up and sustainability of expanded access to safe abortion following law and policy reform in the Republic of Ireland.</p>	<p>In progress</p> <p>HRP continues to support the development and implementation of multiple guidance issued by WHO and other UN agencies, including cosponsors, on these issues; recent examples include medical management of abortion, the RESPECT framework for preventing violence against women, the inter-agency statement on eliminating virginity testing, responding to children and adolescents who have been sexually abused, and the new chapter on sexual health in ICD-11.</p> <p>PCC management response: PCC agrees and encourages HRP to maintain its strong profile in supporting the development and the implementation of policy guidance at global, regional and national levels in areas of strength and where few other international agencies are active. PCC will monitor progress through the annual reports.</p> <p>PCC will use advice from the STAG reports for further and/or future prioritization of areas.</p>

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	Advocacy, communication and partnership		
14.	HRP should continue to exercise its recognised role as a global leader in SRHR research based on its close association with WHO. At the same time, it should work on gaining more visibility at country level by increasing its engagement with the WHO Regional Offices and with the appropriate structures (Regional or Country) of the cosponsoring agencies. (Turtle)	<p>One of the central strategic shifts in WHO's transformation is strengthening of 3-level approaches to improving health for all at country level. The Department is fully engaged in this process through holding intensive discussions with multiple WHO country offices and focal points in all regional offices. Through these discussions, integrated country plans are emerging that will strategically improve HRP's impact in countries through more systematically identifying national SRHR needs and coordinating responses from the Department and with other Departments; these efforts include engagement with cosponsors where appropriate. Moreover, four HRP projects support approximately 20 staff based in WHO regional and country offices, providing national and regional resources to respond to country-identified SRHR needs.</p> <p>HRP, in collaboration with WHO's External Relations Division, has coordinated WHO's engagement with parliaments at global, regional and country level. This includes regular coordination with all regional offices, and country offices as needed. The collaboration with parliaments has also been shaped in close collaboration with key partners, especially UNFPA. HRP is also seeking to strengthen interactions between national parliaments and ministries of health to improve access to SRH.</p>	In progress

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15.	When negotiating designated contributions, HRP should consider adding a communications budget. This would provide resources to increase the number of influential followers of HRP's social media messages, to ensure consistent strategic social media communication during conferences and meetings and to effectively track and respond to results of social media engagement indicators. (Turtle)	HRP has a dedicated communications budget line in the 2020-2021 budget, which will cover the maintenance of HRP's internet presence, social media implementation and monitoring, international conference support, design, printing, translation, and dissemination of key HRP documents. Work will begin in 2020 on developing an updated communications strategy including development of HRP's social media activities.	<p>In Progress</p> <p>HRP has a dedicated communications budget line in the 2020-2021 budget, which will cover the maintenance of HRP's internet presence, social media implementation and monitoring, international conference support, design, printing, translation, and dissemination of key HRP documents. Work begun in 2020 to develop an updated communications strategy including development of HRP's social media activities will be completed in 2021.</p> <p>One example of successful communication from HRP in partnership with WHO/DCO was the launch of a WHO wide self-care month to mark the publication of the guideline on self-care interventions and a film that was viewed 120k times within days.</p>
	HRP Governance		
16.	HRP should continue to seek greater engagement of cosponsors through the Standing Committee and this should be supported vigorously by the PCC, especially by the donor representatives who, in the majority, represent governments that are donors and key members of governing committees of cosponsoring agencies and who should use this leveraging power. (Rabbit)	In 2018/2019 HRP actively worked to enhance engagement of cosponsors, including calling regular meetings of Standing Committee of Cosponsors, development and update of the Cosponsor engagement plan, and the organization of an informal scientific exchange meeting alongside meeting of PCC. In conjunction with the next meeting of the Standing Committee, hosted by UNFPA, Director HRP will facilitate a seminar with technical staff of UNFPA in order to reach out for enhanced engagement; if successful this will be duplicated at other cosponsor agencies. These activities will continue to be strengthened in 2020.	<p>In progress</p> <p>Since 2018/2019, HRP secretariat has actively worked to enhance engagement of cosponsors, including development and update of the Cosponsor engagement plan and the organization of an informal scientific exchange meeting alongside meetings of PCC. This is given high prominence in the HRP Theory of Change and result framework, so in the 2020 performance report 169 cosponsor and UN partner engagements are reported at both international and national level, and by thematic area. The plan includes 60 engagements with WHO, 41 with UNFPA, 20 with UNICEF, eight with the World Bank, five with UNDP, and 33 with other UN partners. Detailed statistics on this are included in the performance report.</p> <p>PCC management response: PCC agrees and greatly encourages greater engagement of the cosponsors. PCC members (in particular those who also fund cosponsors)</p>

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			<p>are urged to lobby for greater engagement globally, and in particular through channels at country-level.</p> <p>High-level representation of cosponsors in Standing Committee is advised by PCC.</p>
17.	<p>The PCC should review and revise its procedures to increase its effectiveness as an organ of governance assuring that HRP in its activities is fully accountable to programme and donor countries. Steps should be taken to increase the space for meaningful strategy discussions between the Programme and its PCC. (Rabbit)</p>	<p>The Chair of PCC has organized a series of virtual meetings of PCC donor countries aimed at increasing PCC's effectiveness as an organ of governance. These deliberations are ongoing as of December 2019, and the PCC Chair will report on them at the 2020 PCC meeting. In order to enhance this dialogue, an informal meeting of PCC Members will be held the day preceding PCC in 2020.</p>	<p>In progress</p> <p>PCC management response: PCC agrees, and a PCC sub-committee was formed to address PCC's effectiveness as an organ of governance, and will continue to address emerging issues. Recommendations shall be presented at the next PCC. An intersessional virtual PCC is encouraged so that outstanding issues are addressed (no decisions are taken).</p> <p>A pre-PCC-meeting is planned in connection to PCC-meetings, where various issues are discussed and clarified, whilst not including formal decision-taking on those issues, so that the actual PCC-meeting gives space for meaningful strategy discussions.</p>

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	HRP Management		
18.	<p>HRP should revise its results framework in a participatory process aimed at adopting a more structured approach based on a Theory of Change and an associated performance management and reporting framework. Output targets and reports should not be based on just counting as many outputs as possible but rather on presenting meaningful outputs organised by theme and importance. Indicators and targets should be defined at the outcome level and reported systematically.</p> <ul style="list-style-type: none"> For HRP's work on global monitoring and indicators, the Programme should report performance separately for, (i) outputs related to the global indicators for which it is the custodian, (ii) outputs related to global indicators for which it provides input and support to other agencies, (iii) outputs of research into new global indicators, and (iv) outcomes of its work in global monitoring and indicators in terms of improved global accountability for SRHR. To ensure effective gender, human rights and equity integration, outputs and outcomes should be disaggregated by sex wherever relevant and targets should be included for results with a primary focus on gender, equity and human rights. (Rabbit) 	<p>In response to this recommendation, HRP has undertaken a wide-reaching process to develop a new Theory of Change. Working with a highly experienced consultant, the process has included interviews with HRP stakeholders in late 2018, multiple internal individual consultations, and a retreat with all HRP staff during 2019. A new HRP Theory of Change was drafted and was shared with the Standing Committee in December 2019, and with GAP and STAG in February 2020, and with PCC in March 2020. The next step of this process will be the development of a new results framework for the new Theory of Change.</p>	<p>In Progress</p> <p>In 2020 the results framework was implemented, leading to the development of the first HRP Performance report, which was presented to PCC in 2021.</p>

	RECOMMENDATIONS	MANAGEMENT RESPONSE	Update since March 2020
19.	The PCC should urge WHO to increase its fund-raising efforts for undesignated and designated financing of programme development for reproductive health (PDRH) so this programme can become more effective in fulfilling its role of facilitating the translation of HRP-generated evidence into programmes and policies at country level. (Rabbit)	Funding for WHO's core work in sexual and reproductive health programme development is included as a part of WHO's Organization-wide efforts to increase flexible funding for its three-level programme of work. The WHO Director-General has prioritized strengthening WHO's impact at the country level, and this emphasis is firmly embedded in the 13th General Programme of Work that was approved by the World Health Assembly. With this orientation, it is likely that additional flexible funding will be prioritised for allocation to WHO country offices, which are in the best position to improve SRHR and have impact at the country level.	<p>In progress</p> <p>Funding for WHO's work in sexual and reproductive health programme development, including normative guidance, global leadership and country support, is included within WHO's Organization-wide efforts to increase flexible funding for its three-level programme of work. The WHO Director-General has prioritized strengthening WHO's impact at the country level, and this emphasis is firmly embedded in the 13th General Programme of Work. With this orientation, it is likely that additional flexible funding will be prioritized for allocation to WHO country offices for country support, which are in the best position to improve SRHR at the country level. The SRH department will continue to negotiate internally for additional funding to support its leadership and normative functions within WHO.</p> <p>PCC management response: PCC agrees, and members are encouraged to address it through dialogue with the WHO.</p>
20.	The PCC should engage with the ADG FWC of WHO to find a better structural solution for joint work in maternal and neonatal health between HRP and the MCA Department that avoids working across departmental boundaries. This should include a review of the portfolio of activities in maternal, perinatal and adolescent health of the RHR and MCA Departments of WHO as well as a clear division of responsibilities of the two departments for global monitoring and indicator development. These deliberations should consider the lessons learnt from the efficiency of RHR in the area of contraception, where the entire value chain from evidence generation to the development of norms and research to support their implementation is located within one department. (Rabbit)	<p>With the transformation of WHO, the RHR Department (now renamed the Sexual and Reproductive Health and Research (SRH) Department), including HRP, is now located in the UHC-Life Course (UHL) Division, headed by an Executive Director (ExD). This maintains the department's close relationship with MCA and greatly strengthens its relationship with those departments that support health systems strengthening, primary health care and UHC. Consequently, the department's work will benefit from increased opportunities to collaborate with a broader range of departments undertaking work that can strengthen guidance development globally and delivery of SRH services at country level.</p> <p>In relation to maternal and perinatal health, the ExD requested the department directors to develop a new way</p>	<p>In progress</p> <p>Governance of HRP within WHO is the responsibility of the Chief Scientist. The Chief Scientist is the Executive Director of the Science Division (SCI), which comprises three WHO departments (Research for Health; Quality, Norms and Standards; Digital Health Interventions) and the three research entities within WHO (HRP; TDR; AHPSR). The HRP Director is a member of the Senior Management Teams in both the UHL and SCI divisions</p> <p>WHO has recently established a Strategic and Technical Advisory Group of Experts (STAGE) to systematically review evidence and provide strategic guidance on priority areas, actions, interventions, delivery mechanisms and stakeholder accountability for maternal, newborn,</p>

	RECOMMENDATIONS	MANAGEMENT RESPONSE	Update since March 2020
		<p>of working so that the multiple resources in both departments could be more strategically planned and managed to improve country impact and global leadership. A new cross-department group has been formed, numbering more than 20 staff, with expertise in a wide range of maternal and perinatal health issues, to jointly plan and implement an integrated maternal and perinatal health strategy. This group meets weekly and is in the process of finalizing a logic model to operationalise WHO's work across the three levels. The group has also supported a scoping review of maternal health issues to guide achievement of UHC for maternal and perinatal health through PHC across stages of the obstetric transition, and will convene an expert meeting early in 2020 to develop a joint vision and approach to maternal and perinatal health through agreeing on priority actions at global, regional and country levels, and plans on how to take these actions forward.</p>	<p>child and adolescent health and nutrition. The SRH department is part of the secretariat and ensures alignment of the maternal and perinatal health and adolescent SRH aspects of STAGE's work. WHO's normative work for maternal and perinatal health and adolescent SRH remains the responsibility of the SRH department, and HRP's research agenda on these issues continues to be guided by HRP's STAG.</p> <p>PCC management response: The result of WHO's institutional reform benefits a continued close relationship between MCA and SRH/HRP, and instead PCC should encourage a continuous relationship with various WHO departments as well as WHO's Science Division. A formalization of the interaction between HRP and Science Division is recommended.</p> <p>PCC shall be cautious so that the still unfolding organizational structure neither creates an increased administrative burden for HRP, nor challenges HRP's full financial, scientific and programmatic autonomy as a Special Programme focused on research.</p>
	HRP Finance		
21.	The PCC should continue to monitor the levels of designated contributions to the HRP Trust Fund to be able to react in time before the proportion of designated funds reaches a level where it could seriously distort the portfolio of HRP activities. (Owl)	The levels of designated contributions to the HRP Trust Fund are continuously monitored by the Secretariat and are reported at every meeting of PCC.	<p>Implemented</p> <p>PCC management response: PCC agrees and urges that HRP notifies PCC Chair when major changes take place. HRP reports on HRP Trust Fund at PCC meetings.</p>
22.	PCC delegates from cosponsoring agencies and from donor countries should work together on lobbying for a greater financial engagement in HRP of the cosponsors as well as of the GFF through programmatic cooperation rather than undesignated funding. (Turtle)	Noted.	<p>In progress</p> <p>PCC management response: PCC agrees, and the PCC sub-committee offer to prepare clear cut messages to be delivered by their respective representatives or, even preferably, collectively in the boards of the different organizations.</p>