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This Report
This is the eleventh annual report of Reproductive Health Matters (RHM). It covers the calendar year 1 January - 31 December 2003, which is also the financial year of the project.

Objects of the Charity
"To advance education for the public benefit concerning all aspects of the reproductive health and reproductive rights of women worldwide, in particular by the production of regular publications in this field."

There were no major changes or additions to the policies of the charity in 2003.

Organisation of the Charity
In 2003, the charity consisted of the staff (the editor and promotion/administration manager), a finance officer, three consultants and a voluntary international Board of Trustees/Directors of seven people and a voluntary international Editorial Advisory Board of 37 people. (See Appendix 1)

Summary of Activities in 2003
This is RHM's eleventh year. In furtherance of the charitable objects, in 2003 RHM produced and distributed two issues of the journal Reproductive Health Matters (Volume 11, Numbers 21 and 22); continued to distribute the two selections of papers HIV/AIDS, Sexual and Reproductive Health: Selected Papers for AIDS 2000 and HIV/AIDS, Sexual and Reproductive Health: Selected Papers for AIDS 2002; continued to distribute the remaining copies of the book Safe Motherhood Initiatives: Critical Issues; supported the production of two issues of the Chinese version of the journal by the National Research Institute for Family Planning in Beijing, China, the production of the sixth Arabic edition of the journal by the New Woman Research Centre in Cairo, Egypt, and the first Spanish edition of the journal by the Movimiento Manuela Ramos in Lima, Peru; held a discussion meeting on ICPD+10 in London in conjunction with the RHM Editorial Advisory Board meeting in April 2003; undertook to administer the finances of the International Consortium for Medical Abortion (ICMA) on behalf of the ICMA Steering Committee; worked with Elsevier Limited to publish back issues as well as current issues of the RHM journal and other information about RHM on their websites; and continued to expand the information on sexual and reproductive health and rights on the RHM website. Finally, we have carried out a range of promotional activities through mailings, conferences, courses and various forms of information exchange with others in the field.
"Integration of sexual and reproductive health services:
a health sector priority"

Vol. 11, No. 21, May 2003

Proposals for making sexual and reproductive health services both integrated and comprehensive were initially put forward by women’s health advocates some 20 years ago, and in the past decade have been accepted into mainstream thinking by many governments and other stakeholders. This journal issue shows that major efforts are being made to put these proposals into practice in many countries, despite sometimes formidable obstacles. It is the second issue of RHM to focus on sexual and reproductive health services in the context of health sector reforms.

An integrated health service is one that is working in tandem towards agreed health goals, a vision which advocates of health sector reforms, sector-wide approaches and sexual and reproductive health have in common. These goals are reflected in how Ministries of Health are structured at national, regional and district level, how responsibilities for different aspects of health care provision are shared out between them and how they relate to each other in a managerial and decision-making sense. Several papers in this journal issue contain organograms of particular health ministry’s programmes and units, showing who is responsible for what and the connections between them. Even in the visual presentation alone, it is sometimes clear that certain programmes, services or technical responsibilities are isolated and might be better integrated. Organograms focused on sexual and reproductive health services would create a comprehensive picture of what exists, allowing for analysis of where and how to make additions, improvements and adjustments.

Many of the papers in this journal issue take a health systems approach to the integrated delivery of sexual and reproductive health services. They map some of what is available, mostly in the public sector, and assess the operation of integrated systems, programmes and services. One shows how long it takes, working at local level in a poor community, to build an integrated service step by step. Several focus on the effects of decentralisation of services. One provides a framework for programme planners and managers. One outlines what an innovative curriculum for medical education in sexual and reproductive health care should consist of. One describes how advocates of gender equity were able to influence the development of equitable health sector policies but not their implementation. Many identify a range of barriers to integration, some of which could be resolved by better communication, better division of responsibilities, improved programming, development of managerial skills and better flows of commodities and resources. Others discuss the integration of specific services, such as post-abortion care, emergency contraception and female condoms, the integration of contraceptive services into STI clinics for women sex workers, and an integrated programme for adolescents. Another reminds us that continuing adherence to traditional beliefs and practices is still contributing to maternal deaths, and that neglect of the perspectives of birthing women will continue to get in the way of their seeking life saving care. One assesses one of the best resourced sexual and reproductive health programmes in the world. Most illustrate the near-unsurmountable obstacle presented by lack of adequate resources.
HIV has a myriad of effects on the sexual and reproductive health of both men and women, and sexual and reproductive health services are of central importance for those with HIV and AIDS. The aim of this issue of RHM is to raise awareness of the intersections between HIV/AIDS and sexual and reproductive health and rights and how they should be reflected in national policies and programmes.

The papers in this issue of RHM discuss sexual and reproductive health interventions, activities and perspectives whose aim is to prevent HIV transmission, mitigate the epidemic’s effects, reduce stigma and vulnerability, and promote the rights and welfare of HIV-infected and uninfected people. They address the role of gender and of sexual relations in the epidemic, the importance of alliances between gay and feminist activists, the role of responsibility and agency in relation to disease prevention, the invisibility of AIDS in reproductive health programmes, mode of delivery and post-partum sterilisation for HIV-positive women, the right of HIV-positive men as well as women to love and found a family, the inappropriateness of training traditional birth attendants to provide HIV-related information and care, the importance of a health and human rights framework in understanding and reducing vulnerability, the association between perception of HIV risk and the desire for pregnancy, views on re-use of female condoms, the value of focusing on protection of fertility to promote dual protection, and the experience of HIV-positive women in these matters. This issue also includes two in-depth reviews, one on screening and presumptive treatment for STIs in sex workers, and the other on the contribution to date of sexual and reproductive health services to the fight against HIV/AIDS. Excerpts from a book containing the insights of a committed Ugandan AIDS activist affected by HIV are also included.

These papers show that it is to the detriment of both sexual and reproductive health care and HIV/AIDS control if each continues to be treated as a vertical programme with little interaction. They show that integrated approaches to sexual and reproductive health care, HIV/AIDS prevention, treatment and care, and sexuality and health education should be further developed, based both in the clinic and in the community. This will involve integrating some services, adding and strengthening others, expanding outreach to new population groups and creating well-functioning referral links to optimise outreach and impact. An example of the latter is referral of both women and men for AIDS treatment as part of antenatal PMTCT counselling. Better indicators for joint programmes, ones that do not focus narrowly on vertical objectives, would also contribute to these efforts, e.g. clinic protocols for HIV testing and counselling that include discussion with couples about safer sex – whether the test result is negative or positive – along with the offer of access to condoms, STI care, contraception, abortion and antenatal and delivery services. Together, the papers in this issue of RHM provide a sharper focus on what programmes and services should be trying to achieve when they commit themselves to promoting sexual and reproductive health and to defeating HIV/AIDS across the world.
RHM JOURNAL IN OTHER LANGUAGES

The journal includes abstracts of all original papers in English, Spanish and French. Further, 15 of the first 23 issues of the journal have contained one or more papers that were submitted, peer reviewed and revised in Spanish, French or Portuguese before being translated into English. The Chinese and Arabic language editions of the journal have been a great success and have been expanded since 2002, and a new Spanish edition was produced in 2003.

Chinese

Since 1996, with earmarked funding from the Ford Foundation, RHM has supported the production and distribution of a Chinese version of the journal twice a year, produced in Beijing by the National Research Institute for Family Planning. Some 3000 copies of each issue were printed and distributed in 2003. Each Chinese issue includes the editorial/introduction, selected features, abstracts and selected Round-Up items from each journal issue in English. In 1998, their translation and editorial committee was expanded. Following a survey in late 1999 which indicated continuing interest and enthusiasm for the journal and a growing demand for the Chinese edition, the National Research Institute for Family Planning maintained the increased number of pages from 40 to 60 per issue and the print run of 3,000. The Chinese RHM continues to be distributed mainly in China and Taiwan, about six months after the English version each year. (See Appendix 2 for contents of the two 2003 editions)

Arabic

RHM has similarly supported the production and distribution of an Arabic edition of the journal once a year since 1998, produced in Cairo by the New Woman Research Centre, previously in collaboration with the Cairo Institute for Human Rights Studies. In 2003, 500 copies of this edition were printed for distribution in Arabic-speaking countries in the Middle East. (See Appendix 3 for contents of the 2003 edition)

Spanish

In late 2002 the Movimiento Manuela Ramos in Lima, Peru, agreed to translate, print and distribute 1,000 copies of the RHM journal once a year, starting in 2003. The first number, which was ready in late 2003, was 139 pages and contains 11 full-length features and a selection of round-up items from the November 2002 RHM issue on health sector reforms and sexual and reproductive health services. A distribution list was also developed covering all of Latin America and other Spanish-speaking countries. Distribution was due to begin in early 2004 and the issue has been well-received by a number of respondents, one of whom for example praised the high quality of the translation. (See Appendix 3 for contents of the 2003 edition)
The following books, produced and distributed by RHM in previous years, are almost out of print but remain available on the RHM website:

- **Women and HIV/AIDS, Reproductive and Sexual Health: Selected Paper for AIDS 2002** (2002);
- **Women and HIV/AIDS, Reproductive and Sexual Health: Selected Paper for AIDS 2000** (2000);
- **Safe Motherhood Initiatives: Critical Issues** (1999, 2nd printing 2000);
- **Beyond Acceptability: Users' Perspectives on Contraception** (1997).

RHM has also edited and/or authored the following other publications in previous years for other organisations in the field:

- **Sexually Transmitted Infections among Adolescents: The Need for Adequate Health Services** (WHO/GTZ, still unpublished);
- **Report of the NGO Forum on ICPD+5, The Hague, Netherlands** (World Population Forum, 1999);
- **Sexual and Reproductive Health and Rights in the UK** (FPA, 1999); and

**Future plans**

Plans to work on a new special publication in 2004 with papers analysing national abortion laws and policies were agreed by the RHM Editorial Advisory Board and Trustees at their meetings in April 2003.
OUTREACH AND IMPACT

The following indicators of the outreach and impact of RHM's publications are outlined in the following pages:

- audience and authors
- indexes that include the RHM journal
- editorial support to authors and editors
- number of papers accepted/rejected for publication
- number of papers about developed vs. developing countries
- number of peer reviewers by region, and
- distribution figures.

Audience and Authors

The journal's audience and authors continue to come from among the following in both developing and developed countries:

- national and international policymakers, agencies and donors in the field, health ministries and health departments, including heads of women's health, maternal and child health, family planning and STDs/HIV;
- reproductive health service providers, including obstetrician/gynaecologists and other clinicians, midwives, family planning service providers and family planning associations, and counsellors;
- researchers in a broad range of specialisms and disciplines, including the biomedical and social sciences, and in both NGOs and universities;
- women's sexual and reproductive health advocates, groups and organisations, and a broad range of other women's groups and organisations;
- non-government organisations focusing on health, population and related fields such as development and human rights;
- university and NGO libraries, and other resource and information centres;
- national and international professional associations, training courses, academics and their students, including in law, medicine, demography, public health, women's studies, social sciences, development, sexology, nursing and midwifery;
- newsletters, journals, journalists and authors in health-related fields.

Indexes/Databases that Include the RHM Journal

The journal continues to be abstracted/indexed in Contemporary Women's Issues, Cumulative Index to Nursing and Allied Health Literature, Current Awareness in Biomedicine, Current Contents, Excerpta Medica (EMBASE), Family and Society Studies Worldwide, Feminist Periodicals, Health Promotion Information, International Bibliography of the Social Sciences, Kinsey Institute for Research in Sex and Reproduction (website only), List of Free Materials in Reproductive Health, Medline/Index Medicus, Ohio Database of Women's Studies, Popline, Public Affairs Information Service (PAIS), PubMed, Research Alert, Social and Behavioral Sciences Index, Social Planning/Policy and Development Abstracts (SOPODA), Social Sciences Citation Index, Sociofile, Sociological Abstracts, and Studies on Women Abstracts.

The inclusion of RHM since 2001 in Medline/Index Medicus and PubMed has led to increasing, wider accessing of and reference to RHM articles than in previous years.
Editorial Support to Authors and Editors

All papers go through the same selection process, whether they are solicited or unsolicited. Every paper must be edited to a high standard before it is accepted.

It has been an important part of RHM’s editorial policy from the beginning of the project to provide editorial support to authors whose papers would not be recommended for publication by a 'standard' peer review. RHM makes sure that authors get concrete and practical suggestions for bringing papers with good potential up to publication standard. Hence, RHM’s peer review guidelines ask reviewers to make detailed suggestions as to how a paper might be improved to aid the author to bring it up to a high standard. There are always two peer reviews per paper, and sometimes three when the issues are complex. The editor also offers detailed comments alongside the peer reviews and sometimes helps with copyediting in order to achieve this goal. This policy has served to support a larger pool of published authors, including young and inexperienced authors and authors from developing and other countries whose first language is not English, who may find it more difficult to get published in a developed country journal.

The RHM peer review guidelines were updated at the end of 2003. Authors are now asked to suggest two peer reviewers with expertise in their subject, at least one of whom should be from the country in question. The open review process, in which both reviewers’ and authors’ names are made known to each other, supports this process, in that more constructive and detailed suggestions are made than in blinded peer reviews, the opportunity for exchange between authors and reviewers is created (and not uncommonly takes place) and the tone of reviews is almost always supportive and helpful rather than negative, even when critical and even if the reviewer does not recommend publication.

RHM continues to support the membership in the European Association of Science Editors of the editor of the Croatian Medical Journal.

Author and Regional Coverage

RHM has aimed to maintain a balance between regions in its geographical focus and to address global issues broadly in the papers it publishes. The themes for each journal issue tend to attract more submissions from one region and discipline than another, which can change with each theme. Within these parameters, the journal’s policy is to focus more on developing countries because the problems are so much greater. However, it also regularly covers issues in developed countries, as these have international influence and raise different types of problems and challenges, and because reproductive health and rights can be highly problematic for women in developed countries too, especially poor women. Furthermore, influences today are cross-regional, and solutions and models of excellence exist in all regions. Information from all regions thus needs to be shared globally.

In many international journals, papers about developing countries are commonly written by authors/researchers from developed countries. RHM's editorial policy since 1994 is that preference should be given to papers about developing countries written by or in collaboration with authors from those countries. This policy has increased the proportion of authors from developing countries published by RHM and of peer reviewers from those countries as well.
Almost all the papers in the journal in 2003 addressed sexual and reproductive health and rights issues in developing countries or from an international perspective, but included some exceptionally interesting papers about developed countries too. The regional breakdown of authors and peer reviewers in the two issues for 2003 is shown in Table 1 with the figures from the previous year for comparative purposes.

Table 1. Papers, Authors and Peer Reviewers by Region, 2002 and 2003

<table>
<thead>
<tr>
<th></th>
<th>PAPERS PUBLISHED</th>
<th>PAPERS REJECTED</th>
<th>AUTHORS</th>
<th>PEER REVIEWERS</th>
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<tr>
<td></td>
<td>Developed countries</td>
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<td>1</td>
<td>1</td>
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<tr>
<td></td>
<td>Developing countries</td>
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<td>13</td>
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<tr>
<td></td>
<td>International</td>
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</tr>
<tr>
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<td>Total</td>
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<td>19</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>PAPERS REJECTED</td>
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<td>17 + 2 withdrawn</td>
<td>19 + 1 withdrawn</td>
</tr>
<tr>
<td></td>
<td>AUTHORS</td>
<td>Developed countries</td>
<td>13</td>
<td>12 + WHO (2 articles)</td>
</tr>
<tr>
<td></td>
<td>Developing countries</td>
<td>38</td>
<td>16</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Total</td>
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<td>29</td>
<td>36</td>
</tr>
<tr>
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<td>PEER REVIEWERS</td>
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<td>6</td>
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<tr>
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<td>Asia</td>
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</tr>
<tr>
<td></td>
<td>Caribbean</td>
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<td>0</td>
</tr>
<tr>
<td></td>
<td>Western Europe</td>
<td>9</td>
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<td>7</td>
</tr>
<tr>
<td></td>
<td>Eastern Europe</td>
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<td>0</td>
</tr>
<tr>
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<td>Eastern Mediterranean</td>
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</tr>
<tr>
<td></td>
<td>Latin America</td>
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<td></td>
<td>Total</td>
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</table>
RHM DISCUSSION MEETING

Meeting on ICPD+10: The Next Ten Years – April 2003

This meeting, held in conjunction with the RHM Editorial Advisory Board meeting, focused on the implementation of the Cairo agenda through national policies and programmes in the second decade of ICPD, perspectives on 21st century population policies in the context of falling fertility rates, and the position and role of the international women’s health movement in achieving sexual and reproductive health and rights. The following were the main discussion questions of the meeting:

- What is happening in countries, located against the larger backdrop of geopolitical power dynamics and global forces? Changes in the policies and approaches of international and donor organisations.

- The change from ‘pro-poor’ (even on paper) to ‘pro-market’ economic policies and the promotion of the private sector in health services, including in sexual and reproductive health services.

- Who has been taking forward the Cairo Agenda – internationally, nationally and locally? How are women’s groups involved? Monitoring of implementation – is it being done? Who is doing it? Findings?

- Current population policies: what has changed, what has not? How has the population policy community integrated the Cairo agenda? Re-visit the concept of feminist population policy. Have current policies come closer to the call for choice on whether to have children as fertility has fallen? Current policies? Trends?

- Declines in life expectancy and rising morbidity and mortality from HIV and AIDS, what are the issues in different regions? Is the intersection with sexual and reproductive health being taken on board?

- What is happening in the international women’s health movement? Who is representing women’s voices?

Minutes of the discussion at this meeting were shared with participants.

The meeting also made the following recommendations for future issues of the RHM journal and/or of special publications, based on the discussion:

- population policy in the 21st century
- changing abortion laws and policies internationally
- what is happening at country level as regards progress with implementing the ICPD Programme of Action – the last ten years, the next ten years
INTERNATIONAL CONSORTIUM FOR MEDICAL ABORTION

The International Consortium for Medical Abortion (ICMA) was founded by the Reproductive Health Alliance (RHA) in 2002 in London to bring together key players in the field from all regions of the world to promote medical abortion within the framework of support for safe abortion worldwide, focusing on the needs of women in developing countries, including those countries where abortion is unsafe or not accessible.

When RHA unexpectedly closed at the end of 2002, the editor of RHM, who had been elected as one of the two Co-Chairs of ICMA in June 2002, obtained permission of the RHM trustees to undertake to administer the funding of ICMA on behalf of the ICMA Steering Committee until such time as ICMA could become an independent entity.

In 2003, ICMA held two international Steering Committee meetings in Paris, in March and September, to develop plans for information dissemination, advocacy and networking activities, and begin to plan an international conference for the Consortium for 2004–2006 and prepare a funding proposal to seek funds to support those activities.

Part of the September meeting was devoted to a technical discussion on “non-consensus” issues that included which regimens could be recommended, number of days of pregnancy for which outpatient services are appropriate, oral vs. vaginal use of misoprostol, repeat doses of misoprostol after mifepristone, use of methotrexate where mifepristone is not available, use of misoprostol alone, who can provide medical abortion, clinic vs. home use, and experience with medical abortion at country level and appropriate strategies for providing it.

The RHA funds were used to create and translate a membership form, set up a website at <www.medicalabortionconsortium.org>, and cover travel and accommodation costs for the March 2003 SC meeting for developing country members. All other costs, e.g. for the September 2003 meeting, were covered by SC members’ own organisations and their time, e.g. to prepare the funding proposal, was given on a voluntary basis. At the same time, Steering Committee meetings were used as a forum for SC members to discuss their work, exchange information and support each other’s activities.

Terms of reference were drafted for an alternative coordinating organisation and/or a part-time coordinator who would be based in one of the SC member’s organisations. One NGO and a number of individuals were interviewed in late 2003. However, the lack of funds made it difficult for anyone to contemplate taking on either of these tasks at that stage. It was therefore agreed that fundraising had to take priority in 2004.

Several e-mail SC meetings were held in October and November 2003 and in addition to fundraising it was agreed to spend the remaining RHA funds on smaller SC meetings in London in January and Geneva in February 2004, which would further develop information activities and begin to plan an international conference on medical abortion.
CONTRACT WITH ELSEVIER LTD

RHM’s contract with Elsevier Ltd (formerly Elsevier Science) began in January 2002. Elsevier are handling all paid and supported subscriptions for the journal, bulk orders and permissions, and have made RHM a fully web-based publication. They also carry out promotion and marketing in consultation and along with the RHM office. RHM retains full ownership of the journal and copyright in all articles and books, and will be handled for a service fee. With Elsevier, RHM is now promoted alongside journals such as Contraception, International Journal of Gynecology & Obstetrics, Social Science and Medicine, Health Policy and the Lancet. This move is proving to be greatly beneficial for the journal as it is rapidly increasing our outreach and our visibility in academic institutions worldwide.

RHM ON THE WEB

There are a number of gateways available to access RHM and our publications online. One was developed in 2002 and is maintained by the RHM editorial office; the others are operated by Elsevier and are accessible to readers of many of their journals as well as RHM’s own subscribers.

< www.rhmjournal.org.uk >

This is the second year the RHM website has been in operation and has been updated on a monthly basis and with each new journal issue and other publication we have produced. The site contains the editorial policy, names of staff and board members, author and submission guidelines (updated in 2003), current and future themes for the journal, tables of contents of all back issues of the journal, abstracts in three languages for all full-length articles from 1993–2001, the full text of all out-of-print back issues of the journal (currently eight issues) and of the books Beyond Acceptability and Safe Motherhood Initiatives, tables of contents and links to the papers in HIV/AIDS, Sexual and Reproductive Health: Selected Papers for AIDS 2000 and AIDS 2002, as well as the cumulative journal index for the years 1993–2001. It also contains a feature of the month section and news sections on abortion and on women and HIV/AIDS, to each of which a published article or a news report is added monthly. There is also information on how to subscribe and order back issues, and links to other organisations.

<www.sciencedirect.com/>

The full text of each issue of the journal is carried in ScienceDirect, a platform of some 1,800 Elsevier journals that can be accessed in part or as a whole group through an institutional subscription. For example, a university can subscribe to ScienceDirect and everyone with access to that university’s web resources can then access and read the RHM journal as long as it is part of the package the university has purchased.

Starting from the May 2002 issue, each new issue of the RHM journal is uploaded onto this website prior to the print issue being mailed, along with an index by author and keywords, in both HTML and PDF formats. It was agreed in late 2003 that all issues starting from Volume 3 (1995) would become available on Elsevier’s ScienceDirect for Societies Service, which will give our individual subscribers
unlimited access to all issues of the journal. Until the end of 2003, these subscribers could only access the 2002–2003 journal issues on <www.rhm-elsevier.com>.

<www.rhm-elsevier.com>

RHM is also part of “Women’s and Reproductive Health Online Resources”, a thematic group of about 20 Elsevier journals which are promoted together on a dedicated web page with links to each journal’s own page. Visitors to this site, including non-subscribers to the journal, have free access to the abstracts of all journal issues. This site also provides details about RHM itself, links for subscribing and ordering back issues, a sample journal issue on request, a link to the editorials for each journal issue and a link to the RHM website.

Some 8,000 organisations and individuals receive promotional information by e-mail related to this group of journals. Elsevier also has a ContentsDirect service. This sends a free e-mail alert, with the table of contents of that issue, to anyone who signs up for it, that a journal issue has just been published.

<www.healthinternetwork.net>

RHM is also included in the list of journals on the Health InterNetwork Access to Research Initiative (HINARI), providing free or nearly free access to public institutions in developing countries to major journals in biomedical and related social sciences.

<www.elsevier.com/locate/rhm>

Finally, the journal has an individual home page on this Elsevier Ltd Internet Catalogue, which is their web-based promotional catalogue. The RHM page provides information about RHM’s aims and scope, editorial board and subscription rates.
SUBSCRIPTIONS, ORDERS AND DISTRIBUTION

The print run for the May 2003 journal issue was 4,000 copies and for the November 2003 issue 5,000 copies. In 2003, there were 706 paid and 2,656 supported subscriptions, and 1,374 back issues of the journal were also ordered.

All but 107 copies of the second edition of the Safe Motherhood book were distributed at the end of 2003.

The great majority of paid subscriptions and orders continue to come from developed countries, while almost all subscriptions and orders from developing countries have been for supported subscriptions and free copies of RHM’s other publications.

Supported Subscriptions

The list of supported subscribers (that is, subscribers who cannot afford the subscription rate or who have no access to international currency) was reviewed at the end of 2003 to eliminate duplications and obsolete addresses, and new supported subscribers have continued to be added. The total number at 1 January 2004 was 2,656.

Supported subscribers are based in governments, health services, NGOs, women’s health groups, libraries, universities, and a range of professional associations and institutions, mostly in developing countries. Globally, as in previous years, RHM’s publications continue to reach organisations and individuals in over 180 countries.

Journal/Book Distribution Figures and Regional Breakdown

The regional breakdown of journal distribution figures for 2003 (RHM 21, May 2003 and RHM 22, November 2003) and the Chinese, Arabic and Spanish editions of the journal, is shown in Table 2 and Figure 1, along with figures for previous years, for comparison purposes. A breakdown of the print runs and the cumulative number of copies distributed from 1993 through 2003 are shown in Table 3. Cumulatively, some 94,380 copies of the journal in English, 32,000 in Chinese, 5,000 in Arabic and 1,000 in Spanish have been printed, of which 82,370 have been distributed, and over 17,000 copies of RHM’s books and selections of papers have been distributed.

<table>
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<th>Region</th>
<th>2001</th>
<th>2002</th>
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<td>Africa</td>
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Figure 1. Journal Distribution by Region: 2001, 2002, 2003
Table 3. Cumulative Numbers of Copies of Publications Distributed 1993–2003

**RHM Journal**

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**Books**

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RHM JOURNAL ARTICLES ACCESSED AT SCIENCEDIRECT WEBSITE

The number of institutional subscribers entitled to access RHM on ScienceDirect has increased greatly over 2002. There are more than 1,200 entitled subscribing accounts to RHM worldwide, of which over 46% are active on a monthly basis. There was a significant rise in active institutional accounts in 2003 – from 60 in 2002 to 579 in 2003, and this is reflected in increased usage of journal articles and an increased number of users.

Requests for full-text articles by paid subscribers have also been increasing since the first usage in October 2002, and when back issues are available through this site, this should go up even more. Institutional subscribers to ScienceDirect in 44 countries showed active usage of RHM full text articles, up from 28 countries in 2002 (Table 4). These data are drawn from commercial ScienceDirect Online accounts only; figures for promotional guest, editor, pay-per-view, HINARI and Elsevier usage are not yet available but have been requested.

Some of the gateways to RHM on ScienceDirect are through Elsevier products and services but other gateways also take people to RHM's articles. The highest number of visitors visited RHM on an Elsevier web page via PubMed (404 hits), ScienceDirect E-mail a Friend and Scirus (294 hits), Swets (119 hits) and Elsevier ContentsDirect (71).

Table 4. Full-text article requests on ScienceDirect, 2002, 2003

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PROMOTION ACTIVITIES – RHM OFFICE

RHM carried out the following promotion activities in 2003:

Advertising

• **Africa Health** (6 issues) – listed RHM in the Book Update section, including the offer of a free journal sample; **Beyond Acceptability: Users’ Perspectives on Contraception** and **Safe Motherhood Initiatives: Critical issues** indicating both book are available free on RHM website. Total respondents = 64 (all Supported Subscribers, African countries).
• **EBSCO** – listing in their scientific publications catalogue.

Brochures and Sample Copies

Electronic distribution of PDF brochure was notably curtailed in 2003 because of new legislation against unsolicited distribution. However, with permission, PDF sample brochures were distributed to women’s organisations in Africa (AIDS National Networks, e.g. Zambia), Eastern Europe (ASTRA Network), Europe (Midwifery and AIDS organizations), Middle East (Egypt, Iran, Pakistan).

Brochures, sample copies of back and current issues of the journal were sent to the following conferences and meetings (national or international), workshops, courses and seminars:

• 1st International Symposium on HIV Persistence during Therapy, St Martin, Antilles, France
• Annual General Meeting, EuroNGOs, Helsinki, Finland
• Annual Public Health Forum (APHF), Cardiff, Wales
• Annual Public Health Forum (APHF), Brighton, UK
• AMANITARE – South Africa
• Ciencia y Placer, Sexology Association of Argentina, Pinamar, Argentina
• 5th European Feminist Research, Lund, Sweden
• Global Forum for Health Research, Geneva, Switzerland
• ICASA, Nairobi, Kenya
• International Association for the Study of Sexuality, Culture and Society, Johannesburg, South Africa
• Ipas Consultation, Addis Ababa, Ethiopia
• Taking Stock of the Condom in the Era of HIV, IUSSP, Gaborone, Botswana
• Maternity Alliance, London, UK
• Midwifery Today, Paris, France
• Midwifery Today, Oregon, USA
• National Abortion Federation, Washington DC, USA
• National Family Planning & Reproductive Health Assn, Washington DC, USA
• Regional Congress of the Near East and Africa Region, Medical Women Doctors Association, Kampala, Uganda
• South Africa AIDS Conference, Durban, South Africa
• UK Consortium on AIDS and International Development, London, UK
• VSO Conference on HIV/AIDS and Gender Inequality, London, UK
• Women’s Health Project, Johannesburg, South Africa
Bulk Distribution of Publications

Bulk distribution of journal issues at the following conferences:

- AMANITARE – South Africa
- Ciencia y Placer, Sexology Association of Argentina, Pinamar, Argentina
- Institute of Social and Cultural Anthropology, Oxford, UK
- Health Systems and Reproductive Health, LSHTM/Nuffield, Leeds, UK
- Kerala Institute of Local Administration Library, India
- Regional workshops (4) on Health Sector Reforms, Dept of Reproductive Health and Research, WHO (Geneva) in Sri Lanka, Denmark, US and Zimbabwe
- Safe Motherhood/Saving Women’s Lives, IPPF South East Asia Regional Office, Kuala Lumpur, Malaysia
- Asia Regional Conference on Reproductive Health, Bangkok, Thailand
- UNFPA Fiji Regional Office, Suva, Fiji
- University of Sanskrit, Library, Delhi, India

An exchange of Inserts with the Society for International Development, publishers of the journal Development for the issue whose theme was “Globalization and Reproductive Health and Rights”, June 2003.

Courses

- Politicisation of Religion in Egypt and Its Impact on Reproductive Health since 1994, Institute of Social and Cultural Anthropology, Oxford, UK
- Health Sector Reforms and Reproductive Health, World Bank Institute, Turin, Italy
- Leadership Course, Women’s Health Project, Johannesburg, South Africa
- Family Planning and Sexual and Reproductive Health, IPPF/GTZ Course, Cambridge, UK

Subscription Agency Exhibits

Sample copies of the journal and Safe Motherhood Initiatives were displayed by EBSCO at the following conferences:

- Medical Libraries Associations, USA
- Special Libraries Association, USA
- American Libraries Association, USA
- Ontario Library Association, Canada
PROMOTION ACTIVITIES – ELSEVIER SCIENCE

Marketing
In print, RHM has been included in the yearly Elsevier Journals Catalogue that is used mainly by librarians, agents and booksellers as a reference tool. Each year, approximately 19,000 copies of the catalogue are printed.

RHM journals and brochures were displayed at the Elsevier booth at the following conferences:
- Midwinter American Library Association, Philadelphia, PA, USA
- Association of College and Research Libraries, Charlotte, VA, USA
- 6th European Menopause and Andropause Society, Bucharest, Romania
- Annual Meeting, American Library Association, Toronto, Canada
- European Society of Human Reproduction and Embryology, Madrid, Spain
- 10th International Symposium in Medical Geography, Manchester, UK
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists, Auckland, Australia
- FIGO 2003 World Congress, 20-26 September 2003, Santiago, Chile

A one-page advertisement for RHM appeared in the following Elsevier Science journals on a space-available basis:
- Health & Place
- Health Policy
- International Journal of Gynecology & Obstetrics
- Social Science & Medicine
- Women’s Health Issues
- Women’s Studies International Forum
- Other obstetrics and gynaecology journals

A total of 3600 brochures were mailed to a list based either on authors and subscribers of other relevant Elsevier journals, or registrants to the Contents Alert services of the Reproductive and Women’s Health Resources Online.

VOLUNTARY HELP AND DONATIONS IN KIND
Participation of members of the Board of Trustees and Editorial Advisory Board remains voluntary. All board members receive the journal free and expenses for attending annual meetings. Authors receive a free subscription to the journal. Each group of authors received a PDF of their published paper from which they can make as many copies as they need. Many organisations continue to send information and their publications in exchange for the journal and these are used by RHM for the Round Up and for book reviews.
OTHER ACTIVITIES OF THE EDITOR 2003

- Co-chair, Steering Committee, International Consortium for Medical Abortion

Publications
- Integration of sexual and reproductive health services: a health sector priority [Editorial]. *RHM* 11(21).
- The contribution of sexual and reproductive health services to the fight against AIDS: a review. *RHM* 11(22):51–73. [First author Ian Askew.]

Presentations/participation in meetings
- Video interview, Education for Choice, educational video for young people on contraceptive use and abortion, London, UK, February.
- Participant, UK NGO Sexual and Reproductive Health Network meetings.
- Respondent, Women’s Health Project Expert Consultation on Health Sector Reforms and Sexual and Reproductive Health, Cape Town, South Africa, April.
- Presentation on Sexual and reproductive health services: the changing policy and programme environment, World Bank Institute course on Health Sector Reforms and Sexual and Reproductive Health Services, Turin, Italy, August.
- Organising committee advisor, and presentation on Integrating HIV-AIDS and sexual and reproductive health policies and programmes, London School of Hygiene and Tropical Medicine/Nuffield Institute conference on Health Systems and Sexual and Reproductive Health, Leeds, UK, September.
- Participant/editorial advisor, Meeting on drafting a reproductive health strategy for WHO, Department of Reproductive Health and Research, World Health Organization, Geneva, Switzerland, September.
- Presentation on writing for publication and participant in seminar on Sexuality, gender and rights: exploring theory and practice in South and South East Asia, CREA/TARSHI, Bellagio, Italy, September.
- Participant, DFID HIV/AIDS team consultation on HIV/AIDS with members of the UK NGO AIDS Consortium, October.

Course
- Writing for Publication: Seminar for HCPDS fellows and post graduate students at the Harvard School of Public Health, Harvard Center for Population and Development Studies (HCPDS), Cambridge MA, USA, November.

Professional affiliations
- Member, European Association of Science Editors
APPENDIX 1

STAFF, CONSULTANTS AND BOARDS 2003

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  * Kathleen Vickery – Spanish abstracts

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* Rosa Tunberg

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Jocelyn DeJong Institute for Development Policy and Management, University of Manchester, UK

Bene Madunagu Department of Biological Sciences, University of Calabar; Chair Executive Board, Girls’ Power Initiative; Amanitare African Women’s Network; Nigeria

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Rashidah Abdullah  Executive Director, Asian-Pacific Resource and Research Centre for Women (ARROW), Malaysia

Carla AbouZahr  Team Leader, Country Health Information, Department of Measurement and Health Information Systems WHO/EIP, World Health Organization, Switzerland

Pascale A Allotey  Senior Research Fellow, Key Centre for Women’s Health in Society, University of Melbourne, Australia

Regina M Barbosa  Senior Researcher, Population Studies Center, State University of Campinas, Brazil

Toni Belfield  Director of Information, Family Planning Association; associate, RCOG Faculty of Family Planning & Reproductive Health Care; editorial board, Cochrane Fertility Regulation Group, UK

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Rebecca Cook  Professor, Faculty of Law, University of Toronto, Canada

Jane Cottingham  Technical Officer for Gender and Reproductive Rights, Department of Reproductive Health and Research, World Health Organization, Switzerland

Christopher Elias  President, Program for Appropriate Technology in Health, Seattle, USA

Mahmoud F Fathalla  Professor of Obstetrics & Gynaecology, Faculty of Medicine, Assiut University, Egypt; past president, International Federation of Gynecology & Obstetrics

Claudia García Moreno  Coordinator, Gender and Coordinator, Multi-Country Study on Women's Health and Violence again Women, Department of Gender and Women's Health, WHO, Switzerland

Asha George  Research Consultant, Gender and Health Equity Karnataka Study, Indian Institute of Management, Bangalore, India; Doctoral Research, Institute for Development Studies, Sussex University, UK

Adrienne Germain  President, International Women's Health Coalition, USA
Amal Abd El Hadi  Director, New Woman Research Centre, Cairo, Egypt
Annika Johansson  Karolinska Institute, Division of International Health, Department of Public Health Sciences, Stockholm, Sweden
Frances Kissling  President, Catholics for a Free Choice, USA
Marta Lamas  President, Grupo de Información en Reproducción Elegida; editor, *Debate Feminista*, Mexico
Sophie Le Coeur  Senior Researcher, Institut National d'Etudes Demographiques, France
Philippe Msellati  Researcher, UR 036 “Prise en charge du SIDA en Afrique”, Institut de Recherche pour le Développement, Montpellier, France; nowadays AIDS Programme Researcher and representative of IRD in Côte d'Ivoire
Judy Norsigian  Interim Executive Director, Boston Women's Health Book Collective; advisor, Office of Research on Women's Health, National Institutes of Health, USA
Wanda Nowicka  Director, Federation for Women and Family Planning, and Coordinator, Astra Network, Warsaw, Poland
Frederick Nunes  Senior Management Consultant, World Bank; formerly Pan American Health Organization, Guyana
Nandini Oomman  Independent researcher on women's health; associate, Department of Population and Family Health Sciences, Johns Hopkins University School of Public Health, USA/India
Yaa Oppong  Research Associate, Harvard Center for Population and Development Studies, Cambridge MA, USA (until June 2003) and then World Bank, Washington DC, USA
Nuriye Ortayli  Deputy Chief of Party, Healthy Women in Georgia, John Snow Research and Training, Kutaisi, Georgia
Mala Ramanathan  Faculty, Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences and Technology, India
Silvina Ramos  Director and Senior Researcher, Centro de Estudios del Estado y Sociedad (CEDES); Advisor, National Commission on Health Research, Ministry of Health, Argentina
<table>
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<tr>
<th>Name</th>
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<tr>
<td>Susanna Rance</td>
<td>Sociologist; independent researcher, activist, consultant and academic working on issues of gender, sexualities, health and rights, Bolivia</td>
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<tr>
<td>TK Sundari Ravindran</td>
<td>Independent researcher on gender and women’s health and rights; Editor, <em>Transforming Health Systems: Gender and Rights in Reproductive Health Training Manual for Health Managers</em>; secretary, Rural Women’s Social Education Centre; formerly co-editor, <em>RHM</em>, India</td>
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<tr>
<td>Sunanda Ray</td>
<td>Executive Director, Southern Africa AIDS Information Dissemination Service, Zimbabwe; member, Faculty of Public Health Physicians, UK (medical doctor)</td>
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<tr>
<td>Juliet Richters</td>
<td>Senior Research Fellow, National Centre in HIV Social Research, University of New South Wales, Australia</td>
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<tr>
<td>Raffaela Schiavon</td>
<td>Researcher, Population Council, Latin America &amp; Caribbean Region, Mexico City, Mexico</td>
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<tr>
<td>Michael Lim Tan</td>
<td>Professor, Department of Anthropology, University of the Philippines; director, Health Action Information Network, Philippines</td>
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<tr>
<td>Viroj Tangcharoensathien</td>
<td>Senior Researcher, Director, International Health Policy Programme, Ministry of Public Health, Thailand</td>
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<tr>
<td>Nahid Toubia</td>
<td>President, RAINBO Research, Action &amp; Information Network for Bodily Integrity of Women, UK (physician)</td>
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<td>Paul Van Look</td>
<td>Director, Department of Reproductive Health and Research, World Health Organization, Switzerland</td>
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<tr>
<td>Sylvia Wachuku-King</td>
<td>Former Country Director, ActionAid The Gambia; former Director of Programmes, Marie Stopes Society, Sierra Leone</td>
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Full articles:
- Editorial: Health Sector Reforms: Implications for Sexual and Reproductive Health Services
- Universal Coverage and Its Impact on Reproductive Health Services in Thailand
- Health Privatization and the Reproductive Health of Rural Chinese Women
- Special Report: HIV/AIDS, Sexual and Reproductive Health at AIDS 2002 Barcelona
- WHO/CONRAD Technical Consultation on Nonoxynol-9
- Considerations Regarding Re-Use of the Female Condom: Information Update, 10 July 2002

Abstracts:
- Understanding Health Sector Reforms and Sexual and Reproductive Health Services: A Preliminary Framework
- An Overview of Changing Agendas in Health Sector Reforms
- Between Intent and Achievement in Sector-Wide Approaches: Staking a Claim for Reproductive Health
- Objectivity in Priority Setting Tools: Context and the DALY
- The Politics of Priority Setting for Reproductive Health: Breast and Cervical Cancer in Ghana
- Ensuring the Quality of Hysterectomy Care in Rural Gujarat: What Can a Community-Based Health Insurance Scheme Do?
- Beyond the Law: The Role of Oversight in Reproductive and Sexual Health
- Chinese Maternal Health in Adjustment: Claim for Life
- Inequalities in Women’s Health and Challenges for Health Policy Development in Lithuania
- Gender Dimensions of User Fees: Implications for Women’s Utilization of Health Care
- Short-Changing Reproductive Health
- Counsellors’ Perspectives on Antenatal HIV Testing and Infant Feeding Dilemmas Facing women with HIV in Northern Tanzania

Round Up articles from:
- Law and Policy
- Service Delivery
- Research
Integration of Sexual and Reproductive Health Services: A Health Sector Priority
Volume 11, Number 21, May 2003

Full articles:
- Editorial: Integration of Sexual and Reproductive Health Services: A Health Sector Priority
- Integrating Reproductive Health Services in a Reforming Health Sector: the Case of Tanzania
- Incorporating Sexual and Reproductive Health Care in the Medical Curriculum in Developing Countries
- Reproductive Health Care in the Netherlands: Would Integration Improve It?
- Sex, Studies or Strife? What to Integrate In Adolescent Health Services
- Expanding Safer Sex Options: Introducing the Female Condom into National Programmes

Abstracts:
- Low Use of Rural Maternity Services in Uganda: Impact of Women’s Status, Traditional Beliefs and Limited Resources
- Integration of Post-Abortion Care: The Role of Township Medical Officers and Midwives in Myanmar
- The Impact of Decentralisation on Sexual and Reproductive Health Services in Ghana
- The Need for Family Planning and Safe Abortion Services among Women Sex Workers Seeking STI Care in Cambodia
- Decentralisation and its Implications for Reproductive Health: The Philippines Experience
- The Human Face of Decentralisation and Integration of Health Services: Experience from South Africa
- Implementing Reproductive and Child Health Services in Rural Maharashtra, India: A Pragmatic Approach
- Expanding Access to Emergency Contraception: The Case of Brazil and Colombia
- Using Accountability to Improve Reproductive Health Care
- A Framework for Developing Reproductive Health Policies and Programmes in Nepal
- Restructuring the Health System: Experiences of Advocates for Gender Equity in Bangladesh

Round Up articles from:
- Law and Policy
- Service Delivery
- Research
- HIV/AIDS
APPENDIX 3

RHM Journal Arabic Edition 2003

Health Sector Reforms
Vol. 10 No. 20, November 2002

Full articles:
- Editorial: Health Sector Reforms: Implications for Sexual and Reproductive Health Services
- Understanding Health Sector Reforms and Sexual and Reproductive Health Services
- Gender Dimensions of User Fees: Implications for Women’s Utilization of Health Care
- ICPD Goals and Targets Worth Revisiting in the Context of Health Sector Reforms
- An Overview of Changing Agendas in Health Sector Reforms
- The Politics of Priority Setting for Reproductive Health: Breast and Cervical Cancer in Ghana
- Universal Coverage and Its Impact on Reproductive Health Services in Thailand
- Gender and Community Participation in Reproductive Health Projects: Contrasting Models from Peru and Ghana (Vol. 7 No. 14, Nov 1999)
- Post-ICPD+5: Where Do We Go From Here? (Vol. 7 No. 14, Nov 1999)

Round Up articles:
- Reproductive Health Policies and Programmes in Francophone Africa (Vol. 9 No. 17, May 2001)
- Two-way Risk Communication between Provider and Patient
- Effect on Health Equity Analysed in World Health Report 2000
- Targeted Redistribution Could Support More Equitable Health Sector Reform
- Globalization, Health Sector Reform, Gender and Reproductive Health
- Health Services in Latin America and Asia
- Working with Private Sector Providers for Better Health Care: An Introductory Guide
APPENDIX 4


Health Sector Reforms: Implications for Sexual and Reproductive Health Services
Vol. 10, No. 20, November 2002

Full articles:
• Editorial: Health Sector Reforms: Implications for Sexual and Reproductive Health Services
• Understanding Health Sector Reforms and Sexual and Reproductive Health Services: A Preliminary Framework
• An Overview of Changing Agendas in Health Sector Reforms
• Objectivity in Priority Setting Tools: Context and the DALY
• Beyond the Law: The Role of Oversight in Reproductive and Sexual Health
• Chinese Maternal Health in Adjustment: Claim for Life
• Gender Dimensions of User Fees: Implications for Women’s Utilization of Health Care
• Short-Changing Reproductive Health
• Counsellors’ Perspectives on Antenatal HIV Testing and Infant Feeding Dilemmas Facing Women with HIV in Northern Tanzania
• Special Report: HIV/AIDS, Sexual and Reproductive Health at AIDS 2002 Barcelona
• WHO/CONRAD Technical Consultation on Nonoxynol-9

Round Up
• Research
Statement of Financial Activities for the year ending 31st December 2003

<table>
<thead>
<tr>
<th>Income and expenditure</th>
<th>Note</th>
<th>General Funds</th>
<th>Restricted Funds</th>
<th>Designated Funds</th>
<th>Total Funds 2003</th>
<th>Total Funds 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Incoming Resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant income</td>
<td>2</td>
<td>590,298</td>
<td>-317,028</td>
<td>-317,028</td>
<td>-362,247</td>
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<tr>
<td>Cost of charitable</td>
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<td>284,402</td>
<td></td>
<td></td>
<td></td>
<td>307,696</td>
</tr>
<tr>
<td>activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Bank interest</td>
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<td>11,606</td>
<td>2,144</td>
<td>13,750</td>
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<tr>
<td>Other income</td>
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<td>5,997</td>
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<td>5,997</td>
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<td>1,793</td>
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<tr>
<td>Total Incoming</td>
<td></td>
<td>11,606</td>
<td>298,724</td>
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<td>310,330</td>
<td>334,041</td>
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<tr>
<td>Resources Expended</td>
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<td>0</td>
<td>297,134</td>
<td>0</td>
<td>297,134</td>
<td>320,003</td>
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<tr>
<td>Net Incoming Resources before Transfers</td>
<td>10</td>
<td>11,606</td>
<td>1,590</td>
<td>0</td>
<td>13,196</td>
<td>14,038</td>
</tr>
<tr>
<td>Transfers</td>
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<td>-11,600</td>
<td>0</td>
<td>11,600</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Net Incoming Resources after Transfers</td>
<td></td>
<td>6</td>
<td>1,590</td>
<td>11,600</td>
<td>13,196</td>
<td>14,038</td>
</tr>
<tr>
<td>Balances b/fwd at 1st January 2003</td>
<td>4,362</td>
<td>15,726</td>
<td>53,396</td>
<td>73,484</td>
<td>59,446</td>
<td></td>
</tr>
<tr>
<td>Balances c/fwd at 31st December 2003</td>
<td>4,368</td>
<td>17,316</td>
<td>64,996</td>
<td>86,680</td>
<td>73,484</td>
<td></td>
</tr>
</tbody>
</table>
Notes to the Accounts for the Year ended 31st December 2003

2 Grant income
less: deferred income

<table>
<thead>
<tr>
<th>Fund</th>
<th>Brought Forward</th>
<th>Received 2003</th>
<th>Used 2003</th>
<th>Deferred 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ford Foundation</td>
<td>348652</td>
<td>0</td>
<td>174372</td>
<td>174280</td>
</tr>
<tr>
<td>MacArthur Foundation</td>
<td>0</td>
<td>125141</td>
<td>45690</td>
<td>79451</td>
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<tr>
<td>Rockefeller Foundation</td>
<td>0</td>
<td>45247</td>
<td>13289</td>
<td>31958</td>
</tr>
<tr>
<td>Dutch Ministry of Foreign Affairs</td>
<td>13596</td>
<td>46633</td>
<td>30553</td>
<td>29676</td>
</tr>
<tr>
<td>DFID</td>
<td>0</td>
<td>9366</td>
<td>9366</td>
<td>0</td>
</tr>
<tr>
<td>WHO</td>
<td>0</td>
<td>1663</td>
<td>0</td>
<td>1663</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>362248</strong></td>
<td><strong>228050</strong></td>
<td><strong>273270</strong></td>
<td><strong>317028</strong></td>
</tr>
</tbody>
</table>

2 Subscription/sales income

<table>
<thead>
<tr>
<th>Publication</th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>RHM Journal</td>
<td>17193</td>
<td>11003</td>
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<tr>
<td>Users' Perspectives</td>
<td>0</td>
<td>32</td>
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<tr>
<td>Safe Motherhood</td>
<td>120</td>
<td>588</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>17313</strong></td>
<td><strong>11623</strong></td>
</tr>
</tbody>
</table>

3 Costs of activities in furtherance of the charity's objectives

<table>
<thead>
<tr>
<th>Cost</th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publication</td>
<td>230723</td>
<td>261657</td>
</tr>
<tr>
<td>Promotion</td>
<td>18592</td>
<td>14418</td>
</tr>
<tr>
<td>Support costs</td>
<td>35087</td>
<td>31621</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>284402</strong></td>
<td><strong>307696</strong></td>
</tr>
</tbody>
</table>

4 Management and administration of the charity

<table>
<thead>
<tr>
<th>Cost</th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costs of trustees' meetings</td>
<td>1994</td>
<td>1493</td>
</tr>
<tr>
<td>Staff costs</td>
<td>8044</td>
<td>7610</td>
</tr>
<tr>
<td>Audit</td>
<td>1815</td>
<td>2290</td>
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<tr>
<td>Support costs</td>
<td>879</td>
<td>914</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12732</strong></td>
<td><strong>12307</strong></td>
</tr>
</tbody>
</table>

10 Transfer between funds-Designated Fund
The Board resolved to establish a Contingency Fund which will be funded from bank interest received, and will be used in the following circumstances:

a) Short-term shortfall in cash where grant monies are received late
b) Shortfall in grant income
c) To finance charity development and organisational change

At 31st December 2003 £11,600 was transferred to the Contingency Fund.

11 Restricted Funds

<table>
<thead>
<tr>
<th>Fund</th>
<th>Balance 1 Jan03</th>
<th>Balance 31 Dec03</th>
</tr>
</thead>
<tbody>
<tr>
<td>RHM</td>
<td>14912</td>
<td>16382</td>
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<tr>
<td>Other publications</td>
<td>814</td>
<td>934</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>15726</strong></td>
<td><strong>17316</strong></td>
</tr>
</tbody>
</table>

12 Trustees Remuneration

<table>
<thead>
<tr>
<th>Remuneration</th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trustees-travel, subsistence, postage</td>
<td>3679</td>
<td>3497</td>
</tr>
</tbody>
</table>
Reproductive Health Matters  
Balance Sheet at 31st December 2003

<table>
<thead>
<tr>
<th>Note</th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td><strong>Fixed Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible fixed assets</td>
<td>4,203</td>
<td>3,064</td>
</tr>
<tr>
<td></td>
<td>4,203</td>
<td>3,064</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debtors</td>
<td>25,380</td>
<td>59,354</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td>445,796</td>
<td>452,838</td>
</tr>
<tr>
<td></td>
<td>471,176</td>
<td>512,192</td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade Creditors</td>
<td>16,702</td>
<td>38,712</td>
</tr>
<tr>
<td>Grants in advance</td>
<td>317,028</td>
<td>362,248</td>
</tr>
<tr>
<td>Other creditors and accruals</td>
<td>54,969</td>
<td>40,812</td>
</tr>
<tr>
<td></td>
<td>388,699</td>
<td>441,772</td>
</tr>
<tr>
<td><strong>Current Assets less Liabilities</strong></td>
<td>82,477</td>
<td>70,420</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td>86,680</td>
<td>73,484</td>
</tr>
<tr>
<td><strong>Represented by:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restricted Funds</td>
<td>17,316</td>
<td>15,726</td>
</tr>
<tr>
<td>General Funds</td>
<td>4,368</td>
<td>4,362</td>
</tr>
<tr>
<td>Designated Fund</td>
<td>64,996</td>
<td>53,396</td>
</tr>
<tr>
<td></td>
<td>86,680</td>
<td>73,484</td>
</tr>
</tbody>
</table>