



17th Annual Report
1 January – 31 December 2009



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This report

This is the 17th annual report of Reproductive Health Matters (RHM). It covers the calendar year 1 January - 31 December 2009, which is also the financial year of the project.

Objects of the charity

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

There were no major changes or additions to the existing policies or activities of the charity.

Organisation of the charity

In 2009, the charity consisted of the staff (the editor and promotion/administration manager), a finance officer, one editorial consultant, a voluntary international Board of Trustees / Directors of seven people, two of whom live in the UK, and a voluntary international Editorial Advisory Board of 40 people, following the triennial rotation of that board. (**Appendix 1**)

Summary of activities in 2009

- This was RHM's 17th year. In furtherance of the charitable objects, in 2009 RHM produced and distributed two issues of the journal *Reproductive Health Matters* (Volume 17, Numbers 33 and 34) on task shifting in reproductive health services and on criminalisation.
- We supported the production of two issues of the Chinese version of the journal by the National Research Institute for Family Planning in Beijing, the production of one edition of the journal in Arabic by the New Woman Foundation in Cairo; one edition of the journal in Spanish by the Universidad Peruana Cayetano Heredia in Lima; one edition of the journal in Portuguese by the ABRASCO Gender Group in São Paulo, which will be distributed in 2010; one edition of the journal in Hindi by CREA in New Delhi (funded by CREA); the second edition in French, by the Cellule de Recherche en Santé de la Reproduction du Burkina Faso, Section de Bobo Dioulasso, which will be distributed in 2010; and the second edition in Russian by the Society for Women's Problems in Moscow.
- We held the annual meeting of the RHM trustees/directors and the second meeting of the editorial teams of the editions of RHM in translation.
- We updated the Cumulative Index of all RHM's publications through 2009, which will be placed on the website in 2010.
- We worked with Elsevier Ltd to promote and distribute the journal and all RHM's publications, and maintain their web pages for the RHM journal and other information about RHM on their websites.
- We worked throughout the year with our production manager and the website design and management company we contracted to create a new website for RHM, which went live in November 2009.
- We designed a survey of readers of the journal to establish the use our readers make of the journal and their views on various features of the journal such as themes, length, print vs web publication, which was inserted in the Nov 2009 journal issue.
- The editor gave presentations at the following conferences: debate on legalising abortion in Ireland, Trinity College, Dublin; Seminario Boas Praticas em IVG, Lisbon; Ford Foundation grantees meeting, Hanoi; Royal Society of Medicine conference on induced abortion, London, UK; CLACAI conference on unsafe abortion in Latin America, Lima;

abortion in the Russia Federation and Eastern Europe; Moscow; IUSSP International Population Conference, Marrakech; and a meeting on future SRHR policy of Scandinavian donors and NGOs, Oslo.

- We carried out a range of promotional activities, including press releases about each journal issue disseminated to Elsevier's journalist list; a news release about the sharp decline in European funding for sexual and reproductive health; mailings of our brochure and sample copies; stalls at 40+ conferences and meetings; sent materials for use in courses; and obtained bulk orders for RHM17(33) on task shifting, RHM17(34) on criminalisation, and the 2008 RHM16(31) supplement on second trimester abortion.

RHM journal

“Task shifting in reproductive health services

Vol. 17, No. 33, May 2009

“The papers in this journal issue are about innovative efforts to increase access to skilled reproductive health care, particularly in resource-poor settings, either 1) where physicians are in short supply, or 2) when physicians are not needed because the skills involved in a procedure have been simplified to the point where trained mid-level providers can carry them out instead. Mid-level providers (or nonphysician clinicians) in the programmes described in these papers, are most often nurses, nurse-midwives, nurse auxiliaries, general practitioners, medical or clinical officers, medical or health assistants, or community-based health workers. The health care services they were trained to provide included IUD provision, taking Pap smears, doing caesarean sections and providing anaesthesia for emergency obstetric care, providing early medical abortion, and skilled birth attendance in women's homes in one case and in primary care clinics in another with referral for treatment of obstetric complications. There is a sub-text with these papers, however, which is to do with the lack of capacity or failure of countries in the developing world to build and strengthen their health systems and develop a strong, well-trained public health workforce. This is the elephant in the room in every one of these papers. Many people working in the health field are aware that this elephant is in the room, but there are still few comprehensive efforts being made to do something about it. If that doesn't happen, however, as the published literature on task shifting to date shows, and as the papers in this journal issue strongly indicate too, task shifting itself may not succeed.

“Why? Because the shifting of tasks from physicians to mid-level providers, in the absence of sufficient numbers of either, is no more likely to be successful than giving traditional birth attendants minimal training and no resources to deal with obstetric emergencies. Hence, these papers cannot and do not merely sing the praises of mid-level providers or of task shifting. Nurses and other primary level and community health workers in all the countries covered in this journal have shown an incredible willingness to take on increased workloads, with or without sufficient training, decent salaries and conditions, access to the equipment, resources and drugs they need, or physician back-up, decent career structures, supportive management, or housing and schools for their children. However, they cannot be expected to make up for all the systemic shortcomings around them.” [Editorial]

"Criminalisation"

Vol. 17, No. 34, November 2009

“The papers in this journal issue are about the law and criminalisation relating to rape and sexual violence, female genital mutilation (FGM), selling and buying sex, provision and use of modern contraception and induced abortion, homosexuality, and HIV transmission and exposure. The papers are highly thoughtprovoking, especially when read together, not least because the question of whether criminalisation is a good thing or a bad thing must be answered quite, quite differently in relation to each criminalised practice explored. It is easy to argue why modern contraception and induced abortion should be legal because they are necessary to protect women's lives and health, and that sexual identity is inherent in the person and must be respected by society and protected in law. It is not so easy to determine how justice should be best served, as opposed to exacting retribution or revenge, or how to protect the rights of both perpetrators and victims, when a serious or life-threatening harm has been done, including and even in the absence of criminal intent to harm, as with HIV transmission and exposure.

“The many laws analysed in these papers tend to be used infrequently, often arbitrarily and against people without easy access to legal representation. There are obviously not enough police, lawyers, judges or prisons to take on everyone who is criminalised under such laws. However, some laws serve as a statement of opprobrium and moral condemnation in response to a behaviour that is considered wrong, and they can serve this purpose without anyone necessarily being put into jail, or only a few people intermittently as a reminder that they are there. Thus, where abortion is legally restricted, women who seek an abortion may not be prosecuted but they may not have recourse to safe abortion either, and the intended punitive purpose is served to a greater or lesser extent.

“All the papers on criminalisation of HIV transmission published here are totally opposed to such criminalisation, and contain a myriad of good reasons why... Yet research has shown that many people (including people with HIV) believe that punishment can be an appropriate response when someone has infected another person. Unfortunately, none of these papers answers the question of why so many thinking people have supported laws criminalising HIV transmission, or what has led to these laws being passed 30 years into the AIDS epidemic. Nor did anyone look at these laws in the context of the history of laws and policies aimed at curbing other epidemics, such as syphilis in the 19th century. Many of the laws criminalising HIV transmission were aimed at and also contain clauses about protecting the rights of HIV-positive people... It would be helpful to understand the reasoning behind this dual purpose as it could shed crucial light on current perceptions about HIV transmission and what to do about it, apart from being opposed to its criminalisation.” [Editorial]

RHM in translation

The journal in English continues in 2009 to include abstracts of all original papers in Spanish and French.

We supported the production of two issues of the Chinese version of the journal in Beijing, the production of one edition of the journal in Arabic in Cairo; one edition of the journal in Spanish in Lima; one edition of the journal in Portuguese in São Paulo, which will be distributed in 2010; one edition of the journal in Hindi in New Delhi (funded by CREA); the second edition in French in Bobo Dioulasso, which will be distributed in 2010; and the second edition in Russian in Moscow.

Language	Editorial team	Number of copies distributed 2009	Distribution
Chinese	National Research Institute for Family Planning, Beijing	5,000 per edition (2 editions)	China and Taiwan
Arabic	New Woman Foundation, Cairo	600 copies (1 edition)	Egypt and Arabic-speaking Middle East
Spanish	Universidad Peruana Cayetano Heredia, Lima	1,000 copies, of which 900 distributed (1 edition)	Peru and Spanish-speaking Latin America
Portuguese	ABRASCO Gender Group, São Paulo	in process (1 edition)	Brazil
Hindi	CREA, New Delhi	1,000 copies (1 edition)	India
French	Cellule de Recherche en Santé de la Réproduction du Burkina Faso, Section de Bobo Dioulasso	in process (1 edition)	French-speaking Africa
Russian	Society for Women's Health Problems, Moscow	500 copies (1 edition)	Russia Federation and other Russian-speaking countries in the region

Contract with Elsevier

RHM has had a productive relationship with Elsevier Ltd, and our second (three-year) contract is due to expire at the end of 2010. In March 2010 we began negotiating the renewal of our contract with them for a further five years from January 2011. For a service fee that is equivalent to an administrative salary, they handle all paid and supported subscriptions, bulk orders and commercial reprint permissions. RHM is promoted alongside journals such as *Contraception*, *International Journal of Gynecology & Obstetrics*, *Social Science and Medicine*, *Health Policy* and the *Lancet*. This move has proven to be greatly beneficial for the journal, not least by making us fully web-based, which is rapidly increasing our outreach through the web and our visibility in academic institutions worldwide. RHM retains full ownership of the journal and copyright in all articles and books.

RHM online

< www.rhmjournal.org.uk >

We worked throughout 2009 with Boldface, our production manager, and Curr@nt, the website design and management company we contracted in 2008, to create a new website for RHM, which went live in November 2009. The website contains all of the sections that were available on the old website, but in a current technical and design format, which allows us to add to and amend the site from the office, e.g. in order to update the news and links sections more frequently. We have also expanded certain sections, for example, the section on "Writing a journal article" is much more detailed than previously, and further expansion and new sections are planned, such as creating "theme clusters", e.g. on violence, and clusters featuring all the articles about particular countries. Existing pages still include the editorial policy, staff and board members, author and submission guidelines, peer review guidelines, current and future themes for the journal, full text of the out-of-print books *Beyond Acceptability* and *Safe Motherhood Initiatives*; the cumulative index of all RHM publications for 1993–2008. Instead of listing the tables of contents of back issues, there are now links to the contents on the Elsevier-RHM website. All editions of RHM in translation have been given far greater prominence. There is information on how to subscribe and order back issues, and links to other SRHR organisations in all world regions expanded.

The screenshot shows the RHM website homepage. At the top left is the logo 'REPRODUCTIVE HEALTH matters'. A navigation bar contains links for 'home', 'about rhm', 'acerca de rhm', 'à propos de rhm', 'contact us', and a search box with a 'go' button. On the left sidebar, there are buttons for 'rhm publications', 'rhm in translation', 'for authors', 'for peer reviewers', 'writing skills', 'news', 'subscriptions/orders', 'links', and 'site map'. At the bottom of the sidebar is a link: 'Click here to access current and back issues of the RHM journal'. The main content area features a large heading '1993–2009 reproductive health matters international publications'. Below this, it states: 'Reproductive Health Matters (RHM) edits and produces publications with in-depth coverage of sexual and reproductive health and rights issues for a multi-disciplinary, international audience. These include: a twice yearly, peer reviewed, international journal in English, with abstracts in English, French and Spanish (ISSN 0968–8080), supplements to the journal and selections of articles on specific themes, including in CD-rom format, and editions of the RHM journal in translation in Chinese, Arabic, Spanish, Hindi, Portuguese, French and Russian.' It then describes the journal's focus: 'Each journal issue/supplement has a main theme, covering laws, policies, research and services in relation to reproductive health, safe motherhood, pregnancy and delivery, contraception, abortion, HIV and AIDS, sexual health, reproductive tract infections, sexually transmitted infections, infertility, reproductive cancers, health systems, human resources, and population policies, by authors from around the world.' At the bottom, it says: 'RHM's journal and books are published and distributed in print and online by Elsevier Ltd and ScienceDirect.' On the right side, there are two 'latest issues' featured: 'reproductive cancers' (rhm 32, nov 2008) and 'conflict and crisis settings' (rhm 31, may 2008), each with a small image of the journal cover.

Since the new site went live and from 1 November-31 December 2009:

- The site received 1,081 unique visitors, more than 500 per month.
- Nearly 63% of all visits came via search engines (predominantly Google).
- Over 13% of visits came from referring sites, largely through Elsevier, but also from other sites, for example, CHANGE (Center for Health and Gender Equality), Voice for Choice and Our Bodies Ourselves.
- Visitors entered the site directly for the roughly 24% of the remainder of visits.
- The site received visitors from 88 countries worldwide, with the majority coming from the USA (nearly 30%) and UK (over 25%), and 45% from 86 other countries.

Statistics on pages visited show nearly a quarter of the 1,761 page views were of the home page, followed by the news and publications pages. During 2010, there has been a steady increase in visitor numbers and in the number of countries visitors come from. At 31 March, these totals stood at 3,092 and 125, respectively. There has also been a noticeable rise in the number of authors seeking information about the Calls for Papers and the submission guidelines.

< www.sciencedirect.com/science/journal/09688080 >

The full text of each issue of the journal and supplement is carried in ScienceDirect, a platform of some 2,000 Elsevier journals. All RHM back issues are available, and tables of contents and abstracts are freely accessible. RHM can be purchased as part of a package of journals through an institutional subscription. ScienceDirect contains two search engines in which RHM is indexed: Scopus, for searching and browsing abstracts and references, and giving coverage to citation counts available; and Scirus, a search engine for scientific information that searches journal sources online, at <www.scirus.com/srsapp>.

< www.rhm-elsevier.com >

This is the Elsevier website with all issues of RHM for RHM's group, personal and supported subscribers. All RHM back issues are available, and tables of contents and abstracts are freely accessible without a subscription. There are links for subscribing and ordering back issues, a sample journal issue on request, a link to the RHM website and more.

< www.healthinternetwork.net >

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

< www.jstor.org >

This digital archive, open to participating libraries and other institutions, containing back issues of RHM up to three years prior to the current issue is increasingly being used.

Outreach and impact

The following indicators of the outreach and impact of RHM's publications are outlined under the following headings. Data from previous years are provided where feasible to give comparisons with the previous year(s).

- audience and authors
- indexes that include the RHM journal
- editorial support to authors and editors
- author and regional coverage
- ISI impact factor
- papers, authors and peer reviewers by developed and developing/in transition countries
- ScienceDirect entitled and active accounts receiving RHM and top 10 active accounts using RHM each month
- number of full-text downloads from ScienceDirect and abstracts/articles accessed through other gateways
- ten most downloaded articles in 2009 from ScienceDirect and Jstor
- articles promoted by HealthNet News in 2009
- subscriptions, orders and distribution
- journal distribution by subscription type and region
- survey questionnaire sent out with RHM 17(34) in November 2009: qualitative comments from some respondents re the way they use RHM
- promotion by RHM office
- promotion by Elsevier

Audience and authors

- 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, midwives, family planning providers and associations, and counsellors;
- researchers in a broad range of specialisms and disciplines, including the biomedical and social sciences, and in both non-governmental organisations (NGOs) and universities;
- women's sexual and reproductive health advocates, groups and organisations, and a broad range of other women's groups and organisations;
- NGOs 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

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), List of Free Materials in Reproductive Health, Medline, Ohio Database of Women's Studies, Popline, Public Affairs Information Service (PAIS), PubMed, Research Alert, Social and Behavioral Sciences, Social Planning/Policy and Development Abstracts (SOPODA), Social Science Research Network, Social Sciences Citation Index, Sociofile, Sociological Abstracts, Studies on Women Abstracts.

Editorial support to authors and editors

RHM's editorial policy remains to provide editorial support to authors, some of whose papers would not be recommended for publication by a "standard" peer review. There are always two peer reviews per paper, and sometimes three. The editor offers detailed comments alongside the peer reviews and does copyediting. This policy has served to support a larger pool of published authors, including young and inexperienced authors and those whose first language is not English, who may find it more difficult to get published in English. All papers go through the same selection process, and every paper must be of a high standard before it is accepted. Authors are 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 constructive peer reviews and the opportunity for exchange between authors and reviewers, even if the reviewer does not recommend publication.

Author and regional coverage

RHM aims 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 sometimes attract more submissions from one region and discipline than others, however. 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 and marginalised 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. These policies have steadily increased the proportion of authors from developing countries published by RHM and of peer reviewers from developing countries as well. These proportions continue to compare very favourably to those of other international journals.

ISI impact factor

2005	2006	2007	2008
0.857	0.624	1.169	1.671

The impact factor is the ratio of citations to citable articles. We were concerned that it had fallen in 2006 but we are very pleased that it almost doubled between 2006 and 2007 and rose again substantially in 2008, by 43%.

Papers, authors and peer reviewers by region 2009

	RHM 31 May 2008	RHM 31 Supplement	RHM 32 Nov 2008		RHM33 May 2009	RHM34 Nov 2009
FOCUS OF PAPERS PUBLISHED						
Developed countries	2	7	5		1	4
Developing countries/Countries in transition	15	9	13		14	12
International	5	9	6		4	7
Total	22	25	24		19	23
PAPERS REJECTED	13	6	25		29	
AUTHORS						
Developed countries	43	32	23		31	33
Developing countries/Countries in transition	29	22	31		30	32
Total	72	54	54		61	65
PEER REVIEWERS						
Developed countries	26	26	16		8	26
Developing countries/Countries in transition	25	17	26		19	29
Total	51	43	42		27	55

This table indicates that the focus of papers continues to be strongly on international and developing country issues, which has been the case for many years, while there seems to be a shift in the balance of developed to developing country authors and peer reviewers towards more of each being from developing countries.

ScienceDirect entitled and active accounts

There were 5,924 current institutional subscribers entitled to access RHM on ScienceDirect worldwide in 2009, of which about 40% were in active accounts, that is, accessing RHM articles on a monthly basis. These figures represent a 28% increase in active accounts over 2008. Active usage by country of RHM full-text articles from ScienceDirect institutional account holders rose from 63 in 2007 to 78 countries in 2008 and 83 countries in 2009.

	2005	2006	2007	2008	2009
Entitled accounts	2,770	3,827	4,363	3,445	5,924
Active accounts	1,223	1,386	1,690	1,864*	2,395

*This figure was incorrect in the 2008 Annual Report

The 10 top active ScienceDirect accounts in 2009

	Requests for articles 2009	% increase over 2008
Johns Hopkins University, Baltimore, USA	1,897	40%
London School of Hygiene & Tropical Medicine, London, UK	1,860	62%
University of Leeds, Leeds, UK	1,761	77%
Harvard University, Boston MA, USA	1,351	30%
Australian National University Library, Canberra, Australia	1,236	new
Columbia University, New York, USA	988	new
University of Melbourne, Melbourne, Australia	829	3%
University of North Carolina, Chapel Hill NC, USA	734	new
Mahidol University, Nakornprathom, Thailand	677	47%
University College London, London, UK	666	72%

Full-text downloads from ScienceDirect and abstracts/articles accessed through other gateways

The total number of downloads of full-text articles from ScienceDirect has continued to increase year on year, by 27% in 2009 as compared to 2008.

	2005	2006	2007	2008	2009
Full-text downloads from ScienceDirect	29,567	36,637	50,112	63,642	80,998

The number of RHM abstracts and articles accessed in 2008 through external gateways was as follows:

	2006	2007	2008	2009
All external gateways, mainly PubMed and CrossRef	10,289	9,331	10,133	6,496
HINARI and other developing country gateways	924	1,367	1,726	2,640

ScienceDirect: 10 most downloaded articles in 2009

Human papillomavirus vaccination in the United Kingdom: what about boys?

-Volume 16, Number 32, November 2008

Sexual and reproductive health services and HIV testing: perspectives and experiences of women and men living with HIV and AIDS

-Volume 15, Number 29, May 2007

Benefits, cost requirements and cost-effectiveness of the HPV 16,18 vaccine for cervical cancer prevention in developing countries: policy implications

-Volume 16, Number 32, November 2008

Abortion and Islam: policies and practice in the Middle East and North Africa

-Volume 15, Number 29, May 2007

Prevention of cervical cancer

-Volume 16, Number 32, November 2008

Health systems and access to antiretroviral drugs for HIV in southern Africa: service delivery and human resources challenges

-Volume 14, Number 27, May 2006

Making the case for cervical cancer prevention: what about equity?

-Volume 16, Number 32, November 2008

Fistula and traumatic genital injury from sexual violence in a conflict setting in Eastern Congo: case studies

-Volume 16, Number 31, May 2008

International health policy and stagnating maternal mortality: is there a causal link?

-Volume 17, Number 33, May 2009, p.91-104

The 100% Condom Use Programme in Asia

-Volume 14, Number 28, November 2006

Jstor: articles from 1993-2005 most frequently viewed/printed in 2009

Beyond the yellow wallpaper

-Volume 5, Number 10, November 1997

Women in Arab countries: challenging the patriarchal system

-Volume 13, Number 25, May 2005

Ten years of democracy in South Africa: documenting transformation in reproductive health policy and status

-Volume 12, Number 24, November 2004

Holy hatred

-Volume 12, Number 23, May 2004

Searching for justice for body and self in a coercive environment: sex work in Kerala, India

-Volume 12, Number 23, May 2004

Abortion patterns and reported sex ratios at birth in rural Yunnan, China
–Volume 12, Number 24, November 2004

Women are silver, women are diamonds: conflicting images of women in the Cambodian print media
–Volume 12, Number 24, November 2004

Sexual and bodily rights as human rights in the Middle East and North Africa
–Volume 12, Number 23, May 2004

Human rights begin at birth: international law and the claim of fetal rights
–Volume 13, Number 26, November 2005

Medical abortion: issues of choice and acceptability
–Volume 13, Number 26, November 2005

Articles promoted in 2009 by HealthNet News, Center for Health Information and Technology, USA

Couple-centred testing and counselling for HIV serodiscordant couples in sub-Saharan Africa
–Volume 16, Number 32, November 2008

Women's perceptions of quality of family planning services in Tabriz, Iran
–Volume 17, Number 33, May 2009

The limited effectiveness of legislation against female genital mutilation and the role of community beliefs in Upper East Region, Ghana
–Volume 17, Number 34, November 2009

Nurse-auxiliaries as providers of intrauterine devices for contraception in Guatemala and Honduras
–Volume 17, Number 33, May 2009

Male circumcision for HIV prevention: what about protecting men's partners?
–Volume 16, Number 32, November 2008

Health services for survivors of gender-based violence in Northern Uganda: a qualitative study
–Volume 16, Number 31, May 2008

Subscriptions, orders and distribution

Most paid subscriptions and orders continue to come from developed countries, while almost all subscriptions and orders from developing countries are free, supported by grants from RHM's donors. Supported subscribers are based in governments, health services, NGOs, women's health groups, libraries, universities, and a range of professional associations and institutions, almost all in developing countries. As in previous years, RHM's publications continue to reach organisations and individuals in 182 countries.

Paid subscriptions to the print journal, both from organisations and individuals, have remained low, and have fallen slightly in 2009. The lists of supported and gratis subscribers were updated during 2009, so those numbers have fallen somewhat and will build up again, as has happened in past years. UNFPA, whose list was also updated, is still RHM's biggest paid subscriber, with 501 subscriptions. Because of the continuing increase in web subscriptions and web use over previous years, the outreach of the journal was higher in 2009 than in all previous years.

Distribution 2009	Number
Print run	11,500
RHM17(33) May 2009	5,000
RHM17(34) Nov 2009	5,500
Subscriptions - total	4,037
Institutional – paid	116
Personal – paid	60
UNFPA – bulk rate	501
Supported – authors and peer reviewers from developing countries	3,159
Gratis – authors and peer reviewers from developed countries and RHM board members	201

Regional distribution by subscription type (%)

	Institutions – paid	Personal – paid	Supported by donors	UNFPA offices
	%	%	%	%
Africa	4	3	43	48
Asia	14	5	30	18
Australasia	8	10	5	1
Central America + Caribbean	7	0	4	8
Middle East	0	2	3	6
North America	32	47	2	1
South America	1	0	6	6
Eastern Europe	0	0	4	10
Western Europe	34	33	3	2

Feedback on RHM's publications: survey of subscribers 2009

We included a one-page survey questionnaire in the November 2009 journal issue. At this writing, about 85 have been returned (2% response rate). The survey questions covered which sections of the journal the subscriber was most likely to read, the kind of organisation they work for and how they use the journal in their work, whether they access RHM articles on the web, whether they have used the RHM website, whether they would continue to subscribe if RHM became a web-based journal, whether they like having a main theme or not, their views on the length of the journal, whether their copy arrives promptly or not and in what condition, how many people read their copy of the journal in addition to themselves, and their sex and age group. We also ask them to give a specific example of how and where they use the journal in their work in a few lines. We are compiling the quantitative findings, which will be shared with subscribers and donors when ready. The following are some specific examples given by respondents of how they use the journal in their work.

I used the issue on condoms to sensitise my clients to use condoms because abstinence was not "easy". District Health Officer, Zambia

Guidelines for misoprostol for prevention of post-partum haemorrhage. Hospital doctor, Zimbabwe

It helped us design a curriculum for training volunteer community-based traditional birth attendants and community midwives, which is currently in process. NGO, Nigeria

I am using this information daily. It is most informative and educational. I am learning more from other countries and sharing it in my country and in the region. It is highly beneficial to us. Namibia

Currently preparing RH training modules for MSc (Public Health) course of National Institute of Public Health, Cambodia. References searched for case studies and critical reviews from the journal. Doctor, Myanmar

Citing results of research in academic interactions with students enrolled in health ethics, maternal & child health nursing, and reproductive health nursing. College of Nursing, Philippines

Particularly in facilitating workshops and training for providers and policymakers, we can use the examples of what is happening, where and how it is happening. Support to the Safe Motherhood Programme, Department of Health Services, Nepal

As a librarian, I just promote the use of RHM by making it more visible. But our faculty and research scholars and also students use RHM extensively for their teaching, research, projects, etc. Tata Institute of Social Sciences, India

Adolescent Reproductive Health Project of my office deals with issues contained in RHM. Information can be used to develop learning materials for parents, out-of-school youth and adults. Bureau of Alternative Learning Systems, Department of Education, Philippines

To improve my knowledge of research methods. Doctor, Institute of Child and Adolescent Health, Peking University, China

It provides a better picture of quality RHM services and helps to improve our service provision. Ethiopia

Hospital patient counselling, public advocacy, departmental lectures, personal knowledge. Pharmacist, Federal Staff Hospital, Nigeria

Promotion activities – RHM office

The RHM office continued to promote the journal at conferences, meetings and workshops. Subscription agency exhibits in the past couple of years did not appear to have led to any rise in subscriptions so these were dropped. Brochures, sample copies and CD-roms were distributed at a wide variety of conferences and training courses throughout the world. RHM had a well-visited booth at the IUSSP conference in Morocco, where the translated editions of the journal aroused a lot of interest.

The office offered bulk orders at cost price to authors of both 2009 issues, which significantly increased the print run for the November issue on criminalisation.

The lists of complimentary subscriptions (supported and gratis) were overhauled, and some 300 subscriptions removed but these were largely replaced by new subscribers by the end of the year. Further work will be carried out on the lists in 2010.

Individual promotion continued to participants at conferences attended by the Editor or RHM board members and authors and practitioners in the field, authors found in publications and e-mail circulars received by the office and on websites researched.

Particular attention was paid to the distribution of back issues of the journal, which are incurring high ongoing storage costs. Approximately one third of pre-2009 stock was distributed, as described above or to authors and interested organisations.

Brochures and sample copies

Brochures, sample copies, special publications and CD-roms were sent to the following courses, workshops, conferences and meetings:

- Seminario Boas Praticas em IVG, Lisbon, Portugal
- Gender Based Violence and Sexual and Reproductive Health, Indian Society for the Study of Reproduction and Fertility, Mumbai, India
- Looking Back, Thinking ahead, Atlantic Centre of Excellence for Women's Health, Halifax, Canada.
- Health Inequalities – Turning the Tide, UK Public Health Association Forum, Brighton, UK
- Engaging Men & Boys in Gender Equality, Instituto Promundo & others, Rio de Janeiro, Brazil
- Advancing Women's Reproductive Health and Rights in the MDG Framework, United Nations meeting, New York, USA
- Gender, Sex-Selection and Safe Abortion: Creating Common Ground, Coalition for Maternal-Neonatal Health and Safe Abortion, Mumbai, India
- Contested innocence: Sexual Agency in Public and Private Space, International Association for the Study of Sexuality, Culture and Society (IASSCS), Hanoi, Vietnam
- Sexual Health in Scotland, Positive Steps, Glasgow, UK
- Jóvenes y la Salud y Derechos Sexuales y Reproductivos: África y América Latin, Federación de Planificación Familiar Estatal, Madrid, Spain
- Regional Institute on Sexuality, Society and Culture, Talking about Reproductive and Sexual Health Issues (TARSHI), New Delhi, India
- Borders and Public Health, Institute of International Sociology (ISIG/ECOSOC), Gorizia, Italy
- Meeting on induced abortion in the UK, 22 May, Royal Society of Medicine, London, UK
- Abortion in the Russian Federation and neighbouring countries, Moscow, Russia
- Primary Health Care in Nigeria – 30 Years After Alma Ata, Uvo, Nigeria

- Bridging Culture and Medicine, Society of Obstetricians and Gynecologists, Halifax, Canada
- V Latin American and Caribbean FORUM in HIV/AIDS and STDs, Lima, Peru
- Human Resources for Maternal Survival: Task-Shifting to Non-Physician Clinicians, Averting Maternal Death and Disability (AMDD), Addis Ababa, Ethiopia
- Summer Institute on Sexuality, Culture and Society, University of Amsterdam, Amsterdam, Netherlands
- Research for Advocacy and Interventions to End Sexual Violence, Sexual Violence Research Initiative Forum 2009, Johannesburg, South Africa
- XIX FIGO World Conference of Gynecology and Obstetrics, Cape Town, South Africa
- Sexuality Leadership Development Fellowship, Africa Regional Sexuality Resource Centre, Lagos, Nigeria
- The Reproductive Health Working Group meeting, Aleppo, Syria
- Research Methods in Reproductive Health & HIV/AIDS, University of the Witwatersrand, Johannesburg, South Africa
- 2nd CSBR Sexuality Institute, Coalition for Sexual and Bodily Rights in Muslim Societies, American University, Beirut, Lebanon
- 9th International Conference on AIDS in Asia & the Pacific, Bali, Indonesia
- IAWJ Africa Regional Meeting, Arusha, Tanzania
- 10th Annual Counselling Conference, Kenya Association of Professional Counsellors, Nairobi, Kenya
- Unwanted Pregnancy or Abortion, European Society of Contraception & Reproductive Health, Belgrade, Serbia
- XVI IUSSP International Population Conference, Marrakech, Morocco
- Universal Access to Female Condoms (UAFC) Joint Programme meeting (World Population Foundation), Amsterdam, Netherlands
- Reproductive Justice Conference, Dublin, Ireland
- 5th Asia Pacific Conference on SRHR, Beijing, China
- IX Congresso Brasileiro de Saúde Coletiva, Associação Brasileira de Saúde Coletiva, Recife, Brazil
- Breast Cancer in the Developing World, Harvard Global Equity Initiative, Harvard University, USA
- 1er Congreso Latinoamericano Juridico sobre Derechos Reproductivos, Arequipa, Peru
- Water and Public Health, APHA annual meeting, Philadelphia, USA
- Innovations and Progress in Healthcare for Women, Royal College of Obstetricians and Gynaecologists, London, UK
- Human Resources for Health, Healthlink Worldwide, London, UK
- [Marge's Norway meeting]
- MDGs: Measuring Progress in Public Health in South Africa, South African Public Health Association, Durban, South Africa

E-mail promotion

E-mail promotion continued to participants of conference attended by the Editor or RHM board members and authors and practitioners in the field, found in publications received by the office and e-mail circulars, and on websites researched.

Press releases

A press release on "Major declines in global assistance for reproductive health and family planning" was disseminated in November 2009. In addition, as in 2008, the RHM office worked with the Elsevier marketing team on press releases about both journal issues, which are posted on the Elsevier websites, and circulated by e-mail to several hundred journalists and other media. The press releases were also distributed to RHM's own list of journalists. In 2010, the office plans to develop a more targeted approach to its press relations.

Promotion activities – Elsevier

Conference promotions

The journal has been promoted at an Elsevier exhibition booth at the following conferences:

- 20th European Congress of Obstetrics & Gynecology, Lisbon, Portugal
- 9th European Federation of Sexology Congress, Rome, Italy
- Innovations & Progress in Healthcare for Women, London, UK
- 10th Congress of the European Society of Contraception, Prague, Czech Republic
- Association for Medical Education in Europe, Prague, Czech Republic
- 2008 International Conference On Communication In Healthcare, Oslo, Norway

Branding and awareness

Usage marketing

< www.elsevier.com/locate/rhm >

RHM has a page on this Elsevier Internet promotional catalogue.

Voluntary help and donations in kind

Participation on the Board of Trustees and Editorial Advisory Board remains voluntary. All board members receive the journal free and expenses for attending annual meetings. Authors and peer reviewers receive a one-year free subscription. Many organisations continue to send information and publications in exchange for the journal, which are used in the journal Round Up and in the RHM website news.

Memberships

- IUSSP (International Union for the Scientific Study of Population)
- AWID (Association for Women's Rights in Development)
- Voice for Choice (Coalition of UK pro-choice groups)
- UK NGO Sexual and Reproductive Health and Rights Network
- UK Consortium on AIDS & International Development
- International Consortium for Medical Abortion
- International AIDS Society

Other activities of the editor 2009

Publications

- Provision of abortion by mid-level providers: international policy, practice and perspectives. *Bulletin of World Health Organization* 2009;87:58-63.
- Task-shifting: exposing the cracks in public health systems [Editorial]. *Reproductive Health Matters* 2009;17(33):4-8.
- Criminalisation, sexual and reproductive rights, public health – and justice [Editorial]. *Reproductive Health Matters* 2009;17(34):4-9.
- Male circumcision and risk of HIV in women [letter]. *Lancet* 2009;374(9700):1497-98.
- Letter to the editor in response to Susan Yanow's article "Confronting our ambivalence: the need for second-trimester abortion advocacy." *Conscience* 2009;Summer.

Presentations and participation in meetings

- Debate on legalising abortion in Ireland, Trinity College, Dublin
- Seminario Boas Praticas em IVG, national meeting to celebrate two years of the abortion law in Portugal, Lisbon
- Ford Foundation SRHR grantees meeting, Hanoi
- Royal Society of Medicine conference on induced abortion, London
- Abortion in the UK, presentation to medical students, St Georges Medical School, London
- CLACAI conference on unsafe abortion in Latin America, Lima
- Conference on abortion in the Russia Federation and Eastern Europe, Moscow
- IUSSP International Population Conference, Marrakech
- Meeting on future SRHR policy of Scandinavian donors and NGOs, Oslo

Voluntary activities

- Chair, Steering Committee, International Consortium for Medical Abortion (since 2002)
- Chair, Voice for Choice (coalition of pro-choice groups), UK (July 2007–December 2009)

Professional affiliations

- European Association of Science Editors
- English PEN

APPENDIX 1

Staff, consultants and boards 2009

Staff and consultants

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Lisette Silva

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Boldface / Curr@nt

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Norwegian Board of Health, Norway

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APPENDIX 2

Objectives and achievements 2009

Main editorial tasks	State of completion
RHM 17(33), May 2009 – Task shifting in reproductive health services	Completed and being distributed
RHM 17(34), Nov 2009 – Criminalisation	Completed and being distributed
RHM in other languages – Chinese, Arabic, Spanish, Portuguese, Hindi, French and Russian	Chinese, Arabic, Spanish, Hindi and Russian editions completed and being distributed; Portuguese and French editions prepared, will be distributed in 2010
Redesign RHM website	Completed in Nov 2009

Additional activities accomplished	
RHM 16(31), May 2008 Supplement – Second trimester abortion	Still being distributed
Distribution of back issues of the journal to conferences, meetings, and interested organisations	Approximately one-third of remaining stock of back issues was distributed
Promotional activities	Completed and ongoing
Update Cumulative Index to include 2009	In process for completion for the website in 2010
Survey of readers of the journal inserted in RHM17(34)	Circulated, awaiting replies in 2010
The editor participated in and gave presentations at the following conferences: debate on legalising abortion in Ireland, Trinity College, Dublin; Seminario Boas Praticas em IVG, Lisbon; Ford Foundation grantees meeting, Hanoi; Royal Society of Medicine conference on induced abortion, London, UK; CLACAI conference on unsafe abortion in Latin America, Lima; abortion in the Russia Federation and Eastern Europe; Moscow; IUSSP International Population Conference, Marrakech; and a meeting on future SRHR policy of Scandinavian donors and NGOs, Oslo.	Completed