I would have loved to be with you in this celebration for an organization and an issue close to my heart. And I am not alone.

Many of us, who share your vision, would have loved to be with you all. We would have loved to be with you, not only to join in the joy, to extend congratulations, and to express well deserved admiration, but also to deliver a message to the splendid RHM team, advisors, contributors and supporters. Our message will be: Great progress, well done, but, remember, the challenge still stands. Let the twenty years occasion be not only a time to look back with satisfaction, but an opportunity to move forward with anger.

Our “RHM” is not, and I hope will never be, just another health journal. It is unique and has to continue to be unique. It tells the truth, all the truth and nothing but the truth about sexual and reproductive health and rights issues. It tells it, as it is, to a world where, scarce as the truth is, supply has always been in excess of the demand. It brings forward issues which many people would like to keep under the carpet. Some people think if they can shut the lights, a problem they dislike will disappear. Enter RHM with “Let there be light”, and the problem glares back in their eyes…

As a teacher of obstetrics and gynaecology, I tell my students that it has been our privilege to practice a specialty, different from other medical specialties. We have to practice within a disputed territory of the human body. This special small part of the human female body is subject to heated claims of contested ownership by politicians, lawyers, moralists, men in robes and men without robes. All of them claim the right to decide how this particular area should best be utilized and not utilized. The woman, still in many parts of our twenty-first century world, cannot claim this area to be her own. It is a mission of RHM to liberate for women that disputed territory, and to let a woman’s body be all hers. Battles have been won, but the war is not over.

Supporters of sexual and reproductive health and rights need solid evidence-based advocacy. This is what has been RHM’s specialty of the house, and it is still in demand.

RHM deserves to celebrate its twenty years of existence and success. These years have not been, by any means, easy years. There were, and there are still, some steep mountains to climb. But RHM, backed by its supporters and all who care for its noble mission, is not for turning.

Thank you for making reproductive health matter, and for continuing to make it matter.
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1. This report

Reproductive Health Matters (RHM) celebrated its 20th year anniversary in 2012, and this is our 20th annual report.

2. RHM in 2012

RHM is an independent charity with an office in London with six staff members (3 full-time and 3 part-time) and seven editorial teams in Beijing, Cairo, Lima, New Delhi, Recife, Bobo Dioulasso and Moscow. Its editorial advisory board and trustees comprise some 41 members based in 23 countries in all world regions.

RHM’s staff, boards, authors, reviewers and readers are part of the global community of leaders in research, policymaking, service provision and advocacy who are working in their countries and at regional and global level to improve SRHR. (See Appendix 3 for the 2012 list of London editorial staff, editors in eight developing countries, and trustee and editorial advisory boards.)

3. Global context

In 2012, in recognition of the priority being given to maternal mortality globally, RHM published its second collection of papers on this theme, and because of the ongoing, persistent neglect of sexual and reproductive morbidity among national and international priority setters, not least under the influence of the need to fulfil the targets set under the Millennium Development Goals, we published a journal issue on morbidity as well.

Moreover, in line with the growing recognition of the intersections of HIV and sexual and reproductive health and rights, a link that RHM has been emphasising since the journal began, and because changes in international policy on HIV testing and counselling and HIV treatment, especially during pregnancy and post-natally, we were pleased to have been approached to publish a supplement for the World Health Organization Department of Reproductive Health & Research on the pregnancy decisions of women living with HIV.

Lastly, given the refocusing on family planning in mid-2012 by the FP Initiative, RHM became involved in discussing and blogging on the role of family planning in the wider context of access to sexual and reproductive health and rights. In particular, in mid-2012 we blogged on the necessity of promoting access to safe abortion alongside better access to contraception and promoting access to contraception post-abortion. Then, later in 2012 in response to reports of abuse of women’s right of informed choice regarding contraception and sterilisation, from Israel, Namibia and India, we blogged about the risks of abuses that were a feature in the past if targets were again to replace a right-based approach to provision of fertility control methods.

‘The 39th issue (May 2012) of RHM starts with a poem of six verses. The first five start with: You may not want to hear. You may not want to hear. You may not want to hear. You may not want to hear. Five times. The sixth verse starts with: Who wants to know …

RHM has spent 20 years of saying what many “may not want to hear”.’

Berit Austveg, Chair, RHM Board of Trustees, speech at RHM 20 year anniversary party, June 2012
4. RHM publications 2012

RHM 20(39) May 2012

Maternal mortality or women’s health: time for action

The papers show that some countries have been making serious efforts at strengthening and improving their health systems in relation to maternity and other reproductive health services. In contrast, in some countries, appalling, chaotic, uneven, negligent and abusive situations persist. For example, among the 22 million women each year who still have unsafe abortions, adolescents suffer the most from complications and have the highest unmet need for contraception. Lack of national commitment was identified as critical in 33 sub-Saharan African countries, as well as very low levels of public financing for health and health services (let alone maternity services), poor coordination between key stakeholders and partners, poorly functioning health systems with poor logistics for supply, distribution and management of essential medicines, family planning commodities, and equipment, and a chronic shortage of skilled health professionals. The most heartening thing in this journal issue was that the papers don’t just talk about how bad things still are and what needs to be done, but describe what is being done to change the situation on the ground in regard to safe pregnancy and delivery, safe pregnancy outcomes and the need for safe abortion. Capacity-building and editorial support for authors with this journal issue was particularly demanding and very successful.

RHM 20(39) Supplement, July 2012

Pregnancy decisions of women living with HIV

In 2011, RHM made an agreement with the WHO Department of Reproductive Health and Research to publish this supplement, guest edited by Sofia Gruskin, a member of RHM’s editorial advisory board, with Marge Berer and Kelly Safreed-Harmon. Most of the papers had originally been presented by participants at a workshop organised by Sofia and colleagues at the Harvard School of Public Health in 2010, and were updated and turned into academic papers. The papers cover HIV disclosure issues; desire for children; attitudes of health service providers to women with HIV getting pregnant; understanding risk behaviour among serodiscordant couples; experiences of involuntary sterilisation due to HIV status; HIV, unwanted pregnancy and abortion; call for paediatric elimination of HIV; role of men as partners and fathers in preventing vertical transmission; the state of knowledge and the way forward.

RHM 20(40) November 2012

Reproductive and sexual morbidity: not a priority

This journal issue contains diverse perspectives on a wide range of morbidities in 20 countries, north and south. Many papers focus on personal experience and command attention. The morbidities covered include lack of safety in childbirth during military assault; violence against disabled, lesbian, and sex-working women; gynaecological cancers; infertility; discontinuation of contraception due to side effects; consequences of fistula following corrective surgery; health risks from the materials used in breast implants; use of female genital mutilation to cure reproductive tract infections; gonorrhoea becoming untreatable due to antimicrobial resistance; the need for maternity protection for working mothers; a plethora of maternal morbidities; and unwanted fertility. This journal issue offers two important lessons: first, the extent of morbidity is overwhelming. Secondly, sexual and reproductive morbidity are not a priority in a world with limited resources and where mortality remains high, but are nonetheless extremely important for achieving the right to health.
5. RHM editions in translation

The seven RHM editorial teams who publish journal articles in translation have produced a varied set of editions in 2012. The Chinese team again followed the theme of the English edition six months later, as they have done from the beginning. The other six teams chose articles on themes that had been covered in English earlier and/or created sets of papers with themes of their own choosing, using papers from across several journal issues.

RHM provided ongoing support for the language editions in Chinese, Hindi, Portuguese, Spanish and French, and contracted two new editorial teams to produce RHM in Arabic and Russian in 2012.

Five of the editors of these teams attended the June 2012 editorial board meeting, where increased promotion, including greater use of websites and social media, and plans to expand advisory groups were agreed. It was reported that the costs for this work have been rising faster than had been anticipated in 2011 (some due to exchange rate changes, others to the rising cost of mailing and others due to the extent of the work involved), so we adjusted a number of these budgets upwards for 2012. About 18% of RHM’s total budget in 2012 was spent on these seven language editions.

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<td>No. 6 Repoliticising SRHR and privatisation</td>
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<td>Russian</td>
<td>No. 5 Reproductive rights (in press 2012)</td>
</tr>
<tr>
<td>French</td>
<td>No. 3 Human resources</td>
</tr>
</tbody>
</table>
From the Chinese team

RHM in Chinese is read by clinicians, teachers and scientists in research institutes, and administrators in family planning commissions at different levels.

RHM 19(38), November 2011, and RHM 20(39), May 2012, were translated in 2012 and 5,000 copies distributed to institutions and individuals all over China. We have improved the quality of translation and review with comments from professors of sociology at the Academy of Social Sciences and a professor of epidemiology from the Chinese Academy of Medical Sciences.

In order to increase impact, we have continued to cooperate with the websites of “The modern training platform for Chinese family planning and reproductive health” (http://jsw.e-health.org.cn/jsw/) and “The official website for sharing scientific data on population and reproductive health” (http://124.65.129.26/website/xuexiziyuan2b.html). Readers can download the Chinese editions of RHM from these websites. The website of the China Population Information Research Center in Beijing (http://www.cpirc.org.cn) is being rebuilt and is not currently accessible.

We have also published some abstracts of RHM papers in each issue of the Chinese Journal of Family Planning, which is distributed to almost every township Family Planning service station in China and has a circulation of over 30,000. We have also published abstracts in several issues of the Journal of Reproductive Medicine.

The Chinese RHM is an important translated journal in China. It gives new information which cannot be obtained elsewhere. It increases our knowledge of reproductive and sexual health and can be used in family planning and sexual health services. For health workers, it may used for further training. The information is accurate, readable and reliable, with good references for scientific researchers.

From the Arabic team

After signing a contract with RHM in 2011 for production of an Arabic edition, it took the Etijah Institute about one year to get Egyptian government approval, which is mandatory before starting work. The current political transformations sweeping the Middle East and North Africa have greatly affected NGOs, especially those concerned with women’s rights.

After recruiting a new team and editorial board, papers from RHM 18(36), November 2010, and RHM 19(37), May 2011, were selected for the Arabic edition No.15 on "Privatization of health". 1,000 copies were printed and distributed to institutions and individuals all over Egypt and in some other Arabic-speaking countries. Edition No.16, about the impact of political conflict on sexual and reproductive health of women, has been translated and reviewed and will be printed in early 2013. We are in the process of linguistic editing of the translated articles for this issue. The articles were all selected from RHM 16(31), May 2008.

The dissemination plan is multifaceted and tailored to the theme of each edition. Issue No.15 has been distributed widely to organisations working on sexual and reproductive health and rights, HIV/AIDS, and youth. This issue has a strong introduction from us with reflections on what is happening in Egypt with regard to health systems and privatisation and the new political movements. This theme is important to inform discussion with governmental bodies and policy makers, as well as political activists trying to lobby against the current privatisation process in Egypt and other countries in the region. Thus, we have also distributed to members of parliament and active political
From the French team

The third edition in French Questions de Santé Reproductive was published by Cellule de Recherche en Santé de Reproduction in Burkina Faso in May 2012. This issue followed RHM’s own new in-house style, and the quality of both translation and design were improved over the previous two editions. Along with the use of a new printing house, these will benefit future editions as well.

Over 400 copies were distributed widely throughout Francophone Africa, Europe, US and Canada, both by mail and while attending local or international meetings. The French RHM is now accessible online to francophone readers through a local website (http://soburad.refer.bf/spip.php?rubrique21).

The production of No.3 has been an exciting but time-consuming experience. Most importantly for us, it contributes to CRESAR’s commitment to promote reproductive health in Burkina Faso and disseminate research findings to the Francophone public.

From the Spanish team

The Spanish team has started work on issues 7 on privatisation and reproductive health which will be published in 2013 and 8 on Cairo+20: repoliticising sexual and reproductive health and rights which will come out in 2014. Issues 4–6 are now available on an improved website.

From the Portuguese team

In early 2012, the Coletivo Sexualidade e Saúde Reprodutiva launched the fifth edition of the Revista Questões de Saúde Reprodutiva at a seminar organized in the School of Public Health in São Paulo. The journal was distributed there and at other feminist meetings and was sent to women’s groups and networks, health research institutions, gender studies groups, governmental offices on policies for women, public libraries in Brazil and to selected addresses in Portuguese-speaking countries in Africa. All editions of the Revista are available on the Coletivo’s website (www.mulheres.org.br).

The editor of the Portuguese edition was on sabbatical during 2012 and the work on the next issue shifted from São Paulo to her colleague in north-east Brazil. For this reason, the contract for the 6th edition was signed with Curumim, an active, 20-year-old feminist NGO in Recife. The team have been translating papers from RHM 19(37), May 2011, and RHM 19(38), November 2011, on the themes of privatisation and the repoliticisation of sexual and reproductive health and rights; these will be published in the first half of 2013.

The Arabic edition has been put on the Etijah website (http://www.etijah.org) and the team has also negotiated successfully with the Population Council in Cairo to place back issues on their website. We plan to display and distribute all issues of RHM in Arabic at important national conferences, and use the journal as resource material in the resource centres of the Human Rights Institute and big libraries like the Alexandria library. Participants in all training sessions receive free copies, which they take back to their resource centres. We also plan to work with RHM board members and authors in the region to distribute the Arabic editions more widely in their countries.
From the Hindi team

CREA has been producing RHM Hindi annually since 2006. It is the only peer-reviewed journal on sexual and reproductive health and rights in Hindi in India. RHM Hindi is one of the most important publications that CREA publishes and shares with its networks. The edition is not merely a translated version of the English editions; it is structured by themes of relevance to Hindi readers. This increases the access of Hindi-speaking activists and organisations to a wide range of resource materials, which are rarely available to them. It is extensively used by women’s health and rights advocates, health service providers, health policymakers, ministries, and state health departments, non-governmental and other civil society organisations focusing on health, population, development, and human rights.

In 2012, CREA published the 6th edition in Hindi with 11 articles on the theme of “Abortion and rights”. The theme was chosen because very little material in Hindi exists on abortion as a women’s rights issue in India. With the recent focus in India on sex selection and legislation banning sex determination tests, the right to abortion has been linked by anti-abortion groups to sex selection and condemned. CREA felt this edition was extremely relevant and timely in creating a discourse distinguishing between the right to abortion and the problem of imbalances in the sex ratio. A re-focus on women’s rights to access to safe and legal abortion is very much required; Issue 6 aims to assist in this re-focusing effort.

CREA has designed a multi-pronged dissemination plan specifically for RHM Hindi, which includes disseminating to community-based organisations in India through its training institutes and networks; using other networks with a particular interest in the current theme; approaching organisations in the field for bulk orders; and displaying and distributing at important national conferences. Information regarding Reproductive Health Matters is also sent to more than 7,000 people across the world through Constant Contact, an e-mail marketing tool, and CREA has received requests for copies of both current and past editions.

CREA printed 1,000 copies of the “Abortion and rights” edition and by the end of October 2012, 650 copies had been sent to all Hindi-speaking states of India by post, reaching about 500 organisations. The remaining copies will be distributed at CREA’s training institutes and relevant conferences, and amongst organisations requesting copies.

CREA has now set up an advisory board for RHM Hindi which will discuss future editions, increasing the networks which access the edition and creating a regional reader base for RHM Hindi in South Asia as well as quality translation, review of translated text and possible events which could accompany release of future editions.

The 7th edition (2013) will be on the theme “Repoliticising sexual and reproductive health and rights”. The increasing demand for Hindi editions of RHM by grassroots organisations, civil society groups, and universities has validated the need for resources in Hindi on issues of sexuality, gender, and rights. The RHM Hindi journal has been effective in helping to expand access to knowledge and resources on women’s rights and sexuality.

From the Russian team

As the editorial team that published the first four editions of RHM in Russian was unable to continue, RHM invited expressions of interest and signed an agreement with the Russian Association for Population and Development. The new team and editorial board have made a broad selection of papers from recent and older issues of RHM on the theme of “Reproductive rights”.

Russia’s current laws guarantee the right of a woman to control her reproduction and reproductive choices. Yet in reality, over the last several years, this right has been slowly but steadily undermined in practice and there have been severe attacks on women’s right to abortion in late 2012, fuelled by anti-choice groups from a pro-natalist stance.
The ease with which Russian MPs agreed (and the Minister of Health did not argue) with restrictions that compromise women’s autonomy is a major setback for women’s rights. There is not yet a reproductive rights culture in Russia and internationally agreed rights-based principles are very fragile here. In addition, there is evidence that legal changes in Russia have implications beyond its national borders as countries in Eastern European and Central Asian regions are also moving to restrict their abortion laws.

These issues have been discussed by the Russian RHM editorial board, who consider the theme of reproductive rights to be highly relevant in this situation and chose it for their next issue in order to disseminate scientific and evidence-based information to specialists in the regional ministries of health, leading reproductive health institutions, grassroots, civil society groups and the media.

6. RHM 2012 board meetings, staffing and strategic review

- **RHM Trustees meeting, 5 June 2012** – This meeting, in addition to its annual tasks of monitoring and reviewing the previous year’s work, annual report and RHM’s finances and budgets, agreed to do a strategic review of RHM’s position in the field and financially and draw up plans for the future. (See information below.) The meeting agreed RHM should hire a managing editor to help the editor cope with the expansion in submissions and publications that has taken place over the past five years; Louise Finer started work in that position mid-October 2012.

- **RHM Editorial Advisory Board meeting, 6–8 June 2012**, decided on future journal themes; reviewed changes in the publishing of journals, open access, and web-only publishing; agreed to initiate electronically mediated submissions and peer review; discussed RHM’s role in knowledge creation and dissemination; RHM’s expanding use of social media; expanding the outreach and dissemination of RHM in seven other languages; and translation issues and creation of glossaries for definitions of terms in translation. As regards the future, we discussed the value and impact of RHM and its role in the SRHR field; the need to expand the staff due to increased submissions; increased need for mentoring of authors; regular requests to do supplements; demand to cover more themes; and improving the websites of RHM editions in translation. We also held a wonderful 20th anniversary party for RHM.

- **RHM strategic review** – Our first meeting took place on 1–2 October 2012, facilitated by consultant Ellen Sprenger, and included all but one of RHM’s trustees, several editorial advisory board members and the London office staff. The purpose of the meeting was to reflect on RHM’s current role and impact, and strengths and weaknesses, in the context of the expanded workload created by our success in publishing and promoting the journal, and disseminating the knowledge contained in it. The outcome was an agreement to develop a renewed vision for the future, based on the discussion at the June editorial advisory board meeting and the changes in the publishing field that are affecting journal publication, and to develop clear parameters for any changes that are needed. It was agreed at the same time to consolidate, strengthen and expand RHM’s role as “more than a journal”. Specific areas of work and options for expansion were discussed, and a second meeting of the group was set for February 2013. It was decided to draft a framework document to guide the process of change, and proposals for changes to the journal, and analyse the financial implications. It was agreed to renew our vision and to decide in 2013 how we will expand the work we are already doing that makes RHM much more than “just a journal”. We also agreed to bring the journal into the 21st century as regards rapidly changing publishing realities. It was agreed that the strategic framework would be finalised and shared in early 2013. It was also agreed to produce a report providing an overview of RHM’s 20 years of accomplishments.
7. Website, social media and networking

In March 2012, we hired a new social media and communications manager, Lisa Hallgarten, to replace Cassie Werber, the outgoing person. All RHM staff began to work with her on how to build a new RHM website (www.rhmjournal.org.uk), make it more interactive, and find out more about the needs of the people who will be using it. Meanwhile, the current website is being regularly updated and improved.

Social media work has greatly raised the profile of RHM on Twitter and Facebook among people working or interested in areas related to SRHR who are not (yet) subscribers. We have also sought feedback on Twitter from RHM journal subscribers as to how they use the journal. New Pinterest pages were created displaying RHM journal covers (e.g. http://pinterest.com/rhmjournal/rhm-covers and http://pinterest.com/rhmjournal/hindi-covers) with the aim of attracting interest in the themes visually and raising the profile of RHM in translation. Social media have also been used to promote the fact that all RHM articles after a three-year embargo are now freely available on the RHM-Elsevier website (www.rhm-elsevier.com). Directing people to specific articles in older journals is another important aspect of the strategy to increase readership. Social media activity has driven more traffic to the RHM website, which has seen a 50% increase in unique visitors in 2012.

We have published far more on the Berer Blog in 2012, and set up a second blog for other staff and colleagues (Appendix 1 gives a list of all blog titles). The blogs cover not only journal themes and articles as a more accessible route into some of the subjects we publish on, but also addressing current events and issues with a critical perspective on SRHR in line with RHM’s broad editorial policy. The blog started off being written only by the editor, but was expanded during the course of the year to include guest blogs (http://rhmatters.wordpress.com/) by other RHM staff, board members and colleagues (Appendix 1 lists all 2012 blog titles). Blogs have included summaries of and comments on journal content with the intention of driving traffic to RHM articles and encouraging new readers and subscribers. Blogs published by RHM have also been re-posted on BMJblogs, the guest blog of the British Medical Journal, and RH Reality Check, a US-based SRHR blog.

Lisa has attended social media and website development trainings and researched different types of website platforms that might be appropriate for the forthcoming redevelopment of the RHM website.

“Am seriously happy to receive this important report [Repoliticising sexual and reproductive health] that you sent. I am very interested in reproductive and child health issues and ‘re-politicizing sexual and reproductive health and right’ is a very good report… I would be happy if you can be distributing some copies to the Reproductive and Child Health Programme under the Ministry of Health in the Gambia.”

Sulayman Jammeh, Ministry of Health, The Gambia
8. RHM online

Online indexes/databases that include the RHM journal


RHM at ScienceDirect
www.sciencedirect.com/science/journal/09688080

The full text of each issue of the journal and supplement is carried in ScienceDirect, a platform of more than 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 search engines in which RHM is indexed.

RHM at Elsevier
www.rhm-elsevier.com

This is Elsevier's website for all RHM's other subscribers and readers, and contains all current and back issues of the journal and supplements. All RHM's subscribers, including group, personal and supported subscribers, can access full-text articles freely, using their subscriber number. For all other visitors, the tables of contents, editorials and abstracts of each paper, and all articles from 2009 and earlier are freely available without a subscription. There are links to subscribe and to order back issues, and visitors can order a sample copy.

HINARI
www.healthinternetwork.net

RHM is on the Health InterNetwork Access to Research Initiative (HINARI), providing free or nearly free access to more than 6,000 journals in biomedical and related social sciences to local, non-profit institutions in low-income and lower-middle-income developing countries. HINARI is one of the largest collections of biomedical and health literature. Up to 11,400 journals (in 30 different languages), 18,500 e-books, and 70 other information resources are now available to health institutions in more than 100 countries, areas and territories on HINARI.

Jstor
www.jstor.org

This digital archive, open to participating libraries and other institutions, contains back issues of RHM up to three years prior to the current issue and is being used increasingly to read RHM articles.
9. Outreach and impact

RHM was established in 1992 as a twice-yearly journal for in-depth analysis of reproductive health matters written by and for women’s health advocates, researchers, service providers, policy makers and others. The journal is actively working to fulfil its aim to promote laws, policies, research and services that meet sexual and reproductive health needs and respect, protect and fulfil sexual and reproductive rights.

Each year, we try to “measure” our success in these by looking at who our audience and authors are; how we give editorial support to them to produce new knowledge and information which we can disseminate; the extent of our coverage globally in doing so; how many subscriptions we have in all eight languages we publish in (both paid and supported by donor funding) and where these subscribers live and work. We also look at the extent of usage of RHM’s articles on the ScienceDirect website, which is used by large institutions and represents a different readership base from our subscribers to the journal in print and online, who are primarily small organisations and key individuals in their fields. The 2010 survey of our readers, described in the 2010 annual report, was a major aid in obtaining some of this information. Lastly, the ISI impact factor is another means of measuring impact, based on the ratio of recent citations of RHM articles to the total number of recent citable articles.

10. Open access policy

RHM does not charge authors a fee for publishing their papers because many of our authors are not working in well-funded academic institutions that can cover the current fee our publisher (Elsevier) charges for immediate open access. We would lose too many excellent authors and their papers if we did so. All papers are open access via Elsevier after a three-year embargo has elapsed. Furthermore, RHM’s donor funding allows us to make all journal issues freely available from date of publication to groups and organisations in developing countries, who receive the journal free in print and online. In addition, RHM is openly available to everyone who has access to HINARI.

We are aware that we risk losing authors from well-funded academic institutions which increasingly require journals to be completely open access. The 2012 Editorial Advisory Board meeting therefore agreed to review our policy annually as things change around us. However, we believe that so-called open access also creates a form of inequity, though different from the one created by subscriptions, and that a lot of further consideration is needed of all these policies – because someone always has to pay. See: http://rhmatters.wordpress.com/2013/02/18/the-meaning-of-open-access-for-rhm/ for background on this issue.

11. ISI impact factor

There was an increase in RHM’s impact factor to 1.371 in 2011. In 2010, the impact factor was 1.268. The five-year impact factor covering the years 2006 through 2010 rose substantially, to 1.967 in 2011 compared to 1.437 in 2010.

Importantly, RHM journal articles have longevity and stay relevant, which is shown in the fact that they are cited for a median of 5.8 years after they have been published.
12. Ranking among social science journals

The ranking for RHM in the JCR Social Science category of Public, Environmental and Occupational Health also improved for 2011. The journal was 58th out of 131 journals. This represents a rise from 2010, when it was ranked 60th out of 114 journals.

“I work in a developing country but work for the UN. Thus I do not see myself personally qualifying for and meeting the required criteria for free subscription. In my humble opinion it should go to more deserving candidates. I have a huge respect for the journal and its policies and would like to remain associated with it. So I am reflecting on the methodologies to make it possible. One way could be to remain connected electronically and also contribute to it. Also I could suggest one or two hospitals in India that would benefit from receiving the journal regularly, e.g. the hospital with which I was associated for a long time. Once again I thank RHM for your generosity!”
Dr. Patanjali Dev Nayar
13. Audiences, authors, peer reviewers and readers

- national and international policymakers, agencies and donors in the field, health ministries and health departments, including in reproductive and sexual health, women’s health, maternal and child health, family planning and STIs/HIV;
- reproductive health service providers, including obstetrician/gynaecologists, midwives, nurses, family planning providers and associations, and counsellors;
- researchers in a broad range of specialisms and disciplines, including the biomedical and social sciences, and in non-governmental organisations (NGOs), public health schools and universities;
- women’s sexual and reproductive health advocates, groups and organisations, and a broad range of other women’s and human rights groups and organisations;
- young people’s groups and organisations, sexuality education teachers, social media and social network users;
- NGOs focusing on health, population, development and related fields;
- university and NGO libraries, and other resource and information centres;
- national and international professional associations, training courses, academics and 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.

“I received the latest issue of your journal last Friday. Many thanks. I have finished reading it. There is so much meat in it. Your editorial "Maternal mortality or women’s health: time for action" is simply brilliant. After all is said and written, and the more I reflect on the whole business, my strongly held belief remains the same. Here it is: If you want to reduce high maternal mortality first tackle gross societal inequality in its widest sense.”

Prof. Kelsey Harrison, Nigeria, Initiator of safe motherhood research and programmes in Africa, author of Sowing the seeds of safe motherhood in Sub-Saharan Africa, 2010
14. Editorial support to authors and peer reviewers

The selection process for publication in RHM is the same for all papers, and every paper must be of a high standard before it is accepted.

One of the most important aspects of RHM’s editorial policy is to provide editorial support to authors whose papers have valuable and cutting edge information to share but which need a great amount of editing and revision to reach a high standard of publication. This often consists initially of giving detailed suggestions on how to improve a paper prior to it being ready for peer review. There are always two and often three peer reviews per paper being considered for publication. Having read the peer reviews, the editor almost always offers additional detailed comments that often focus on the language, structure and organisation of a paper. Authors may consult both the reviewers and the editor for additional support and information. Once content of the paper has been finalised by the authors and it is accepted for publication, detailed copyediting is done that ends with corrections to the typeset text. This mentoring policy has served to support a much larger pool of authors, including young and inexperienced authors and those whose first language is not English, all of whom may find it more difficult to get published. It has been particularly important for authors from developing countries. However, it would be incorrect to say that developed country authors need less editorial support.

Authors of papers that are not accepted for publication are always provided with a brief review and reasons why, and suggestions on how the paper might be made publishable are offered, as well as suggestions where else it might be submitted if improved.

“Hello Marge, I hope we are done. I appreciate the time and work and skill you put into it, this is unique in my experience for an editor… It will be lovely to see this story published; it needs to be told. It was such a gift from the women that they shared their stories with us. So thank you for persisting and for publishing our hard work.”
Jo Wainer, Adjunct Associate Professor, Faculty of Medicine, Nursing and Health Sciences, Monash University, Victoria, Australia. Former RHM Editorial Advisory Board member; RHM 40 Nov 2012 author.

“The RHM [editorial] process was not just exceedingly supportive (and patient), but a pleasure to experience. Other journals could stand to learn a thing or two… I’ve been using the PDF copies you kindly provided, with thanks.”
Prof. Alain Labrique, Assistant Professor, Department of International Health, Johns Hopkins School of Public Health, Baltimore, USA. RHM 39 May 2012 author.
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. RHM has adhered to an open review process, in which both reviewers’ and authors’ names are made known to each other. Our peer review guidelines spell out what is asked for, and are helpful for less experienced peer reviewers to work from. Reviews are sometimes shared confidentially between the 2-3 reviewers of a paper, so that they can see how each other perceived and critiqued the paper. Reviewers sometimes ask if a colleague might also be involved, which is almost always agreed. All this encourages constructive peer reviews and the opportunity for exchange, including between authors and reviewers, even when the reviewer does not recommend publication.

“Thanks a million for the support you have given our paper up to this point. I have read the comments and concerns you have raised and agree with your amendments to strengthen the paper. Each and every explanation you have provided makes sense and truly reflects your expertise. I know that this is being done to enhance the confidence and comprehension of the articles published in the journal and have no objections to your proposed amendments. I will provide the information you have requested to the best of my knowledge...

This is an enriching opportunity for us when we develop future papers.”

15. Author and regional coverage

RHM aims to maintain a balance between regions in its geographical focus and to address global issues, although different themes may attract more submissions from one region and discipline than others. Within these parameters, the journal focuses more on geographical regions, countries and socioeconomic strata where the problems are greater in both developing and developed countries. Furthermore, influences today are cross-regional, and solutions and models of excellence exist in all regions. Hence, our aim has always been that information from all regions has value and should be shared globally.

In many international journals, papers about developing countries are commonly written by authors and researchers from developed countries. RHM’s editorial policy, almost since the beginning, has been that preference should be given to papers about developing countries written by or in collaboration with authors from those countries. This policy has 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.

All co-authors receive a free, one-year subscription and peer reviewers are given a free copy of one journal issue, as thanks for their reviews. All are invited to subscribe, including to receive free subscriptions at their institutions if in developing countries, and many do choose to become subscribers afterwards. Many organisations continue to send information and publications in exchange for the journal, which are used in the editorial, the journal Round Up sections and the RHM website news.

Papers, authors and peer reviewers by region 2012

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Developed countries</td>
<td>0</td>
<td>–</td>
<td>5</td>
</tr>
<tr>
<td>Developing countries/Countries in transition</td>
<td>18</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>International</td>
<td>3</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
<td>13</td>
<td>22</td>
</tr>
<tr>
<td>Papers rejected</td>
<td>36</td>
<td>na</td>
<td>28</td>
</tr>
<tr>
<td>Authors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developed countries</td>
<td>38</td>
<td>34</td>
<td>28</td>
</tr>
<tr>
<td>Developing countries/Countries in transition</td>
<td>33</td>
<td>30</td>
<td>37</td>
</tr>
<tr>
<td>Total</td>
<td>71</td>
<td>64</td>
<td>65</td>
</tr>
<tr>
<td>Peer reviewers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developed countries</td>
<td>29</td>
<td>28</td>
<td>32</td>
</tr>
<tr>
<td>Developing countries/Countries in transition</td>
<td>24</td>
<td>13</td>
<td>34</td>
</tr>
<tr>
<td>Anonymous</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>56</td>
<td>41</td>
<td>66</td>
</tr>
</tbody>
</table>
16. Subscriptions, orders and distribution

Most paid subscriptions and orders continue to come from developed countries, while almost all subscriptions and orders from countries in the global south 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 181 countries.

Paid subscriptions to the print journal, both from organisations and individuals, have remained low, and have fallen every year, which is true for almost all journals as web usage has risen and budgets continue to be squeezed. Of our total subscribers, 82% are supported by grants, in line with our policy that the journal is mainly both by and for developing countries.

<table>
<thead>
<tr>
<th>RHM in English Distribution 2012</th>
<th>Number of print copies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print run</td>
<td></td>
</tr>
<tr>
<td>RHM20(39) May 2012</td>
<td>11,500</td>
</tr>
<tr>
<td>RHM20(40) Nov 2012</td>
<td>6,500</td>
</tr>
<tr>
<td>RHM20(40) Nov 2012</td>
<td>5,000</td>
</tr>
<tr>
<td>Subscriptions – total (print + web)</td>
<td>4,191</td>
</tr>
<tr>
<td>Supported – individuals, groups and organisations from developing countries</td>
<td>3,359</td>
</tr>
<tr>
<td>UNFPA – free subscription</td>
<td>453</td>
</tr>
<tr>
<td>Web-only subscriptions*</td>
<td>117</td>
</tr>
<tr>
<td>Gratis – 2012 authors and peer reviewers and RHM board members</td>
<td>141</td>
</tr>
<tr>
<td>Institutional – paid</td>
<td>74</td>
</tr>
<tr>
<td>Personal – paid</td>
<td>47</td>
</tr>
</tbody>
</table>

*Most web-only subscriptions are from universities.

17. Contract with Elsevier

RHM’s contract with Elsevier Ltd, which began in 2003, was renewed most recently for the three years, 2011–2013. RHM has had a productive relationship with Elsevier Ltd since it started, which has been particularly beneficial for dissemination of journal articles online via ScienceDirect. Elsevier also handles subscriptions, distribution, bulk orders, promotion at a few major conferences (such as the International Federation of Gynecologists and Obstetricians – FIGO), and commercial reprint permissions. They promote RHM alongside other women’s and reproductive health journals in their Women’s Health stable, including Contraception, International Journal of Gynecology & Obstetrics, Social Science and Medicine, Health Policy and the Lancet.
18. ScienceDirect entitled and active accounts 2012

The number of institutional subscribers to ScienceDirect accounts that include the RHM journal again rose in 2012, for the fifth year running. There were 7,345 current institutional subscribers entitled to access RHM on ScienceDirect worldwide in 2012, of which about 38% were in active accounts, that is, accessing RHM articles on a monthly basis. Institutional account holders in 89 countries actively used RHM full-text articles from ScienceDirect in 2012, rising annually from 63 countries in 2007. The most numerous requests for individual articles came from universities, which means students in our field are increasingly accessing the journal on the web through these accounts.

<table>
<thead>
<tr>
<th>Year</th>
<th>Entitled accounts</th>
<th>Active accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>4,363</td>
<td>1,690</td>
</tr>
<tr>
<td>2008</td>
<td>3,445</td>
<td>1,864</td>
</tr>
<tr>
<td>2009</td>
<td>5,924</td>
<td>2,395</td>
</tr>
<tr>
<td>2010</td>
<td>6,033</td>
<td>2,558</td>
</tr>
<tr>
<td>2011</td>
<td>6,567</td>
<td>2,641</td>
</tr>
<tr>
<td>2012</td>
<td>7,345</td>
<td>2,779</td>
</tr>
</tbody>
</table>

The regional spread of universities with the highest number of article requests has also expanded and now includes Indonesia, Thailand, South Africa and Japan.

<table>
<thead>
<tr>
<th>Top 20 active ScienceDirect accounts</th>
<th>Country</th>
<th>Article requests 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>London School of Hygiene &amp; Tropical Medicine</td>
<td>UK</td>
<td>1,546</td>
</tr>
<tr>
<td>Johns Hopkins University</td>
<td>USA</td>
<td>1,453</td>
</tr>
<tr>
<td>Parkland College</td>
<td>USA</td>
<td>1,217</td>
</tr>
<tr>
<td>Curtin University of Technology</td>
<td>Australia</td>
<td>1,106</td>
</tr>
<tr>
<td>Harvard University</td>
<td>USA</td>
<td>1,084</td>
</tr>
<tr>
<td>London School of Economics &amp; Political Sciences</td>
<td>UK</td>
<td>1,063</td>
</tr>
<tr>
<td>University of Leeds</td>
<td>UK</td>
<td>891</td>
</tr>
<tr>
<td>University of Liverpool</td>
<td>UK</td>
<td>871</td>
</tr>
<tr>
<td>Universitas Gadjah Mada</td>
<td>Indonesia</td>
<td>784</td>
</tr>
<tr>
<td>Perpstakaan Universitas Surabaya</td>
<td>Indonesia</td>
<td>766</td>
</tr>
<tr>
<td>University of North Carolina, Chapel Hill</td>
<td>USA</td>
<td>726</td>
</tr>
<tr>
<td>University of Sydney</td>
<td>Australia</td>
<td>717</td>
</tr>
<tr>
<td>University of Queensland Library</td>
<td>Australia</td>
<td>709</td>
</tr>
<tr>
<td>World Health Organization</td>
<td>Switzerland</td>
<td>680</td>
</tr>
<tr>
<td>University of Kwa-Zulu Natal</td>
<td>South Africa</td>
<td>647</td>
</tr>
<tr>
<td>Monash University</td>
<td>Australia</td>
<td>637</td>
</tr>
<tr>
<td>University of Cape Town</td>
<td>South Africa</td>
<td>621</td>
</tr>
<tr>
<td>University of New South Wales</td>
<td>Australia</td>
<td>605</td>
</tr>
<tr>
<td>Mahidol University</td>
<td>Thailand</td>
<td>603</td>
</tr>
<tr>
<td>Kanazawa Medical University</td>
<td>Japan</td>
<td>598</td>
</tr>
</tbody>
</table>
Perhaps most importantly, over a quarter of a million full-text articles were downloaded from Elsevier's two websites plus Jstor in 2012. The greatest increase was in downloads from the RHM-Elsevier website, which rose from 2,492 in 2011 to 34,386 in 2012.

**Downloads from ScienceDirect, Jstor and other gateways**

<table>
<thead>
<tr>
<th>Downloads of full-text articles</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>RHM-ScienceDirect website</td>
<td>50,112</td>
<td>63,642</td>
<td>80,998</td>
<td>95,255</td>
<td>101,281</td>
<td>108,266</td>
</tr>
<tr>
<td>RHM-Elsevier website</td>
<td>2,492</td>
<td>34,386</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jstor</td>
<td>117,208</td>
<td>114,477</td>
<td>107,697</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Downloads of full-text articles &amp; abstracts from external gateways</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>All external gateways</td>
<td>9,331</td>
<td>10,133</td>
<td>6,496</td>
<td>7,921</td>
<td>8,839</td>
<td>7,642</td>
</tr>
<tr>
<td>HINARI + other developing country gateways</td>
<td>1,367</td>
<td>1,726</td>
<td>2,640</td>
<td>2,647</td>
<td>2,349</td>
<td>2,484</td>
</tr>
</tbody>
</table>

**19. RHM’s two main websites: visits and web pages visited**

The number of visits, visitors and page views at the two main RHM websites (www.rhmjournal.org.uk and www.rhm-elsevier.com) continues to increase rapidly. The total number of visits was up by 83%. The number of pages viewed was also up, an increase of 59%. Visitors came from 181 countries, compared with 154 in 2011. At the same time, there were visitors from 128 countries to the RHM-Elsevier website in 2012, which contains all current and back issues of the journal and supplements, where the numbers of visits also rose substantially.

<table>
<thead>
<tr>
<th>Visits and pages visited: RHM websites</th>
<th>Total visits</th>
<th>No. pages visited</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2011</td>
<td>2012</td>
</tr>
<tr>
<td>RHM website</td>
<td>12,797</td>
<td>23,456</td>
</tr>
<tr>
<td>RHM-Elsevier website</td>
<td>33,988</td>
<td>38,466</td>
</tr>
</tbody>
</table>
20. Promotion

We have been looking at the most effective way to use our promotion budget given that exhibiting at major international conferences has become prohibitively expensive and also carries environmental costs. Increasingly, we are asking board members and colleagues attending these events to help by distributing RHM brochures and samples. We redesigned the RHM brochure, celebrating RHM’s 20 years of publication and highlighting the availability of free subscriptions to developing country groups. We also printed single-page leaflets for all issues of RHM between 2008 and 2012 and continued to advertise the journal in print and online resources for librarians and subscription agencies.

Pathika Martin, RHM’s promotion manager, sent bulk shipments of journal samples to regions where internet access may be slow and printed materials scarce. This year, Sister Namibia shared a booth with RHM and exhibited our materials at the 5th Africa Conference on Sexual Health and Rights in Windhoek; CREA exhibited RHM materials on their booth at the AWID conference in Istanbul; and Sofia Gruskin, who guest edited the 2012 supplement, launched and promoted the supplement at the International Aids Conference in Washington, DC.

As part of our strategy of reaching out to younger academics and advocates, we supplied journals free of charge to workshops, training courses and meetings. These included a study tour to Nepal for mid-level providers of abortion, led by the Asia Safe Abortion Partnership; a Youth Champions Workshop (advocating for safe abortion) in Mumbai, India, for participants from six Asian, two Middle Eastern and one European country; the Applied Skills in HIV Communication and Counselling Course, Stellenbosch University, South Africa; and post-graduate courses at the Women’s Human Rights Education Institute, Women’s Health Research Institute, Toronto, Canada, the Bergen Resource Centre for International Development, Norway, and Institute of Community Medicine, University of Oslo, Norway.

We sent sample copies and offered subscriptions to policy makers, e.g. all the WHO Human Reproduction Programme Policy & Coordination Committee 2012 members, and participants in the WHO consultation on the revised and updated WHO Safe Abortion Guidance from Ethiopia, Kenya, Nepal and Switzerland. We supplied copies of the May 2012 journal on maternal mortality to an inter-Ministerial conference on South-South collaboration for ICPD Beyond 2014, attended by more than 100 delegates, including health ministers, one Vice President, one Prime Minister, ambassadors, health secretaries/joint secretaries and other senior officials from health ministries from 25 developing countries in Asia. (A complete list of conference, courses and workshops that received RHM publications and brochures is at Appendix 2.)

We have continued to promote the journal to individuals and organisations working in the field around the world and have been building up an online community of subscribers and supporters. To get more people reading RHM online and disseminate its contents more widely, we negotiated with Elsevier to make all back issues more than three years old openly accessible at www.rhm-elsevier.com, as well as encouraging web-only paid and free (supported) subscriptions. In this sense, RHM is in many ways like an open access journal but without charging costs to authors (see our blog on Open Access at: http://rhmatters.wordpress.com/2012/11/30/a-blog-series-on-open-access-publishing/.
21. Promotion by Elsevier

Elsevier’s marketing department continues to send out press releases for each new journal issue and supplement, which are prepared jointly with RHM staff. These releases are circulated to journalists on their global media list.

Elsevier has moved much of its journal promotion to web-based platforms but is also still attending a few major conferences. RHM is promoted on two Elsevier web platforms. These are:

- **Ob/Gyn Advance** (www.obgynadvance.com) where the July 2012 RHM supplement and the November 2012 issue of RHM were (and are at this writing) both featured in the social science category of journals.
- **Journals Consult** (www.elsevier.com/electronic-products/journals-consult), which was created for non-academic hospitals, libraries, clinics and other health care organisations and institutions. It provides a subscription service with online access to a customisable selection of the most used clinical, medical and health science journals. RHM is among those journals.

For conferences, RHM continues to feature on two cluster leaflets promoting Elsevier’s Social Economic Medicine portfolio. RHM was promoted in 2012 at the following conferences by Elsevier, where these leaflets were also distributed:

- Society for Maternal-Fetal Medicine, San Francisco, USA
- Association of Reproductive Health Professionals, New Orleans, USA
- FIGO, Rome, Italy
- North American Society for Pediatric/Adolescent Gynecology, San Diego, USA
- European Society of Human Reproduction and Embryology, Istanbul, Turkey
- American Society of Reproductive Medicine, San Diego, USA

Finally, in early February 2012 an email was sent to librarians/purchasers of current medical institutional subscribers of Ob/Gyn titles to create awareness of all available journals in their specialty.
22. Memberships

- European Association of Science Editors
- Gender & Development Network, UK
- International Union for the Scientific Study of Population, France
- International AIDS Society, Switzerland
- Sexual & Reproductive Health Network, UK
- UK Consortium on AIDS & International Development, UK
- Voice for Choice, UK

23. Presentations by the editor

- Sexual health and human rights, London School of Hygiene & Tropical Medicine post-graduate sexual health course, London, 24 February 2012
- Knowledge transfer and the role of journals in the sexual and reproductive health and rights field, Global Forum for Health Research, Cape Town, 24 April 2012
- Reducing maternal mortality: the role of knowledge, the role of politics, University of Oslo; Sex and Politics public meeting, Oslo, and University of Bergen, Bergen, Norway, 29-30 May 2012.
- Faith-based organisations and SRHR, London School of Hygiene & Tropical Medicine, Nov 2012.

24. Voluntary political/advocacy work in the field by the editor

- International Campaign for Women’s Right to Safe Abortion advisory group member, involvement in planning and co-chair of first advisory group meeting, April 2012, involvement in launch of campaign, coordination of international activities in 51 countries for 28 September 2012 International Day for Decriminalisation of Abortion, and responsible for posting news, information and solidarity requests on the Campaign listserv.
“I have been an ardent follower of your writings since the very first issue of Reproductive Health Matters (that I have still preserved in my collection) and have always admired your courage and determination as an advocate for the health and rights of women. At that time, I was a young Professor in a very remote rural area and could not even afford to subscribe to the journal and had to often request colleagues from international agencies to donate the journal to me. It’s indeed been a long time since I wanted to contact you and congratulate you on your vision, your zeal and passion for the health of women. Please do accept my sincere appreciation for your hard work and commitment. I have been working for the health of girls, mothers and women for many years now and am fairly well acquainted with the hardships and challenges on the path to success.”

Dr. Vinit Sharma, Regional Adviser – RH and RCS, United Nations Population Fund – APRO, Bangkok, Thailand
Appendix 1

RHM blogs 2012


- FGM: condemn globally, act locally. Lisa Hallgarten, Online editor, Reproductive Health Matters. 21 December 2012
- Contribution of research in RHM journal to dramatic improvements in post-abortion care, Gabon. Lisa Hallgarten, Online editor, Reproductive Health Matters. 17 December 2012
- Pregnancy decisions of women living with HIV – and a happy World Aids Day. 30 November 2012
- Open access publishing: the complete RHM blog series. Louise Finer, Managing editor, Reproductive Health Matters. 26 November 2012
- A view on open access from Lebanon. Jocelyn DeJong, Professor, Faculty of Health Sciences, American University of Beirut and Coordinator, Reproductive Health Working Group (Arab countries and Turkey); and Trustee, Reproductive Health Matters. 26 November 2012
- The harm and benefits of breast cancer screening. Marge Berer. 12 November 2012
- Abortion time limits to 12 weeks? How did Jeremy Hunt get responsibility for the public health? Marge Berer. 8 October 2012
- Race, reproductive politics and reproductive health care in the contemporary United States. Carol Joffe, Bixby Center for Global Reproductive Health, University of California, San Francisco, USA and Willie J. Parker, Board member, Physicians for Reproductive Health and Choice, New York, USA. 20 July 2012
- Limitations of global estimates on maternal mortality in Nepal, Marge Berer, and Julia Hussein, Senior Clinical Research Fellow, Immpact, and Scientific Director Ipact, University of Aberdeen, UK. 15 June 2012
- Does midwifery have to be privatised to provide continuity of care for women? Marge Berer. 30 March 2012
- Another anti-abortion missionary. Marge Berer. 26 March 2012
- ‘The death of a woman due to pregnancy complications is not only a biological fact; it is also a political choice’. Lisa Hallgarten, Online editor, RHM. 16 March 2012
- Is eradication of congenital syphilis feasible? Marge Berer. 5 March 2012
- In defence of abortion on a woman’s request, including on grounds of fetal sex. Marge Berer. 24 February 2012
- Hormonal contraception and risk of HIV: new studies, the issues, and the response of the World Health Organization. Marge Berer. 20 February 2012
- An open letter to (Baroness) Shirley Williams. Marge Berer. 17 February 2012
- The breast implant fiasco: a scandal of private medicine. Marge Berer. 18 January 2012
Appendix 2

Conferences, courses & workshops, and meetings where RHM publications were distributed

Conferences

Transforming economic power to advance women’s rights and justice, AWID Forum, Istanbul
Global Health Research Forum, Cape Town, South Africa
Global health challenges & the role of the law, Global Health Law Conference, Toronto, Canada
Pills in practice: is abortion & contraception policy meeting women’s needs? BPAS public conference, Royal Society of Medicine, London, UK
Women’s new health challenges. Ain Shams University Obstetrics & Gynaecology International Conference, Cairo, Egypt
Human rights in childbirth, The Hague University of Applied Sciences, The Hague, Netherlands
Turning the Tide Together, International AIDS Conference, Washington, DC, USA
Connecting Sexual Ethics and Politics, 2nd International Conference of the International Network for Sexual Ethics and Politics, Ghent University, Netherlands
Sexual health and culture in Africa, 5th Africa Conference on Sexual Health and Rights, Windhoek, Namibia
Reproductive Health 2012, Association of Reproductive Health Professionals, New Orleans, USA
XX World Congress of Gynecology and Obstetrics, FIGO, Rome, Italy
Unwanted pregnancy: a fact of life, FIAPAC annual conference, Edinburgh, UK
1st Global Women’s Research Conference, Liverpool, UK
Inclusion and Innovation: Towards Total Health Coverage. WHO 2nd Global Symposium on Health Systems Research, Beijing, China
Current Choices, Annual conference of Faculty for Sexual and Reproductive Health, Royal College of Physicians, London, UK
Australia’s sexual and reproductive health: a call to action. 1st National Sexual and Reproductive Health Conference, Melbourne, Australia

Courses & workshops

9th Centre for Enquiry into Health and Allied Themes International Postgraduate Certificate course in Health and Human Rights, Mumbai, India
Women’s human rights: building a peacefull world in an era of globalisation, Toronto, Canada
Applied Skills in HIV Communication and Counselling Course, Stellenbosch University, South Africa
Research Methods Course in SRH: HIV and Gender-Based Violence, Reproductive Health and HIV Institute, University of the Witwatersrand, Johannesburg, South Africa
Mid-level Providers Study Tour, Asia Safe Abortion Partnership, Kathmandu, Nepal
Youth Champions Workshop, Asia Safe Abortion Partnership, Mumbai, India
Meetings

WHO/IPPF European Regional Abortion Meeting: Improving access to safe abortion care and related reproductive health services in the European Region. WHO/IPPF European Network, Riga, Latvia
New approaches to maternal mortality in Africa, Cambridge University, UK
WHO Safe Abortion Guidelines meeting, Addis Ababa, Ethiopia
WHO Safe Abortion Guidelines meeting, Nairobi, Kenya
WHO Safe Abortion Guidelines meeting, Kathmandu, Nepal
Maternal mortality Side Event, Human Rights Council, Geneva, Switzerland
Sexual Health, Human Rights and the Law, WHO, Geneva, Switzerland
Reproductive Health Working Group Annual Meeting, Tunis, Tunisia

“Congratulations to RHM and all the efforts you all have put in to maintain the standard and regularity of this so very important journal which has remained the first and has had no equal as far as the content and management is concerned. I look forward to the May issue. I have people here who value and truly appreciate the journal.”
Bene Madunagu, Chairperson, Executive Board, Girls Power Initiative; Department of Biological Sciences, University of Calabar, Nigeria. Former RHM Trustee and Editorial Advisory Board member
Appendix 3

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