

ANSER

STAKEHOLDER MEETING

Virtual (via Teams)
November 9th, 2022



The image shows a Zoom meeting grid with 18 participants. The participants are arranged in a 3x6 grid. The names of the participants are listed below the grid:

- Magalie Schotte (External)
- Gunta Lazdine
- Nina Van Eckert (External)
- tamar (Guest)
- Ines Keyghaert
- Oliver Degomme
- Dorina Todt
- Hedwig Deconinck
- Alejandra Lopez (Invitado) (Guest)
- Birgit Kerstens
- BRIZUELA, Vanessa
- Marina Davidashvili (External)
- Sintuka Shamu
- Celine Dela...

On the right side of the grid, there is a list of names with circular icons containing initials:

- JT (Joe W Tho...)
- LH (Laurence H...)
- FT (Fiorella Farj...)
- JB (Judith Brus...)
- HZ (Hannah Za...)
- AK (Anna Kluge...)
- SN (Neyens, St...)
- IM (Israel Jame...)
- CD (Celine Dela...)
- +5

Some participants have a small microphone icon next to their name, indicating they are muted. The background of the meeting is a solid blue color.

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Programme

Wed November 9th, 2022

Moderation: Prof. Olivier Degomme (ANSER Chair & ICRH Director
at Ghent University)

- 13:00 **Welcome & overview of the program**
Prof. Olivier Degomme (ANSER secretariat/ICRH, Ghent University)
- 13:05 **ANSER's work following the stakeholder input from 2021**
Emilie Peeters (ANSER secretariat/ICRH, Ghent University)
Overview of the last year ANSER activities based on the 2021 stakeholder meeting
- 13:30-13:35 **Stakeholder consultation**
External SRHR stakeholders pitch about data needs they experience in their work

Group 1 Moderation: Prof. Olivier Degomme (Ghent University)	Group 2 Moderation: Prof. Ines Keygnaert (Ghent University)
Vanessa Brizuela (HRP/WHO) SRHR research capacity strengthening	Tamar Khomasuridze (UNFPA EECARO) Assessing key determinants of modern contraceptive prevalence rate in EECA countries
SM Shaikat (SERAC-Bangladesh) Access to adolescent friendly SRH services in low resource settings	Katy Mayall (Centre for Reproductive Rights) Effect of restrictive laws and policies on adolescents' SRHR
Joe Thomas (Lesbian and Gay Association of Liberia) Access to SRHR of LGBTIQ+ in Liberia	Céline Delacroix (FP/Earth Project) Advancing reproductive freedom and its interconnection with environmental sustainability

Marina Davidashvili (European Parliamentary Forum)

Limitation on data collection for the European abortion and contraception Policy Atlas

Q&A

Alejandra Lopez (Universidad de la República)

Evidence based interventions to prevent unintended pregnancies in adolescents

Q&A

14:30 Break

14:45 **Group discussions: Research priority setting 2023-2024**

Together with the external stakeholders ANSER members will discuss in smaller thematic groups what research topics should be prioritised and how they can collaborate

Thematic group (pitchers)	Moderator
1. SRHR research capacity	Prof. Gunta Lazdane (Riga Stradins University)
2. Access to SRHR supplies & services	Prof. Olivier Degomme (Ghent University)
3. Adolescent SRHR	Prof. Ines Keygnaert (Ghent University)
4. Access to SRHR for LGBTIQ+	Dr. Nina Van Eekert (University of Antwerp)
5. Climate crisis and SRHR	Dr. Hedwig Deconinck (Ghent University)

15:25 **Feedback from the group discussions**

15:50 **Closing remarks**

Prof. Olivier Degomme (ANSER secretariat/ICRH, Ghent University)

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Report

Welcome

Prof. Olivier Degomme (ANSER Director & ICRH Director, Ghent University)

The Academic Network for Sexual and Reproductive Health Policy (ANSER) formally meets with a wide range of SRHR stakeholders every year. The meeting has a double aim. First, the network wants to update policy makers, civil society, and practitioners on the work the ANSER network did over the last year based on their input at the previous meeting. And secondly, the network wants to hear from all stakeholders what data gaps they experience in their work and what SRHR issues they believe ANSER should prioritise in the coming year. In that way, the network expands the voices and participation of non-academics in research, by seeking feedback on SRHR evidence needs in society.

The aim of the meeting in the short run is to inform the development of the ANSER workplan 2023 with stakeholder needs. In the long run, we believe that this will lead to many more advantages: getting to know each other, exchange of information and even new collaborations

We hope today is not the end, but rather the start of new collaborations.

ANSER's work following the stakeholder input from 2021

Emilie Peeters (ANSER Coordinator & Policy Officer at ICRH, Ghent University)

The presentation can be found [here](#).

Stakeholder consultation

ANSER wants to have a good understanding of data needs around sexual and reproductive health rights. Not just by asking academic experts what data is needed but also by listening to all other players in society. Health practitioners providing services on a day-to-day basis, programme managers implementing programs on the ground, community-based organisations voicing the women and men that are often hard to reach, civil society organisations advocating for women's rights on different political fora, policy makers actually writing the SRHR policies in the country, and many more.

Once a year ANSER organises a stakeholder meeting to hear and learn from those other stakeholders. For this session, a number of stakeholders were asked to pitch in 7 minutes the research priorities they think ANSER should work on in the coming months and years.

The input collected during this session will guide the next session, where the participants discuss in small thematic groups ideas and possible collaborations.

Group 1 – Moderator Prof. Olivier Degomme (Ghent University)

1. Vanessa Brizuela (HRP/WHO)

- The presentation can be found [here](#).
- The department of Sexual and Reproductive Health and Research of WHO host a special program for Research and Research Training, also known as HRP. HRP/WHO work on developing guidelines from a broad range of topics, such as antenatal intrapartum and postnatal care, maternal mortality, and violence against women, to recommendations around digital interventions and self-care, among others. Lately, they are working on abortion care.
- Research gaps:
 - How to best measure the impact and effectiveness of Research Capacity Strengthening (RCS) efforts? A synthesis of the available knowledge at the global level around how to best measure this impact is needed.
 - Do indicators used now to measure the success of research capacity strengthening (number of PhDs or publications) make sense for all settings?
 - How do we support and pave the way for a different model for RCS where LMICs are at the centre? What does decolonization of global health means and if this impact the working research capacity strengthening?
 - What is the role of academic institutions, international organizations, and other global health entities? Are they responding to the needs and capacities in the field of SRHR?

2. SM Shaikat (SERAC-Bangladesh)

- The presentation can be found [here](#).
- SERAC is a national level youth organization working for three decades in Bangladesh. Some of the projects they are running are related to SRHR, Family planning, Comprehensive Sexual Education (CSE) and mental health for adolescents and youth.

- Research gap:
 - Why adolescent-friendly health centres and services in the country do not work?
 - How to improve the data management and quality gaps on adolescents (gaps in data collection, weak reporting system, provider bias, poor data security, weak validation of data collected and quality assurance)?

3. Marina Davidashvili (European Parliamentary Forum- EPF)

- The presentation can be found [here](#).
- EPF is a network of parliamentarians that works on policies with parliamentarian members to improve the access to SRH in the developing world and in Europe.
- Research gap on policies regarding SRHR:
 - On access to contraceptives
 - Who administers contraception & SRHR services? Especial focus on nurses providing contraception, for instance in the UK.
 - What contraception is reimbursed?
 - Telemedicine for family planning and contraception
 - Data on policies to support the global contraception atlas
 - HPV screening within Europe
 - What kind of test is covered by the public health institutions (pap smear or HPV test screening)?
 - What is the age covered?
 - Who administers the vaccine? Can a pharmacist administrate it or only a doctor?
 - Abortion services
 - To what extent do women travel to obtain abortions from countries with restricted laws? There is research on the topic but not in all European countries which makes it difficult to compare differences within countries.
 - On what level counselling on abortion is biased/discouraging?

4. Joe Thomas (Lesbian and Gay Association of Liberia- LEGAL)

- The presentation can be found [here](#)

Q&A:

- The policies Atlas are very well established in Europe, do you have plans or programmes for mentorship for sub-Saharan African parliamentarians?
 - There is no EPF mentorship programme but there is the [Global Parliamentary Alliance on Health, Rights and Devolvement](#), where members from all over the world are involved, including parliamentarians from Africa, Latin America, and Asia. We organize activities, e.g., the international conference on family planning, where we will involve different MPs from countries outside Europe. We are also expanding the Contraception Policy Atlas to go into different regions, we are working currently in Latin America and the Arab region.
 - Who HRP has, together with EPF, a group working with Parliamentarians where we have this global vision. I know there is some research done globally about abortion policies that can be interesting and an opportunity for collaboration.

- Hannah Zagel (WZB Berlin Social Science Center, Germany) wants to advertise her own data collection. We have started a research project in Berlin, we collect data on reproduction policies covering 5 policy areas among which are contraception and abortion, medical assistance reproduction, pregnancy care and sexuality education. We are now developing a questionnaire, and we work with some ANSER members as country experts. The dataset will be available for public use. We have a focus on Europe, North America, and Japan. The Contraception Policies Atlas was a very good orientation and based on the data gaps you have presented, maybe we will be able to fill some of them. International Reproduction Policy Database: <https://irpd.wzb.eu/>.
- What kind of output/research do you need in the context of HRP/WHO to have research as a useful tool?
 - There is some data available on how to measure impact or research capacity strengthening. But there is also a big wide variety of how RCS is defined however a lot of the evidence is focused on specific regions or interventions. So, perhaps one of the things that might be useful will be to synthesise some of the existing information on how to measure impact or effectiveness. We have tried to come up with an indicator to measure all the other indicators in addition to those already known (publication, number of grants proposal written, number of people trained), and if this actually translates to institutions being stronger, or becoming leaders. What will be critical to have this point will be more global evidence, to help us to shape the agenda.
- The problems around the data management system regarding adolescents and its weakness were mentioned. Is this mainly about collecting data on health facilities or at the governmental level? At what level do you see the most urgent problem?
 - It is from the field because is from where that data is collected. There are big issues with reporting mechanisms, for instance, validation of the data. In addition, it should be an adolescent-data adaptation at the national level. Currently, the main focus of the governmental level is family planning while adolescent services are neglected. So, the weakness is in the data collection process, validation, and processing (which is all manual).
- If you have to pick one or two of all the research gaps mentioned to be prioritised in the next 12 months, which one would that be?
 - **Vanessa Brizuela (HRP/WHO):** Perhaps, synthesizing existing evidence and information available at the global level that is of course responsive to the needs of the global community; and a second one very related to that, is how a strong research institution looks like globally. Are we using measures that are applicable to northern academic institutions to institutions from the global south?
 - **Marina Davidashvili (EPF):** From our side, would be data on cervical cancer. All the information we have is from desk research, so if we could have a data set that would be very useful. A second one would be related to the Contraceptive Policy Atlas, as we are expanding to a more global scope.
 - **SM Shaikat (SERAC-Bangladesh):** I see a lot of opportunities of collaboration within the ANSER network. We are trying to promote youth focus data and how to influence policy decision in the country and showing that this is not a local initiative but an international collaboration which can attract the government to become interested in this kind of issues.

Group 2 – Moderator Prof. Ines Keygnaert (Ghent University)

1. Tamar Khomasuridze (UNFPA EECARO)

- The presentation can be found [here](#).
- UNFPA Europe and Central Asia assists countries in the region to deliver SDG targets related to achieving universal access to sexual reproductive health. They have committed to three transformative goals by 2030: 1. ending the unmet need for family planning, 2. ending maternal deaths and 3. ending gender-based violence and harmful practices.
- The modern contraceptive prevalence rate (MCPR) and the unmet need for contraception are quite diverse in the countries of the region, having 52 CPR in Belarus and almost 4% in Albania, and most of them below the global average. In the last few years, there is a negative trend in several countries.
- Research gaps:
 - What factors/determinants are leading to the decrease in the uptake of modern contraception in the EECA region?
 - What are the national indicators on modern contraceptives prevalence rate and unmet need for contraception?
 - There is no information about the factors/determinants – affecting the demand (knowledge, attitudes, behaviours) and supply sides (policies, affordability, service providers, regulations)

2. Katy Mayall (Center for Reproductive Rights)

- The presentation can be found [here](#).
- The Center for Reproductive Rights (CRR) is a global human rights organization of lawyers and advocates who ensure reproductive rights are protected in law as fundamental human rights. Working in over 65 countries, their expertise focuses on human rights, constitutional and comparative law.
- CRR has been working on adolescents' SRHR and now they are working specifically on developing guiding legal principles on capacity and consent, including consent to sex and sexual reproductive health services. The aim of these guiding legal principles is to address some of the longstanding tensions and how laws and policies can both affirm the sexual reproductive autonomy of adolescence while ensuring appropriate measures are in place to protect them from force and coercion.
- Research gap:
 - What impact does the criminalization of consensual sexual conduct among adolescents and/or mandatory reporting requirements have on adolescents' sexual and reproductive health outcomes & access to SRHR services?
 - There is a widespread belief that restrictive legal frameworks, like criminalized sexual conduct and mandatory reporting, undermine adolescents' ability to access SRH services, but there lacks an evidence base to substantiate this claim.

- Without a research base, it is difficult to demonstrate the harms of these restrictive laws on sexual and reproductive health and effectively advocate for law and policy reform.
- Can we diversify the laws on the age of consent and the legal age to access contraceptives?
- Does age of consent laws impact the age of sexual debut and/or rates of sexual violence?
 - An “appropriate” age of consent is one that balances an age where individuals are able to make decisions about their sexuality while also addressing sexual violence against minors.
 - There is the belief that higher ages of consent combat sexual violence against minors, but there is a lack of an evidence base to substantiate this.
 - Without sufficient research, it is difficult to guide legal and policy decisions on the age of consent in an accurate, effective, evidenced-based way.

3. Céline Delacroix **(FP/Earth Project)**

- The report can be found [here](#).
- FP Earth project is a project that aims to advance the discussion on the synergies between reproductive rights, reproductive health and rights and family planning on population dynamics and environmental sustainability. Every year they conduct a search of peer reviews and other trustworthy sources to find contributions from different disciplines on the topic.
- Research gap:
 - Where and how do demography and sexual and reproductive health and rights intersect?
 - What are the implications for reproductive health and rights of the demographic polarization (with some parts of the world with high rapid population growth and others with decreasing population growth)?
 - How social norms are associated with reproductive freedom?
 - What is the influence/impact of demography and SRHR and rights on fertility trends? Is this also affecting the funding for SRH services?
 - How do we frame reproductive health and rights in the context of climate change and environmental degradation crisis?

4. Alejandra López **(Universidad de la República)**

- The presentation can be found [here](#).
- Universidad de la República has a special programme on Gender, Sexualities, and Reproductive Health.
- Research gap:
 - There is a lack of specific strategies for the prevention of pregnancy in teenagers under 15 from a multicultural and intersectoral approach in Latin America (LA)
 - How to evaluate intervention with an intersectional and interdisciplinarity approach?

Q&A:

- Enabel has witnessed in a project in DRC what Katy Mayall said about the need to conduct research on issues related to the criminalization of consensual sex among minors. The criminalization of consensual sex among minors is actually contributing to increasing sexual violence in DRC, and also has far-reaching consequences on family and community dynamics. This may be leveraged for transactions between families that sometimes lead to forced virginity tests imposed on young women for the sake of gaining economic benefits. DRC can be one of the countries to conduct research on this topic. Moreover, the age of consent appears to be a problem in many African countries as it has consequences on accessing SRHR services. So, the legal and normative framework is an important area to conduct research as it has consequences that one may not identify right away but it does affect adolescents' SRHR.
- In Belgium, there was a law with two ages of legal consent: 14 and 16. Now, this has been changed in June and it's 16 now, but at 14, if the age gap between the two persons is not more than three years, it's not criminalized anymore. That law gave a lot of problems as one of the parents could say it was sexual violence and reported it to the police, with a lot of impact on both adolescents' lives. Now, in the sexual assault care centres, it's easier for both minors to state that they gave consent and not be criminalized. But as such, the prevalence of sexual violence doesn't change, it's only the reporting to the police that is becoming different. There are also studies that show that it's not because the age of consent is lower that people start to have sex earlier although it increases the risk of forced marriages.
- How easy was it to get the data in the countries of the UNFPA Eastern Europe? You mentioned the problems with statistics, but of course, the unmet need for contraception doesn't come from statistics. Could you elaborate a little bit on what would be your suggestions for improving this research question?
 - Unfortunately, in the region, the main source of the data on M CPR unmet need for family planning comes from DHS or reproductive health surveys. And unfortunately, due to high cost and time implications, this kind of regular survey is not available now. We took the decision to join UNICEF, which is good, but it cannot provide comprehensive information on unmet needs for family planning on M CPR. It's really difficult and there is a data collection problem. I believe that we could use some digital technologies as we did with I- SHARE to collect this data.
- Is the project that you, Katy Mayall, suggest, here is mainly for adolescents or if you also work with migrants and refugees. At this moment I have a PhD student who is looking into the credibility assessments of asylum claims based on the country of origin; and we see that there is a very high rate of myth in relation to SRHR, sexual violence and risks for girls, men and especially LGBT.
 - We have a number of projects that are specifically around migration and migrants SRHR and including those seeking asylum, but they haven't been related specifically to this issue. However, I think it raises a really valid point about the underlying perceptions of adolescents and their vulnerability.

Working groups: Research priority setting 2022-2024

This session built on the session before where external stakeholders pitch the SRHR data needs that they experience in their work. ANSER members and stakeholders were divided into small groups based on the topics identified:

1. SRHR research capacity strengthening – Prof. Gunta Lazdane (Riga Stradins University)
2. Access to SRHR supplies & services – Moderator: Prof. Olivier Degomme (Ghent University)
3. Adolescent SRHR – Moderator: Prof. Ines Keygnaert (Ghent University)
4. Access to SRHR for LGBTIQ+ – Moderator: Dr. Nina Van Eekert (University of Antwerp)
5. Climate crisis and SRHR – Moderator: Dr. Hedwig Deconinck (Ghent University)

We provided the moderators with a summary slide with all the data needs defined by the stakeholders around the group's topic. They went over this slide with the group and asked for additions & clarifying questions if needed. All groups worked around the following questions:

- a. Identify with your group what evidence already exists on this topic and what data is actually missing
- b. Identify one (or more) research questions that would be relevant for further studies
- c. Brainstorm on how the different stakeholders and the ANSER network could collaborate on this

Feedback from the working groups & closing remarks

1. SRHR research capacity strengthening – Moderator: Prof. Gunta Lazdane

- Data missing:
 - There is a lack of qualitative aspects on sexual and reproductive health policies and programs research and the implementation of them. Within ANSER we have tried to answer this question, and there is still more work to do.
- Research question:
 - How do you measure the research capacity and research in the institution, in the country, in the region?
- Members of ANSER can collaborate:
 - Linked to research capacity: Do we know how to do that? Do we have experts to do that? We really would like to strengthen the network of researchers and experts on sexual reproductive health and rights.
 - Identifying research capacity indicators for countries with different economic backgrounds.
 - The research capacity in sexual reproductive health and rights is a very sensitive area and therefore is important to measure and evaluate in all ANSER members' countries.
 - Focus not only on how to reach policymakers with our research but also strengthen our research capacity

2. Access to SRHR supplies & services – Moderator: Prof. Olivier Degomme

- Data missing:
 - The decreasing update of contraception in the Eastern Europe Central Asian region and what factors are related to it

- Information on the role (and impact) of the health providers in the decrease rate of contraceptives use, but also, what is the point of view of grassroots organizations and communities on this trend. We might have two completely different stories, on the one hand from service providers and on the other hand the end users
- Information across countries for the EPF Policy Atlas on Cervical Cancer Screening, for instance, what kind of test is covered by the public health institutions (pap smear or HPV test screening)? What is the age covered? Who administers the vaccine? Can a pharmacist administrate it or only a doctor?
- Research question:
 - What is the role of service providers and to what extent they have a role in this decreasing rate of contraceptives in the EECA region? This is a relevant question especially now as we see more and more polarization on the topic
- Members of ANSER can collaborate:
 - Draft a shared protocol on which, for instance, master students in different countries could work on
 - Provide information to update or fill in some gaps of the EPF Policies Atlas:
 - Contraception Policy Atlas: Who administers contraception & SRHR services? What contraception is reimbursed? Does telemedicine for family planning and contraception is in place?
 - European Abortion Policies Atlas: To what extent do women travel to obtain abortions from countries with restricted laws?

3. Adolescent SHRH – Moderator: Prof. Ines Keygnaert

- Data missing:
 - Map of different laws and policies on the age an adolescent can legally access sexual and reproductive health services, and on the other hand, legally give sexual and marital consent
- Research question:
 - What are the differences between the established legal and policy frameworks on the age at which an adolescent can legally access sexual and reproductive health services and the age of sexual and marital consent?
 - What impact does the criminalization of consensual sexual conduct among adolescents and/or mandatory reporting requirements have on adolescents' sexual and reproductive health outcomes & access to SRHR services?
 - How do the adolescents themselves deal with these legal frameworks and how do community practices work around these legal frameworks to prohibit or prevent them from having sex?
 - Can we diversify the laws on the age of consent and the legal age to access contraceptives?
- Members of ANSER can collaborate:

- Establish mixed-methods research to conduct a cross-country comparative study on the differences between established legal and policy frameworks on the age at which an adolescent can legally access sexual and reproductive health services and the age of sexual and marital consent
- There is a related big dataset that is available to work on it: [The Global Early Adolescent Study](#).

4. Access to SRHR for LGBTIQ+ – Moderator: Dr. Nina Van Eekert

- Data missing:
 - Gender-disaggregated data, specifically for lesbians and queer, on access to SRHR-related services and information (in Liberia)
 - The impact of discriminatory bans, policies, and laws on sexual and reproductive health rights
 - Factors that contribute to discrimination of health care providers against sex workers
 - Needs for research on HIV/Aids prevalence rates in Liberia and access to services related
- Members of ANSER can collaborate:
 - Lesbian and Gay Association of Liberia (LEGAL) would like work in this research gap. The call is open to other ANSER members to join and give technical support (training in data collection and capacity building to conduct research on these topics)

5. Climate crisis and SRHR – Moderator: Dr. Hedwig Deconinck

- Data missing:
 - The indirect impact of Environmental Degradation (ED) (that includes climate change, biodiversity loss, and access to water, among others) on health but also on the access to health services
 - Rapid changing contexts leads to changes in desires and needs - learn to work with unknowns
 - Prioritise SRHR as part of the climate change discussion – mainstream SRHR and vice versa; bring climate change into the SRHR discussion (funding)
 - Research with a focus on the “H” and “R” of SHR: on one hand, focus on understanding the effects of climate change in health, e.g., maternal heat exposure or roads (to access to health care facilities) that are not accessible anymore due to climate change (for instances because of floods). And in the other hand on the “R”ights: barriers to reproductive freedom: reproductive autonomy, coercive (pro)(ante)natalism (policies), social norms
 - Impact of population growth and demography on sustainable development and the role of SRHR
- Research question:
 - Which factors (risk stratification) of ED impact on sexual and reproductive “health” and “rights”
- Members of ANSER can collaborate:
 - Prioritise to intervene = promote/prevent/mitigate good health and wellbeing

Closing

The outcomes of the discussions in the working groups will be the start of internal discussions among ANSER members to identify research priorities for the network. ANSER will definitely involve the external stakeholders in the priority topics chosen by the network.

If you have ideas on collaborating with ANSER in the future, please reach out to Emilie Peeters (ANSER Coordinator) via emilie.peeters@Ugent.be

The playlist used during the breaks of the meeting brings together all songs related to women's rights and sexual and reproductive health. You can listen to the list on [Spotify](#).

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Participants

The 2022 online ANSER Stakeholder Meeting was attended by 51 participants, from which 27 were ANSER members from 20 member institutions and 24 external stakeholders from 20 organisations. All together the participants came from 22 countries worldwide.

ANSER members:

- Achen, Dorcus (Vrije Universiteit Brussel, Belgium/Uganda)
- Barrett, Hazel (Coventry University, United Kingdom)
- Causevic, Sara (Karolinska Institutet, Sweden)
- Contractor, Sana (Institute of Tropical Medicine, Belgium)
- De Meyer, Sara (Consultant, Belgium)
- De Muynck, Cindy (UGent-ICRH, Belgium)
- Deconinck, Hedwig (UGent, Belgium)
- Esho, Tammary (ACCAF, Kenya)
- Ivanova, Olena (KUM, Germany)
- Jerves, Monserrath (University of Cuenca, Ecuador)
- Kemigisha, Elizabeth (Mbarara University of Science and Technology, Uganda)
- Kerstens, Birgit (UGent, Belgium)
- Keygnaert, Ines (UGent-ICRH, Belgium)
- Kingoo, James (Technical University of Kenya, Kenya)
- Kolah Ghoutschi, Sara (University of Marburg, Germany)
- Lazdane, Gunta (Riga Stradins University, Latvia)
- Manuel, Beatriz (UEM, Mozambique)
- Omwoha, Joyce (Technical University of Kenya, Kenya)
- Pei, Kaiyan (National Research Institute for Family Planning, China)
- Schotte, Magalle (Be-cause Health, Belgium)
- Shamu, Simukai (FPD, South Africa)
- Temmerman, Marleen (AKU, Kenya)
- Toci, Dorina (Institute of Public Health, Albania)
- Van Belle, Sara (Institute of Tropical Medicine, Belgium)
- Van de Velde, Sarah (University of Antwerp, Belgium)

- Van Eekert, Nina (University of Antwerp, Belgium)
- Zhang, Wei Hong (UGent, Belgium)

Stakeholders:

- Cools, Johannes (UCOS vzw, Belgium)
- Davidashvili, Marina (EPF, Belgium)
- Delacroix, Celine (FP/Earth Project, Canada/USA)
- Dhakal, Riju (YUWA, Nepal)
- Fernandes, Danielle (Vrije Universiteit Brussel, Belgium)
- Galeridis, Leonidas (EPF, Belgium)
- Gul, Farina (University of Adelaide, Australia)
- Kamina Ntenda Musangu, Eveline (Kdg Hogeschool, Belgium)
- Kaziga, Ruth (Finn Church Uganda, Uganda)
- Khajomia, Khatuna (Center for Information and Counselling on Reproductive Health-Tanadgoma, Georgia)
- Khomasuridze, Tamar (UNFPA, Turkey)
- Kluge, Anna (WZB Berlin Social Science Center, Germany)
- Lopez, Alejandra (Universidad de la República, Uruguay)
- Mayall, Katy (Center for Reproductive Rights, Global)
- Neyens, Steffie (DSW, Belgium)
- Sarramagnan, François (Enabel, Belgium)
- Sejake, Mamello (ATHENA Network, South Africa)
- Seyidov, Teymuy (UNFPA, Turkey)
- Shaikat, SM (SERAC-Bangladesh)
- Tamakoshi, Mio (WZB Berlin Social Science Center / Humboldt Universität, Germany)
- Tariq, Danish (Youth Advocacy Network Pakistan, Pakistan)
- Thomas, Joe (LEGAL, Liberia)
- Weiderud, Emilie (Act Church of Sweden, Sweden)
- Zagel, Hannah (WZB Berlin Social Science Center, Germany)

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