

ANSER

STAKEHOLDER MEETING

Virtual (via Zoom)
November 26th, 2021





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Programme

Wed November 25 th , 2021	
Moderation: Prof. Olivier Degomme (ANSER Director & ICRH Director at Ghent University)	
09:30	Welcome
09:45	ANSER & its stakeholder involvement
10:30	Break
10:45	Focus session on ANSER COVID & SRHR study results
12:00	Lunch break
13:30	Stakeholder consultation
14:30	Break
14:45	Working groups: Research priority setting 2022-2024
15:30	Feedback from the working groups & closing remarks

ANSER & its stakeholder involvement

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

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

Via an interactive Wooclap questionnaire the participants were asked for input on:

1. Suggestions for policy experts we should ask if they are interested to join the ANSER Policy Advisory Board

- Civil Society Organisations:
 - ILGA
 - ASTRA Network
 - IPPF
 - Family Planning NSW
 - Oxfam
 - 11.11.11
 - Plan Belgium
 - Sensoa
 - Advocacy expert from Rutgers
- Policy Makers:
 - National and regional parliamentarians & ministers
 - Caroline Kwamboka (Global Parliamentarians forum Africa)
 - National governmental structures in every ANSER member country
 - Enabel (Belgian development agency)
 - European Parliamentary Forum (EPF)
 - Inter-Parliamentary Union (IPU)
- International networks:
 - PMNCH
 - She Decides
 - FP2030 Partnership
- Multilateral Organisations:
 - WHO regional offices
 - WHO RHR
 - UNAIDS
- Research institutions:
 - PopCouncil
 - ACCAF

Other suggestions of relevant policy experts are always welcome. Please send all your ideas to Emilie Peeters via emilie.peeters@ugent.be

2. Which meetings/events coming up could be interesting for ANSER?

- International AIDS Conference (29 July-2 August, 2022 in Canada and virtually)

- ESC Conference (25-27 May 2022 in Belgium)
- ICFP (14-17 November 2022 in Thailand)
- AU/EU Summit (17-18 February 2022 in Belgium)
- Sexual Violence Research Initiative Forum 2022 (19-23 September 2022, Mexico)
- International Federation of Abortion and Contraception Professionals Conference (8-10 September 2022, Latvia)

Other suggestions of relevant meetings are always welcome. Please send all your ideas to Emilie Peeters via emilie.peeters@ugent.be

Focus session on ANSER COVID & SRHR study results

Over the last year and a half, numerous SRHR researchers have looked into the impact of these COVID measures on sexual and reproductive health, of which many were ANSER members.

This session gives an overview of some of these studies, as it is a good example of ANSER's strength in bringing experts together and initiating collaborations. But it also shows the incredible impact of this pandemic on sexual and reproductive health services and rights of many women worldwide. It is important to have a good understanding of the impact on SRHR and develop strong policy recommendations on how to avoid negative consequences with future quarantine measures.

3. I-SHARE

Global results of the I-SHARE study - Prof. Joseph D. Tucker (University of North Carolina & London School of Hygiene & Tropical Medicine)

Please find the presentation [here](#).

Country case: Latvia - Prof. Gunta Lazdane (Riga Stradins University)

Please find the presentation [here](#).

Country case: Uganda - Elizabeth Kemigisha & Viola Nyakato (Mbarara University)

Please find the presentation [here](#).

Q&A:

- Israel James Munyao (TUK): Do we have an idea on the impact of COVID-19 HIV drug resistance from ISHARE?
We do have data on ART adherence and HIV care, but not on drug resistance as such (we have approx. 800 hiv positive people in the study)
- Judith Westeneng (Rutgers): Rutgers did a study a year ago among 2700 young people from 6 countries (Ghana, Indonesia, Kenya, Nepal, Uganda and Zimbabwe) on the impact of COVID: <https://rutgers.international/resources/covid-19-and-srhr-i-feel-that-things-are-out-of-my-hands/>

4. [Global study of maternal health provision during the COVID-19 pandemic \(MATCO\) - Lenka Benova \(Institute of Tropical Medicine Antwerp\)](#)

Please find the presentation [here](#)

Q&A:

- Marleen Temmerman (AKU): We did a similar study with UNICEF in Malawi, Mozambique and Kenya. Happy to share the findings
- Vera Syrakvash (She Decides): There is similar evidence that partner presence during childbirth decreased and visits to maternity hospitals were cancelled in many countries in Eastern Europe, namely in Belarus.
- Gunta Lazdane (RSU): The I-SHARE Latvia team published a study on presence of partner during childbirth in COVID-19 times <https://www.sciedupress.com/journal/index.php/jha/article/view/20269>

5. [Study on 'Violence in intimate relationships in times of COVID-19' \(ICRH/Ghent University & Universidade NOVA de Lisboa\) - Prof. Ines Keygnaert \(ICRH, Ghent University\)](#)

Please find the presentation [here](#)

Q&A:

- Joe Tucker (University of North Carolina & London School of Hygiene & Tropical Medicine): Did you look at remote work and intimate partner violence? With I-SHARE we found more intimate partner violence among people working remotely.
Yes we did. But in the first weeks of lockdown Teleworking was mandatory in Belgium for example. What we also saw is that the number of people they had to share their household with had an impact. Especially in the follow-up waves.

6. ['Restrictions associated with COVID-19 on access to contraception in Europe' - Marina Davidashvili & Karen Bage \(European Parliamentary Forum, EPF\)](#)

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

For more information look at: <https://www.epfweb.org/node/855>

Q&A:

- Loes Verhaeghe (UCOS vzw): How can we widen the concept of "women" (in maternity care, family planning, MHM, etc.). Aren't we excluding transgender men who can also be pregnant, people that don't identify as women,...? I understand the challenges in operationalizing it into research, but would love to see the data as inclusive as possible.
Yes, we need to be inclusive! In the data that we relied on for our EPF report, LGBTQI people's needs and situations were rarely brought up and discussed. We did highlight this limitation in the report.

7. ['The effect of COVID-19 on sexual and reproductive health in Kenya' - Dr. Griffins Manguro \(ICRH Kenya\)](#)

Please find the presentation [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 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 organisation advocating for women's rights on different political fora, policy makers actually writing the SRHR policies in 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 5 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 ideas and possible collaborations in small groups.

1. Celine Delacroix - FP/Earth project

- FP/Earth project surveys the field of health and environmental research and documents how Family Planning relates to environmental sustainability.
- Research gaps:
 - How does SRHR influence environmental sustainability (not the other way around not how environmental sustainability influence SRHR because there is a lot of work happening on that)?
 - How can SRHR be promoted when understanding the positive effects of SRHR on sustainability better and that way bring in new supporters? How can SRHR fit into climate/environment/sustainability funding?
 - What kind of programmes can be developed in this context? How can we reconceptualise reproductive rights in relation to climate change/environment/sustainability?
 - How does environmental deprivation/climate change influences fertility preferences? Is there an increasing interest on these aspects among the younger generation?
 - What is the global north and south divide on these issues because of differences in fertility rates as well as very different contributions to the environmental crises?
 - How does the global south, in particular, perceive these issues? A lot of the research comes from the global north. There is little information on how the global south see this issue and if/how they want to integrate SRHR in the broader environmental framework?
 - What message should be promoted around this very sensitive and very polarised issue as there are many ways to address population dynamics, environmental sustainability and reproductive health in a wrong or unjust way?

- What type of interventions should be promoted in this field (e.g. type of programmes, policies,...) always with the objective of advancing reproductive autonomy and SRHR?

Q&A:

- Marleen Temmerman (AKU): we are coordinating a project on family planning and urban and rural Health in Kenya, taking into account environmental issues, as well as women agency. Happy to connect after the meeting and take this topic forward.

1) Prof. Anna Thorson - HRP Alliance, WHO

Please find the presentation [here](#).

2) S.M. Shaikat - SERAC Bangladesh

Please find the presentation [here](#).

3) Kupela Clarcke - SIDA Sub Saharan Africa

SIDA wants to support partners in the region to undertake their work, especially in the policy space, focusing on those areas that are contentious (e.g. safe abortion, rights of alternative sexualities and gender identities, adolescent SRHR...). Over the last years SIDA did a survey among 25 partners to know: Where are the gaps? Where are the opportunities? What can we do as SIDA to help? Where can we focus on more? This also included what research areas SIDA could support to make their work more relevant and fill some of those gaps. This is what came out of that:

- 1) Data: The available data is not desegregated and where it is, it is very hard to collect. Silent populations' (e.g. adolescents) needs and barriers are not really understood well and therefore not being addressed. There is a need to invest in the data collection systems, in collaboration with WHO and UNFPA to allow us to do research with highly qualitative data in this space.
- 2) Social norms: When you are working on very sensitive issues rooted in traditional practices, it is important to look at social norms and define them. An interdisciplinary approach with sociologists, anthropologists, archeologists, historians, etc can help to uncover social norms. We need to avoid looking at these issues as harmful or as backward or as not to date but really look at things in context and understanding that is nuanced.
- 3) Best practices: Look at gaps through implementation research: What works? What hasn't worked? Why hasn't it worked? Build capacity of partners in country to introduce best practices (e.g. through development of SRHR policy toolkits).

4) Vera Syrakvash - SheDecides

Please find the presentation [here](#).

5) Teymur Seyidov - UNFPA EECARO

Please find the presentation [here](#).

6) Ane Gasser - IPPF European Network

- 1) CSE

As highlighted in the Updated International technical guidance on sexuality education from UNESCO (2018) the proven effects of CSE are related to reduced risk taking among young people, increased contraception literacy and sexual health literacy. Also, we start to see some limited but growing evidence that CSE effects go beyond the common public health expectations and that CSE can contribute to more equitable gender norms as mechanism to reduce gender inequality and prevent violence against women and girls. (The Comprehensive Review of Evaluation Studies by Nicole A. Haberland (2015))

Research gaps:

- CSE impact on non-health outcomes, especially in low and middle-income country - Absence of pertinent qualitative & quantitative (non-randomized, non-controlled) studies
- a lack of longitudinal evidence on the long-term impact of CSE (CSE is expected to build knowledge and skills useful throughout the life-course):
 - i. so far, majority of studies - based only on short-term follow-up assessments (for example, one year after intervention/ Hindin et al., 2016; Shepherd et al., 2010).
 - ii. the quality of the methods used to conduct trials affects the reliability of the research outcomes, including how generalizable the results are to other settings or populations
- evaluation of the outcomes of digital CSE/health education interventions
- the lack of evidence and guidance on CSE in protracted humanitarian settings

How these gaps affect IPPF's work:

- Difficult to find a suitable measuring methodology for our CSE practice in the field – affecting CSE funding/ investing and continuous improvement approach
- Hard to conduct evidence-based advocacy on promoting CSE within public education systems at national levels
- Hard to combat Opposition Narratives around CSE

2) Other gaps (not pitched during the meeting but shared afterwards):

- Gender transformative approach:
The work on masculinities - if working with and engaging men and boys yields positive SRHR outcomes for women.
- Digital Health interventions:
 - self-care outcomes compared to traditional care models in health settings and under the supervision of a health provide – need of more evidence (the evidence from medical abortion for example is very positive)
 - access to DHI which is still an issue in a lot of settings including humanitarian contexts.

- **Opposition:**
Organised and funded opposition and anti-rights movements and how they change norms/capitalise on existing conservative norms and manifest themselves on issues of women's bodies, autonomy, and reproductive choice.
- **SRHR & COVID-19:**
Impact on SRHR behaviours - there is limited evidence on if COVID restrictions impact on people's SRH behaviour, effect on outcomes (this is a long-term issue that needs to be measured using global and national representative tools. So far, we are relying on the UNFPA and Guttmacher estimates of the impact of COVID and also the FCDO cuts on global indicators (i.e. unmet need, CYP, unintended pregnancy...)).

6) Margot Delaet - CHanGE 2021/UCOS vzw

CHanGE is a project from UCOS that gives the possibility to 12 Belgian students to visit a country that is relevant or inspiring with regards to the struggle for gender equality and SRHR. Using the knowledge and the skills gathered from the research trip the participants organized the campaign 'Who cares, mind if we do?'. The campaign focuses on the mental health of queer youth. Together with Belgian civil society organisations working on the issue the CHanGE developed four stands on queer mental health:

- 1) Care workers should be educated about LGBTIQ+ identities and the systematic oppression that queer people face in Belgium.
- 2) Mental health care should be economically accessible, representative and immediate
- 3) Care for mental health should consist of more than strictly defined mental health care. It is also influenced by general health care, access to housing, etc.
- 4) There is a need for recent and accessible research on the wellbeing of LGBTIQ+ youth in Belgium (e.g. on differences in mental health between heterosexual, CIS people and LGBTIQ+ people; include different identity intersections of the queer community as a factor that influences mental health; on wellbeing of LGBTIQ+ people; suicide prevention; specialised care;...)
- 5) Researchers on mental health should always take an intersectional approach and always include questions on sexual orientation and gender identity in survey

Q&A:

- Loes Verhaeghe (UCOS vzw): Whoever wants to have an insight in the experiences of trans people (and others) and reproductive health, you should follow @beirutbydyke on Instagram and read their stories.
- Karel Blondeel (UGent): A recent review on reproductive health and trans people can be found here: <https://www.tandfonline.com/doi/full/10.1080/26410397.2021.1886395>

Working groups: Research priority setting 2022-2024

This session builds on the session before where external stakeholders pitch the SRHR data needs that they see from their work. Once we heard the stakeholders, ANSER members and stakeholders will be divided into small groups based on the topics identified:

- 1) SRHR & sustainability – Moderator: Saar Baert
- 2) Implementation research & policy monitoring – Moderator: Hedwig Deconinck
- 3) Adolescent and SRHR – Moderator: Alina de Luna Aldape
- 4) Technological solutions for SRHR – Moderator: Joyce Omwoha
- 5) Cost effectiveness of SRHR policies – Moderator: Olena Ivanova
- 6) Comprehensive sexuality education – Moderator: Kristien Michielsens
- 7) LGBTIQ+ - Moderator: Karel Blondeel

All groups worked around the following questions:

1. Specify the evidence needed on this topic based on stakeholder experiences
2. Identify already existing evidence on this topic that could be helpful
3. What evidence the group agrees is actually missing?
4. What research question would be relevant for further studies?
5. How could different stakeholders collaborate on this?

Feedback from the working groups & closing remarks

• **SRHR & sustainability – Moderator: Saar Baert**

1. Definition: Sustainability is not only financial sustainability but also how to make sure SRHR is prioritized by all stakeholders at all levels (e.g. how to ensure alliance with UHC?)
2. Specify the evidence needed on this topic based on stakeholder experiences
 - Examples of good allocation of financial resources of SRHR
 - How we can frame SRHR within the topic of climate change and access climate funding?
 - How we can integrate SRHR services within primary health care settings and look at possible task shifting?
 - Improve interdisciplinarity within SRHR
 - How climate change/social unrest as such influences SRHR outcomes?
 - How can individual SRHR choices impact the social tension around climate change?
3. How could different stakeholders collaborate on this?
 - Climate organizations
 - Policy makers, health system directors, UN entities
 - Broad SRHR civil society organisations

2) Implementation research & policy monitoring – Moderator: Hedwig Deconinck

1. Specify the evidence needed on this topic based on stakeholder experiences
 - How do we move from evidence to policy?
 - Solution can be:
 - Develop a strategy how to implement the policy
 - Picking just a few priorities to when working with policy makers
 - Need of research around implementation

- Monitor implementation throughout the full process, not just at the end
- How we can make sure SRHR is not lost in the policy implementation?
 - Study comparisons
 - Distributing success stories and best practices
 - Raise political leverage and create SRHR champions
 - Learn from implementation research and adapt policies

3) Adolescent and SRHR – Moderator: Alina de Luna Aldape

1. Specify the evidence needed on this topic based on stakeholder experiences
 - Lack of data on SRHR of most marginalised adolescents: Who are they? Why are they at risk? How can we identify them? How can we reach them? (e.g. children with disabilities, with HIV, in marginalized communities, etc.)
 - Link between adolescent SRHR and climate change
 - Lack of HPV information taught in schools or by parents
 - Lack of financing for adolescent SRHR research
 - Lack of adolescent specific policies
 - Adolescent SRHR issues are still taboo (because they are considered children)
 - Sociological perspective on these issues: conflicts, misinformation, movements
2. Identify already existing evidence on this topic that could be helpful
 - Adolescent HIV and STI: Partners in Health and Association
 - Gender transformative approaches
3. What research question would be relevant for further studies?
 - How can gender transformative approaches also be effective for men and boys?
 - How can we target the most marginalized adolescents in the community? (e.g. start working on child marriage, and narrow it down to other topics, such as HPV vaccines)
 - How well are these SRHR policies implemented and do they even trickle down to the grassroots and where the problem is?
 - How do we translate WHO requirements to national policies and community implementation?
 - What is the involvement of the boy child that can be shaped from an early age?
4. How could different stakeholders collaborate on this?
 - Give adolescent a voice do discuss their needs at policy level

4) Technological solutions for SRHR – Moderator: Joyce Omwoha

Cancelled because no interest from the participants

5) Cost effectiveness of SRHR policies – Moderator: Olena Ivanova

Cancelled because no interest from the participants

6) Comprehensive sexuality education – Moderator: Kristien Michielsen

1. Specify the evidence needed on this topic based on stakeholder experiences/ What evidence the group agrees is actually missing?
 - Measuring effectiveness and impact:
 - Impact on non-public health indicators
 - Sound methodology on assessing learning outcomes

- Alternative evaluation designs
- Long term impact
- National data on sexual health
- Effectiveness of starting at a young age
- Cost-effectiveness evaluation
- Implementation research:
 - Overcoming implementation challenges (in combination with scaling up)
 - Minimum package of CSE that is effective/best combination of CSE, enabling environment, services/best combination of online and offline delivery channels/combo in-school and out-of-school
- Opposition research/ Value based communication strategies
- Building M&E capacity
- 2. Identify already existing evidence on this topic that could be helpful:
 - Rutgers studies (e.g. cost-effectiveness)
 - UNESCO:
 - i. Research group on CSE
 - ii. UNESCO library
 - iii. Evaluation tools: SERAT tool
 - WHO/UNFPA: effectiveness of out-of-school in 5 countries
 - WHO: opposition research
 - World Value Survey added questions on CSE
- 3. How could different stakeholders collaborate on this?
 - Ensuring mix of researchers, policy makers, implementers, other key stakeholders (young people, parents, schools,...) involved from the start
 - Access to different funding sources, knowledge sources & audiences

Q&A:

- Olena Ivanova ((Klinikum of Ludwig-Maximilians-Universität): the questions from the cost-effectiveness group were integrated into the CSE group, but they are important for each topic discussed here today

7) LGBTQI+ - Moderator: Karel Blondeel

Specify the evidence needed on this topic based on stakeholder experiences

- Access to (health) care
- Adolescent sexual wellbeing
- Relationship to health care professionals
- Homophobia and transphobia in health care
- Mental health
- Specific needs for LGBTQI+
- Language guidelines on how to speak inclusively about sexuality and gender identities
- Intersectional research on the queer community
- General wellbeing of LGBTQIA+
- Focus on LGBTQIA+ specific needs in SRHR research (including separation between categories instead of 'one queer category')
- SRHR during COVID crisis

- Sexual consent among LGBTQI youth
- Rape methodology specifically oriented towards LGBTQIA+ experiences with SGBV
- Queer inclusive surveys

Q&A:

- Gunta Lazdane (RSU): COST Action ESMN has developed a curriculum on Sexual health for undergraduate medical students including LGBTI+: <https://www.esmn-cost.eu/>

Closing

The outcomes of the discussions in the working groups will be the start of internal discussions among ANSER members tomorrow 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 2021 online ANSER Stakeholder Meeting was attended by 76 participants, representing 45 ANSER members from 18 member institutions and 31 external stakeholders from 23 organisations. All together the participants came from 25 countries worldwide

ANSER members:

- Akatukwasa, Cecilia (Mbarara University of Science and Technology, Uganda)
- Baert, Saar (UGent, Belgium)
- Båge, Karin (Karolinska Institutet, Sweden)
- Benova, Lenka (ITG, Belgium)
- Blondeel, Karel (UGent, Belgium)
- Cernelev, Olga (Nicolae Testemitanu State University of Medicine and Pharmacy, Moldova)
- Deconinck, Hedwig (UGent, Belgium)
- de Luna Aldape, Alina (Uni Marburg Germany)
- De Meyer, Sara (UGent, Belgium)
- De Muynck, Cindy (UGent, Belgium)
- De Paepe, Elie (UGent, Belgium)
- Degomme, Olivier (UGent, Belgium)
- Dhungana, Govinda (UGent, Belgium)
- Dias, Sonia (Universidade Nova de Lisboa, Portugal)
- Erkens, Christiane (BZGA, Germany)
- Farje de la Torre, Fiorella (UGent, Belgium)
- Galle, Anna (UGent, Belgium)
- Hendrickx, Marie (UGent, Belgium)
- Ivanova, Olena (Klinikum of Ludwig-Maximilians-Universität, Germany)
- Kemigisha, Elizabeth (Mbarara University of Science and Technology, Uganda)
- Keygnaert, Ines (UGent, Belgium)
- Kimani, Samuel (University of Nairobi, Kenya)
- Kingoo, James Munyao (Technical University of Kenya)
- Larsson, Elin (Karolinska Institutet, Sweden)
- Lazdane, Gunta (Riga Stradins University, Latvia)
- Leye, Els (UGent, Belgium)
- Lievens, Eva (UGent, Belgium)

- Linthout, Leni (UGent, Belgium)
- Manguro, Griffins (International Centre for Reproductive Health Kenya)
- Michielsens, Kristien (UGent, Belgium)
- Miika , Coppard (Burnet Institute, Australia)
- Nyakato,Viola (Mbarara University of Science and Technology, Uganda)
- Omwoha, Joyce (Technical University of Kenya)
- Peeters, Emilie (UGent, Belgium)
- Rezeberga, Dace (Riga Stradins University, Latvia)
- Roels, Lore (UGent, Belgium)
- Semaan, Aline (Institute of Tropical Medicine, Belgium)
- Shamu, Simukai (Foundation for Professional Development, South Africa)
- Temmerman, Marleen (Aga Khan University, Kenya)
- Tegenbos, Jolien (UGent, Belgium)
- Van Braeckel, Dirk (UGent, Belgium)
- Westeneng, Judith (Rutgers, The Netherlands)
- Yu, Yushan (UGent, Belgium)
- Zhang, Wei Hong (UGent, Belgium)
- Zhao, Min (UGent, Belgium)

Stakeholders :

- Aboutaieb, Rachid (Laboratoire santé sexuelle et reproductive, France)
- Abrejo, Farina (Aga Khan University, Pakistan)
- Arowolo, Rachael (Wapa Africa, Nigeria)
- Basheer, Eliza (Family Planning NSW, Australia)
- Brizuela, Vanessa (WHO, Switzerland)
- Casier, Marlies (Sensoa, Belgium)
- Clarke, Kupela (SIDA, Zambia)
- Compaore, Rachidatou (Institut de Recherche en Sciences de la Santé/Research Institute for Health Science, Burkina Faso)
- Delacroix, Celine (FP/Earth Project , Canada)
- Delaet, Margot (UCOS vzw, Belgium)
- Gasser, Anemarie (IPPF EN, Belgium)
- Gumerova, Dinara (UNFPA, Russia)
- Hahelis, Janis (Ministry of Health, Latvia)
- Helgesson, Felix (SIDA, Sweden)
- Jamil, Zainab (Forum for dignity Initiatives-fdi, Pakistan)
- Marques, Patrícia (Escola Nacional de Saúde Pública, Portugal)
- Mikaberidze, Lia (UNFPA, Georgia)
- Oyetunde, Oloruntomiwa (Institute of Child Health)
- Saleem, Sarah (Aga Khan University, Pakistan)
- Seyidov, Teymur (UNFPA, Turkey)
- Shaikat, SM (SERAC-Bangladesh)
- Shaikh, Fareeha (Aga Khan University, Karachi, Pakistan)
- Shengelia, Lela (National Center for Disease Control and Public Health of Georgia)
- Syrakvash, Vera (SheDecides, Belarus)
- Tariq, Danish (Youth Advocacy Network, Pakistan)

- Tavares, Inês (Faculty of Psychology and Education Sciences, University of Porto, Portugal)
- Thorson, Anna (WHO, Switzerland)
- Tucker, Joe (University of North Carolina & London School of Hygiene & Tropical Medicine, USA)
- Uhlich, Maximiliane (University of Fribourg, Germany)
- Verhaeghe, Loes (UCOS vzw, Belgium)
- Zaca, Evija (Ministry of Health, Latvia)

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