ANSER WEEK

PUBLIC DAYS REPORT

Ghent Belgium

25th and 26th November 2019
1 Introduction

2019 marked the 25th anniversary of the International Conference on Population and Development (ICPD, Cairo 1994), where 179 governments adopted a Programme of Action recognising that reproductive health and rights, as well as women’s empowerment and gender equality, are cornerstones of population and development programmes. Significant results have been achieved since, but not everyone has benefited equally from this progress. From 12-14 November 2019, ICPD celebrated its birthday during the Nairobi Summit. The conference mobilized political will and financial commitments to finally and fully implement the ICPD Programme of Action, focusing on: achieving zero unmet need for family planning information and services, zero preventable maternal deaths, and zero sexual and gender-based violence and harmful practices against women and girls.

During this ANSER week we took a closer look at all the commitments made by governments, civil society and donors at the Nairobi Summit and discussed how implementation can be accelerated. What specific role can academics have in using evidence to overcome policy and implementation challenges of the ICPD agenda? How can policy makers and researchers work more closely together to accelerate progress and address the barriers faced? What priorities should we as broader SRHR stakeholders focus on in the coming years to achieve reproductive health and rights for all?
2

Programme overview

Throughout the full week, the following work was be presented at the conference venue:

- Poster hall: Posters highlighting the recent achievements and future projects/priorities of EECA countries and ANSER member
- Video featuring UNFPA EECARO’s work

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<td>Tuesday 26th November</td>
<td>Building an evidence for the outcomes of the ICPD+25 Agenda ICRH+25 celebration</td>
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Mon 25 Nov – Reproductive Health and Rights for all: Accelerating the ICPD Agenda in the EECA region

Significant results have been achieved in Eastern Europe and Central Asia since ICPD in 1994: the number – and rate – of women dying from pregnancy or childbirth has nearly halved. Women are better able to plan when to have children – and how many. Young people are more connected and empowered than ever before. But not everyone has benefited equally from this progress. Young women and men often face difficulties in accessing sexual and reproductive health (SRH) services. Serious barriers still exist for poor women, migrants, young people, ethnic minorities and those who live in rural areas.

During this conference day we looked at the outcomes and commitments made by governments, civil society and donors at the Nairobi Summit on ICPD+25 that took place only two weeks before. What universal access to sexual and reproductive health and rights mean for the region? How to accelerate the actions and address the challenges faced in Eastern European and Central Asian countries? What are the emerging cross-cutting issues around ensuring reproductive health and rights for all? What role can international networks as the Academic Network of Sexual and Reproductive Health Policy (ANSER) or multilateral organisations like UNFPA play to support implementation of the ICPD Programme of Action in country? What are the priorities to focus on in the coming years and what could be done to accelerate the implementation of the ICPD agenda?

9:00 – 9:30 Registrations
   Master of Ceremony throughout the day: Ines Keygnaert (ICRH, Ghent University)

9:30 - 9:45 Welcome
   - Olivier Degomme (ICRH, Ghent University)
   - Ian McFarlane (UNFPA EECARO)

9:45 - 11:00 What do the outcomes of the ICPD+25 commitments mean for the EECA region?
   - ‘Nairobi Summit outcomes’ by Ian McFarlane (UNFPA EECARO)
   - ‘EECA Countries’ commitments to advance SRHR’ by Tamar Khomasuridze (UNFPA EECARO)
   - How to increase the quality of national implementation of the ICPD agenda via ANSER tools’ by Olivier Degomme (ICRH, Ghent University)
   - Q&A

11:00 - 11:30 Coffee break
11:30 – 12:15 UNFPA transformative results: country achievements and challenges
- ‘Preventing maternal death’ by Gulnara Rzayeva (The Association ‘Supporting the Development of the Gynaecology and Perinatology’ Azerbaijan)
- ‘Reducing unmet need for Family Planning’ by Yuliya Savochkina (Department of Mother to Child Care, Belarus)
- ‘Eliminating cervical cancer’ by Dorina Tocaj (UNFPA Albania Country Office)
- Q&A

12:15 – 13:00 Commitments related to cross-cutting issues
- ‘Leaving no one behind: access to SRHR for vulnerable groups’ by Corina Lliade Tulbure (Department of Obstetrics and Gynaecology, State University of Medicine and Pharmacy ‘Nicolae testemitanu’, Republic of Moldova)
- ‘Quality and affordability of SRHR services’ by Nevena Sovic (UNFPA Serbia Country Office)
- ‘Human resources for delivering universal access to SRHR’ by George Mataradze (UNFPA Georgia Country Office)
- Q&A

13:00 – 14:00 Lunch

14:00 – 15:00 Panel discussion: What can academics, multilateral organisations and donors do to support ICPD implementation in the region?
Moderator: Ian McFarlane (UNFPA EECARO)
Panel with:
- ‘Academic perspective’ by Katrina Perehudoff (ICRH/ANSER)
- ‘Multilateral perspective’ by Tamar Khomasuridze (UNFPA EECARO)
- ‘Youth perspective’ by Kristian Angeleski (Y-PEER Macedonia)
- ‘Donors and private sector perspective’ by Louise Dann (UNFPA EECARO)

15:00 – 15:30 Coffee break

15:30 – 16:30 Interactive group discussions on possible means to accelerate the road to success:
- Capacity building of young researchers
  Moderator: Olena Ivanova (Ludwig-Maximilians-University of Munich)
- Knowledge and evidence translation from research to policy and vice versa
  Moderator: Emilie Peeters (ICRH, Ghent University)
- Programme effectiveness and how to overcome challenges
  Moderator: Dorina Tocaj (UNFPA Albania country office)
- Networking and technical support from ANSER
  Moderator: Olivier Degomme (ICRH, Ghent University)

16:30 – 16:50 Feedback of the group discussions in plenary by the rapporteurs

16:50-17:00 Closing - Ian McFarlane (UNFPA EECARO)
Tues 26 Nov – Building evidence for the outcome of the ICPD+25 agenda

Together with a wide range of stakeholders, we will look into the role academics can play to help reenergizing the global commitments made and accelerate progress. Through roundtables and interactive sessions, we will identify the evidence and knowledge translation needed in order to make a change. How can the different actors work more closely together and build on each other’s expertise to reach reproductive health and rights for all women, everywhere?

9:00 – 9:30 Registration
  *Master of Ceremony throughout the day: Kristien Michielsen (ICRH, Ghent University)*

9:30 – 9:40 Opening & welcome – Olivier Degomme (ICRH, Ghent University)

9:40 – 11:00 Outcomes of ICPD+25:
  - Sietske Steneker (UNFPA Brussels Office) – 10’
  - Fourat Ben Chikha (Belgian Senator and member of the Council of Europe) – 10’
  - Eimear Sparks & Eef Wuyts (IPPF) – 10’
  - Marleen Temmerman (ANSER & Aga Khan University) – 10’
  - Lore Roels (Uganda Youth and Adolescent Health Forum, UYAHF) – 10’
  - Q&A 20’

11:00 – 11:30 Coffee break

11:30 – 13:00 Best practices on knowledge translation for evidence based SRHR policies
  - Care for justice? Setting up interdisciplinary and holistic Sexual Assault Care Centers in Belgium – Ines Keygnaert (ICRH, Ghent University) 15’
  - The ESC Madrid Declaration: promoting evidence-based SRHR policies with respect for human rights – Dr. Mary Short (The European Society of Contraception and Reproductive Health) 15’
  - Linking applied media research and framing to Adolescent Contraception in Kenya – Joyce Omwoha (Technical University of Kenya) 15’
  - Strengthening integration of SDG 5 in the Belgian development cooperation – David Eeckhout (ICRH, Ghent University) – 15’
  - Q&A 15’

12:45 – 13:00 Priority poling among the audience

13:00 – 14:00 Lunch
14:00 – 15:00  What could ANSER do? – Part I
   — Introduction to the group discussions (10’)
   — Group discussions around the priority themes to define clear research questions that will inspire the internal ‘ANSER Grand Challenges’ Competition on Wednesday and Thursday. – 50’
   Moderators:
     o Sara De Meyer (ICRH, Ghent University)
     o Hazel Barrett (Coventry University, UK)
     o Tammary Esho (Technical University of Kenya)
     o Lucia Knight (University of the Western Cape, South Africa)

15:00 – 15:30:  Coffee break

15:30 – 16:20  What Could ANSER do? – Part II
   — Group discussions around the priority themes to define clear research questions that will inspire the internal ‘ANSER Grand Challenges’ Competition on Wednesday and Thursday.
   Moderators:
     o Sara De Meyer (ICRH, Ghent University)
     o Hazel Barrett (Coventry University, UK)
     o Tammary Esho (Technical University of Kenya)
     o Lucia Knight (University of the Western Cape, South Africa)

16:20-16:40  Feedback from the group discussions to plenary

16:40 – 16:50:  Priority poling among the audience

16:50 – 17:00  Closing – Olivier Degomme (ICRH, Ghent University)

18:00  ICRH+25 celebration
Mon 25 Nov

Reproductive Health and Rights for all: Accelerating the ICPD Agenda in the EECA region

Welcome

1) Olivier Degomme (ICRH, Ghent University)

Professor Olivier Degomme introduced the programme of ANSER week and ANSER activities since 2016 when the network was established as the way to bridge research and decision makers. Today the network counts for 30 members and we will look into 10 new member applications in the coming days.

ANSER, as the network of academic institutions and affiliations with CSO, has a great cooperation with UNFPA around European Action Plan on SRHR.

He stressed importance of cooperation in implementation of ICPD Programme of Action, Key document that introduced SRHR as the human right. Preamble of Programme of Action (PoA) is still a source of comprehensive knowledge and 25 years later there is a need to accelerate its implementation, as research in many countries showed backwards trends in people understanding and attitudes and behaviour related to certain aspects of sexual and reproductive health and rights.

2) Ian McFarlane (UNFPA EECARO)

Solidarity among all organizations is needed. We need the research, experience and knowledge of each other, to ensure we can learn from one another.
What do the outcomes of the ICPD+25 commitments mean for the EECA region?

1) Nairobi Summit outcomes' by Ian McFarlane (UNFPA EECARO)

What is distinctive from all similar global meetings, Nairobi Summit was not formal UN organized meeting with intergovernmental agreement to be negotiated or signed. Participants were organizations, delegations, individual people who are and who wanted to be a part of the movement. Although presence of the delegations of states were critical. Nairobi was much more a summit of people with a wide variety of participants (representatives of countries, private sector, CSOs, artists, celebrities,...). The summit was broad and inclusive.

The second difference was the atmosphere. The spirit, the creativity and inclusiveness used in every session in very different interactive formats such as films, fashion, music performance and the community zone.

It was all about voluntary commitments. Nairobi focused on five themes around which participants made their commitments. SDGs cannot be achieved without improvement of SRH and without achieving the three transformative results (big zeros related to unmet need for contraception, maternal deaths and GBV and harmful practices). It was interesting to see calculations were made about costs necessary to achieve three transformative results.

The summit highlighted the power of gender equality, youth leadership, political and community leadership, innovation and data, and partnerships to accelerate progress throughout all areas. Accelerators to achieve progress are strong policies, technical knowledge, behavioural change, connecting different sectors and different approaches, and working on a stronger and broader agenda.

A larger report will be published later on.

Ian McFarlane's presentation can be found here.
2) ‘EECA Countries’ commitments to advance SRHR' by Tamar Khomasuridze (UNFPA EECARO)

There were 5 themes in Nairobi, around which commitments were derived. Out of 17 countries in the EECA region: 15 countries prioritized the 3 key topics of developing a national SRH actions plan, improving the access to family planning and investing in sexual and reproductive health; 14 countries promised to improve maternal health; 13 countries will strengthen the focus on vulnerable groups; while 6 countries committed to address all 7 topics. This clearly shows that the ICPD agenda has been expanding in the area of SRH.

UNFPA and its regional offices will be helping countries to accelerate the progress. Three key priorities are put forward for that: 1) accountability to rights holders, 2) behaviour change and 3) connections/partnerships.

1) Accountability

Six countries in the EECA region are already delivering a national action plan, as a translation of the WHO/UNFPA Regional European Action Plan on Sexual and Reproductive Health. ANSER provided support for the countries in the region through a ‘Quality Assurance Checklist’ and a ‘Monitoring Framework’. This set of indicators made our region the only one where ICPD indicators, SRH indicators and Regional Action plan indicators are harmonized. Using this monitoring framework will increase the quality of the plans and will accelerate progress.

2) Behaviour change:

New methods should be used to educate the population on SRHR issues (FLO mobile application as example) and health providers to influence attitudes and behaviours at providers and consumers side. Behaviour change should be addressed within the health systems by Ministries of health.

3) Connections:

It is time to mobilize new partnerships and strengthen connections between academia, decision makers and civil society, in order to bridge science with policy and encourage knowledge transfer between countries (also South-South) and stakeholders. New thematic alliances will be the new form of advocacy. Making connections will also mean setting up multi country funding mechanisms (for example for youth organizations)

Many countries expressed their interest to cooperate with ANSER on different issues, including on the development of their action plans and research in many topics in the field of SRH: access, barriers, causes of low demand for family planning etc.

Our future focus should be on 1) vulnerable groups, 2) impact and sustainable development and 3) Life-cycle approach.

Tamar Kholasuridze's presentation can be found here
3) **How to increase the quality of national implementation of the ICPD agenda via ANSER tools’**

*by Olivier Degomme (ICRH, Ghent University)*

Degomme complement the presentations with practical information how ANSER can contribute to country efforts in delivering commitments, and how to increase the quality of national implementation of ICPD agenda using already developed ANSER tools.

ANSER started its collaboration with WHO on the Regional European SRHR Action Plan back in 2016, when it was just adopted. The cooperation with UNFPA started in 2018 related to the development of the indicator framework.

There are two ANSER tools already developed and available: a Monitoring Framework and a Quality Assurance checklist:

1) **Monitoring Framework:**

ANSER developed indicators for every objective defined by the Action Plan. We therefor used existing indicators, already endorsed by national authorities, such as the SDG indicators, Global strategy on Women, Children and Adolescents Health and indicators of the ICPD Programme of Action approved last year. In total 51 indicators were included in monitoring framework, with a reference to the definition and the data sources.

2) **Quality Assurance Checklist:**

This includes the reference documents to use when developing a national Action Plan. It looks at the different dimensions of SRHR, at international agreements, at the 6 building blocks of the health system according to WHO, among others.

*For the moment ANSER is working on a web browser based text mining tool intended to screen documents to find relevant content in a very short time. This can help governments to have a quick overview of what issues are in the national SRHR action plan and what not.*

*Olivier Degomme's presentation can be found here*
Policy makers want concise, clear and short documents but they also want to have scientific evidences as basis for recommended actions. Good quality Policy briefs focused on specific areas should be a priority for ANSER network.

Important to look at how we can use/expose our research for policy, moving away from our pure academic approach (publishing in high impact journals).

Keep the number of indicators low (around 10) to make sure it's a practical tool.

UNFPA transformative results: country achievements and challenges

1) ‘Preventing maternal death’ by Ramiz Huseynov (The Association ‘Supporting the Development of the Gynaecology and Perinatology’ Azerbaijan)

The presentation of Ramiz Huseynov can be found here.

Q&A

Maternal mortality is often underreported as no reporting happens when woman are dying beyond the health care facilities. There is a need to cooperate more closely and understand better the complexity in order to come to sensible solutions.

2) ‘Reducing unmet need for Family Planning’ by Yuliya Savochkina (Department of Mother to Child Care, Belarus)

The presentation of Yuliya Savochkina can be found here.

Q&A

High MCPR and stereotypes towards modern contraception co-exist in Belarus, as a lot of doctors still believe the use of hormones does more harm than good. Special courses on FP counseling are organised for doctors to address this. The prejudice among the majority of the population is even higher an it will take a long time to change those perceptions. More research is needed to understand the correlations between the high MCPR and the stereotype perceptions and on actual FP use.

To ensure the quality of services primary health care providers are trained to provide good FP services and counselling. All regions of the country host FP centres that provide quality control on the services delivered country wide.
FP services and infertility counseling is free of charge for all, which clearly increases accessibility. IVF is not yet free of charge but from 2020 the first cycle of the IVF treatment will become free of charge.

The sharp decrease in maternal mortality in Belarus is due to the high accessibility of services combined with a strong referral system for maternal care and continuous trainings for healthcare providers on the underlying causes of maternal mortality.

Number of abortion rates: 12,1/1000 in 2018. This number is stable over the last 2 years, with a slight decrease. Psychological services are included and free of charge, what will hopefully reduce abortion rates.

3) ‘Eliminating cervical cancer’ by Dorina Tocaj (UNFPA Albania Country Office)

Dorina Tocaj’s presentation can be found here

Q&A

Behavioral change in cervical cancer prevention coupled with free HPV vaccination are key prerequisites of success.

ANSER has a student exchange program that could be useful for EECA member institutions to ensure strong advocates and researchers in the future.

The Standing Committee on Research Exchange (SCORE) also organizes English and French foreign research internships for medical students during July and August. In Belgium the Belgian Medical Students Association (BeMSA) is coordinating the exchange. More information via https://ifmsa.org/research-exchanges/ or SCORE@bemsa-gent.be

Commitments related to cross-cutting issues

1) ‘Leaving no one behind: access to SRHR for vulnerable groups’ by Corina Lliade Tulbure (Department of Obstetrics and Gynaecology, State University of Medicine and Pharmacy ‘Nicolae testemitanu’, Republic of Moldova)

Corina’s Lliade Tulbure's presentation can be found here

2) ‘Quality and affordability of SRHR services’ by Nevena Sovic (UNFPA Serbia Country Office)

Nevena Sovic’s presentation can be found here

3) ‘Human resources for delivering universal access to SRHR’ by George Mataradze (UNFPA Georgia Country Office)

George Mataradze’s presentation can be found here
Q&A

- Over 200 health care professionals registered (approximately 65% of OB-GYNs) for the online courses? The majority of them completed it and was awarded with a certificate. We organized a one day meeting in each region to promote the digital learning platform and explain the actual benefits it offers.

- The fact that there are more doctors than nurses is reflected in the health outcomes. For example, 47% of all deliveries are performed by a C-section, due to a 50% higher cost reimbursement by the government to private clinics for a C-section as opposed to costs for vaginal deliveries. Doctors also often perform the job of nurses due to the shortage of nurses. This makes health care very expensive.

- In Georgia no research has been done on the benefits of task shifting, mainly due to resistance from reproductologists who are specialized OB-GYNs tasked with family planning and who strongly resist the task shifting. The fact that the Georgian Maternal, Newborn and Child Strategy indicates task shifting as one of the priorities for the government, has not been taken into account. UNFPA is about to launch a survey on midwifery to learn more about leadership, education, regulation and association. This might also give us some insights on task shifting.

Panel discussion: What can academics, multilateral organisations and donors do to support ICPD implementation in the region?

1) Ian McFarlane (UNFPA EECARO) – moderator

The moderator frames the goal of the panel discussion: to provide input from different perspectives for the interactive group discussion that follow this panel, taking into account:

- The different priority areas identified in the morning sessions: accountability, behavioral change, connections
- The accelerators identified in the morning sessions: empowerment and leadership for women, youth leadership, political will and community leadership, innovative techniques, partnerships

2) Kristian Angeleski (Y-PEER Macedonia) – Youth perspective

Youth means different things to different people. Important to realize that it is not one uniform block but a heterogenic and varied group. This translates into various needs and perspectives in relation to the subject of the panel discussion:

- Youth needs to be more engaged, the youth should be given space to voice their vision on the 2030 agenda.
- Investments in youth are important, and not only financial resources, also transfer of skills, knowledge and values.
There is need for systems to engage youth for accountability.

Youth should be seen as a partner for organisations and donors, and they should support them with skills and training.

Engaging youth should be inclusive, no one can be left behind.

3) Katrina Perehudoff (ICRH/ ANSER) - Academic perspective

Also 'researchers' come in different shapes and forms. There are researchers in academic settings, but also in private organisations, other research institutes,…

A barrier to advance the SRHR agenda is the lack of quality data, hence there is no accountability. This is an area where researchers can be of help by offering innovative data collection tools:

- Participatory research can be used to address the target populations.
- Innovative ways can be offered for the study design and the data analysis for studies to evaluate the effect of policies in different countries.
- Policy research: researchers should pay attention on how to frame their evidence in a way that is usable for policy work.

Needs of researchers:

- In relation to policy support, there should be a feedback loop. For example a ‘policy broker’ between research and policy.
- Inspiring partnerships are very valuable, for example with ‘youth’.
- Resources are needed to do quality research.

4) Louise Dann (UNFPA EECARO) – Donors and private sector perspective

- Financial commitments where made in Nairobi by the public sector and the private sector. Some big amounts, but not all new money; We are still far from the 264 billion dollars needed.

- What might seem as strange partnerships or spokespersons can prove to be very effective in reaching the envisaged populations. So one should be creative and think out of the box: who is your target group and who else wants to reach that group?

- EECA is not a priority region for donors, so it will take extra efforts to channel money to the region. Louise Dann’s presentation can be found here.
5) **Tamar Khomasuridze (UNFPA EECARO) – Multilateral perspective**

- The biggest shift in relation to the implementation of the ICPD agenda lies in the evolution from promises to accountability. Accountability is essential to promote and advance ICPD implementation at country level.

- Hence priorities and accountability measures are needed for each group. This in turn should be linked with concrete timeframes, which all should be integrated in the different country programmes.

- Also at regional level with WHO, the regional SRHR- action plan should incorporate accountability mechanisms.

6) **Q&A**

- It will be important to engage and reach out to a critical mass of young people. For example, with a regional campaign around the 2030 agenda. Social media can help us here.

- Sometimes researchers and the media fight with unequal arms, look at the battle between fake news and evidence. We need to think about how researchers can frame their messages better as honest.

- We also need to take into account the existence of opposite forces.

- When working with the private sector we are sometimes confronted with a thin ethical line. To overcome the moral dilemma it is needed to start every partnership with the private sector with your eyes wide open, knowing that the ‘partner’ also wants to get something out of it. Working with the private sector can also be a way to shift their business model from within.

**Interactive group discussions on possible means to accelerate the road to success:**

1) **Capacity building of young researchers – Moderator: Olena Ivanvova (Ludwig-Maximilians-University of Munich)**

Research and human resources are the main building blocks behind the ICPD Programme of Action. However, only Moldova and Serbia from the EECA region mentioned at the ICPD+25 Summit in Nairobi “research and capacity building” as one of their commitments.
The challenges around this issue can be listed as follows:

- Lack of research methodology training for medical students to leave the possibility of an academic career open and ensure statistical knowledge among medical doctors
- Conventional and not creative education system;
- Lack of mentorship of young professionals and students;
- Lack of motivation/prospects on the future career path in research;
- Poor local research job markets (especially in Africa and in the EECA region);
- Lack of multidisciplinary approaches/joined projects between different departments and sectors;
- Low prioritization of funds dedicated to local research.

Group members identified possible ways/remedies to overcome these challenges:

- Create a platform to provide “voice” to young researchers during local SRHR working groups’ meetings; as well as, at UNFPA’s & International donors’ events and conferences:
- Create a repository with information on available local and international funding, scholarships and online/offline courses, workshops etc.
- Make research more “attractive” by securing funds for young researchers for traveling, publishing and scientific exchange;
- Empower young professionals and youth representatives by providing skills and trainings on communication, project management, participatory research methodology etc.
- Create networking opportunities;
- Motivate senior experts and researchers to mentor younger generation professionals and support them to develop and execute local research ideas.

Accountability, behavioural change and/or partnership development have been viewed as a possible solution:

- Monitor the number of young professionals, PhDs working locally in SRHR research;
- Budget allocation to the research component at the governmental and academia levels;
- Involvement of the private sector.

ANSER and/or UNFPA could help to take this forward and ensure acceleration of the ICPD+25 agenda:

- Provide a platform for the exchange of research findings and networking (summer schools, meetings etc.) at national and international level;
- Create a repository with information on available SRHR courses, funding and exchange opportunities;
- Support academic exchange between institutions;
- Provide capacity building via online courses/summer schools in research methods and translation of research into policies;
- Incorporate training and CapDev components into local development and research projects conducted with youth participation.
2) Knowledge and evidence translation from research to policy and vice versa –

Moderator: Emilie Peeters (ICRH, Ghent University)

- Changes in policymakers’ priorities and attention occurs pretty frequently; this, coupled with often highly politicized nature of SRHR issues, complicates the factors influencing policy development and implementation. At the same time, there is a need in developing countries (and sometimes in developed ones, as well) for policymakers to fully understand the unique context of SRHR issues.

- Politicians usually aim at short-time gains, and often less interested in long-term results. They respond to multiple competing priorities to make decisions, not only considering evidence arising from scientific research. On the other hand, researchers tend to be frustrated because their recommendations are often neglected and are not implemented, and policy makers complain that scientists seldom come up with clear answers to policy questions.

- In order to accelerate the link between policy makers and researchers it’s extremely important to engage policymakers from onset, from the research planning and priority-setting phase. It’s important to set small achievable steps, ensure local ownership and secure active support. One of successful examples of such cooperation and high-level evidence-based advocacy was President of Kenya initiative that aims to bring to an end the practice of Female Genital Mutilation (FGM) in the country; launched in collaboration with UNFPA.

- Translations of evidence to be understandable at local level and multiplayer engagement, ex. community traditional leaders, is important for changes in the way that politicians understand a problem or the possible responses to it (ex: crucial role of community councils in Ireland in legalizing abortions).

- Strengthening local research capacity in Low & Mid-level Income Countries (LMIC) is an incredibly important end in itself and encompasses ability to define problems, set objectives and priorities, conduct sound scientific research and identify solutions to national problems. This should be done at the levels of individuals, research groups and institutions.

- In this regard, engaging themes with ANSER can be envisioned as follows:
  - Strengthen skills of local researchers;
  - Provide technical assistance to policymakers in LMIC: review strategies/action plans, cost benefit analysis for evidence decision-making, etc.
  - Provide International, independent M&E tools.
  - Facilitate network, collaborate, communicate and share experiences between network members.
3) Programme effectiveness and how to overcome challenges – Moderator: Dorina Tocaj (UNFPA Albania country office)

- In order to achieve maximum effectiveness, it’s of upmost importance to link country programs with Nairobi commitments, because political support is critical for a comprehensive approach to SRHR. It is equally important, however, to translate political commitments into actionable steps for implementation.

- To have a success and raise our program effectiveness, all key national stakeholders need to be sensitized from the beginning not to create opposition, establish local ownerships and to galvanize political and financial commitments. Major principle of the program management should be joint implementation and programme monitoring based on the agreed framework with the government partners and other key national stakeholders, including youth networks, CSOs, private sector.

- Such cooperation will save time and energy, improve understanding of the problem and its context, and is essential to optimize synergy of on-going activities, avoid duplication of efforts and ensure that resources are used as effectively and efficiently as possible.

- It’s especially important to work with grassroots level organizations and faith-based institutions, to help tackle social stigma, harmful stereotypes and practices, which negatively affect the life and prevent access to SRHR services for all women.

- In this regard, engaging themes with ANSER can be envisioned as follows:
  - Strengthen skills of local young professionals in program management;
  - Provide standard M&E tools to allow cross-country comparisons.
  - Support development of evidence-based policy briefs, share best practices and lessons learned between network members.

4) Networking and technical support from ANSER – Moderator: Olivier Degomme (ICRH, Ghent University)

- In a world where challenges are multidimensional, responses cannot be successful if addressed in narrow silos of action. Instead they require integration and partnerships (with the involvement of the highest governmental level offices) in order to address underlying challenges faced in delivering change at country level (issue-based approach).

- At the national and international levels, new key development actors are emerging and gaining greater power and influence. Innovative and powerful partnerships can result from collaborations between traditional stakeholders and emerging actors. The success of our efforts thus depends on the
cooperation of governments, CSOs, professional associations, academia, the private sector and civil society across various sectors and levels.

- ANSER/UNFPA can support in:
  - Trainings for national policy makers in the field of indicators and monitoring systems, and for the evaluations of national strategies and policies in terms of consistency and coherence, scientific underpinning and alignment with the general SRHR strategy of the WHO Euro Region.
  - Analysing successful examples from various countries and tailor them to a specific country needs. In this regard, utilization of existing platforms, like Erasmus+ Project Results Platform for inspiration from the pool of good practices and success stories, seems rather beneficial.
  - UNFPA support and integration in ANSER network can be viewed as a trigger for promoting the SRHR agenda and brokering regional knowledge exchange, including engaging national stakeholders in new partnerships through triangular/south-to-south cooperation around thematic areas.
  - Provide standard/adaptable M&E tools to allow cross-country comparisons through standardizing data collection and analysis, and definitions for key performance indicators.

**Closing - Ian McFarlane (UNFPA EECARO)**

A lot of things have discussed in this session that need a lot of practical follow ups. Major steps have been made in order to move forward in terms of the objective of this meeting. We have understood where we are in the context of ICPD post Nairobi, to understand how we can collaborate matters within the different types of institutions. Hopefully we can set up a road map for even greater collaboration, capacity building and exchange for what lies ahead for women and girls.

Scaling up applications of existing scientific knowledge and technological innovation, while pursuing further research, can enable shifts away from business-as-usual actions and address development challenges and ensure acceleration of the ICPD+25 agenda.

We still have to learn more on how to keep people/governments accountable. Tools should be developed to monitor and evaluate.

We don’t have as much money as WB or EU, but we can work in a consortium with other donors and engage more non-traditional partners. UNFPA investments represent good value for money considering the dividends that can be reaped from high-quality SRH care and improved SRHR outcomes; money is there, it’s a matter of presenting a powerful proposition.

As a concluding note, Mr. McFarlane extended his special thanks to the Ghent University for hosting this important event and conveyed his gratitude to all panelists and participants.
Tues 26 Nov –
Building evidence for the outcome of the ICPD+25 agenda

Opening & welcome – Olivier Degomme (ICRH, Ghent University)

Today CSOs, academia, policy makers and youth will contribute to the discussion. Together with all these different stakeholders we will discuss important issues that could be addressed by ANSER. In the next two days there will be internal meetings with ANSER colleagues where they will build on that input and come up with research topics and proposals that will carry on in the next 12 months.

Outcomes of ICPD+25

Ian McFarlane (UNFPA EECARO) moderated a debate with the following speakers:

- Sietske Steneker (UNFPA Brussels Office)
- Fourat Ben Chikha (Belgian Senator and member of the Council of Europe)
- Eimear Sparks & Eef Wuyts (IPPF)
- IPPF’s Presentation can be found here
- Marleen Temmerman (ANSER & Aga Khan University)
- Lore Roels (Uganda Youth and Adolescent Health Forum, UYAHF)

Q&A

- Fourat Ben Chikha: It is important when you work on trans rights or other sensitive issues that you take a bottom up approach, to avoid putting them in danger. As an MP, I can help them to voice their concerns. I also invited them to come to the Council of Europe when the decision was made. Their presence had a really big symbolic importance.

- Fourat Ben Chikha: The best way to get my attention as a policy maker is to contact me and get in touch in person. I met with Olivier and Emilie in Nairobi at the ICPD summit and now I’m here. Please get in touch, I’m happy to use my power for the good cause.
○ Request from the audience not to forget older adults and their SRHR by focusing only on young people:

- Sietske Steneker: Agrees with the fact that the global population is aging very rapidly and that this population group needs as much age-specific attention for their sexual and reproductive health and rights as young people. The focus should be on life cycle approach.

- Eimar Sparks: Young people do still need their specific attention because they are often voiceless. In some parts of the world the aging population is taking more resources than young people, while getting pregnant and taking contraceptives is not an issue anymore.

- It’s important that people from all ages work together. Sex positivity and comprehensive sexuality education for example can both be important for young people as well as older adults.

○ Shrinking space for CSOs:

- Globally the space for community and CSO involvement is shrinking. There is need to research the effect of the shrinking space of CSOs. This might for example increase self-administered care, which can increase the need for psychological care.

- In Poland, for example, space for civil society is really shrinking so we work with existing grassroots women’s movements with women. That way we ensure access to SRHR in a safe space where commodities are available and self-administered services are widely available. At the same time we need to continue the fight at government level because you cannot have self-managed systems without the accountability of the health care system overall. That needs to go hand in hand.

○ Accountability:

- Marleen Temmerman: Accountability is the key to success. Today different actors can look at each other. For example post-partum bleeding is the number one preventable cause of maternal mortality. Doctors and nurses seem to do their work but supplies are missing. Who to put accountable for this? The hospital? The health care worker? We need to find out who is responsible and do advocacy around it to make it to make it public.

- At the ICPD meeting a long list of commitments was made but how do we keep them accountable for it? CSOs have an important role to play here.

- It is important to look at all the existing accountability mechanisms that are there: SDGs, ICPD, national reviews and regional reviews.

○ Faith based organisations are important to take into account as the influence of the church is tremendous. We should turn them from opposition into our ally
Best practices on knowledge translation for evidence based SRHR policies

1) Care for justice? Setting up Interdisciplinary and holistic Sexual Assault Care Centers in Belgium– Ines Keygnaert (ICRH, Ghent University)

Ines Keygnaert’s presentation can be found here.

Q&A

- When people arrive at the sexual assault centers there are several tests that are being done based on the needs of the victim: STI testing, pregnancy testing. If victims are not using contraception we give the morning after pill and we also provide PrEP for three to five days. All these tests are for free, only if there is need for an operation, that is not included.

- With only three centres in Belgium how we can we ensure all people get access and not just the ones living close to the centres. The referral centres were crucial as a pilot and the play an important role in research, monitoring and evaluation and policy work, but the next step is to mainstream these services in different locations and among different health professionals. The government indicated some years ago that they would like to have one in every province, which is still more than international literature advises (maximum one hour drive). Today it is unlikely that this is going to happen in the near future due to financial constraints.

We are working with other health facilities to look at psychological care and case management and we are looking at e-health solutions, so that victims don’t have to come to the centres for follow up care. We are also negotiating within the faculty of medicine at Ghent University to get the one and only course on sexual based violence back in the curriculum of the third year of medical school. It was taken out with the argument that this is too early in the education.

2) The ESC Madrid Declaration: promoting evidence-based SRHR policies with respect for human rights– Dr. Mary Short (The European Society of Contraception and Reproductive Health)
3) Linking applied media research and framing to Adolescent Contraception in Kenya - Joyce Omwoha (Technical University of Kenya)

Joyce Omwoha's presentation can be found [here](#).

Q&A

- Adolescent pregnancy is going up in South-East Europe, and a hard the hardest part to address this adolescent problem is the opposition from ethnic minorities. In Kenya teen pregnancies are also going up but media has been focusing a lot on ethnic minorities (pregnancy, FGM, early marriages, teen pregnancies…) and we are fighting to get the needs of other groups in the media.
- The media has a very strong role in Kenya. It was the media who combined all the SRHR issues into one basket (contraception, safe motherhood, abortion…) and that way staled the reproductive health bill. It will be important to unpack SRHR. The media will be an important stakeholder to make this happen, as they seem more interested in sensation than in correct information.

4) Strengthening integration of SDG 5 in the Belgian development cooperation - David Eeckhout (ICRH, Ghent University)

David Eeckhout's presentation can be found [here](#).

Priority poling among the audience

To get a better understanding of the positions and ideas of the people in the audience, a priority poling was held. This poling has than led as input for the group discussions in the afternoon.

What words do you link to the ICPD+25 agenda and achieving the commitments by 2030?
We listed all the suggestions made during the speeches and discussions over the last one and a half day and asked the audience to indicate what priorities they see for ANSER to focus on in the coming year.

18 topics were put forward: life cycle approach, adolescent SRHR, gender based violence and harmful practices, family planning, SRHR in crisis situations, maternal health, abortion, STIs, comprehensive sexuality education, SRHR for minority groups, SRHR as part of UHC, behaviour change, SRHR financing, M&E of SRHR policies and programmes, task shifting, climate change and SRHR, role of different stakeholders and opposition research.

From those the audience selected 8 priority issues:

- Adolescent health
- Comprehensive Sexuality Education
- Gender Based violence
- SRHR for minority groups
- Monitoring and Evaluation
- Accountability
- Opposition research
- Life cycle approach

These 8 topics will form the 8 discussion groups during the afternoon discussions and will be the primary input for the ANSER planning for 2020. This approach ensures that ANSER as an academic network working on policy is actually taking into account all stakeholders’ perspectives and needs when defining the research agenda.
What could ANSER do?

During two rounds of group discussions the 8 themes were discussed in smaller groups. Participants were free to join whatever group they thought was interesting to them or relevant to their work. The main aim was to brainstorm per topic and propose relevant research questions that could inspire ANSER’s work.

To ensure its relevant for ANSER the groups were asked to take the following into account for their discussion:

- Focus on multi-country studies where ANSER can benefit from as a network
- Try to integrate EECA region
- Link research and policy
- Meeting the needs of stakeholders mentioned in the past days

During this session it became clear that the interest from participants to work on accountability was quite low and thus it was decided to take out that topic and continue with the four other topics.

Feedback from the group discussions to plenary

1) Comprehensive sexual education – Lucia Knight (University of the Western Cape)

During the group discussion three key theme were discussed:

- The attainment of positive sexual skills and the need to look at good practices and existing empirical research
- The acceptability of comprehensive sexuality education and how to stop resistance.
- The establishment of a positive language and understandable policies related to CSE.

2) Adolescent health – Sara De Meyer (ICRH, Ghent University)

The group touched upon three topics:

- The need for inclusive health systems and health services that are focused on adolescents. ANSER could make a review of the existing research in order to disseminate good practices and roll out curricula and trainings for professionals.
- A survey in order to ask service providers about possible cultural barriers and adolescent clients to barrier related to accessing the health facilities and services
- How much budget is spend globally devided per country on adolescent health?
3) Gender-based violence and harmful practices – Hazel Barrett (Coventry University)

   - ANSER could play a role in cross-national research on terminology used, where good practices and policies could be translated into other contexts. Gender Based Violence is mainly attached to young women and girls while Sexual Based Violence also clearly points out to boys and men.

   - Three themes:
     - review of the provided services for survivors of SGBV. What about the accessibility and acceptability of these services and what about transposition of good practices into other countries and contexts? For example, could the SACCs of Belgium be translated into other countries? Otherwise we also should focus on the support seeking behavior of people, especially of undocumented migrants, refugees, people with disabilities, etc. We should question whether psychological services are available and accessible while at the same time looking at a life cycle approach to sexual and gender based violence.
     - The traditional approach (formal, legal approaches) of sexual violence and the formal and informal mechanism by which people get transitional justice.
     - The work with perpetrators and the question on how we can change their behavior. For these three themes, a systematic review on what's already done, on what's work and what not is crucial.

4) SRHR Minority groups – Nina Van Eeckert (ICRH, Ghent University & University of Antwerp)

   The discussion started by trying to define ‘minority groups’, as this can be many groups (LGBTQIA+ community, migrants, refugees, undocumented migrants, homeless people,…). It was concluded that a lot of people belong to a minority group and all together they are probably a ‘majority’. Therefor the group decided to prefer the use of ‘vulnerable groups’ over ‘minority groups’.

   Important to take into consideration is that they face limited access to SRHR services (due to discrimination, drop-out from schools, teenage pregnancies, etc.) and that vulnerability often appear in intersectional ways (for example: LGBTQIA+ refugees, homeless people with disabilities,…).

   In order to tackle these challenges, the development of tailored services will be crucial through:

   - training health professionals
   - challenging decentralization
   - engagement of communities themselves in the development and implementation of the services

5) Monitoring & evaluation and indicators – Hazel Barrett (Coventry University)

   Today, we face a lack of qualitative assessment and indicators, ANSER has the potential to come up with a small number of indicators and link this with qualitative data. Indicators don’t mean much without this qualitative data (for example: what does the amount of patients per doctor say about the doctor’s skills?).
6) **Opposition research – Lucia Knight (UWC)**

- Digital services have a crucial role to play in opposition research. We need to look how we can communicate our messages more effectively.
- Strategic partnership has to be established at a range of different levels (CSO’s, professional organisations, policy makers…). ANSER could develop a toolbox consisting of guidelines and good practices on how to include every stakeholder, inclusively the opposition stakeholders.

7) **Lifecycle approach – Sara De Meyer (ICRH, Ghent University)**

- The lifecycle approach entails an intersectional perspective. However, we lack tools on how we can conduct research on this topic. ANSER could review existing research, policies and programs that apply a lifecycle approach in order to disseminate, and accordingly develop, good practices.
- ANSER could publish a policy brief on the impact of this approach. Transgenerational dialogues is key to break a negative cycle of unhealthy behavior.

These ideas will be used as input for the two days ANSER meeting for members on Wednesday and Thursday, where the members will set the priorities for ANSER in 2020.

**Closing – Olivier Degomme (ICRH, Ghent University)**

Olivier looks back on the day with very positive outcomes and a lot of actions to take. This type of discussions between actors from different parts of the world, from different backgrounds, and with different roles, enriches the perspectives and the innovative approach towards solutions. ANSER has already proven success but the challenge for next year will be negotiating new budget as our funding ends in 2020. Therefore an open call to all participants to help us look for funding to continue this work over the next years.