



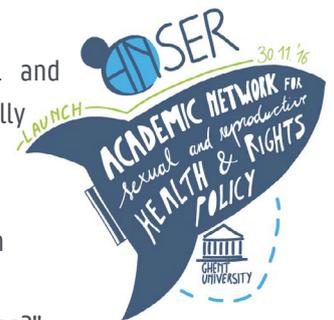
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A Ghent University Lead Initiative

ACADEMIC NETWORK FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS POLICY LAUNCHED

On November 30th 2016, the Academic Network for Sexual and Reproductive Health and Rights Policy (ANSER) was officially launched in Ghent, Belgium. During this event, several high level speakers took the stage to stress the importance of ANSER and express their expectations towards the network, including Dr Elke Sleurs, Secretary of State for Scientific Policy and Dr Metin Gulmezoglu from the HumanReproduction Programme (HRP) of the World Health Organization. The speeches were followed by a debate on "What role for ANSER in the global SRHR scene?" moderated by Sander Spanoghe (department Flanders International) with Dr Metin Gulmezoglu, Sietske Steneker, Director UNFPA Brussels, Neil Datta, Secretary of the European Parliamentary Forum on Population and Development and Laura Derycke, medical student at Ghent University. The plenary session ended with the official presentation of the 17 founding member institutions.



In September 2015, 193 governments formally approved a set of 17 Sustainable Development Goals (SDG) as a follow-up to the Millennium Development Goals (MDG). In light of this, governments across the world will be required to develop and implement new policies in the coming years in order to achieve the targets set for these goals. Sexual and Reproductive Health and Rights (SRHR) lies at the immediate intersect of several of these goals and as a consequence, SRHR should have a central position in these new policies. The development of these new policies necessitates an evidence base to ensure their and effectiveness.



Also, the success of their implementation is closely linked to reliable follow-up and monitoring by professionals with the required training and expertise. Finally, regular exchange of knowledge and sharing of experiences between different types of stakeholders and different countries can contribute to improving existing approaches and policies.

In light of the above, Ghent University established ANSER with to become a global resource for SRHR policy research, education and service delivery by establishing an international platform for research on SRHR policy related topics; by developing a portfolio of education and training programmes on SRHR policy; and by fostering interaction between SRHR researchers and policy makers.

ADOLESCENT SRHR

Adolescent sexual and reproductive health is a major public health concern that has been high on the international agenda since the International Conference on Population and Development (1994). While over the past 25 years the progress in this field has been limited and patchy, it does not mean that things are not changing. One example was elaborated on by Chandra-Mouli Venkatraman in his keynote address to this session: there is a never never-before opportunity to strengthen the provision of contraceptive information and services to adolescents in LMIC.

If we look at the evolution of research on adolescent SRHR over the past years, we clearly see a shift from very risk-focused studies and programmes – focusing on reducing teenage pregnancies, HIV/STI and discouraging adolescents to be sexually active – towards an increasing number of studies on positive aspects of adolescent sexuality, on sexual wellbeing and studies that normalize sexuality of adolescents.

This is reflected in the programmes for adolescents that move towards more comprehensiveness and the inclusion of positive aspects.

This evolution was clearly visible in the presentations in this session that addressed topics and programmes beyond the traditional negative consequences and experiences and talked about expectations towards sexting in Belgium (Katrien Symons), gendered roles in romantic relationships in Ecuador (Elisa Chilet/Bernardo Vega) and about body image and self-esteem in Uganda (Elizabeth Kemigisha). This was reflected in presentations on comprehensive sexuality education programmes and perceptions of parents, teachers and young people from Switzerland (Agnes Földhazi), Ecuador (Jessical Castillo Nuñez) and Pakistan (Fsaht ul Hassan). The presentations were perfectly framed by an overarching talk on the international policy context for comprehensive sexuality education (Julia Schalke).

GENDER, RIGHTS AND INTERPERSONAL VIOLENCE

The session on Gender, Rights and Interpersonal Violence focused on two distinct topics: Interpersonal Violence and Harmful Cultural Practices. During the session on Interpersonal Violence three speakers took the stage to present their recent work targeting very different populations. Paulina Tomaszewska discussed the prevalence and predictors of sexual aggression victimization and perpetration among young people in Poland: self-reported victimization (over 1 in 3 females and 1 in 4 males) was high. An-Sofie Van Parys studied the impact of a referral-based intervention in pregnant women disclosing intimate partner violence on the prevalence of violence. Interestingly, respondents indicated that the questionnaire and the interview were perceived to be more helpful than the referral card itself. Ines Keygnaert's presentation focused on health policies for refugees, asylum seekers and undocumented migrants. She found that many policy frameworks dealing with sexual violence apply 'tunnel vision' ignoring frequently occurring types of sexual violence,

victimisation rates across genders and specific risk factors such as migrants' legal status.

In the second part of the session Lotte De Schrijver and Eline Scheire both discussed the estimation of FGM prevalence: in EU countries where low FGM prevalence is expected, extrapolation of data in the FGM-countries seems most appropriate, while in countries where a higher prevalence is expected, the combination of this indirect method and a direct estimation seems a more appropriate approach. Self-reporting is not a good way to estimate FGM prevalence. Prof Hazel Barrett and Dr Jennifer Glover presented their work on the development of a conceptual framework for understanding the psychological impacts of FGM and on the results of an innovative REPLACE Approach for achieving social norm transformation regarding FGM.

SRHR MONITORING AND EVALUATION

The session started with a presentation by Olivier Degomme in which he described work that was done by WHO Collaborating Centres of the EURO Region on indicators for the recently adopted WHO EURO Action plan for SRH. Besides presenting a list of recommended indicators for the Action plan, he discussed general challenges of data collection that also apply to monitoring the progress made towards the SDGs. He concluded by highlighting the role academia should have in contributing to addressing these challenges.

Next, Marije van Gent shared some experiences using the Most Significant Change (MSC) approach as a tool to evaluate the impact of adolescent SRHR programmes. She discussed the value of the MSC methodology for evaluating changes reviewing benefits as well as drawbacks.

The third presentation by Sara Casey focused on funding trends for SRH activities in conflict settings as part of a global evaluation that was done between

2012 and 2014. The major findings were that although there has been an absolute increase in ODA for SRHR to conflict-affected countries, this benefited mainly HIV/AIDS activities while family planning and abortion services received much less attention.

Sara Friedmann presented an analysis of the extent to which reproductive health (RH) language in the UN resolutions on Women, Peace and Security (WPS) is included in the global indicators used to monitor the implementation of these resolutions. The study showed that RH language was never directly referenced in these global indicators and recommended that SRHR indicators for the SDGs and a series of indicators reflective of the Minimum Initial Service Package (MISP) for SRHR in crisis situations would be included in the list of global indicators on WPS.

Finally, Peter Gichangi concluded the session with a presentation on the added value of using mobile technology to collect data in the PMA2020 project.

RIGHTS AND POLICY PERSPECTIVES

Rachel Hammonds started the session with a keynote presentation in which she challenged the audience to reflect on the question "Is reproductive health a human right or a commodity?". She demonstrated that over the past decades, reproductive health has been increasingly considered as a universal human right issue and that the human rights framework allows the international community to hold leaders accountable when they do not meet their obligations. In her closing, she underscored the added value of a multidisciplinary approach in enhancing accountability.

The second speaker, Alina Marlene Schmitz, reflected on the potential conflicts between global policies on sexual and reproductive health and rights (SRHR) and local consequences. Based on a case study of Oaxaca, Mexico, she illustrated the importance of taking local realities into consideration when translating global SRHR policies to actions at local level.

Next, Clara Burbano-Herrera explored through her work whether the mechanism of provisional measures

adopted by the African Commission on Human and Peoples' Rights could be an appropriate legal tool to seek the protection of expectant mothers who face obstacles in obtaining the medical services that they need. Her findings suggested that the situation of certain expectant mothers in Kenya meets the two necessary conditions to grant provisional measures under the African human rights system; i.e., that the situation is urgent and that the measures are necessary to prevent irreparable damage.

Finally, Karen Vanderlinden examined how European welfare regimes and certain social policies influence and potentially explain breastfeeding initiation (BFI) and duration (BFD). She showed that cross-national differences in infant feeding are reflected in the welfare regimes of a set of 24 European countries but that there are also important contextual and social policy dimensions surrounding the issue of infant feeding that require further study.

ABORTION, CONTRACEPTION AND FAMILYPLANNING

Quite some progress has been made on all of the Millenium Development Goals (MDG's), but for the goal MDG 5b (providing universal access to reproductive health) it went slower than for the other goals. However, access to contraception, family planning and safe abortion belong to the most cost-effective methods to reduce mother and child mortality. Marleen Temmerman started the session by giving an overview of the remaining challenges for research and policy making in the field of contraception, family planning and safe abortion. She stressed the importance of academics becoming more active in reaching out to policy makers and contributing to improvements in the field.

Katelyn Bryant-Comstock presented the finding of an analysis of structural determinants for the quality of reproductive health services in different geographical areas.

Jin-Lin-Liu elaborated on the implications of the recent universal two-child policy in China, and Rozemarijn Dereuddre explored the 'East-West' divide in the relation between gender inequality and contraception.

The last part of the session was entirely devoted to the important topic of access to safe abortion. Wei-Hong Zhang presented the results of a large study on post-abortion family planning services In China. Elin Larson lectured on induced abortion and contraceptive use among immigrant and non-immigrant women seeking abortion care in Stockholm County, and finally the session ended with findings from a qualitative study by Amanda Cleeve, exploring reproductive agency among young women seeking post-abortion care in Uganda.

MATERNAL HEALTH

In her keynote address, Marleen Temmerman provided a detailed overview of the Challenges and Priorities in Maternal, Newborn and Child Health (MNCH). While MNCH is an area in which substantial progress has been made over the past years – the reduction of maternal and child mortality has been so substantial that we can envision to end ALL preventable deaths – challenges remain and new priorities emerge: MNCH of adolescent and young people, stillbirths and preterm births, the increasing burden of non-communicable diseases, cancers and mental health and nutrition and environmental risk factors. Furthermore, she emphasized the importance of implementation research that studies what, why, and how interventions work in “real world” settings and to test approaches to improve them.

This challenge was immediately taken up by Elsbet Lodenstein. She presented a study on the contribution of social accountability, whereby citizens monitor health services and express their complaints. Based on 51 interviews with nurses and clinicians, she found that spouses, family members and co-workers are usually not associated with social accountability but provide a hidden form of moral pressure on health workers to respect

social and professional norms such as punctuality and friendliness. This study shows that complaints of women do reach health workers through indirect channels. Informal feedback and accountability relations seem to be able to locally regulate interpersonal behaviour around normal facility-based deliveries.

A study presented by Jitendra Gouda revealed on quality of maternal health care that women from poor socio-economic backgrounds are deprived of respectful maternity care. This pattern is observed across the health facilities selected for this study. Nevertheless, the corresponding figure is higher in government facilities – which incidentally remain the main service provider for all the maternal healthcare services especially for women from poor socio-economic backgrounds. Private and Public-Private Partnership facilities found to have provided more respectful maternity care than the public facilities. Finally, Ratih Wirapusita Wisnuwardani presented the results of a qualitative study on cultural beliefs and practices related to antenatal, delivery and postnatal care in the Dayak Agabag Community in Indonesia.