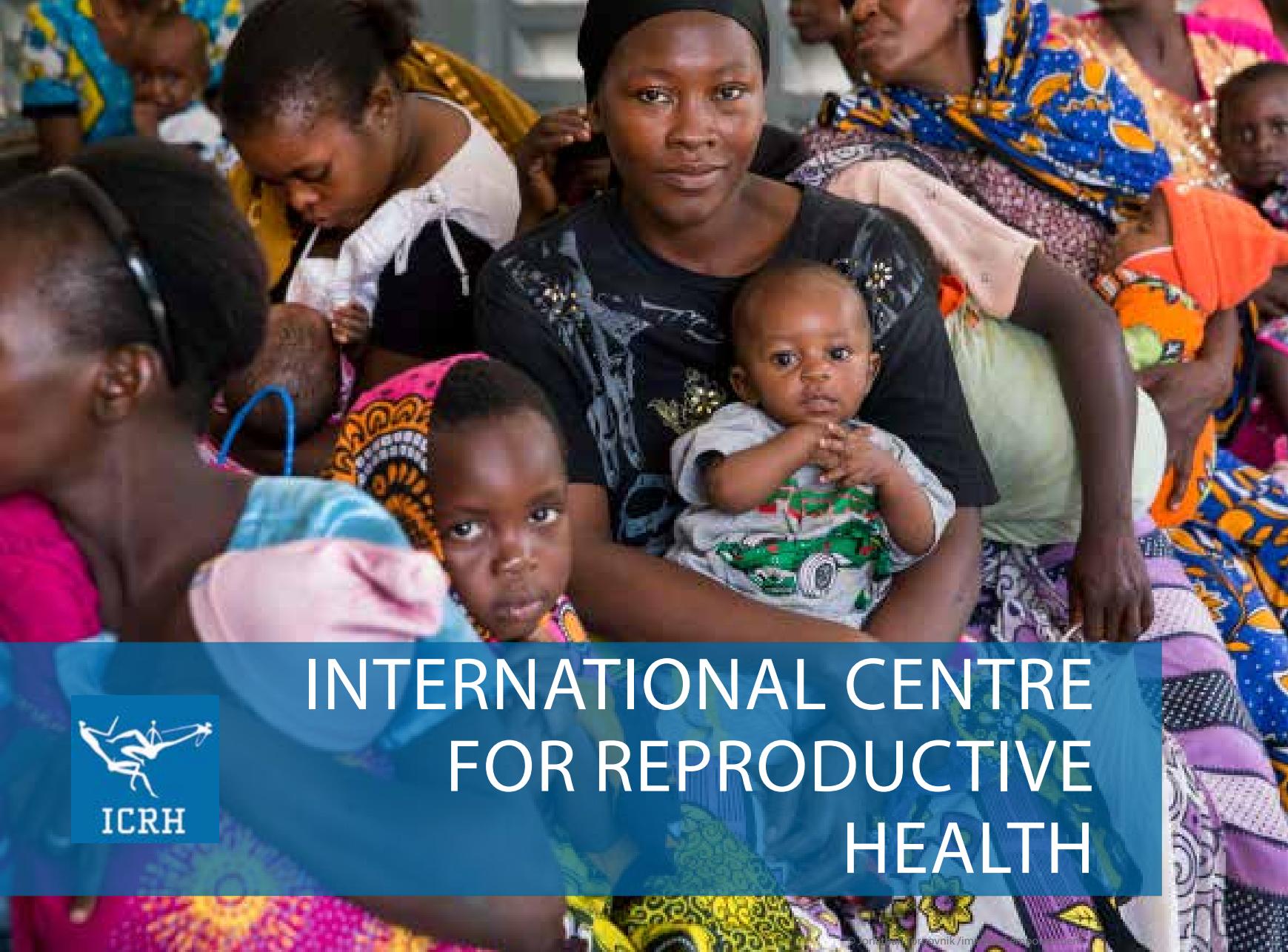




INTERNATIONAL CENTRE FOR REPRODUCTIVE HEALTH





Dr. Simukai Shamu, Medical Research Council, South Africa

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ABOUT US

The International Centre of Reproductive Health (ICRH) is a multidisciplinary research institute operating within the faculty of Medicine and Health Sciences at Ghent University, Belgium. It is one of the largest academic units of its kind in Europe and enjoys a high-level profile both nationally and internationally.



Celebration of the 20th anniversary of ICRH

5 December 2014

ICRH was established in 1994 by Professor Marleen Temmerman in response to the International Conference on Population and Development (ICPD, Cairo, 1994), where sexual and reproductive health and rights (SRHR) became an important focus point on the international agenda.

In the light of the ICPD recommendations, ICRH defined its vision as contributing to sexual and reproductive health and promoting it as a human right, and its mission as being an interdisciplinary academic centre of excellence for SRHR.



ICRH maintains an international network of experts and partner institutions. This network includes two sister organizations in Kenya (ICRH-Kenya, founded in 2000) and Mozambique (ICRH-Mozambique, founded in 2009). Since 2004, ICRH has been designated as a World Health Organization (WHO) Collaborating Centre for Research on Sexual and Reproductive Health.

WHAT WE DO

As an academic institution, the centre's activities revolve around three axes:
research
capacity building
service delivery

Research

ICRH conducts research, monitoring and evaluation in the field of SRHR using different approaches including observational studies and interventional studies as well as lab research. Research projects are currently running in Africa, Latin America, Asia and Europe. These projects vary from short small -scale assignments to long-term multinational projects.

Capacity building

Being a university centre, ICRH invests significantly in higher education both in Belgium and abroad, in the context of academic collaboration programmes. In addition, the integration of capacity building components in research projects has always been central in ICRH's approach. Information, education and communication activities are implemented with communities, and training initiatives for health care workers and civil society are provided.

Service delivery

ICRH and its partners have developed SRH services including a gender-based violence recovery centre (Mombasa, Kenya), sex worker drop-in centres (Mombasa, Kenya), a night clinic for sex workers (Tete, Mozambique) and maternity shelters (Coast Region, Kenya). In addition, the centre advocates for SRHR at national, European and global level through membership in different forums and expert groups.

FOCUS

Contraception, maternal and newborn health

Sexually transmitted infections

Harmful cultural practices

Interpersonal violence

Adolescents

Migrants

Other key populations



CONTRACEPTION, MATERNAL

If all women in developing countries who want to avoid pregnancy use an effective contraceptive method, the number of maternal deaths would fall by an estimated 30%.

All people should be able to decide freely and responsibly the number, spacing and timing of their children and should have the right to attain the highest standard of SRH.

Men and women should be informed about and have access to safe, effective, affordable, and acceptable methods of contraception, and the right to appropriate health care services that enable women to safely go through pregnancy and childbirth. ICRH undertakes research on maternal and newborn care, contraception and post-abortion care.



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Access to contraceptive methods in low- and middle-income countries

We aim at increasing the use of modern contraceptives by studying the requirements for improving access to quality contraceptive methods and by assessing how to respond to these requirements, taking into account the context-specific environment.

Access to and quality of prenatal, delivery and postnatal care in low- and middle-income countries

ICRH's objective in this research area is to improve maternal and newborn health and well-being by investigating the availability and organisation of and access to good-quality maternal and newborn care and its impact.

AND NEWBORN HEALTH

Psychosocial health during pregnancy

We aim at developing an effective response by identifying the factors influencing the psychosocial health of pregnant women and the causal pathway through which they influence health and pregnancy outcomes.

The link between reproduction and sustainable development

We aim at uncovering the relation of contraceptive use, fertility and population dynamics and the social, economic and environmental characteristics of societies and at understanding the impact of this relationship on the path to well-being and sustainable development.



INTERPERSONAL VIOLENCE

Interpersonal violence frequently occurs in diverse populations and settings transcending cultural, ethnic or economic boundaries.

We address multiple vulnerabilities in different types of interpersonal violence.

Sexual violence

In addition to important adverse effects on the victim's well-being and participation in society, sexual violence may induce long lasting effects on sexual, reproductive, physical and mental health, primarily affecting the victim yet also potentially harmful to the victim's peers, offspring and community. This requires holistic prevention and response strategies.

Gender-based violence

Gender remains a major determinant in interpersonal violence. There is a growing debate about whether the perceived gender distribution in sexual violence and intimate partner violence is correct, but there is a shortage of information about these types of violence against men.

Research on violence against lesbian, gay, bisexual, transgender and intersex (LGBTI) populations is quite recent and focuses largely on prevalence in gay and lesbian communities or changes in behaviour and attitudes towards diverse sexual orientations, gender identities and role performances.

Domestic violence

Also domestic violence has a detrimental impact on the health and well-being of all family members. While certain determinants are structural and related to inequity, others are life cycle driven, enhancing the risks of both victimization and perpetration at later stages of life. While some prevention and response actions to these types of violence have been suggested at different levels, their desirability, effectiveness, comprehensiveness and robustness have not yet been sufficiently evidenced.

ICRH aims at improving the health and well-being of those who are vulnerable (to violence) by reducing their vulnerability (in violent situations) through prevention, intervention and care. Our research focuses on mapping determinants for interpersonal violence in priority groups such as migrants, childbearing families and LGBTI populations, and on developing and testing preventive and holistic management interventions.



HARMFUL CULTURAL

Harmful cultural practices are a complex form of violence, and cover female genital mutilation, child/early/forced marriages and honour-related violence.

The term 'harmful cultural practices' is most commonly used to describe practices that have a detrimental effect on the health and well-being of men and women, and that are considered a violation of their human rights. ICRH focuses on female genital mutilation (FGM), child/early/ forced marriages and honour-related violence.

Female genital mutilation

Female genital mutilation refers to all procedures performed on the external genitalia of women and girls for non-medical reasons. The degree of cutting can vary considerably among ethnic groups. It is estimated that to date, 125 million girls and women have undergone the practice in 29 countries in Africa and the Middle East, and 30 million are at risk of being cut in the next decade.

Child/early/forced marriages

In a forced marriage, at least one or both parties is coerced into a marriage against his/her will and under duress. It is difficult to estimate the overall prevalence of forced marriages, as victims rarely come forward. The practice is mostly hidden, and incidences of forced marriage often go unreported. However, it is estimated that globally 400 million women currently aged between 20 and 49 were married before the age of 18, and that if no action is taken, by 2020, another 142 million will be married as children.

Honour-related violence

Honour-related violence refers to a continuum of violence, where the prevention or restoration of a violation of the sexual and family honour is the main motive. Both men and women are victims and perpetrators of this form of violence. Statistics are rare due to problems in defining and registering this form of violence.

PRACTICES

Sound scientific evidence is necessary to support service delivery (mapping actors dealing with honour-related violence, evaluation of interventions, development and testing of instruments) and to meet the information gaps.

ICRH aims at improving the health and well-being of those who are vulnerable to harmful cultural practices, by reducing their vulnerability (in violent situations) through prevention, intervention and care. More specifically, we study prevalence, trends and determinants of harmful cultural practices, barriers to implementation of laws/policies, needs of health professionals and how to address them and contribute to effective prevention interventions.



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SEXUALLY TRANSMITTED

| Sexually transmitted infections remain a major global health problem

Sexually transmitted infections (STIs) continue to place a high burden on health care systems in many countries — developing countries in particular. Besides affecting personal health, they have major consequences for societal development in general, as young people and people of reproductive age are most severely affected.

HIV

HIV is a complex public health problem, which can be addressed from multiple angles. While significant successes were achieved in the field of HIV treatment and prevention of mother-to-child transmission, there is no vaccine or cure for HIV. As international attention to the topic is fading, we want to keep prevention high on the research agenda. There is much room for improvement in behavioural prevention, early diagnosis, stigma reduction and care. We have identified a number of crucial topics

that aim at reducing the incidence of HIV :

- structural understanding of the HIV epidemic;
- mathematical modelling studies;
- the link between HIV and contraceptive use.

HPV

Infections with HPV are very common, and form the basis of the high burden of cervical cancer, especially in developing countries. HPV typically affects young women. Mortality is high despite the availability of excellent prevention tools, and despite the slow natural history of HPV allowing timely detection and treatment. Currently, women can present themselves for primary prevention (vaccination) or pursue secondary prevention options (screening, cytology-based or HPV-based).

INFECTIONS

ICRH aims at contributing to reducing the incidence of HPV by studying the implementation and effect of primary and secondary HPV prevention in different settings and by gaining insight into fundamental principles of viral infections.

Other sexually transmitted infections

Besides HIV and HPV, a large number of other STIs exist. The best known and most prevalent are *Chlamydia trachomatis*, *Neisseria gonorrhoeae* and *Trichomonas vaginalis*. These STIs are a major global cause of illness, with serious medical and psychological consequences for millions of men, women and children. The overall objective is to contribute to reducing the incidence of these STIs by improving quality of incidence and prevalence data, developing risk profiles and applying spatial clustering within populations to develop targeted screening and prevention interventions.



ADOLESCENTS

| ICRH devotes special attention to the sexual and reproductive health and rights of adolescents.

Pregnant adolescents especially in sub-Saharan Africa and South Asia run a risk of maternal death and pregnancy complications that is twice as high as for older women. Each year one in 20 young people is believed to contract a sexually transmitted infection (STI). Half of the new HIV infections occur in young people, mainly girls.

Furthermore, in adolescence, individuals form a sexual identity and a sense of sexual well-being that largely determines future sexual and reproductive life. Ensuring adolescents' sexual and reproductive well-being and safeguarding their human and sexual and reproductive rights is essential for society's future and contributes greatly to improving community health status.

Gender norms

Several studies have found correlations between gender norms and sexual health and well-being. However, the exact link between both is not yet fully

understood. In early adolescence (10-14 years) young people experience intense physical, psychological and social changes that initiate the transition from childhood to adulthood, including intensification of gender differences that may influence sexual health and well-being. Our objective is to explore how gender norms are formed in early adolescence and how this is associated with healthy sexuality in later adolescence, and to develop structural approaches contributing to adolescents' sexual and reproductive health.

Sexuality education

Several international agreements stipulate the right to correct and comprehensive information on sexuality. While many efforts are being made in this field, ICRH has identified a number of problems with the development, the implementation and the evaluation of sexual health promotion interventions.

Our objective is to increase the effectiveness of SRHR promotion and sexuality education for adolescents by doing implementation research on the introduction of holistic sexuality education, by studying the role of new digital media and by contributing to adequate evaluation designs and indicators.

Teenage pregnancies

Every day, 20,000 girls less than 18 years of age give birth, the great majority (95%) in developing countries. Teenage pregnancies have noxious consequences for girls' physical, psychological, social and economic well-being and, by extension, for the whole society.

Our objective is to reduce the number of unintended teenage pregnancies by understanding their determinants and by contributing to the development, implementation and evaluation of comprehensive interventions.



MIGRANTS

Too little is known about health, perceptions of health determinants and the use of health care services of migrants.

Migrants constitute an important proportion of the world population, yet relatively little is known about their health, perceptions of health determinants or utilization of health care services.

This gap in knowledge can be largely explained by a variety of technical and political reasons. Yet research findings indicate that exposure to health risks in their home countries and strains in the migration process,

as well as daily stressors related to their migrant status, poor socio-economic conditions, loss of social status, and change of roles when settling in a new country may result in a negative stress response and risk behaviour which makes migrants a particularly vulnerable group in society with special health needs.

This is especially the case in humanitarian settings for unaccompanied minors, trafficked migrants and asylum seekers.

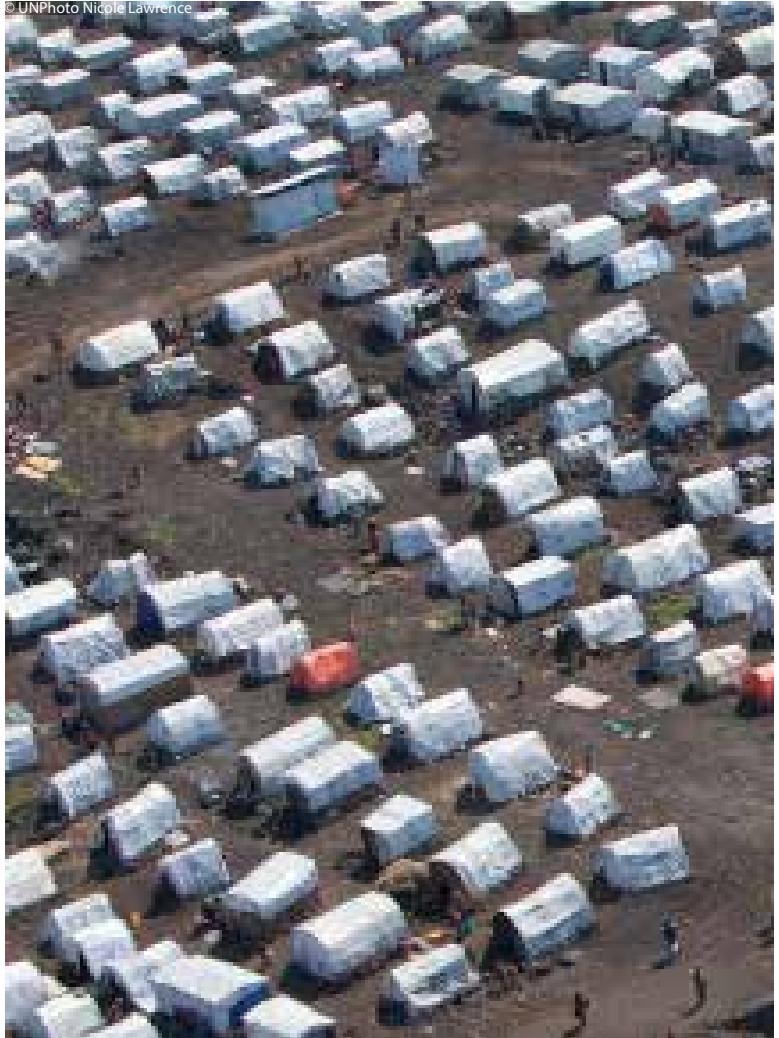
Compared to the general European population, migrants have less access to family planning and contraception, have a lower uptake of gynaecological health care, are more at risk of unintended pregnancies, have higher infant and maternal mortality rates and are more at risk of STIs, sexual violence and honour-related violence.



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Our objective is to improve sexual and reproductive health of migrants in an ethically sound and culturally competent way by identifying determinants of migrants' SRHR, improving their access to sexual and reproductive health care and by contributing to the development, implementation and evaluation of response strategies.

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OTHER KEY POPULATIONS

Worldwide, sex workers and men who have sex with men (MSM) are at disproportionate risk of sexual and reproductive health threats.

Sex workers and MSM are at an increased risk of HIV and other STIs due to their exposure to multiple sexual partners and, sometimes, inconsistent condom use, often due to clients' or partners' unwillingness or coercion. Legal issues, stigma and discrimination pose barriers to HIV and other SRH services. As a result, sex workers and MSM often poorly utilize the available services.

Many do not, or only sporadically, test for HIV and are not aware of their HIV status. Sex workers living with HIV are often not in HIV care. They are rarely screened for cervical cancer.



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Sex workers and MSM are also at a particularly high risk of sexual and other types of violence, including violence perpetrated by law enforcers, and rarely receive care or assistance.

In addition, typically female sex workers have poor access to effective contraception and face high rates of unintended and unwanted pregnancies. Many health care systems are not adequately responsive to the needs of these key populations.

Our objective is to increase the utilization of quality SRH services by MSM, sex workers and their clients and partners by studying the determinants of care-seeking behaviour and testing different service delivery models for their feasibility, appropriateness, effectiveness, cost-effectiveness, equity and sustainability.



OUR SERVICES

ICRH contributes to society not only with research and training, but also by putting its expertise at the disposal of NGOs and policy makers and by disseminating its research findings in an accessible way to the broad public.

ICRH contributes to society not only by conducting research and giving training, but also by putting its expertise at the disposal of NGOs and policy makers and by disseminating its research findings in an accessible way to the broad public.

ICRH is a member of many expert groups and advisory boards, both at national (Belgium) and international level. As a WHO collaborating centre, ICRH is involved in the elaboration of worldwide strategies and guidelines in its fields of expertise. ICRH also takes the initiative to bring together actors and stakeholders from different sectors to consult on specific problems whenever this seems to be necessary to make important progress in a certain domain.

ICRH staff give lectures on request and participate in public debates for different audiences.

Important findings are translated into press communications aimed at audio-visual media, newspapers and popular magazines. ICRH collaborators are also regularly contacted by news media to comment or to provide background information on current events.

ICRH undertakes initiatives to sensitise a broad audience regarding the importance of sexual and reproductive health and rights for the well-being of individuals and communities around the world and regarding the problems that still exist in this field. By means of exhibitions, information boots, presentations, lectures, movie showings, videos and more, ICRH aims at diffusing knowledge and raising awareness.



Creating synergy

Bringing together actors and stakeholders



Training and capacity building

Academic programmes, workshops and on-site training



Valorization

Initiatives to sensitise political and general audiences about reproductive health and rights



Consultancy

Advice, technical assistance, policy support, designing, planning, implementing, monitoring and evaluation



ICRH Kenya

ICRH Kenya is an independent research and intervention organisation, established in the year 2000, with offices in Nairobi and Mombasa.

www.icrkh.org

ICRH Mozambique

ICRH Mozambique is an independent research institute, established in 2009, with offices in Maputo and Tete.

www.icrhm.org

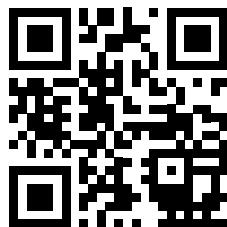
ICRH Global

ICRH Global is the umbrella organisation of ICRH Belgium, ICRH Kenya and ICRH Mozambique.

www.icrh.org

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