Summary report on the

Workshop for sharing best practices in sexual and reproductive health in the Eastern Mediterranean Region WHO-EM/WRH/111/E

Virtual meeting 17 March 2021



REGIONAL OFFICE FOR THE Eastern Mediterranear

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1. Introduction

The WHO Regional Office for the Eastern Mediterranean organized a virtual workshop for sharing best practices in sexual and reproductive health (SRH) on 17 March 2021. The purpose of the workshop was to share country practice-based research, disseminate the findings to a wider audience and ensure their uptake for sustainability.

The specific objectives of the workshop were to:

- share SRH research documentation methodology tools and approaches for SRH best practices; and
- agree on key measures for scalability and sustainability at country and regional levels.

The workshop was attended by 72 participants from eight countries/territories of the WHO Eastern Mediterranean Region (Afghanistan, Iraq, Lebanon, Morocco, occupied Palestinian territory, Pakistan, Somalia and Sudan), including representatives from ministries of health, WHO country offices and WHO collaborating centres for SRH research, in addition to WHO technical staff from the Reproductive and Maternal Health and Child and Adolescent Health units and the Science, Information and Dissemination division of the Regional Office and the Department of Sexual and Reproductive Health and Research at WHO headquarters.

Dr Karima Gholbzouri, Regional Adviser for Making Pregnancy Safer at the WHO Regional Office, welcomed participants and thanked them for their efforts in implementing reproductive, maternal, newborn, child and adolescent health (RMNCAH) interventions during the COVID-19 pandemic and ensuring the documentation of their best practices. She said that shaping the research agenda and effective knowledge-sharing were good strategies for maximizing the adoption and sustainability of RMNCAH evidence-based policies and interventions, and stressed the

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importance of using documented SRH best practices and lessons learned to improve health and wellbeing at country and regional levels.

2. Summary of discussions

Ms Eva Weissman presented on mathematical modelling to compare the benefits of continuing essential reproductive, maternal, neonatal and child health services against the risk of exposure to COVID-19 infection in health facilities in six countries (Afghanistan, Iraq, Morocco, Pakistan, Somalia and Sudan). She highlighted that the benefits of continuing to provide essential RMNCAH services were much higher than the risks of infection and requested participating countries to invest more in maintaining essential health services during and beyond the COVID-19 pandemic.

Four countries presented on SRH best practices. Morocco shared their experience in using digital platforms in training, data collection and providing counselling and information on SRH services during the COVID-19 pandemic, while Lebanon described the involvement of professional, nongovernmental and community-based organizations in maintaining SRH services during the pandemic, with guidance from the Ministry of Public Health. The occupied Palestinian territory outlined the strategies used to continue essential SRH services in the Gaza Strip during the pandemic and Pakistan showed a video presentation on using telemedicine to provide SRH services.

There was debate on RMNCAH service maintenance risk-benefit analysis. It was emphasized that the number of lives saved depended on a number of factors and their interaction. The main factors identified were: (i) the RMNCAH interventions included in the model (the more effective the interventions included, the higher the impact); (ii) baseline coverage (the lower the initial coverage, the lower the impact of disruption and recovery); (iii) coverage disruption (the higher the initial

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disruption, the more impactful the potential recovery); (iv) number and impact of mitigation measures; and (v) household size and age structure of the population (with COVID-19 assumed to spread within the family and older populations suffering much higher fatality rates than children and young adults).

There was agreement that the use of information technology and digital approaches for training, counselling and the provision of health information saved time, and on the need to secure resources for an effective response during the COVID-19 pandemic.

Participants also agreed on the importance of the active involvement of nongovernmental organizations during emergencies, with guidance from the ministry of health, and on their catalytic role in maintaining essential SRH services. However, it was noted that coordination and clear guidance were essential to prevent duplication and overlapping of services among different stakeholders and ensure the convergence and standardization of SRH services according to national guidelines.

3. Conclusion

The documentation of SRH best practices and their dissemination contributes significantly to the scaling up and sustainability of evidence-based and high-impact interventions for better population health and well-being.

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4. Recommendations

To Member States

- 1. Scale up implementation of SRH-related best practices and ensure sustainability through clear guidance and institutionalization.
- 2. Identify SRH-related best practices for documentation and publication.
- 3. Organize annual SRH-related best practice dissemination platforms, such as conferences, to encourage documentation.

To WHO

- 4. Advocate with the relevant authorities to identify and document SRH-related best practices.
- 5. Provide technical and financial support, as required, to document, disseminate, adapt and scale up SRH-related best practices.

5. Next steps

Country level

- Share documented SRH-related best practices with wider audiences at country level.
- Initiate discussions with the relevant authorities to adapt and scale up SRH-related best practices.

WHO regional and headquarters levels

• Provide the necessary technical support and guidance to countries to implement recommendations according to national contexts.

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