

## International Centre for Reproductive Health ICRH

### An international multidisciplinary centre of excellence in the field of reproductive health

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#### *Abstract*

The International Centre for Reproductive Health (ICRH) was established by Prof. dr. Marleen Temmerman in the aftermath of the UN Conference on Population and Development in Cairo in 1994. This conference called for worldwide action to improve the sexual and reproductive health situation of the global population in general and for vulnerable groups in particular, and this is exactly what ICRH is striving for and has been working on for the last 15 years. ICRH is a multidisciplinary centre of excellence, in research, capacity building and fieldwork in sexual and reproductive health and HIV prevention, and an advocate for sexual and reproductive health and rights. Right from the start, ICRH has opted for a global approach, which has resulted in a broad geographical spread of activities, with projects in Africa, Latin America, Asia and Europe. Since its inception, ICRH has participated in more than 120 projects, often as the coordinator, and through this work it has contributed considerably not only to scientific knowledge, improvement of health systems and increased accessibility of health services for vulnerable groups, but also to the quality of life of numerous individuals. Since 2004, ICRH has been recognized as a WHO Collaborating Centre for Research on Sexual and Reproductive Health.

#### **Objectives and approach**

The mission of ICRH is to contribute to sexual and reproductive health and to strive for the recognition of sexual and reproductive health rights for every man and woman in every stage of their lives. This ambitious aim entails a broad and diverse field of expertise and action. ICRH has divided this field into four clusters:

- HIV and sexually transmitted infections (STI) including human papilloma virus (HPV) with a particular focus on prevention;
- Maternal health including mother & child health, with specific attention for safe motherhood and family planning;

- Sexual and gender based violence (SGBV), harmful traditional practices such as female genital mutilation (FGM) and forced/child marriage;
- Integration of sexual and reproductive health and rights within health systems.

In each of these four clusters, ICRH performs a diversity of projects, most of them involving both scientific research and interventions. This combination allows for a cross-fertilization between science and action and contributes both to the societal relevance of the scientific research and –the other way around– to the scientific underpinning of policy measures.

An important feature of the Centre is its multidisciplinary approach. Reproductive health problems most often transcend the field of pure medicine,



*Fig. 1.* — ICRH Group symposium, Ghent, October 2007

since they are deeply rooted in the fabric of communities and families, and hugely affected by societal organization, cultural values and economic circumstances. Reproductive health research and action are therefore, if they aim to be effective, pre-eminently multidisciplinary ventures, and this is also how ICRH's projects are devised. The research staff of ICRH consists of a variety of experts, ranging from physicians, obstetricians and epidemiologists to anthropologists, lawyers and woman's health activists. The beneficial impact of this interdisciplinary way of working is shown by the multitude of field tools, policy advices and sensitization instruments that have resulted from the projects, as well as by the broad gamut of scientific magazines in which the research findings of ICRH have been published.

Another key characteristic of ICRH is its emphasis on international and cross-sectoral cooperation and networking. In the course of its 15 years of existence, ICRH has built sustainable cooperation platforms with numerous organizations in all parts of the world and in all sectors: universities, NGOs, public authorities, thematic networks, international institutions, private sector? Most projects are conducted in cooperation with several other groups, raising the expertise, know-how and creativity to a higher level than would be the case if only one single organization took forward the project.

## Projects and publications

Explaining how ICRH works can best be done by giving some examples of its projects. We list below just a few examples, but a full list of references can be obtained on the website.

Example 1: 'MOMI' (Missed Opportunities in Maternal and Infant Health): this project, funded by the European Commission, started in 2011, aiming at developing a package of interventions targeting the health of newborns and women in the early post-partum period and throughout the first year after childbirth. This package will be delivered through a combined facility- and community-based approach designed to integrate services and strengthen health systems. It is implemented in four African countries (Burkina Faso, Kenya, Malawi and Mozambique) by a consortium consisting of several African and European partners.

Example 2: 'Kesho Bora: a better future': This large multicentre study including a nested randomized controlled trial was implemented in five research sites in East, West and South Africa. The overall aim of the study was to optimize the use of antiretroviral drugs during pregnancy, delivery and breastfeeding both to prevent mother-to-child transmission of



*Fig. 2.* — ICRH receives the ‘De Beys Award’ from the Maria-Elisa en Guillaume De Beys fund, November 2008

HIV-1 (PMTCT) and preserve the health of the HIV-1-infected mother in settings where the majority of women breastfeed. The findings from the study have been important for informing international and national PMTCT guidelines in developing countries where HIV-1 infected women have little or no option other than to breastfeed their babies. The WHO guidelines on ‘antiretroviral drugs for treating pregnant women and preventing HIV infection in infants: Recommendations for a public health approach’ were importantly influenced by findings from the Kesho Bora study.

**Example 3: Post Abortion Family Planning:** An estimated 8 million induced abortions are performed annually in China. However, the delivery of Post Abortion Family Planning (PAFP) services is almost inexistent in China. In 2005, ICRH took the initiative, in collaboration with 5 other institutions to conduct the first study in China on the impact of post-abortion family planning services on contraceptive use and abortion rate. The main purpose of the study was to define optimal ways to introduce PAFP services in urban areas in China in order to reduce the rate of unwanted pregnancies and induced abortions.

**Example 4: Desafio.** Desafio is an Institutional University Cooperation Programme financed by the University Development Cooperation of the Flemish

University Council (VLIR-UOS) and coordinated by ICRH. The programme aims to strengthen the University Eduardo Mondlane (UEM) as a developmental actor in Mozambican society in the area of Sexual and Reproductive Health (SRH) and HIV/AIDS. The innovation of the programme lies primarily in the multi-disciplinary approach, combining medical, social, cultural and legal aspects of reproductive health, in the linkage between research and community outreach, and in the long-term approach gradually developing the local capacity and creating a sustainable environment.

In terms of academic output, more than 300 peer reviewed scientific articles have been (co-) authored by the Centre’s researchers, more than 20 PhD dissertations and more than 100 master dissertations have been promoted.

### **Structure and funding**

In terms of organizational structure, ICRH has followed a remarkable and quite innovative track. It has been established as an academic research institute within the structure of the Department of Gynecology, faculty of Medicine and health Sciences of Ghent University, but through the nature of its activities it developed immediately strong links with communities and organizations in developing countries, which have been consolidated in a multi-

tude of forms of cooperation, but also in the establishment of daughter NGOs. Currently, such organizations exist in Mozambique and in Kenya, and probably more will follow in other parts of the world. The daughter ICRHs are autonomous local organizations established according to the legislation of their countries and governed by representatives of local stakeholder groups. In order to ensure close ties between all ICRHs, an additional not-for-profit organization 'ICRH Global' was established in 2009. It consists of representatives of all ICRHs and of Ghent University. ICRH Global serves as a coordination platform between ICRHs and in the future it will also develop networking and sensitization activities in the field of sexual and reproductive health.

Through its unusual structure, ICRH as a group has placed itself on the crossroad of four key levels in sustainable development work: academic research, field action, global connectivity and local empowerment.

In terms of funding, ICRH depends largely on competitive grant acquisition, since structural funding is very limited. This challenging situation creates a rather insecure financial working environment, but on the other hand it forces ICRH not only to apply a

prudent and scrupulous financial management, but also to remain creative and innovative in its project development, and to stay in the vanguard of the scientific and societal thinking and acting in the field of reproductive health. ICRH has proven in the last few years that it has been very successful in coping with this situation, as is shown by the fast growing number of projects. Currently, ICRH is coordinator of dozens of projects and programmes, some of them with budgets of several millions of dollars.

## References

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