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P.05 Bridging the Gap in Clinical Research

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P.07 SRHR and Technology: Role of AI

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Editorial Message

Digital Innovation for Adolescent SRH

Adolescent reproductive health is an imperative issue that affects millions of young people around the world. It principally refers to their talent to endure free from unwanted pregnancy, unsafe abortion, and all forms of sexual violence and coercion. It must be supported in all forms to help them access comprehensive SRH education and services. However, many of them come across barriers to accessing quality information and services that can help them make informed and responsible decisions about their sexual and reproductive health. Steering research and spawning steadfast evidence on the problem is challenging as well, owing to ethical and stigma-associated apprehensions.

Emboldening the youth through novel approaches will help curb some of the prevailing impediments confronting them. A prototype of operational innovations is to harness digital technology into adolescent reproductive health. Digital technology has already been a viable possible mode of conveying information for the young segment of society. Mobile phones and the internet have already been available to most youth boys and girls in Africa. Partners working on SRH like UN, UNICEF, UNFPA, and WHO have embraced digital health technology as a prime mode of advocacy.

Yoking digital platforms and technologies to reach adolescents with accurate and comprehensive sexual and reproductive health education is becoming so popular. It may include interactive websites, mobile apps, chatbots, podcasts, and online games that provide adolescents with tailored and engaging content on topics such as puberty, contraception, sexually transmitted infections, and gender. These platforms can also connect adolescents with trained counselors or peer educators who can answer their questions and provide support.

Investing in digital technology in the form of training, coaching, and supporting the youth to lead the platform and use it for peer education has to be a priority. If it is managed properly, it is going to be one of the most dependable means of disseminating SRH information for adolescents. Let us all work jointly to bridge the space and employ digital innovations to tackle the sexual and reproductive health hitches of the youth.

Malede Birara (MD, MPH)
MFM and Gyn Oncologist
Associate Professor of OBGYN, SPHMMC
Editor in Chief of the Bulletin

Welcoming SPIRHR's New Director



We are delighted to announce the appointment of Professor Delayehu Bekele as the new Director of SPIRHR. With his impressive background and wealth of experience, Professor Delayehu brings a renewed vision and expertise to our institution.

Professor Delayehu began his journey in the medical field at the renowned Gondar College of Medical Science where he studied undergraduate medicine. Driven by his passion for women's health he later pursued postgraduate training in OBGYN at Addis Ababa University followed by his sub-specialty training in Maternal and Fetal Medicine at Saint Paul's Hospital Millennium Medical College (SPHMMC).

In addition to his medical training, Professor Delayehu also has a Master's degree in Public Health from the University of Gondar and has served as the department head of OBGYN at Hawssa University and SPHMMC. As a distinguished academician and researcher, he has numerous publications to his credit, demonstrating his commitment to advancing knowledge in the field of reproductive health. He brings to the team invaluable experience and leadership in research, program management, and advocacy. We are thrilled to have him onboard.

SPIRHR Updates

Advocacy: SRHR Education for Women Living with Disabilities

In many respects, Sexual and Reproductive Health and Rights (SRHR) and climate change are closely interconnected. Climate change disproportionately affects women and girls, exacerbating existing gender disparities and pushing many families into poverty. Recognizing the urgency of addressing these two global challenges, SPIRHR and Yetena Weg have joined forces to provide SRHR health promotion for the female staff at Teki Paper Bag, a social and environmental enterprise.

Teki Paper Bags, a venture created by and for the deaf population, is dedicated to combating plastic pollution in Ethiopia while empowering deaf women through sustainable employment opportunities and promoting the unique needs of women living with disabilities.



The training session organized jointly by SPIRHR and Yetena Weg focused on increasing awareness of Breast Cancer, Infertility, and Cervical Cancer.

It brought together OBGYN specialists and experts with extensive experience in these fields. Notably, the training sessions were conducted in sign language, ensuring accessibility for the deaf community.

Together with Yetena Weg and Teki Paper Bag, we are working towards a world that champions environmental conservation. We hope to continue to create a more inclusive and sustainable future, where women and girls are empowered and their rights are protected.

Commemorating World Pre-eclampsia Day



Preeclampsia, the second most common cause of maternal mortality worldwide, is a potentially dangerous pregnancy complication that occurs after 20 weeks of gestation. It is characterized by new-onset high blood pressure and proteinuria. If left unmanaged, preeclampsia can lead to severe and even fatal complications for both the mother and the baby.

Every year on May 22, World Preeclampsia Day is celebrated globally to raise awareness about preeclampsia and its dangers. This year, the day was commemorated for the second time in Ethiopia, with a special event held at St. Paul Hospital Millennium Medical College at the Department OBGYN under the theme of “Moving Preeclampsia Research Forward”

The event brought together key stakeholders, including the Director of Maternal, Newborn, and Child Health at the Ministry of Health (MOH), Dr. Meseret Zelalem, as well as OBGYN specialists, midwives, nurses, and residents from SPHMMC.

The event aimed to shed light on the importance of early detection, timely intervention, and appropriate management of preeclampsia. It emphasized the role of research to better understand preeclampsia as well as the role of healthcare providers in recognizing the warning signs and symptoms. By raising awareness, it hopes to empower both healthcare professionals and expectant mothers to take proactive measures in preventing and managing preeclampsia.



The celebration at SPHMMC was part of a week-long advocacy campaign that included mass media health promotion by senior OBGYN specialists, training on preeclampsia for journalists, panel discussions, and experience sharing by patients.



World Preeclampsia Day serves as a global platform to raise awareness about World Preeclampsia Day serves as a global platform to raise awareness about the risks and consequences of preeclampsia. The recent commemoration in Ethiopia held at SPHMMC as well as health education through mass media outlets brought much-needed attention to this condition. By bringing attention to this important issue policymakers vowed to work on research into preeclampsia and partner with other stakeholders for the possibility of conducting operational research and novel investigation method.

Research Pillar: Bridging the Gap in Clinical Research

The St. Paul Institute for Reproductive Health and Rights (SPIRHR) and St. Paul's Hospital Millennium Medical College (SPHMMC) have partnered with a shared objective of reducing maternal morbidity and mortality through improved sexual and reproductive health services, training/education, research, and advocacy.

A recent research capacity needs assessment at the Department of OBGYN highlighted a significant gap in clinical trial research. To address this, SPIRHR's Research Pillar has been focusing on the enhancement of clinical research capacity. In pursuit of this goal, a focused training workshop on clinical trials was conducted from March 8-10, 2023. Expert facilitators, including Dr. Dawit Asmamaw, Mr. Dawit Getachew, and Prof. Delayehu Bekele, guided participants from SPHMMC, Jimma University, and Bahirdar University.



The workshop covered essential areas in clinical trials such as International Council for Harmonization-Good Clinical Practice (ICH-GCP), protocol development, clinical trial designs, trial conduct, result reporting, as well as collaboration with external partners.

Participants highly valued the workshop's comprehensive content and the facilitators' effective delivery. The director of SPHMMC's research directorate expressed gratitude for SPIRHR's support and expressed willingness to engage in future research-related initiatives. Through this collaboration, SPIRHR and SPHMMC aim to make significant strides in clinical research capacity and ultimately reduce maternal morbidity and mortality.

Service Pillar: Updates on The Task Shifting GBV Services Project

The Task Shifting GBV Services project that is being implemented by SPIRHR with the support of Grand Challenges Canada has achieved significant milestones in enhancing GBV service provision at 2 health centers in Addis Ababa and Oromia region. The project aimed to address the gaps and challenges in GBV care by adopting an innovative approach focused on comprehensive training of non-physicians, integration of legal services, clinical mentorship, and advocacy efforts aimed to create a holistic support system for survivors.



The project began with an interactive training session for healthcare providers to build their capacity of providing effective care for survivors of GBV. To ensure adequate support is given to the newly trained health professionals experienced consultants from SPHMMC provided onsite mentorship that focused on case-based learning and clinical decision-making, enabling the healthcare professionals to develop their skills further.



This integration streamlined the process of accessing legal assistance and facilitated the collection of forensic evidence against perpetrators. Additionally, St. Paul Hospital and Millennium Medical College acted as referral sites for complex cases, ensuring comprehensive legal support for survivors.

Moreover; recognizing the importance of legal support for GBV survivors a 1-day training was also given to police and public prosecutors on the legal aspects of GBV. Consequent to the training multiple debriefing sessions with the national GBV committee, chaired by the Ministry of Justice were held leading to a significant decision to integrate legal services with the GBV clinical care provided by non-physicians at Afincho Ber Health Center.

Article Section

SRHR and Technology: Artificial Intelligence for SRHR

By Dr. Ferid Abbas

Artificial intelligence (AI) is the ability of machines to perform tasks that normally require human intelligence, such as reasoning, learning, decision-making, and problem-solving. Artificial intelligence (AI) is rapidly changing the world, and the field of sexual and reproductive health is no exception. It is transforming various aspects of sexual and reproductive health (SRH) services, such as diagnosis, treatment, counseling, education, and research.

One of the current applications of AI in sexual and reproductive health services is the use of natural language processing (NLP) to analyze text and speech data from patients and providers. This can be used to create chatbots that can provide personalized and interactive SRH information and counseling to users, as well as facilitate referrals and appointments. Chatbots that can answer common questions about sexual and reproductive health topics, such as contraception, sexually transmitted infections (STIs), pregnancy, and abortion. These chatbots can be accessed 24/7, which can help patients to get the information they need when they need it. Chatbots can also reduce the stigma and embarrassment associated with seeking SRH services, as well as overcome barriers such as language, literacy, and distance.

One of the most promising applications of AI in sexual and reproductive health is in the development of new diagnostic tools. AI can be used to analyze medical images and data to identify diseases and conditions that may not be visible to the naked eye.

This can help to improve early diagnosis and treatment, which can lead to better outcomes for patients. For example, AI is being used to develop new tools for the early detection of cervical cancer. These tools will analyze images of the cervix to identify precancerous cells, which can then be treated before they develop into cancer. This has the potential to save millions of lives. In a study by the National Cancer Institute, an automated dual-stain method using AI improved the accuracy and efficiency of cervical cancer screening compared to conventional cytology using a Pap smear. The new approach uses AI to analyze digitized microscopy slides.

AI can be used to develop new methods of contraception that are more effective, more affordable, and more user-friendly. AI is being used to help women find hormonal contraceptives that are best suited to their individual needs. Such personalized hormonal contraceptive models have the potential to make it easier for people to prevent unintended pregnancy, which can lead to a number of health problems, including unsafe abortion.

Another impact of AI on SRH is that it can enhance the quality and efficiency of SRH services, by supporting clinical decision-making, diagnosis, and treatment. AI can analyze large amounts of data from various sources, such as medical records, laboratory tests, imaging, and sensors, and provide insights and recommendations to healthcare providers and patients. AI can also automate some of the tasks and processes involved in SRH services, such as screening, monitoring, and follow-up. For example, in the fertility

world, an AI algorithm is developed to evaluate the quality of embryos for in vitro fertilization (IVF). The algorithm identified high- and low-quality embryos with about 97% accuracy, a rate that outperformed many trained embryologists. While the algorithm alone cannot predict pregnancy rates, having accurate information about embryo quality may boost a couple's chances of conceiving.

These are just a few examples of how AI is being used to improve sexual and reproductive health services. As AI technology continues to develop, we can expect to see even more innovative and effective ways to use AI to improve the health and well-being of people around the world. However, AI also poses many challenges for sexual and reproductive health services. Here are some of the challenges that need to be addressed to fully realize the potential of AI in SRH:

- **Privacy and confidentiality:** AI-powered technologies collect and store large amounts of personal data. This data must be protected from unauthorized access and use.
- **Bias:** AI algorithms can be biased, which can lead to unfair treatment of certain groups of people. This bias must be identified and addressed.
- **Cost:** AI-powered technologies can be expensive to develop and deploy. This cost must be affordable for healthcare providers and patients.

In conclusion, AI has many benefits for sexual and reproductive health services, such as improving accessibility, affordability, quality, efficiency, effectiveness, safety, equity, and satisfaction of care. AI can potentially improve the demand management, quality, efficiency, research, and

innovation of SRH services. AI can also empower patients to take more control over their own health and well-being. However, AI also poses ethical and social challenges, such as privacy, consent, bias, accountability, and equity. Therefore, it is important to ensure that AI is developed and deployed responsibly and inclusively, respecting the rights and needs of all people. It is also important to engage with diverse stakeholders and users in the development and implementation of AI for SRH.

PS: This article is partly written with the assistance of AI.

SRHR and Fertility: Egg donation: A Plea for Self-Determination

By: Dr. Thomas Mekuria

Egg donation is a process in assisted reproductive technology where a fertile woman donates an egg to another in need to help her conceive. One of the hardest challenges in infertility is treatment when there are very few to no eggs to work with.

25th of July, 1978. The birth of the first IVF baby, Louise Brown sent ripples around the world. Hope for so many couples suffering from infertility but a field day for the conspirators. An ungodly act, an unethical experiment, the desecration of human life, the dawn of test tube babies...and so on and so on. Most people ridicule or at the very least negate what they don't understand. The very few try to comprehend, examine their own biases and question their preconceived notions before passing judgement. This article is a request to do just that.

We have come a long way after Louise Brown now of course. The controversies about self-

cycle IVF is merely of historical significance and IVF is a widely accepted mode of management worldwide. It currently accounts for 2% or more of pregnancies in most affluent countries. Contention points still remain however, the main one being egg donation.

To date, there is no way to produce eggs de novo. We can only extract what is already present. Yet, close to one third of our patients suffer from this very problem. For most, the options are very limited to either donation or adoption.

At Center for Reproductive Medicine Saint Paul's Hospital Millennium Medical College, we have referred more than 1000 couples for egg donation in a span of 2 years. 3000 more are registered and hoping for the legalization of the procedure in our country as they could not afford to go abroad. This number is growing every day.

Although the process to legalize gamete donations and surrogacy has been started by the Ministry of Health, it is taking undue time to ratify the document. The ramifications of that is not limited to our citizen's discomfort traveling to a foreign land and spending thousands of dollars. It also further depletes the countries dwindling foreign currency reserves.

Whatever reservations we carry about the procedure one thing is for sure, we cannot stop or dissuade patients from doing it. Thousands are flocking every year to India and beyond, with all the trials and tribulations. For me, it is a question of autonomy and self-determination. A concept we dabble with in regards to issues like abortion. We simply should not strive to dictate what a consenting adult should do with their lives.

However, these procedures should be well regulated as they carry the potential to misuse and abuse. There should be clear indications

and a legal framework to operate by; which can easily be benchmarked from many other countries practicing it with contextualization to our setting.

So I plea with you all. I plea you educate yourselves on the matter. Talk to people suffering from the problem with empathy and respect. I plea you help let people choose their own path.

SRHR and Policy

Ask the Champion: Ethiopia's Journey from Legalization to Access to Abortion Care

By: Dr. Abraham

It has been more than a year since the World Health Organization released a new 2022 abortion care guideline that replaces all of its previous abortion-related guidelines. Among the updated recommendations on this guideline are the new law and policy recommendations, which put huge clouds of hope towards realization of a wider access for safe abortion care for women and girls and ensuring better protection of sexual and reproductive health rights, globally.

For the first time, WHO recommended decriminalization of abortion care and against contentious objection. However, this hope started to evaporate few months later, as the US supreme court overturned the Roe vs Wade rule, which authorizes states within the country to ban abortion independently. Its impact on abortion services across the US manifested immediately.

In few months after the overturn of the abortion law, more than half of the states across

the USA banned abortion, as a result there was dramatic fall in the rate of safe abortion care in some states, and thousands of abortion care clients were obliged to travel hundreds to thousands of miles (at the cost of additional hundreds of dollars) to access abortion care in the rest of the states where abortion was still legal.

It was feared that this impact would be contagious to other countries, including low-income countries. What happens in the US has always influenced the rest of the world. In September 2022, Sierra Leone, a country with one of the most restrictive abortion laws in Africa passed a new bill to legalize abortion in the country for certain indications, the most noticeable event that went contrary to the dismaying US's overturning of Roe Vs Wade at that time.

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This was to the joy of thousands of vulnerable women in the country and SRHR advocates at the global level. Though the signing of this landmark bill seemed to hold the downfall of the global hope towards the realization of SRHR at a standstill, it was a dominant headline across media outlets globally for some time, its passage hasn't penetrated deep to change abortion care practice in the country. It has been 10 months now and still abortion is illegal in the country.

However, the country is not alone in Africa to not have pushed the bill further to the benefit of those who need it. Although on a different scale, Rwanda has counted 5 years since it revised its abortion law in 2018, which allows women to have an abortion under certain conditions including, rape or incest, when the life of the mother or the fetus is endangered, which is more or less similar to the revised Ethiopian abortion law. Women with these indications in the country have the right to access safe abortion care. However, unsafe abortion is a visible cause of maternal death in the country still, hinting that a lot of tasks need to be done after the revision of abortion law, for wider access to safe abortion care to be a reality in one country.

Ethiopia stands out as an early champion in reproductive health among low-income countries. Since the revision of its abortion law in 2005, significant progress has been made in reducing abortion-related mortality. Evidence shows that maternal mortality due to abortion has dropped from 30% in the pre-legalization era to around 6% in recent years.

The Ministry of Health in Ethiopia implemented various strategies following the revision, including the rapid expansion of safe abortion care services, increasing the number of abortion care providers, continuous advocacy, raising community awareness, and fostering attitude changes among providers, policymakers, religious leaders, and the wider population. Ethiopia is the only country in Africa with a sub-specialty training program in complex family planning fellowship, which includes comprehensive abortion care.

Additionally, family planning and abortion care are included in the curriculum for medical students and postgraduate residency training. These efforts have contributed to the significant success of reducing abortion-related mortality in the country.

Legalization of abortion does not automatically guarantee access to abortion care. Evidence-based advocacy, changing provider attitudes, establishing and staffing abortion care centers, offering training programs, and addressing religious and cultural barriers are necessary to bridge the gap between legalization and actual access to abortion care. These strategies have proven effective, as demonstrated by Ethiopia's journey as the champion of reproductive health in Africa.

SRHR and Youth

Inclusivity of SRHR Services for Young People with Disabilities

By Haymanot Girma, 5th-year medical student at SPHMMC

Around 650 million people worldwide are thought to live with a disability. And among adolescents living in Ethiopia around 1% of them are affected by one form of disability. People with disabilities are often relegated to the sidelines with regard to their sexual and reproductive health. Getting healthcare in developing countries like ours is a challenge enough due to the medical expenses, health-seeking behavior of the community, and the general disposition of overworked medical professionals. The issue is made worse when the added label of disability is put into the mix.

Very little has been done so far to improve public attitudes towards people with

disabilities. Young people with disabilities often lack physical access to classrooms and service areas to varied special learning needs.

So how can we make SRHR services for People with disabilities accessible?

Raising awareness on various SRHR issues: Young people with disabilities are usually excluded from education on sexual education programs. Many girls are unprepared when they start menstruating and do not have the means to care for themselves, they may also face more difficulties in dealing with premenstrual symptoms

Teaching girls and young women with disabilities about these issues is a key entry point for broader education about SRH. Besides having access to education in regard to their menstrual health, people with disabilities also have the right to decide the number, spacing, and timing of their children freely and responsibly.

Ensure physical accessibility in the hospital: These include ramps for wheelchair users, larger bathrooms with grab bars, and lower examination tables. And it is always important to explain each step of the gynecologic procedure while doing a physical examination because almost all female patients particularly women with intellectual disabilities, are often nervous on their first visit for a gynecologic examination, so providing them with a chaperone and a health professional that would elaborate on the procedures would create a conducive environment for them.

In conclusion, when it comes to promoting sexual and reproductive health and providing appropriate care, our country still has a long way to go. All persons should be able to adequately understand where they stand with

their sexual and reproductive health and rights, especially people with disabilities who are undoubtedly marginalized and have less access to adequate care than others. To move forward we must take into account every facet of human's experience with their sexual and reproductive health.

THE NEW SRH BUILDING



About St. Paul Institute for Reproductive Health and Rights (SPIRHR)

SPIRHR was established and registered by the Federal Democratic Republic of Ethiopia Agency for Civil Society in September 2019 as a local non-governmental organization with the vision of strengthening and facilitating effective and quality sexual and reproductive health and rights programs at St. Paul's Hospital Millennium Medical College (SPHMMC). SPIRHR is an independent institution targeting to ensure the project's implementation in the most efficient and effective way while ensuring accountability and transparency. Since its inception, SPIRHR has continued supporting the implementation of major program activities that were jointly planned with SPHMMC Ob/GYN faculties while taking the lead in the administration and coordination of RH infrastructure development as per a collaborative framework outlined by a memorandum of understanding. Through the collaborative effort of SPHMMC and SPIRHR, SPIRHR will continue to invest in four key priority areas of intervention: training, research, advocacy, and clinical services. SPIRHR aim to reduce maternal mortality and morbidity through coordinated sexual reproductive health and rights and enable girls and women to reach their full potential.