A Research Prioritisation exercise for R2HC: Advancing Sexual and Reproductive Health and Rights (SRHR) in Crises

Research Protocol including Consultation Plan

Draft for feedback 24 July 2024;

Still under review (08 Aug 2024)

Sara Nam, Karl Blanchet, Arantza Abril

AVICENA
health & social projects

Contents

Acronyms

CEG	Core Expert Group
CHNRI	Child Health and Nutrition Research Initiative
CSE	Comprehensive sexuality education
CSO	Civil Society Organization
IDP	Internally Displaced People
IPPF	International Planned Parenthood Federation
FCDO	Foreign & Commonwealth Office (UK Aid)
FGM	Female genital mutilation
GBV	Gender based violence
HHER2	2nd Humanitarian Health Evidence Review
HIC	High-income countries
HIV	Human immunodeficiency virus
HPV	Human Papilloma Virus
IAWG	Inter-Agency Working Group on SRH in
LMIC	Low- and middle-income countries
MHPSS	mental health psycho-social support
MISP	minimum initial service package
MSF	Médecins Sans Frontières (Doctors Without
NGO	Non-Governmental Organization
PMTCT	Prevention of mother-to-child transmission
R2HC	Research for Health in Humanitarian Crises
RAISE	Reproductive Health Access Information &
SC	Steering Committee
SRH & SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infections
UN	United Nations
UNFPA	United Nations Population fund
WHO	World Health Organisation

Abstract

This protocol presents the rationale and methods for a prioritisation exercise that aims to identify and outline key evidence gaps within the field of Sexual and Reproductive Health and Rights (SRHR) in humanitarian crises in low-resource settings. The study, funded by Elrha, will pinpoint research and innovation priorities through wide consultation with a global expert community of practice that could inform a future investment specifically for Elrha, to commissioning body.

The goal of this study is to identify, prioritise, and validate significant research gaps within the field of sexual and reproductive health and rights (SRHR) in humanitarian crises. Through a structured, multi-phase approach, the study aims to provide actionable recommendations for future research priorities. This will be achieved by conducting a rapid scoping literature review, engaging in consultations with global and regional SRHR experts, validating regional research priorities through a global survey, and disseminating tailored recommendations to guide donors, including Elrha, in shaping future calls for proposals.

This protocol is developed in preparation for submission to the University of Geneva's Ethics Review Board, and to share with relevant stakeholders.

General Information

The Study Management Team & Funder

The study, funded by Elrha, is managed by a core *Study Team*, managed by Avicena, as shown in table 1.

Table 1: Study Management Team

Name	Role in study	Affiliation	Qualifications
Karl Blanchet	Co-Principal Investigator, Study Advisor	Director - Geneva Centre of Humanitarian Studies, university of Genea	PhD, MPH, MBA
Sara L Nam	Co-Principal Investigator, Study Co-coordinator	Independent Consultant on behalf of Avicena Health & Social projects	PhD, MSc (reproductive & Sexual health research); Registered Midwife, Registered General Nurse
Arantza Abril	Researcher, Co-coordinator	Independent Consultant on behalf of Avicena Health & Social projects	MPH, Registered Midwife, Registered Nurse
Enric Grau	Project Manager & quality assurance	Director - Avicena Health & Social projects	B.B.A, B.Soc.Sc, MSc Financial Management, MSc Non-profit organisations management
Gillian McKay	Funder; technical oversight; Chair of study Steering Committee	Senior Humanitarian Health Research Advisor, Elrha	DrPH, MScPH, BSc (Nursing), BSc (integrated Science)

Study oversight and technical guidance

Steering Committee (SC): The study will be overseen by a Steering Committee, with Elrha acting as the Secretariat for this group (see annex 1 for full TORs). This Committee will provide strategic advice, technical expertise, and opportunities for dissemination throughout the project. Comprising representatives from funders, UN agencies, ministries of health, academia, and international NGOs (see box 1), the Committee will guide the research team by identifying key stakeholders, linking ongoing SRHR research initiatives, and promoting the study's process and findings within relevant forums. Additionally, the Steering Committee will assist in shaping Elrha's

future Call for Proposals and identify potential partnerships, ensuring that the research priorities align with the needs of those working directly in crisis-affected regions.

Table 2: Steering Committee Members – available on request / to be published shortly

Category	Name, role, main affiliation
Secretariat	
Academia	
Ministry of Health perspective	
UN agencies	
NGOs	
Funders	

A Core Expert Group (CEG) is being convened that will comprise around 12-15 SRHR experts with in-depth experience of humanitarian crises (see annex 2 for full TORs). The Core Expert Group will play a crucial role in providing detailed technical feedback on various aspects of the research project, including the research protocol, prioritization criteria, and question formulation. They will review and contribute to the rapid literature review and the prioritization exercise, support the consultation process by identifying key stakeholders, and help disseminate findings to ensure broad uptake. Additionally, CEG members will offer written feedback on draft deliverables, guiding the project towards developing a comprehensive manuscript for publication. Their contributions will be coordinated by the Avicena team targeting requests made to them to ensure their time is used strategically and judiciously and ensuring alignment with the project objectives.

Table 3: Core Expert Group Members

Category	Name, role, main affiliation
Academia	• Chi-Chi Undie, Senior Associate & Technical Director, International Programs Division, Population Council, Kenya • Neha Singh, Associate Professor & Co-Director of the Health in Humanitarian Crises Centre, London School of Hygiene & Tropical Medicine • Aliki Christou, Institute of Tropical Medicine, Belgium; Research fellow • Tewodros Seyoum Nigussie, University of Gondar, Assistant professor, postdoctoral researcher and member of African Region professional committee at the ICM.
Practitioner / Implementer / NGO / provider	• Tamara Fetters, Senior Research Scientist, International Pregnancy Advisory Service, IPAS • Ann Moore, Guttmacher Institute, Principal Research Scientist

	• Yohannes Dibaba Wado, APHRC, Research Scientist Dr Patricia LLedó Weber, MSI reproductive Choices, Director of Clinical Services • Stefania Paracchini. MDM. SRHR advisor • Benjamin Black, MSF, GynObs advisor • Maura Daly, MSF, SRH and midwifery advisors • Hilde Cortier, Maternity Foundation, Deputy of programs • Emily Dyer, Edge Effect, Co-Founder, Board Director and Head of Strategy (IPPF on LGBTQIA+ issues) • Claire Bossard, Epicentre, Epidemiologist • Robyn Drysdale, Independent Consultant, Australia.
Interagency Working Group	• Sara Casey, Assistant Professor & Director -RAISE Initiative, Columbia University Mailman School of Public Health
UN	• Catrin Schulte-Hillen, SRH in Emergencies Specialist, UNFPA
Professional Body	To be confirmed
CSO	To be confirmed
*as of 08 August 2024; please note we will invite these members to nominate some representation from the Global South.	

Context and background

Context

Conflict and crisis have severe impacts on the sexual and reproductive health and rights (SRHR) of women and girls. Those affected by conflict often have restricted access to reproductive healthcare and are particularly susceptible to sexual violence, human trafficking, and forced marriage. These abuses are not only serious human rights violations but also contribute to unintended pregnancies, leading to high rates of unsafe abortions and maternal mortality.

Therefore, access to sexual and reproductive health information and services is crucial in these settings. However, several factors such as collapsing health systems, unsafe environments, prohibitive costs, lack of information and decision-making power, and fear of further violence for seeking care, make it challenging for women and girls to access necessary information and services.

In 2015, among 65.6 million forcibly displaced persons living in humanitarian crisis settings, approximately 32 million were women and girls of reproductive age (15-49 years) were all of whom require access to SRHR information and services [1]. By the end of 2022, there number of forcibly displaced persons had increased to 108 million people worldwide with women and girls account for 51% of all displaced persons. Over a third, 76%, worldwide are hosted in low- and middle-income countries [2] .

Environmental disasters, such as floods, hurricanes, and droughts, further exacerbate the vulnerabilities of women and girls in humanitarian crises. These disasters often lead to displacement, instability, disrupt access to essential health services and increase the risk of sexual and gender-based violence [3,4]. Climate change intensifies the frequency and severity of such disasters, contributing to a cycle of displacement and instability. The intersection of environmental disasters and conflict compounds these challenges, making it even more critical to address SRHR needs in a holistic and integrated manner.

The negative impacts of conflict on women, children, and adolescents are significant. Among 54 countries off track for achieving SDG targets for neonatal mortality to at least 12 per 1,000 live

births , 40% are considered fragile or conflict-affected [5]. The five countries with the highest maternal mortality are experiencing or recently recovering from conflict, i.e. Afghanistan, Central African Republic, Chad, Somalia and South Sudan [6]. Furthermore, women of reproductive age living near high intensity conflicts experience three times higher mortality than women living in peaceful contexts [7].

Background

Elrha is a global charity that finds solutions to complex humanitarian problems through research and innovation. Under the Research for Health in Humanitarian Crises (R2HC) programme, the second Humanitarian Health Evidence Review (HHER2) 2021 [8] provided a comprehensive assessment of peer-reviewed evidence for humanitarian health interventions (updating the first review from 2013 [9]). The report noted that few SRHR studies measure intervention effectiveness in terms of both coverage and quality of care, including implementation of the minimum initial service package (MISP). It also identified a limited amount of research on certain SRHR services – family planning, safe abortion care, HIV and sexually transmitted infections, STIs – compared to areas such as maternal and neonatal health and gender-based violence, GBV.

In 2021, Elrha funded the Innovation for SRH Situational Analysis[1] identifying what innovation means to the SRHR community of practice, what types of innovation are being utilised in humanitarian settings, and providing guidance on best practice for innovation in the sector. A literature review conducted as part of this analysis identified critical SRHR evidence gaps. These findings were complemented by the results of the 2018 research priority setting exercises conducted by the WHO and the Inter-Agency Working Group on SRH in Emergencies (IAWG) respectively. Furthermore, a recent SRHR prioritisation exercise was been conducted by the WHO African region [10] focussing only on sub-Saharan Africa.

Rationale

The former and recent prioritisation exercises and analyses mentioned above were conducted at the global level with one regional exercise only. Since they were conducted, innovations such as self-care and digital innovations have been piloted, and in some cases, scaled. A review of more recent evidence is therefore needed to identify whether the evidence gaps were addressed in more recent studies. This review will help inform the researchers in order to prioritise future investments to SRHR research in humanitarian settings. Of note, and at the request of Elrha, the review will not scope evidence related to gender-based violence, recognising the importance of the topic deserves a separate and focussed study.

Study goal and objectives

The goal of this study is to identify, prioritize, and validate significant research gaps within the field of sexual and reproductive health and rights (SRHR) in humanitarian crises (see definition under 'Scope of the study'). Through a structured, multi-phase approach, the study aims to provide actionable recommendations for future research priorities. The objectives include:

- **Rapid (scoping) literature review** to identify significant evidence gaps within the field of SRHR in humanitarian crises (Phase 1)
- **Consultation:** Based on the findings of the research mapping, engage in **consultations with the regional SRHR in humanitarian crises community of practice** (phase 2) and validate priorities through wider, global consultation through an online survey (Phase 3).
- **Recommendations** will be formed in this 4th phase through consultation with the projects core group of experts and steering committee utilising the findings from the consultations.

Recommendations will be made available for the global SRHR research and innovation community of practice . Some may be tailored to guide a future call for proposals.

Expected outcomes of the study

The proposed outcomes of the study include:

1. **Comprehensive understanding of current evidence:** A detailed and up-to-date map
2. ping of the existing research landscape in the field of SRHR in humanitarian crises, excluding gender-based violence, and identification of significant evidence gaps in the recent literature, particularly in areas such as self-care and digital innovations.
3. **Validated research priorities:** A globally validated ranking of research topics, reflecting consensus among stakeholders on the most critical areas needing further investigation. The research priorities will be presented as relevant from the global and regional perspectives.
4. **Actionable recommendations:** Formation of clear, actionable recommendations for future research priorities the global SRHR community of practice, and where relevant, some will be tailored for Elrha's Research for Health in Humanitarian Crises (R2HC) programme with guidance to structure future calls for proposals based on identified and validated research priorities.
5. **Engaged and informed stakeholder community:** Increased engagement and alignment within the global SRHR in humanitarian crises community of practice through regional consultations and a global validation process. Enhanced capacity of stakeholders to address identified research gaps through collaborative and coordinated efforts.
6. **Strategic direction for future Elrha research investments:** Strategic direction and informed prioritisation for future investments in SRHR research in humanitarian settings, ensuring that resources are allocated to areas with the greatest need and potential impact.

Scope of the study: topics, settings and populations

The scope of the study is defined by some thematic and geographical parameters, outlined in this section.

Thematic scope of the study

Sexual and reproductive health and rights topics

The study will include the following topics:

1. Family planning / Contraception
2. Antenatal, Perinatal & Postnatal care (including PMTCT)
3. Safe abortion / Post-abortion care
4. Obstetric fistula and other sequelae of obstetric complications
5. Sexual health and wellbeing
6. Sexually transmitted infections (inc. HIV), and prevention of future infertility
7. Comprehensive sexuality education
8. Cancers of reproductive system (inc. prevention measures).

Gender based violence (GBV) and Female Genital Mutilation (FGM) are excluded when these are the main outcomes of interest (as requested by Elrha, recognising this as worthy of a separate and focussed exercise). We will, however, include related research where there is a clear overlap with other areas of SRHR, for example, where maternal mortality or morbidity is due to FGM, or where there is lack of access to appropriate care and services because of stigma related to FGM. Infertility treatment will not be included, but prevention of infertility is included. Menstrual hygiene is considered a topic that falls under *water, sanitation and hygiene* (WASH) and is thus also excluded from this study.

Settings

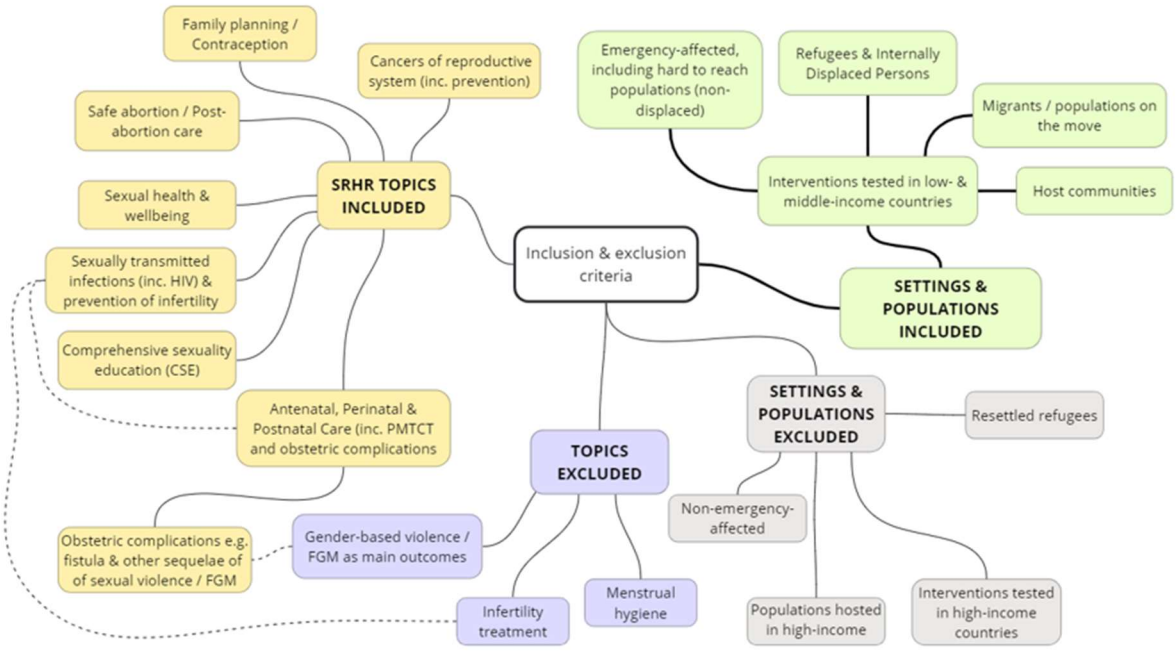
The definition of humanitarian crises for this study aligns to that used in the HHER2 and includes armed conflict and environmental disasters. COVID-19 will be considered not as an individual crisis, but will be considered when relevant to SRHR in pre-existing humanitarian crises settings.

Humanitarian settings are defined as conflict-affected states, complex emergency settings, camps and settlements for refugees and internally displaced people (IDP), people-on-the-move, camps and settlements, and urban settings where refugees and IDPs are hosted. Studies focused exclusively on preparedness or on the post-conflict/post-disaster reconstruction period are excluded. This is the same as the HHER2 review.

Populations

Affected populations will include non-displaced people; people displaced within their home country; refugees or other situations with mixed movement situations in humanitarian settings when the country of interventions studied are in LMICs. Therefore, where a host country to refugees is classified as a high-income country, the study will not be included. We apply the World Bank definition for high income countries and for fragile and conflict settings, see Annex 3.

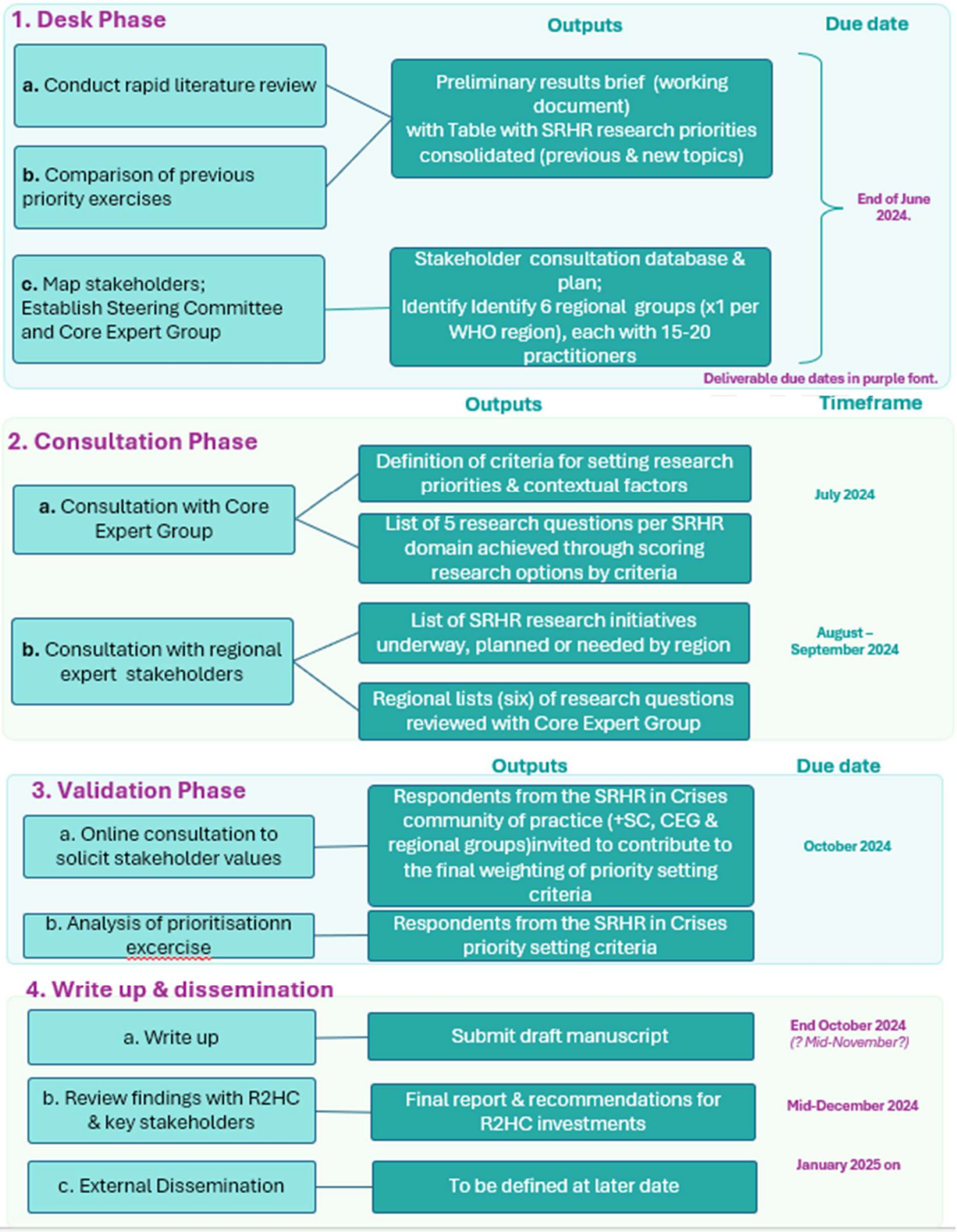
Figure 1: List of included and excluded SRHR topics, population groups and settings



Methodological overview & timelines

This is a mixed-methods study comprising four phases to achieve the objectives laid out above. These are illustrated in Figure 2 and described in detail in the narrative that follows.

Figure 2: Study methods and timeframe



Methods

We will apply the well documented Child Health and Nutrition Research Initiative (CHNRI) methodology [11–13] for setting research priorities. This method can be used globally or nationally, has the power to discriminate among many competing research options using a simple

conceptual framework, making it well suited for identifying priorities from a long list of competing research questions. A key aspect of the CHNRI approach is the integration of broader societal values and priorities. It also blends inputs from experts whilst enabling and valuing the perspectives of a wider community of practice, making the approach well suited to achieving consensus from a wide and varied community of practice.

We will incorporate different stages of the CHNRI process throughout the phases of the study. The key elements of the process are summarised in box 1, below.

Box 1: CHNRI process for setting research priorities

1. GATHERING OF TECHNICAL EXPERTS AND DEFINITION OF CONTEXTS

- Initiation of the process of priority setting (i.e. the Study Management Team) and gathering of a group of technical experts (the core expert group and regional expert groups).
- Creation of definitions for context and risk management preferences for future investments[a]

2. LISTING RESEARCH OPTIONS SYSTEMATICALLY BY DOMAIN OF HEALTH RESEARCH

The three domains of health research:

- Health policy and systems research options (to improve efficiency of health systems already in place)
- Research options to improve existing interventions (affordability and deliverability)
- Research options to develop entirely new health interventions.

3. SCORING OF ALL LISTED RESEARCH OPTIONS BY CRITERION

Members of the Core Expert Group score the listed research options against five priority-setting criteria domains (See Annex 8 for details on criteria):

- Likelihood that research question can be answered in an ***ethical manner***
- Likelihood of ***efficacy and effectiveness***
- Likelihood of ***deliverability, affordability and sustainability***
- Maximum potential for ***disease burden reduction***
- Likely impact of ***equity*** in population.

4. ADDRESSING STAKEHOLDERS' VALUES

- The wider Community of Practice defines weights, which are placed on the five scores. The final Research Priority Score (0%–100%) is computed as weighted mean of intermediate scores.

5. PROGRAMME BUDGETING AND MARGINAL ANALYSIS; ADVOCACY

- For each research option, its "value" in terms of the five criteria is combined with its proposed cost (in US$); programme budgeting and marginal analysis derives optimal mix of options to be funded (*note that this step will be take forward by Elrha based on the findings of this study)*
- Based on this selection, the expert groups advocates for making the priorities and rationales accessible to the public; implements mechanisms for decision review; advocates for the implementation of identified priorities; and evaluates and improves the process based on feedback.

[a] The CHRNI approach suggests that the funder considers the context for in which research priorities will be set during the prioritisation exercise. i.e. context in terms of space, disease burden, time, stakeholders, and investment risk preferences. However, Elrha propose to reflect the needs that arise from the consultations and specifically from actors in regional settings. In order to be responsive to those needs and not to be bound by pre-set parameters. Thus this step will not be included in this exercise.

Phase 1: Desk Phase

1.a. Systematic literature review

We are conducting a rapid literature review to identify significant evidence gaps within the field of SRHR in humanitarian crises. This review will provide an up-to-date understanding of the current state of research published, planned and underway, and highlight areas where further investigation is required. We will build largely on recent systematic reviews, most notably, HHER2 2021. We will draw from the methods of the HHER2 review for SRHR in a systematic way to mirror the major aspects of it in a way that is feasible within the framework of this rapid review, adapting the selection criteria, search terms and tools to apply to our objectives and the resources available.

We are using the platform Covidence to screen and extract data from the literature search (conducted using PubMed; grey literature searches of online repositories and extraction of data from relevant literature reviews).

The **main objective** of this rapid literature review is to identify recent priority evidence in the field of SRHR in humanitarian crises in low- and middle-income countries (excluding gender-based violence). From the findings, we will identify any possible research gaps that may have been addressed by more recent research.

This review will be a living process during the project so we can add grey and published literature to the review and adjust the strategy as the project progresses. See Annex 4 for the full protocol.

Key output 1.a: Draft summary of findings from rapid literature review

This document will summarise the findings from the rapid literature review, outlining updates to research conducted on SRHR in Humanitarian Crises, forming Part 1 of a *Results Brief*. It will be shared with the CEG for their review, and inputs (e.g. guidance on themes to draw through data extraction).

1.b. Comparison of previous priority exercises

We will collate other research prioritisation exercises that have been conducted (described under 'Context and Background'). The converging and diverging research priorities will be mapped from the previous prioritisation exercises, and any new priorities identified through the literature. We will use the structure proposed by the CHNRI methodology [11] for listing proposed research options that will facilitate prioritisation, i.e. step 2 of box 1 above; see Annex 5 for further details):

- SRHR in humanitarian crises topics
- Research domain
- Research avenue
- Research options
- Geographical location
- Type of crises
- Population
- Research question.

Key output 1.b: Draft Results Brief (end of June)

This will comprise part 1 (described above), with the addition of table comprising the consolidated SRHR research priorities taking into consideration any new research conducted (identified from the literature review). This Results Brief will be shared during the consultation period.

1.c. Map stakeholders

Concurrent to the review, we will establish a stakeholder matrix to map members of the global SRHR in Humanitarian Crises community of practice (hereafter referred to broadly as the *community of practice*). This will comprise experts from academia & research; practitioners and implementers; policy-makers and funders including representatives from: international & national non-governmental organisations (NGOs), civil society; professional organizations; governments and practitioners- both implementers and service providers.

We are gathering nominations of experts through our professional networks including members of the steering committee and core expert group, and are extending invitations through snowballing methods, including extending invitations through experts identified through our participation in various relevant webinars, seminars and other events.

From the resulting register, we will identify or seek nominations for participation in either or both of the following groups, whose roles are described under phase 2:

1. Six regional groups of experts who will be invited to contribute to regional consultation exercises; and
2. A wider global community of practice who will be invited to contribute so the prioritisation can take regional values into consideration in the final validation (Phase 3).

To solicit nominations or interest, we are sharing widely a flyer inviting nominations to contact one of the study team, shown in Annex 6. Those who express an interest, will be invited to describe their expertise (thematic, geographic, cross-sectional) through an on-line form. See annex 7 for this form which includes a statement about how the professional data will be processed (also outlined in the section below, on 'Data management and analysis').

We will also invite stakeholders who have access to online networks where other members of the SRHR community of practice may be contacted and invited to join the validation process (Phase 3).

> Key output 1.c: Register of SRHR In Humanitarian Crises stakeholders (end of June, ongoing to September)
>
> This register will contain professional, publicly available information allowing the Study Management Team and permission sought for the register to be shared with the Steering Committee and Core Expert Group to map the community of practice and types of expertise available for consultation. The first draft will be shared with this plan (end of June), and it will continue to be added to as we move through the snowball nomination process. Once the project draws to a close, the online form will be deleted, and the register held by Elrha for their continued work in this field.

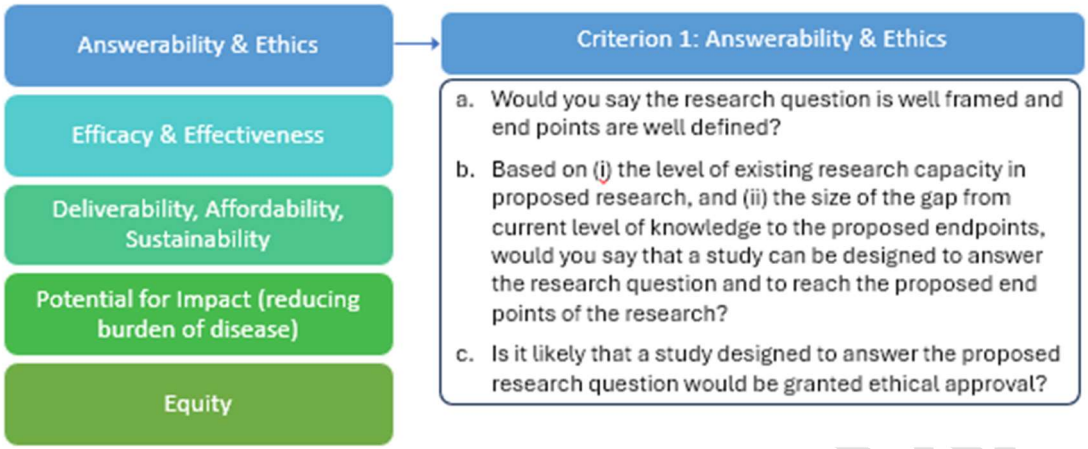
Phase 2: CEG, regional and global consultation

2.a. Consultation with Core Expert Group

i. Email consultation to review criteria for setting research priorities: The CHNRI approach has defined a set of criteria that can effectively discriminate between research options. These criteria are: answerability, effectiveness, deliverability, impact, and equity (box 3). In preparation to score the listed research options (step 3 of the CHNRI process shown in box 1), the CEG will be invited to revise the CHNRI criteria and related assessment questions (shown in Annex 8) to assess the likelihood that the proposed research options will satisfy five domains.

There should be no more than three questions to assess how well proposed research options meet each of the five criteria. The questions should be answerable by a simple 'Agree', 'disagree' or 'neither agree nor disagree'. An example is shown below for the first criteria.

Figure 3: Criteria for setting SRHR research priorities and example of questions to assess the first criterion



We anticipate that some research options may be highly important or relevant, and wish to ensure they cannot be failed through the questions asked. For example, an innovative intervention may be highly costly to trial or may only be relevant for a relatively small population but has the potential for significant impact on health of individuals. We will work with the CEG to review and revise the criteria and questions to criteria questions to mitigate such caveats.

Through consultation with the Core Expert Group, these assessment criteria will be finalised and approved by Elrha and the Steering Committee.

> Key output: Finalised list of criteria and assessment questions for setting research priorities.

ii. Consultation to review list of research priorities and score research options: The Results Brief and list of research priorities will be shared with the Core Expert Group by email and or through an online meeting to seek their review and feedback on the consolidated list of SRHR research priorities for humanitarian crises settings. This will include soliciting guidance on any nuances that need to be ironed out from the mapping (e.g. the wording of research questions), and discussing any areas that experts advise should be considered in the long list.

iii. Online group consultation: This meeting will be to discuss any areas of overlap or contention to arrive at preliminary consensus on the top SRHR research priorities from the mapping exercise (output 1.b). that is, a maximum of 5 per each of the 8 thematic areas = 40 research topics. We will also use this opportunity to outline the scoring approach (step 3 in box 1, above).

iv. CEG score research priorities: When the list of research options is finalised, we will request all CEG and SC members to score all the research priorities using an online survey tool to answer

and generate an ***intermediate Core Research Priority Score*** for each research option. (see box 2 for scoring system, described in detail by Rudan, 2009).

Box 2: Intermediate Core (global) Research Priority Score for each research option.

CEG invited to answer the simple questions on criteria setting for research priorities (box 2, above), and answer for each question either:

- Yes – agree (1 point)
- No – disagree (0 points)
- Not sure or neither agree nor disagree (0.5 points)
- Leave blank if expert does not have enough information to answer the question. (No answer, therefore not included in subsequent calculations).

The Study Team can then calculate the scores for each research option, and research priorities can be ranked.

v. Feedback from SRH in Crises Donor Group

Elrha have been invited to present early findings of this work with the SRH in crises donor group on the 19 September 2024. Any feedback or ideas that arise during that forum will also be taken into consideration.

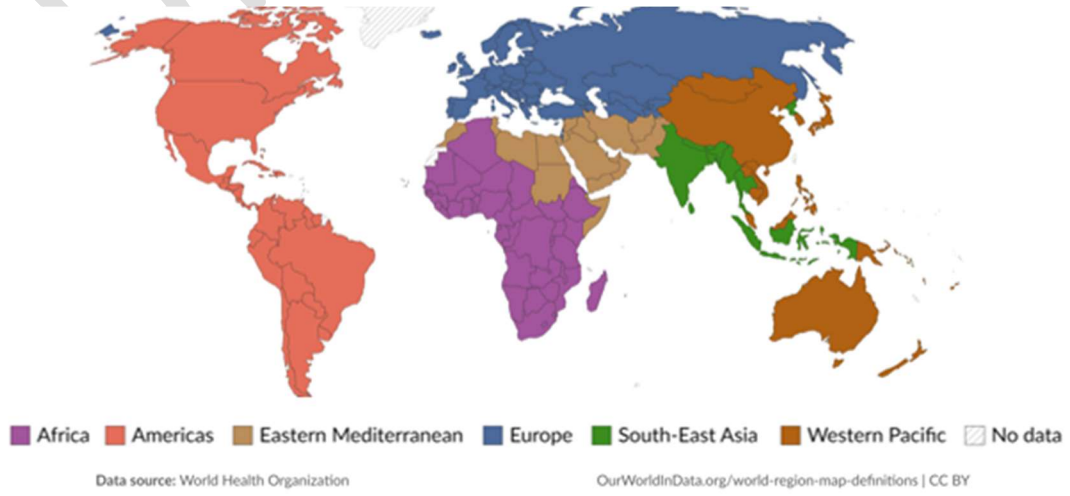
Key output 2.a: A consolidated, core (global) list of preliminary SRHR research priorities, scored by the Core Expert Group and ranked.

This ranked list of research options will next be taken to consultation with each of the 6 regions for their consideration and to stimulate discussion to draw out regional priorities (see next step).

2.b. Consultation with regional expert stakeholders

Six regional groups will be formed, aligned with the WHO global regions - see figure 3 and Annex 9 for a list of countries in each region. Each regional panel will include around 15 – 20 experts from the community of practice, including a spread of thematic, location and type of crises experience, and ensuring representation from ministries of health, CSOs and practitioners / implementers.

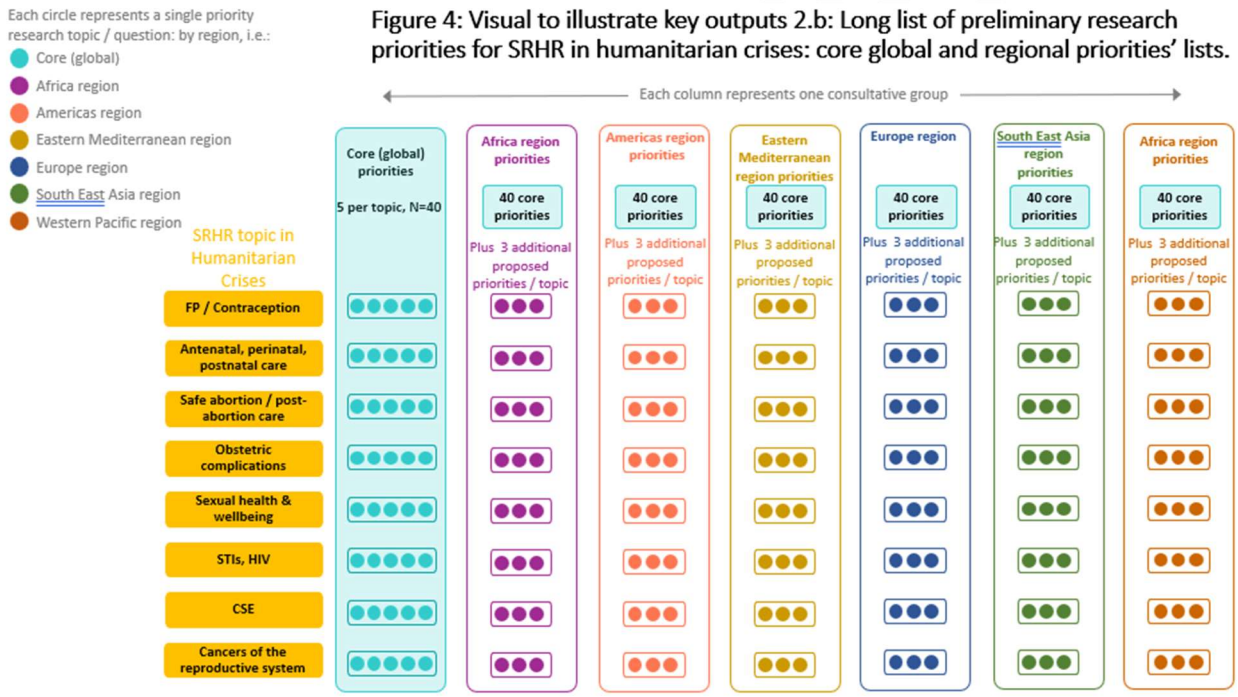
Figure 3: Map showing WHO regions which will form the basis for the regional communities of practice for this study



i. Email consultation: We will share a short document via email describing the research brief and consolidated, ranked core list of SRHR research priorities (output 2.a). We will invite written feedback for those who are able to, allowing us some time to prepare discussion points around any questions.

ii. Regional group meetings to discuss regional priorities: Six separate, regional group meetings will be arranged online with the regional experts. In each meeting, we will seek feedback on the core (global) list of research priorities and identify any regional differences that the regional groups propose to adjust. The meetings will be an opportunity to share additional regional research ideas or needs identified, and to seek opinions on their relevance to the region as a whole. We will use an online tool (e.g. Miro) to capture and additional ideas raised for those who have not been able to provide email feedback. If there are more than 3 research needs identified for any single domain, we will work with the group to reduce as far as possible to a maximum of 3 additional research priorities per SRHR thematic area (i.e. 3 x 8 = 24 additional research topics). See figure 4, over page to illustrate this.

Figure 4: illustration of key outputs 2.b: Long list of preliminary research priorities for SRHR in humanitarian crises: core global and regional priorities' lists.



iii. Core Expert Group will be invited to review the regional priorities, and provide review and inputs to wording, and to pose technical questions for the regional experts to further consider. The Study Team will manage the process of feedback, and any reflections will be used to plan and guide possible one-to-one follow up with the regional experts.

iv. Regional one-to-one interviews: During the group meetings, we will identify potential champions from among the groups who demonstrate strong contextual knowledge around SRHR research. We will plan follow up one-to-one meetings where we need to further shape, refine or review any new research topics identified through the regional group meetings, or if we need to follow up to ask about additional information (e.g. if participants have insights to any research conducted or underway that has not been identified in our literature review).

v. Finalise lists of regional priorities: The list of regional research priorities will be revised following feedback from core and regional experts.

Regional experts score regional research options: Using the same methods as for the core (global) research options (box 2), regional experts will be invited to score only the additional research options for their region (i.e. 3 research options for each of the 8 topics, total = 24). This will result in an i**ntermediate regional Research Priority Score** for each research option**.**

> Key output 2.b: One global list of proposed SRHR research priorities with at least 5 research priorities per SRHR domain; plus a separate list of priorities for each region with up to 3 additional SRHR research priorities ranked per SRHR domain.

Phase 3: Global validation

This phase ensures that the assessment of the research priorities is combined with a view of the wider community of practice. We will invite members of the global community of practice beyond those experts in our CEG and regional expert groups to contribute to the exercise by setting thresholds and weights for each criterion (figure 3).

We will extend invitations to contribute to the global community of practice through our personal networks / membership to SRHR groups and that of the SC, CEG and regional experts, aiming for around 20 respondents per region. Previous CHNRI experience through Elrha-funded projects has yielded varying response rates [b], so we will request support from the expert groups to extend calls to contribute through their networks.

The members of the SC and CEG will also be able to contribute to this exercise and will be especially encouraged to do so if they have had limited input before this stage. All members taking part in this global consultation will confirm they have both experience in SRHR AND Humanitarian crises.

[b] Elrha CHRNI projects have yielded - WASH = 286; NCDs = 75; MHPSS = 304 (across 3 surveys), so we anticipate it may be challenging to achieve a very large response rate, and especially regional representation.

3.a. Prioritisation exercise

The wider community of practice will define a minimal score (***threshold***) for each intermediate score (criterion) that needs to be achieved to consider any research option a funding priority. They will be invited to rank the five priority setting criteria (Box 2 & Fig 3) from the most important in their context (rank 1st) to the least important (rank 5th). See Annex 10 for example. The observed average ranks are then turned into **weights** by dividing the expected average rank in the situation of equal importance of all five criteria (which is 3.00) by the observed average rank (see Kapiriri 2007 [13] for more details). This simple procedure gives weights for the intermediate scores.

Box 3: Value of thresholds and weights to adjust intermediate research priority scores (Kapiriri 2007):

Thresholds prevent investments in research options that dramatically fail any of the criteria to which stakeholders are particularly sensitive, regardless how well these research options were scored against other criteria.

Weights make some intermediate scores (the priority setting criteria), more important of others as determined by the wider community of practice. Their system of values is reflected in assigning different weights to the priority setting criteria before the final score is computed for each research option.

Weights ensure that the overall score is not a simple arithmetic mean of the intermediate scores, but rather the weighted mean that reflects relative values assigned to each criterion by the stakeholders.

Importantly, all experts from the steering committee, core expert group and regional group will be invited to join this survey too, so that their values are also considered in the weightings.

> Key output 3.a: Online questionnaire circulated to the SRHR in humanitarian crises community to seek their inputs to set weights and thresholds expressing their values on the research priority setting criteria. This will be accompanied by a summarised research brief and list of research options (core and regional, fig. 4).
>
> A time period will be set to allow responses, and we will allow space in the questionnaires for respondents to ask questions or share perspectives on the research priorities in their settings.

3.b. Analysis of prioritisation exercise

Next, the weighted means of intermediate score are adjusted based on stakeholders' weights and thresholds, producing weighted intermediate scores. The overall research priority scores (RPS) are calculated by averaging the weighted intermediate scores.

This analysis will be conducted for all responses (i.e. a global list), and we will generate separate priority lists for each of the 6 regions.

Qualitative data obtained through online consultation with the wider community of practice on will be analysed anonymously using a qualitative analysis tool (NVIVO or similar) using open-coding approaches, and considered in the final analysis and during discussions planned for phase 4.

> Key output. 3.b: The final list of weighted global SRHR research priorities for humanitarian crises, including separate regional priorities for each region (as per figure 4).

Phase 4: write up and dissemination

4.a. Write up

In the write-up phase, we will meticulously document and analyse the study process and findings. We will work closely with Elrha and the Core Expert Group to review our findings, ensuring they align with the project's objectives and reflect the collective understanding and insights gained throughout the consultation process. This collaborative review will be critical to refining the conclusions and recommendations, ensuring they are both accurate and actionable.

We will draft a manuscript reporting the literature review, consultation process and preliminary findings. The Study Management Team will agree a short list of potential peer-reviewed journals, and agree with those CEG and SC members who wish to contribute to the paper to agree which to submit to. The requirements of that journal for authorship shall be adhered to, and the list and order of authors will be agreed before the final manuscript is drafted.

> Key outputs 4.a: Draft manuscript with list or contributors and proposed journal for submission (End October 2024)
>
> The manuscript will be finalised following the next step involving a review of findings Elrha (R2hC) and other key stakeholders (primarily the CEG and SC).

4.b. Review findings with R2HC and key stakeholders

We will work closely with Elrha to review our findings, ensuring they align with the project's objectives and reflect the collective understanding and insights gained throughout the research process. The Study Management Team will arrange a workshop with relevant Elrha representatives and key stakeholders. The objective will be to co-develop recommendations for Elrha's future calls for proposals, but it will also be an opportunity to further interrogate any findings presented in the manuscript.

This collaborative review will be critical to refining our conclusions and recommendations, ensuring they are both accurate and actionable.

> Key outputs 4.b: One workshop with PowerPoint presentation to guide the proceedings resulting in a set of co-developed recommendations for Elrha future call for proposals (mid-November 2024)
>
> This will enable us to complete a final project report summarising the process, findings from the review and consultation with a set of clear recommendations, Accompanied with a PowerPoint slide deck.

4.c External dissemination (January 2025 onwards)

For external dissemination, we aim to share our findings through various platforms and formats to reach a wide audience and we will be guided by suggestion from the SC and CEG. Specifically, we will ensure results are disseminated to all those who contributed to consultations. Other suggestions for discussion include:

- **Conferences and Workshops**: to engage directly with experts, stakeholders, and practitioners in the humanitarian and SRHR sectors. E.g. the Humanitarian Networks and Partnerships Weeks, typically in May each year in Geneva; donor-interest forums, e.g. MNH Align.
- **Regional advocacy briefs for each region**: Developing policy briefs and detailed reports targeted at policymakers, donors, humanitarian organizations, and other key stakeholders to inform and influence policy and practice in SRHR in humanitarian

settings. We will explore with Elrha the potential to have these translated to Spanish, French and Arabic.

- **Webinars and online platforms & Social Media.**

Key outputs 4.c: Format and audience of dissemination materials to be discussed with Elrha and CEG.

Ethical considerations

Drawing from the R2H2 Research Ethics Framework V2.0 and related tool [c] and other frameworks we apply [d], we will ensure the planned consultations are relevant and ensure transparency, respect and inclusion, which we will reflect on continuously. The ethical considerations and how we will address them are explained in this section.

Benefits of the study

The study aims to update recent prioritisation exercises as a resource for the global SRHR in crises research community and donors, including Elrha, to guide future investments. The very nature of the study is to ensure their investments will be guided by evidence and informed by experts with relevant experience of working on SRHR in crises settings.

Contributors to the study design and prioritisation exercise include recognised experts in their field at global and regional representatives, ensuring that the approach and findings are relevant. Furthermore, the CHNRI methodology enables consultation with a wider community pf practice so the views and values of experts and lay-persons alike contribute to the prioritisation exercise (at the 'validation' phase). We will roll out the online consultation ensuring participation from representatives of populations affected by crises through civil society are proactively sought from around the world.

Costs and risks to participants

We will gather information from experts and members of the SRHR community of practice, not directly from beneficiaries of health services or community members or of survivors of humanitarian crises.

While there are no physical risks to participants, the greatest risks are related to data security. To mitigate these risks, we will implement a data plan aligned with the European data protection framework. Our consultation does seek professional perspectives from participants, and we will ask about professional details that are generally already available publicly (such as designation, professional email address). We will not ask about personal experiences related to SRHR, and our consultation focuses on professional experiences or insights as they related to the research needs for provision of SRHR services. We also propose to map the professional details of experts in the community of practice that will result in a register of experts (see under Phase 1.c above). The data plan for each point of 'risk' for participants is covered in the data management plan, which ensures systematic and secure data storage, protecting participants' confidentiality and privacy.

The study will request time from contributors, but no direct costs will be required from respondents. All consultations will be online, whether in meeting, survey or email

[c] https://www.elrha.org/researchdatabase/r2hc-ethics-framework-2-0/

[d] UNEG's Ethical Guidelines for Evaluation (2020), the UNEG Handbook, Integrating Human Rights and Gender Equality in Evaluation (2014), and DFID/FCDO's ethical guidance for research, evaluation and monitoring activities (2019).

communication, which we anticipate can take place through respondents existing internet access. No remuneration will be provided and this will be made clear to respondents.

Respect for dignity and diversity

The study will respect cultural differences, local customs, religious beliefs, gender, disability, age, and ethnicity. We will minimize disruptions to respondents, provide ample notice, and respect their privacy. Efforts will be made to include diverse voices to contribute unique perspectives, for example, by inviting experts and civil society organisations with experience in working with people with disabilities or gender diverse populations.

Integrity and Independence

Any emerging issues and potential deviations will be discussed and agreed upon with Elrha. The team will ensure independent judgment free from bias and take full responsibility for the accuracy of the information presented in the report.

Confidentiality, privacy and data protection

The study management team will respect respondents' right to provide information in confidence within the forums they participate in, making them aware of the scope and limits of confidentiality. How these risks are mitigated are detailed in the data management plan.

For publicly disseminated written materials, we will anonymize names and any potentially identifying information, ensuring that information cited in the report cannot be traced back to its source. For quotes used in dissemination materials, we will seek consent to use them anonymously and confidentially. Data will be retained for a period determined in consultation with Elrha and deleted upon their approval.

Voluntary informed consent

For qualitative group meetings and interviews, we will seek verbal permission from respondents, stating clearly how we will use the data obtained. We will take notes and, with respondent permission, audio-record for transcription purposes. See table 4 for consent approach.

Ethics Approval

We will secure ethical approval from the Ethics Review Board at the University of Geneva for this exercise.

Safeguards – redress and exit strategy

Participants will be provided with sufficient information to seek redress and register complaints. Mechanisms for redress will be defined in coordination with Elrha.

Participants will be informed that they are free to end their participation at any time and withdraw from the study. Contact details of the principal investigators, Elrha and the Chair of the Ethics Review Board at the University of Geneva will be provided to address any concerns.

Data management and analysis

This study gathers primary data as professional opinions using different approaches (described under ‘Methods’). Table 4, below details how data will be gathered, processed and secured in the tale below. (Secondary data are not included here as they relate only to published literature that is already publicly available, i.e. through the literature review).

Table 4: Data management plan for each type of data gathered

Data collection type	Description of data & collection method	Voluntary, informed consent approach	How data will be used	Data storage and security
Phase 1: Stakeholder mapping and resulting register	Professional data including job title, affiliation, areas of expertise and email will be collected through a short online questionnaire (see annex 7).	Statement of intention for use of data include in the questionnaire, and permission requested for use; emails of study team members included in case of any queries or concerns.	To map expertise and geographical /location among contributors to the study expert groups; To create a register of experts that will be shared between the study management team and Elrha only.	The stakeholder map will be stored on secured computers with password-protected folders. The register will be handed over to Elrha at the close of the project for their use and to communicate with the registrants following Elrha's routine data use principles.
Phase 2: Online group meetings (with core expert group and regional groups) to discuss global list of SRHR research priorities & identify AND: **Phase 2: One-to-one interviews / meetings with experts to refine new ideas arising in group meetings.**	Qualitative data to capture ideation relating to regional research priorities in light of findings from our literature review and mapping of SRHR research prioritisations. Data will be captured through meting notes using visually shared tools (e.g. using Miro), and audio- recorded with participant permission.	When joining the online meeting space (e.g. Teams of Zoom), participants will be asked to give permission for the audio recording, whether this be group meetings or one-to-one meetings. Ahead of the meeting, we will invite participants to read an informed consent form and confirm, via email, acceptance to join the meeting and to give permission for the meting/s to be recorded. If we use any quotes in any reports, we will ensure they are anonymised and only identified to the forum that the quote came from (not by participant).	These data will be used to review and discuss findings from the literature review and research priorities list, and to reach consensus on regional priorities. Additional discussions (e.g. one to one meetings and email consultations) will refine any ideas arising from discussions. These data are not expected to be sensitive and do not include and personal information of the respondents and no data on individuals affected by humanitarian crises.	Transcripts or notes from the meetings will be anonymised and de-linked from any identifying information (i.e. consent emails and names will not be stored with any transcripts). Transcripts will be stored on secured computers with password-protected folders. Audio recordings will only be held temporarily by members of the study team and will be deleted after the final report and paper resulting from this project are published. Transcripts will be deleted 6 months after publication of final reports / manuscripts.
Phase 3: Online survey at validation phase with wider community of practice	The online validation survey will invite stakeholders from a diverse and wide SRHR in humanitarian crises community of practice.	A draft outline is prepared, and includes a statement outlining the purpose of the study, intention for use of data and finally asking for consent for professional details to be shared anonymously. This is so we can describe the respondents to the survey by professional SRHR in Crises experience; geography, years of experience and type of affiliation. (see Annex 9).	We will not ask for any personal details, only professional details, similar to that in annex 7. We will ask respondents to the survey if they are willing to share their email address for use by the Study Team so that we can share any dissemination materials.	Emails will be stored until final dissemination, and will be removed from the study team data base and computers 6 months after the publication of final report and manuscript.

Quality assurance

The project manager, EG, will review all reports and deliverables before submission to Elrha. Elrha's Senior Humanitarian Health Advisor will review all deliverables (and coordinate any necessary reviews from other Elrha contributors) before any amendments are made to share with the either the SC and/or the CEG.

The Steering Committee and Core Expert Group add layers of quality assurance and accountability to the project methods and findings in their roles described in the methods section (and as spelled out in the TORs, Annexes 1 and 2). The CEG and regional expert groups will be consulted and involved as to ensure the relevance and benefits of the exercise.

The team will provide independent judgment and will declare all potential biases in reports and take full responsibility for the accuracy of the information presented in the report.

Problems anticipated and mitigation plans

Table 5, below, outlines some risks to the project and outlines mitigation plans for each.

Table 5: Risks to the project and mitigation plans

RISKS AND PROBLEMS ANTICIPATED	MITIGATION PLANS
Challenges related to recruitment and retention	
Difficulty in recruiting a diverse and sufficient number of experts and contributors with relevant expertise / experience	- Utilise existing networks from the SC and CEG reach potential participants. - Use snowball nomination method to ensure an adequate number of collaborators Provide clear, comprehensive information about the study's purpose and importance to encourage participation.
- Low response to online requests for participation	- Ensure clear communication about the study's significance and the voluntary nature of participation. - Provide reassurances about confidentiality and data protection. Ensure independent contact available for anyone to raise concerns. - Online survey is clear and concise and takes short time to be completed. - Online survey is available in Sp, Fr and En to facilitate the completion. - Provide enough time for respondents to complete it. - Advertise it broadly using visual and attractive aids.
- Uneven distribution of respondents´ expertise	- Map respondents' expertise through online questionnaire to identify gaps / less represented expertise at early stages. - Use of snowball technique and request support from SC and CEG members to identify new experts.
Challenges related to quality of contributions from participants	
- Low availability of respondents	- Increase time to identify respondents - Offer flexible participation options for SC and CEG (e.g. contributions via group meetings, email, by sharing recordings/minutes of other relevant meetings, or one-to-one meetings to accommodate different schedules and preferences.
- Language barriers	- Offer survey and meetings in English (En), French (Fr) or Spanish (Sp), if needed.

	- Offer non-professional translation of documents when requested through software such as deepl or similar.
- Delays in getting the technical support required from CEG/SC and validation of the different phases	- Map respondents' expertise through online questionnaire to identify each individual´s expertise and involve him/her only for the relevant technical areas. - Offer flexibility to adapt to experts' availability. - Define in advance timeline and adapt it if required.
Challenges related to technical issues	
Technical problems with online meeting platforms or data recording equipment.	- Test all equipment and platforms thoroughly before use - Consider video recordings of relevant meetings or to share information to reduce time where online meetings are relied on.
Breaches of data security and confidentiality.	- Implement robust data security measures, including password protection. - Regularly review data storage and handling processes to ensure compliance with security standards.
Challenges related to delays	
Unavailability of key study team members	- Ensure clear communication is maintained with Erha to discuss study progress and challenges and timelines. Monthly catch-up meetings and more ad hoc as needed. - Ensure clarity of roles among study team. - Use of software and tools to reduce time on tasks (e.g. Covidence to support screening of papers and data extraction).

Bibliography

1. Singh NS, Aryasinghe S, Smith J, Khosla R, Say L, Blanchet K. A long way to go: a systematic review to assess the utilisation of sexual and reproductive health services during humanitarian crises. *BMJ Glob Health*. 2018;3(2):e000682. doi:10.1136/bmjgh-2017-000682

2. UNHCR. *Global Trends Report. Forced Displacement in 2022*. https://www.unhcr.org/global-trends-report-2022

3. IPPF. *IPPF Position Paper - The Climate Crisis and Sexual and Reproductive Health and Rights*. IPPF; 2021. Accessed June 27, 2024. https://www.ippf.org/sites/default/files/2021-03/IPPF%20position%20paper%20The%20climate%20crisis%20and%20sexual%20and%20reproductive%20health%20and%20rights_Jan2021.pdf

4. Loewen S, Pinchoff J, Ngo TD, Hindin MJ. The impact of natural disasters and epidemics on sexual and reproductive health in low- and middle-income countries: A narrative synthesis. *Int J Gynecol Obstet*. 2022;157(1):11-18. doi:10.1002/ijgo.13768

5. UNICEF. *United Nations Inter-Agency Group for Child Mortality Estimation (UN IGME), Levels & Trends in Child Mortality: Report 2021. Estimates Developed by the UN Inter-Agency Group for Child Mortality Estimation (IGME)*.; 2021. https://www.who.int/publications/m/item/levels-and-trends-in-child-mortality-report-2021

6. World Health Organization. *Trends in Maternal Mortality 2000 to 2020: Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division*.; 2023.

7. Bendavid E, Boerma T, Akseer N, et al. The effects of armed conflict on the health of women and children. *The Lancet*. 2021;397(10273):522-532. doi:10.1016/S0140-6736(21)00131-8

8. Doocy S, Lyles E, Tappis H. *An Evidence Review of Research on Health Interventions in Humanitarian Crises: 2021 Update*. Elrha; 2022. Accessed February 11, 2024. https://www.elrha.org/wp-content/uploads/2022/06/Elrha-HHER2-FullReport.pdf

9. Blanchet K, Ramesh A, Frison S, et al. Evidence on public health interventions in humanitarian crises. *The Lancet*. 2017;390(10109):2287-2296. doi:10.1016/S0140-6736(16)30768-1

10. Ouedraogo L, Nkurunziza T, Muriithi A, et al. Setting Regional Research Priorities for Sexual and Reproductive Health and Rights Services in Humanitarian Settings. *Adv Reprod Sci*. 2021;09(01):60-68. doi:10.4236/arsci.2021.91007

11. Rudan I, Gibson JL, Ameratunga S, et al. Setting Priorities in Global Child Health Research Investments: Guidelines for Implementation of the CHNRI Method. *Croat Med J*. 2008;49(6):720-733. doi:10.3325/cmj.2008.49.720

12. Tomlinson M, Chopra M, Sanders D, et al. Setting Priorities in Child Health Research Investments for South Africa. *PLoS Med*. 2007;4(8):e259. doi:10.1371/journal.pmed.0040259

13. Kapiriri L, Tomlinson M, Chopra M, et al. Setting priorities in global child health research investments: addressing values of stakeholders. *Croat Med J*. 2007;48(5):618-627.

Annexes

Annex 1: TORs of the study Steering Committee

SRHR priorities SC TOR_formatted.doc

Annex 2: TORs of the study Core Expert Group

SRHR CEG ToR Final.docx

Annex 3: List of World Bank countries by income status.

https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups (accessed 27 April 2024)

World Bank classification of countries by level of income

https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups (accessed 27 April 2024)

LOW-INCOME ECONOMIES ($1,135 OR LESS)			LOWER-MIDDLE INCOME ECONOMIES ($1,136 TO $4,465)			UPPER-MIDDLE-INCOME ECONOMIES ($4,466 TO $13,845)			HIGH-INCOME ECONOMIES ($13,846 OR MORE)					
[26]			[54]			[54]			[83]					
Afghanistan	Korea, Dem. People's Rep	South Sudan	Angola	**Jordan**	Philippines	Albania	Fiji	North Macedonia	**American Samoa**	Cayman Islands	GN3:O28ermany	Kuwait	Oman	Spain
Burkina Faso	Liberia	Sudan	Algeria	India	Samoa	Argentina	Gabon	Palau	Andorra	Channel Islands	Gibraltar	Latvia	Panama	St. Kitts and Nevis
Burundi	Madagascar	Syrian Arab Republic	Bangladesh	Iran, Islamic Rep	São Tomé and Principe	Armenia	Georgia	Paraguay	Antigua and Barbuda	Chile	Greece	Liechtenstein	Poland	St. Martin (French
Central African	Malawi	Togo	Benin	Kenya	Senegal	Azerbaijan	Grenada	Peru	Aruba	Croatia	Greenland	Lithuania	Portugal	Sweden
Chad	Mali	Uganda	Bhutan	Kiribati	Solomon Islands	Belarus	Guatemala	Russian Federation	Australia	Curaçao	Guam	Luxembourg	Puerto Rico	Switzerland
Congo, Dem. Rep	Mozambique	Yemen, Rep.	Bolivia	Kyrgyz Republic	Sri Lanka	Belize	**Indonesia**	Serbia	Austria	Cyprus	Hong Kong SAR,	Macao SAR, China	Qatar	Taiwan, China
Eritrea	Niger		Cabo Verde	Lao PDR	Tanzania	Bosnia and Herzegovina	Iraq	South Africa	Bahamas, The	Czech Republic	Hungary	Malta	Romania	Trinidad and
Ethiopia	Rwanda		Cambodia	Lebanon	Tajikistan	Botswana	Jamaica	St. Lucia	Bahrain	Denmark	Iceland	Monaco	San Marino	Turks and Caicos
Gambia, The	Sierra Leone		Cameroon	Lesotho	Timor-Leste	Brazil	Kazakhstan	St. Vincent and the	Barbados	Estonia	Ireland	Nauru	Saudi Arabia	United Arab
Guinea-Bissau	Somalia		Comoros	Mauritania	Tunisia	Bulgaria	Kosovo	Suriname	Belgium	Faroe Islands	Isle of Man	Netherlands	Seychelles	United Kingdom
			Congo, Rep.	Micronesia, Fed. Sts.	Ukraine	China	Libya	Thailand	Bermuda	Finland	Israel	New Caledonia	Singapore	United States
			Côte d'Ivoire	Mongolia	Uzbekistan	Colombia	Malaysia	Tonga	British Virgin Islands	France	Italy	New Zealand	Sint Maarten	Uruguay
			Djibouti	Morocco	Vanuatu	Costa Rica	Maldives	Türkiye	Brunei Darussalam	French Polynesia	Japan	Northern Mariana	Slovak Republic	Virgin Islands
			Egypt, Arab Rep.	Myanmar	Vietnam	Cuba	Marshall Islands	Turkmenistan	Canada	**Guyana**	Korea, Rep.	Norway	Slovenia	
			Eswatini	Nepal	**Zambia**	Dominica	Mauritius	Tuvalu						
			Ghana	Nicaragua	Zimbabwe	Dominican Republic	Mexico	**West Bank and Gaza**						
			Guinea	Nigeria		**El Salvador**	Moldova							
			Haiti	Pakistan		Equatorial Guinea	Montenegro							
			Honduras	Papua New Guinea		Ecuador	Namibia							

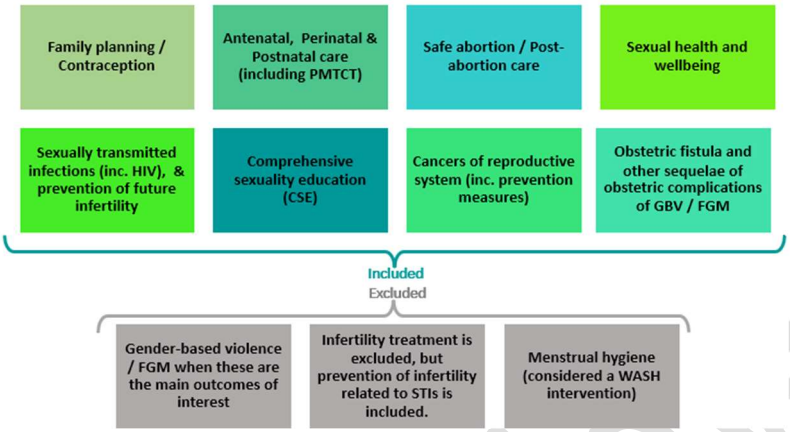
Annex 4: Rapid (scoping) literature review protocol

Rapid Literature
Review Protocol_13j

Annex 5: Mapping SRHR research priorities for humanitarian crises

Sample of criteria used to map research priorities, drawing from the CHNRI methodology.

1. **SRHR topics,** i.e.



2. **Research domain** – e.g. research to:
   a. Health policy and systems research options (to improve efficiency of health
   b. systems already in place Research options to improve existing interventions (affordability and deliverability)
   c. Research options to develop entirely new health interventions.
   - (Research to assess the burden of health problem and burdens has been excluded from the literature review).

3. **Research avenue** – describes the type of research, e.g.
- Evaluating the efficacy and effectiveness of interventions in place
- measuring prevalence of coverage of interventions in place
- Financing/costs analysis
- Human resources
- Provision/infrastructure
- Operations research
- Improving existing interventions (their affordability, deliverability)
- Basic, clinical or public health research to advance existing knowledge to develop new capacities
- Basic, clinical or public health research to explore novel ideas to develop new capacities.

4. **Research options** - will be identified within each avenue included, e.g. research to:
- increase uptake of an intervention / service
- improve health outcomes or behaviours
- Test a new technology to change risk behaviours
- improve management or quality of a service
- Improve adherence to guidelines
- reduce the cost of a service / improve affordability.

5. **Type of crises**: as per definition used for rapid review.

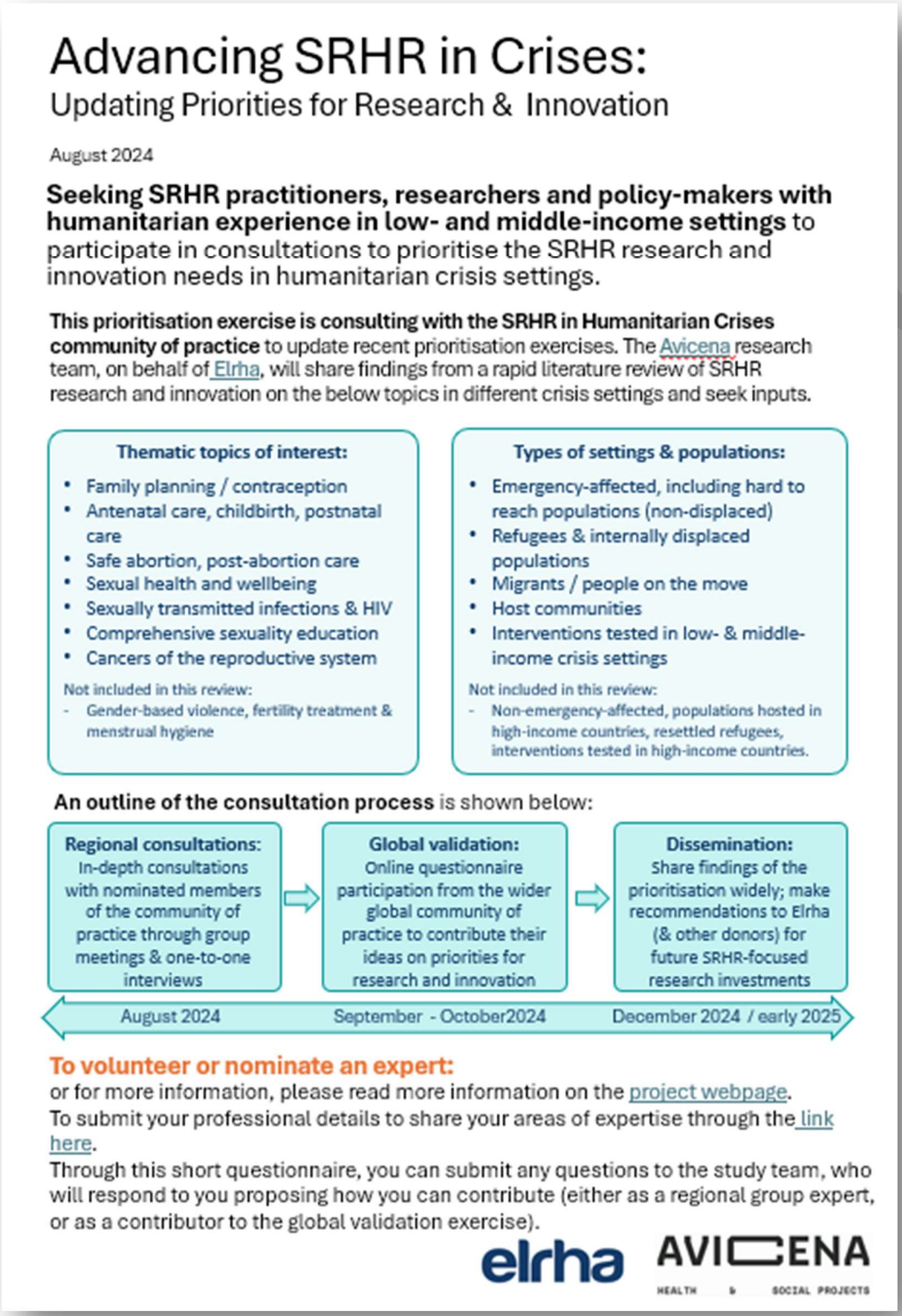
6. **Geography & country setting:** as per definition used for rapid review.

7. **Population:** as per definition used for rapid review.

8. **Research question** – depending on the mapping of available research, research questions will be matched to the relevant research option. We anticipate that some research questions may need to be re-crafted to add specificity. In these cases, inputs from the Core Expert Group will be sought.

Annex 6: Flyer inviting nominations or expressions of interest to contribute to consultation

(updated this document)



Advancing SRHR in Crises:

Updating Priorities for Research & Innovation

August 2024

Seeking SRHR practitioners, researchers and policy-makers with humanitarian experience in low- and middle-income settings to participate in consultations to prioritise the SRHR research and innovation needs in humanitarian crisis settings.

This prioritisation exercise is consulting with the SRHR in Humanitarian Crises community of practice to update recent prioritisation exercises. The Avicena research team, on behalf of Elrha, will share findings from a rapid literature review of SRHR research and innovation on the below topics in different crisis settings and seek inputs.

Thematic topics of interest:

- Family planning / contraception
- Antenatal care, childbirth, postnatal care
- Safe abortion, post-abortion care
- Sexual health and wellbeing
- Sexually transmitted infections & HIV
- Comprehensive sexuality education
- Cancers of the reproductive system

Not included in this review:

- Gender-based violence, fertility treatment & menstrual hygiene

Types of settings & populations:

- Emergency-affected, including hard to reach populations (non-displaced)
- Refugees & internally displaced populations
- Migrants / people on the move
- Host communities
- Interventions tested in low- & middle-income crisis settings

Not included in this review:

- Non-emergency-affected, populations hosted in high-income countries, resettled refugees, interventions tested in high-income countries.

An outline of the consultation process is shown below:

Regional consultations: In-depth consultations with nominated members of the community of practice through group meetings & one-to-one interviews

Global validation: Online questionnaire participation from the wider global community of practice to contribute their ideas on priorities for research and innovation

Dissemination: Share findings of the prioritisation widely; make recommendations to Elrha (& other donors) for future SRHR-focused research investments

August 2024 — September - October2024 — December 2024 / early 2025

To volunteer or nominate an expert:

or for more information, please read more information on the project webpage.

To submit your professional details to share your areas of expertise through the link here.

Through this short questionnaire, you can submit any questions to the study team, who will respond to you proposing how you can contribute (either as a regional group expert, or as a contributor to the global validation exercise).

elrha AVICENA HEALTH & SOCIAL PROJECTS

Annex 7: Form to capture areas of expertise among the community of practice -

Available via URL: https://forms.office.com/e/0c4bRcTQbN

For contributors to the project (Steering Committee, Core Expert Group, Regional Expert Group), kindly complete this form, highlighting your main areas of expertise. Please, note you can edit the form after submission if needed, or contact the study team with any queries (Arantza: atzlien@gmail.com; Sara: sara.globalhealth@gmail.com)

* Mandatory

1. Insert your given name * .....
2. Insert you family name * .....
3. Select your preferred tittle: *Miss / Ms / Mr / Mx / Dr / Professor / Other*
4. Select your gender *: *Female / Male / Non-binary / Prefer not to say / Other*
5. Insert the name of your organization / primary affiliation *
6. Type of institution *:
   Academic / UN / Donor / NGO / CSO / Government / Private sector / Other
7. Insert your designation / position *.....
8. Geographical location: workstation (indicate the city and country)
9. Region of focus- select all that apply *:
   Africa / Americas / Eastern Mediterranean / European / South-East Asia / Western Pacific / Global
10. Areas of SRHR expertise - select all that apply *:
    Family planning – Contraception / Antenatal Care - Childbirth - Postnatal Care / Safe Abortion Care - Post Abortion Care / Sexual Health & Wellbeing / Comprehensive Sexuality Education / STIs and HIV (inc. prevention of infertility if related to STIs) / Cancers of the reproductive system / Other
11. Cross cutting issues expertise - select all that apply (list any other topics in `other´) *:
    Climate Change / Gender diversity and LGBTQA+ / People living with disabilities / Other
12. Humanitarian setting expertise *:
    Armed conflict / Refugees - IDP - people on the move / Natural disasters (incl. famine) / Epidemics / Other
13. Please state number of years (to the nearest year) of experience in SRHR in Humanitarian Crisis *
14. Languages spoken (ie. that you are comfortable joining a work-related meeting in) *:
    English / French / Spanish / Arabic / Other
15. Contact email address *.....
16. Add any other comment you may have: .....
17. * Please confirm your permission for the Study Team to add the professional details you have provided above to a register of experts for this prioritisation exercise. The register will be shared within the study team, Elrha and with members of the Steering Committee, Core Expert Group and 6 regional groups. The purpose is two-fold:
    - to allow us to map expertise among the contributors; and
    - to allow us to contact you at strategic points in the consultation process.

    The details you share should only include details that are available in the public domain.
    Yes, I give permission / No, I do not give permission / Unsure, I would like to discuss this further with the study team.

Annex 8: Examples of simple questions to assess the likelihood that research priorities will meet the selected priority-setting criteria in SRHR research in humanitarian crises

Taken from Tomlinson, 2007, adapted from CHNRI methodology (Ruden, 2008)

CRITERION 1: ANSWERABILITY AND ETHICS

a. Would you say the research question is well framed and end points are well defined?

b. Based on (i) the level of existing research capacity in proposed research, and (ii) the size of the gap from current level of knowledge to the proposed endpoints, would you say that a study can be designed to answer the research question and to reach the proposed end points of the research?

c. Is it likely that a study designed to answer the proposed research question would be granted ethical approval?

CRITERION 2: EFFICACY AND EFFECTIVENESS

a. Based on the best existing evidence and knowledge, would the intervention that would be developed/improved through proposed research be efficacious?

b. Based on the best existing evidence and knowledge, would the intervention that would be developed/improved through proposed research be effective?

c. If the answers to either of the previous two questions are positive, would you say that the evidence upon which these opinions are based is of high quality?

CRITERION 3: DELIVERABILITY, AFORDABILITY, AND SUSTAINABILITY

a. Taking into account the level of difficulty with intervention delivery from the perspective of the intervention itself (e.g., design, standardisability, safety), the infrastructure required (e.g., human resources, health facilities, communications, and transport infrastructure) and users of the intervention (e.g., need for change of attitudes or beliefs, supervision, existing demand), would you say that the end points of the research would be easily deliverable within the context of interest?

b. Taking into account the resources available to implement the intervention, would you say that the end points of the research would be easily affordable within the context of interest?

c. Taking into account government capacity and partnership requirements (e.g., adequacy of government regulation, monitoring, and enforcement; governmental/ health partner intersectoral coordination; partnership with civil society and external donor agencies; favourable political climate to achieve high coverage), would you say that the end points of the research would be easily sustainable within the context of interest?

CRITERION 4: MAXIMUM POTENTIAL FOR DISEASE BURDEN REDUCTION

a. Taking into account the results of conducted research or for the new interventions, the proportion of avertable burden under an ideal scenario (computed from the knowledge of prevalence of risk factors targeted by future intervention and their relative risks, as “potential impact fraction”), would you say that the successful attainment of research end points would have a capacity to remove more than 5% of disease burden?

b. More than 10% (or modify as appropriate per disease/condition)?

c. More than 15% (or modify as appropriate per disease/condition)?

CRITERION 5: EQUITY IN ACHIEVED DISEASE BURDEN REDUCTION

a. Would you say that the present distribution of the disease burden affects mainly, or almost entirely, the underprivileged in the population?

b. Would you say that mainly the underprivileged, or at least all segments of society equally, would be the most likely to benefit from the results of the proposed research after its implementation, rather than primarily the privileged?

c. Would you say that the proposed research has the overall potential to improve equity in disease burden distribution in the mid- to longer term (e.g., 3-10 years)?

Annex 9: List of countries by WHO region

who-regions_18jun 2024.csv

Annex 10: DRAFT consent form and online questionnaire inviting the wider community of practice to identify weighting for the research priority criteria

The list of global and regional research priorities will be shared (figure 4). Respondents will asked to complete a form similar to that shown in Annex 9; PLUS (in English, Spanish and French).

Project title: A Research Prioritisation exercise for R2HC: Advancing Sexual and Reproductive Health and Rights (SRHR) in Crises

Introduction
You are invited to participate in a research study conducted by Sara Nam, Arantza Abril, and Karl Blanchet. This study aims to identify and prioritize significant research gaps within the field of Sexual and Reproductive Health and Rights (SRHR) in humanitarian crises. Before you decide to participate, it is important for you to understand why the research is being conducted and what it will involve. Please read the following information carefully.

Who can take part?
This study invites people with experience in the field of SRHR in humanitarian crises settings. Experts can include CSO representatives, health providers, project implementers, project staff, researchers, policy makers or anyone who has an understanding of how services are provided or challenges in humanitarian crises (specifically in low- and middle-income settings).

Purpose of the Study
The goal of this study is to conduct a research prioritization exercise to pinpoint key evidence gaps within the field of SRHR in humanitarian crises. Through this process, we aim to provide actionable recommendations for future research priorities.

Procedures
You are invited to participate in an online questionnaire that seeks to identify and weight research priority criteria within SRHR in crises settings. The questionnaire will ask for your professional insights and expertise on various research topics.

Duration
The questionnaire should take approximately 20-30 minutes to complete.
Voluntary Participation
Your participation in this study is entirely voluntary. You may choose not to participate or to withdraw at any time without any consequences.

Confidentiality

All information collected in this study will be kept confidential. Your responses will be anonymized, and any identifying information will be removed before data analysis. The data will be stored securely and will only be accessible to the research team.

Potential Risks and Discomforts
There are no known risks associated with participating in this study. However, if you feel uncomfortable at any point, you may withdraw from the study.

Benefits
While there are no direct benefits to you for participating, your input will contribute to identifying critical research gaps and prioritizing future research efforts in the field of SRHR in humanitarian crises.

Data Protection
The data collected will be processed in accordance with the European data protection framework. We will ensure that your information is kept secure and used only for the purposes of this study.

Contact Information
If you have any questions or concerns about this study, you can contact the Co-principal investigator, Dr. Sara Nam at Sara.GlobalHealth@gmail.com, or researcher, Ms Arantza Abril: atzlien@googlemail.com . For concerns regarding your rights as a participant, you may contact the Chair of the Ethics Review Board at the University of Geneva.

Consent
By clicking "I agree" below, you acknowledge that you have read and understood the information provided above, and you consent to participate in this study.

- I agree to participate in the study.
- I do not agree to participate in the study.

If you are not sure and want to know more, please contact the study team.

Research Team:

- Dr. Sara L Nam, Independent Consultant on behalf of Avicena Health & Social Projects
- Arantza Abril, Independent Consultant on behalf of Avicena Health & Social Projects
- Professor Karl Blanchet, Director - Geneva Centre of Humanitarian Studies, University of Geneva.

Funder:

- Elrha (Research for Health in Humanitarian Crises, R2HC)

Ethics Approval: This study will be submitted for approval by the Ethics Review Board at the University of Geneva.

Thank you for your participation!

[Questionnaire overpage]

DRAFT questionnaire (sample, to be revised with CEG)

Q.1. Please assign relative importance to the following 5 criteria * for deciding how SRHR research priorities should be calculated in humanitarian settings in your context. Rank each question as either 1st (most important) to 5th (least important):	
➢ That the new or improved sexual and reproductive health intervention is likely to indeed be developed through proposed research investment (answerability and ethics)	
➢ That, if developed, it is likely to have a real and true effect against the SRHR problem that it aims to tackle (efficacy and effectiveness)	
➢ That, if developed, it is likely to be delivered to most of those who are in need for it (deliverability, affordability and sustainability)	
➢ That, if developed, it has a potential to reduce the burden of morbidity and mortality due to poor SRHR?	
➢ That, if developed, it is likely to reduce health inequities among the target population.	

* *Final questions and wording to be adjusted to align with the final criteria agreed by the CEG (Annex 9)*

Q.2: Reflecting on your experience in humanitarian settings, and on the list of priorities already identified in the related Research Brief {ADD HYPERLINK} what do you perceive as the most critical unmet needs in Sexual and Reproductive Health and Rights (SRHR) research? (i.e. are there any priorities that are not included in this list)? Please provide specific examples or areas where you believe research efforts should be prioritised to make the most significant impact.

Answer here: _____

Thank you for taking part! Please visit this website for updates. {ADD HYPERLINK}