

# Global sexual and reproductive health and rights: challenges, opportunities, policy, practice

*15 June 2026, 3pm–6pm followed by a networking reception  
Pitt Building, Trumpington Street, Cambridge*

## Programme

*Please join us from 14:45 for tea, coffee and soft drinks*

15:00 **Introduction and welcome**

15:05 **Interdisciplinary dialogue: The current landscape of global reproductive politics**

- Victoria Spencer, Head of Sexual and Reproductive Health, Foreign, Commonwealth & Development Office
- Professor Sophie Harman, Professor of International Politics, QMUL

Chair: Dr Lauren Wilcox, Director, University of Cambridge Centre for Gender Studies

15:40 **Flash talks (see page 3 for abstracts)**

- *Religious and reproductive utopias at the 1893 World's Fair*  
Nienke Groskamp, PhD student, HPS, University of Cambridge
- *Feminist healthcare alliances securing abortion access in subnational Argentina*  
Melisa Tatiana Slep, PhD student, Geography, QMUL
- *Between the normal and the disorderly: encounters with menstrual tracking prediction algorithms*  
Dr Stefanie Felsberger, Research Associate, Minderoo Centre for Technology and Democracy, University of Cambridge

Chair: Dr Noa Hasky, Postdoctoral Fellow, Obstetrics & Gynaecology, University of Cambridge

16:10 **Tea break**

16:30 **Interdisciplinary dialogue: Navigating reproductive justice in different contexts**

- Nihal Said, Senior Technical Advisor, Research and Partnerships, International Planned Parenthood Federation
- Professor Catherine Aiken, Professor of Maternal and Fetal Medicine, Obstetrics & Gynaecology, University of Cambridge
- Professor Jenny Hall, Professor of Reproductive Health and Co-Director of the NIHR Policy Research Unit in Reproductive Health, UCL

Chair: Dr Francesca Moore, Associate Professor in Geography, Homerton College

17:05 **Flash talks (see page 3 for abstracts)**

- *Preventable maternal mortality and reproductive rights in Afghanistan*  
Dr Mohammad S Razai, NIHR Clinical Lecturer in Primary Care and General Practitioner, University of Cambridge
- *Stuck in the loop: Recursive time, coercive waiting, and women's health in the British asylum system*  
Shreya Ramanathan, MPhil student, HPS, University of Cambridge
- *The 90–70–90 Cervical Cancer Promise: Preventable deaths, technological hope, and political choice*  
Dr Nitisha D'Souza, doctor, CUH

Chair: Jasmine Kiley, PhD student, Obstetrics & Gynaecology, University of Cambridge

17:25 **Interdisciplinary dialogue: Global adolescent sexual and reproductive health and rights**

- Dr Jane MacDougall, Director of Studies at Newnham College and Board Member, International Federation of Paediatric and Adolescent Gynaecology
- Dr Caron Kim, Medical Officer, Prevention of Unsafe Abortion, Department of Sexual and Reproductive Health, WHO

Chair: Dr Michalina Drejza, Visiting Fellow, Obstetrics and Gynaecology and Specialty Registrar, Community Sexual and Reproductive Health

18:00 **Drinks and networking reception**

## Flash talk abstracts

### **Religious and reproductive utopias at the 1893 World's Fair**

*Nienke Groskamp, PhD student, HPS, University of Cambridge*

This talk explores the often-overlooked role of Spiritualism and metaphysical religion in shaping global efforts to control and manage pregnancy, childbirth, and reproduction. Connecting the 1893 Chicago World's Fair to global developments, it examines how utopian visions of future generations converged with the efforts of Chicago's "sex radicals." Prominent figures like Annie Besant promoted "prenatal culture," while Spiritualist physicians and activists like Alice Bunker Stockham and Ida C. Craddock defied the Comstock Act to spread birth control and sexual advice. Ultimately, the presentation highlights how these reformers utilized international print networks to spread new ideas about sexuality, reproduction, and marital intimacy to people around the globe.

### **Feminist healthcare alliances securing abortion access in subnational Argentina**

*Melisa Tatiana Slep, PhD student, Department of Geography, School of Society and the Environment, Queen Mary University of London*

This flash talk draws on a case study from the province of Río Negro, in Argentina, to examine how feminist alliances between public healthcare workers, gender policy officers, and abortion activists have been central to securing access to abortion on demand after it was legalised in December 2020. Rather than focusing on policy design, it highlights everyday practices through which access is negotiated: adapting protocols, sharing informal knowledge, and coordinating across fragmented institutions.

The talk argues that these alliances did not emerge simply as a response to implementation gaps but were shaped by long-standing feminist engagement with healthcare provision prior to legalisation. While the law enabled new forms of coordination, it also introduced new constraints, requiring actors to balance bureaucratic compliance with care-centred practices on the ground.

By focusing on how abortion access is produced through relationships and feminist networks rather than formal policy alone at the subnational level, this case is helpful to continue reflecting on global sexual and reproductive health and rights through multiscale lenses of decentralisation, health system fragmentation, and the political work required to make legal rights actionable.

### **Between the normal and the disorderly: Encounters with menstrual tracking prediction algorithms**

*Dr Stefanie Felsberger, Research Associate, Minderoo Centre for Technology and Democracy and Affiliate Lecturer, Cambridge Digital Humanities, University of Cambridge*

This presentation focuses on algorithms that govern analysis and predictions in menstrual cycle tracking apps (CTA). It asks how encounters with CTAs (and their algorithms) shape the knowledge people with periods gain and data tracking practices. It contributes a novel contextualisation of CTA algorithms in historical efforts to make menstruation calculable and reproduction plan-able by tracing the notion of the normal menstrual cycle. The presentation argues that CTA algorithms inherit modes of counting from this historical context and are informed by its assumptions about menstruation, reproduction, and gender.

Drawing on qualitative fieldwork with 29 app users in Austria, the article questions what ways of knowing encounters with CTA algorithms configure. The encoding of the normal cycle creates friction for users with 'disorderly cycles' who aim to unblack-box their menstrual cycles through their data practices. Some participants seek to optimise their cycles and predictions by training a perceived algorithm with different data points, often without knowing how the algorithm uses data for predictions. This talk contributes insights into how this algorithmic lens of menstruation and encoding of the normal cycle shapes what people track and how.

### **Preventable maternal mortality and reproductive rights in Afghanistan**

*Dr Mohammad S Razai, NIHR Clinical Lecturer in Primary Care and General Practitioner, University of Cambridge*

Afghanistan has one of the highest maternal mortality ratios in the world, and recent evidence suggests that the risk of preventable maternal deaths has increased since 2021. Evidence points to reduced service use after funding interruptions, poorer access to antenatal and intrapartum care, and clinician-reported increases in obstetric complications. These risks are exacerbated by restrictions on women's movement, education, and employment, with serious implications for female health workers. Maternal mortality in Afghanistan is therefore a clinical, health-system, and reproductive rights issue. Adequate financing is needed to protect core obstetric services, including emergency obstetric care. Protecting women's education, work, mobility, and access to care is essential to preventing maternal deaths. This flash talk will outline the key risks and set out practical recommendations to improve maternal survival in Afghanistan.

### **Stuck in the loop: Recursive time, coercive waiting, and women's health in the British asylum system**

*Shreya Ramanathan, MPhil student, HPS, University of Cambridge*

This study examines how time is experienced within UK immigration detention centers, focusing on women seeking asylum and the effects of prolonged waiting and forced disclosure on women's mental and physical health. Drawing on ethnographic fieldwork with detained women at the Yarl's Wood IRC, including Eritrean and South Asian asylum seekers, I argue that time operates recursively—folding between past trauma and uncertain futures—while collapsing the present into a space of bureaucratic verification. Women are repeatedly compelled to self-narrate traumatic experiences in order to access medico-legal protection, a process that both reinforces psychological distress and conditions access to care on proof of suffering. Between these moments, prolonged and uncertain waiting produces and reifies acute anxiety, sleep disruption, and embodied stress, with many women reporting insomnia, nightmares, panic attacks (and other symptoms of mental health issues), loss of their menstrual cycle, and general physical exhaustion. This temporal structure undermines the possibility of meaningful care, as healing is deferred and continuously interrupted by cycles of disclosure and anticipation. At the same time, women attempt to navigate and mitigate these effects through social support, makeshift community, daily routines, and strategic engagement with legal and advocacy systems. By foregrounding time as a mechanism of power, this research highlights how immigration detention and British medicolegal asylum processes limit the provision of effective care and shape women's long-term health outcomes.

## **The 90–70–90 Cervical Cancer Promise: Preventable deaths, technological hope, and political choice**

*Dr Nitisha D'Souza, Doctor at Cambridge University Hospitals*

Every two minutes, a woman dies of cervical cancer - a preventable disease. It remains the fourth most common cancer in women, claiming around 350,000 lives yearly, with 94% of deaths occurring in low- and middle-income countries. Preventable through HPV vaccination, detectable through screening, and curable when found early. Yet for millions of women, particularly those living in poverty, these lifesaving interventions remain out of reach.

The World Health Organisation's 90-70-90 strategy marked a historic turning point: an unprecedented promise to make cervical cancer a disease of the past, averting 74 million cases and 62 million deaths by 2120. The strategy sets ambitious 2030 targets: 90% of girls vaccinated against HPV by age 15, 70% of women screened by ages 35 and 45, and 90% of those diagnosed receiving treatment.

Four years from the target date, progress remains deeply unequal. Screening - the weakest pillar - sits at a global median of 50% against a 70% goal and falls below 10% in 45 countries, failing the women who need it most.

Political decisions are worsening the divide. The reinstatement and expansion of the Global Gag Rule force healthcare providers to navigate political constraints before care, with clinic closures directly disrupting access to screening and reproductive health services. Yet amidst this sobering picture, artificial intelligence is transforming colposcopy: smartphone-based automated visual evaluation could enable low-cost and accurate screening, even in under-resourced settings.

The tragedy of cervical cancer is no longer a lack of solutions, but a failure to deliver them. Elimination is within reach - but only if women's lives are placed above politics.