



Review of the Course on adolescent sexual and reproductive health 2025

Addressing adolescent sexual and reproductive health needs and realising their rights in the **WHO African Region**

From 8th October to 2nd December 2025, the Geneva Foundation for Medical Education and Research (GFMER) and the WHO Regional Office for Africa conducted an eight-module blended-learning course in Adolescent Sexual and Reproductive Health (ASRH) for mid-career professionals working on adolescent health in Francophone Africa. A total of 225 participants from 23 countries took part in the course, 209 of whom were from Central and West Africa. Of the total participants, 204 (91%) completed the course. The course completion rate among the active participants totalling 210 (meaning those who submitted at least one course assignment) was 97%.

This was the second time the course had been run. The first course took place in 2023. A total of 324 participants from 22 countries took part in the first course, 290 of whom were from Central and West Africa. A total of 298 participants (92%) successfully completed the course and received a certificate confirming that they had studied the provided learning materials and submitted assignments for all eight modules. Among the 303 active participants, the course completion rate was 98%.

Why are completion rates in the GFMER-WHO courses on ASRH consistently above 90%?^{1,2}
Two studies point to five characteristics associated with courses with high completion rates:

¹ Zhang G, Kim DW, Qi J, Zhao C. What factors influence MOOC course completion? An investigation of course completion and workplace benefits from interpersonal attraction theory perspective. *Front Psychol*. 2022 Nov 22;13:1055108. doi: 10.3389/fpsyg.2022.1055108. PMID: 36483697; PMCID: PMC9722721. <https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2022.1055108/full>

² Jordan K. Massive Open Online Course Completion Rates Revisited: Assessment, Length And Attrition. *International Review of Research in Open and Distributed Learning*, 16, 3, 2015. <https://doi.org/10.13140/RC.2.1.2119.6963>

01

A strong presence, interaction and engagement from trainers: When teachers actively participate in forums, giving their opinions and communicating clearly, learners feel more supported and less isolated, which promotes retention. The 'attractiveness' of teachers (in terms of knowledge and communication style) is positively associated with learner engagement and success.

02

Frequent, low-stakes assessments and feedback loops: Quizzes, questions in videos and weekly assignments help maintain learner engagement. Providing feedback (automated, peer-to-peer or instructor-led) helps learners to correct their mistakes quickly and maintain momentum.

03

Short, well-structured, modular content: Courses divided into small units (microlearning), ideally short video segments of 10 minutes or less that help maintain attention and facilitate progress. Shorter courses (or modules) tend to have higher completion rates than very long courses.

04

Initial momentum and support during the first few weeks: Learners who complete the initial assignments or engage during the first or second week are much more likely to persevere. Providing a solid structure from the outset, well-supported tasks and clear guidance helps to prevent early dropouts.

05

Social/peer interaction and community/collaborative elements: Discussion forums, peer interactions, group work and social learning reinforce accountability and motivation. Courses in which learners engage socially from the outset demonstrate higher levels of persistence and completion.

All five of these characteristics form an integral part of the GFMER-WHO course, as discussed below. This did not happen overnight. It happened because learning from previous courses fed into it.

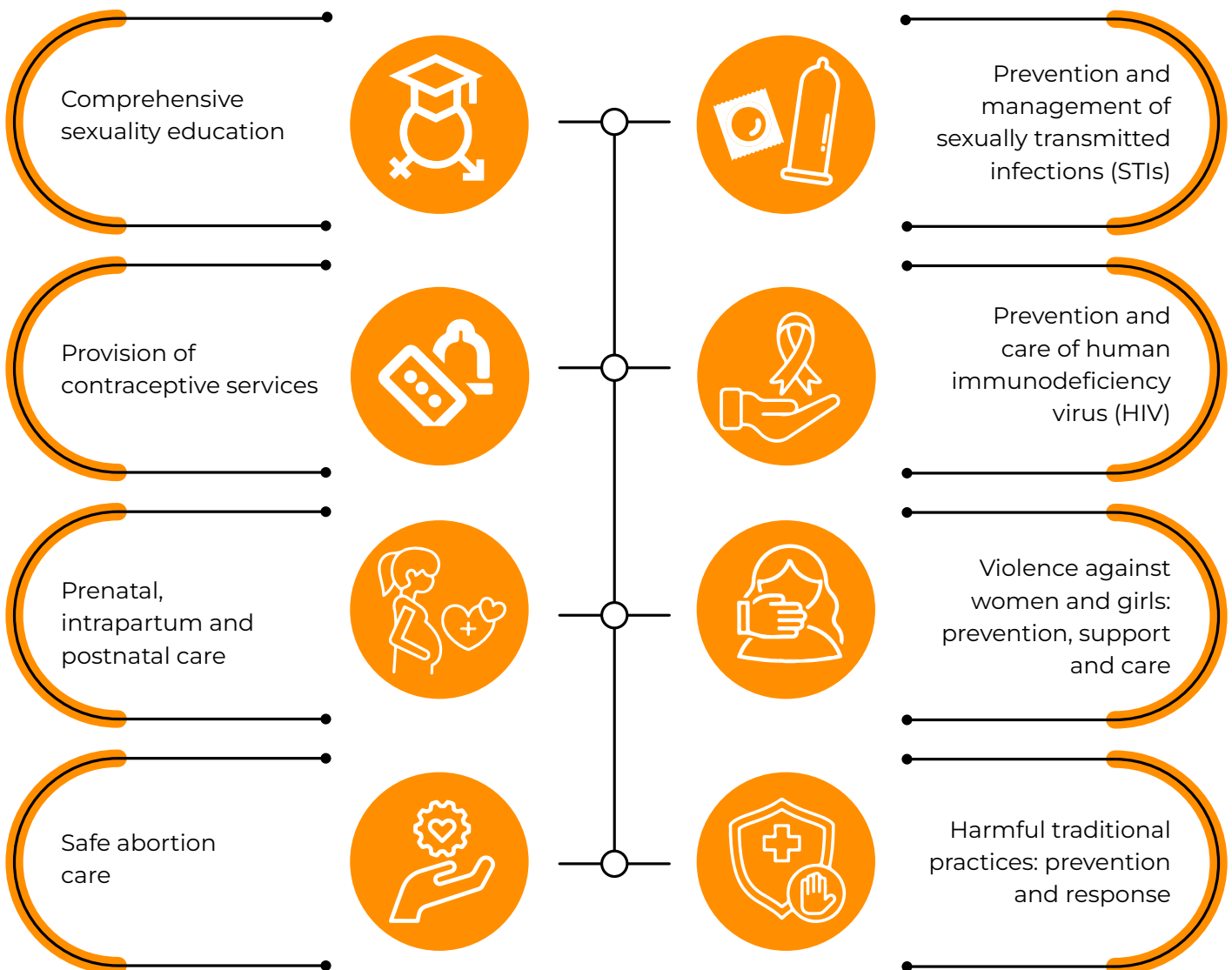


1 The complementary and reinforcing teaching-learning approaches blended learning model:

This includes self-learning (of the video/slide set presentation) by the course participants, peer-supported learning (in small groups linked to a coach and an open Google Group forum for all participants), coach-supported learning (including monitoring, support and problem solving when needed) and expert-supported learning (including responses to questions and comments by experts in four webinars).

2 The tailored teaching and learning materials:

The course contains eight modules:



Each module integrates approaches to ensure the continuity of sexual and reproductive health information and service delivery for adolescents in the context of crises.

Each module contains the following materials:

1

A video presentation accompanied by a series of slides and discussion points.

2

A set of one to three documents of interest on the topic.

3

A five-question assessment.

The modules were adapted from generic global materials for Francophone Africa, with a particular focus on West and Central Africa. This adaptation was carried out by an expert who lives and works in the region, under the supervision of a specially selected advisory committee and with the technical guidance of a technical working group of experts who also live and work in the region. The course organisers celebrated this achievement.

3 The selection of and support provided to participants:

Three actions were taken when potential course participants applied to join the course:

Firstly, participants were required to submit a motivation letter when applying for a place on the course. When selecting students, the course organisers paid attention to the following:

- ▶ Participants are health professionals with the required qualifications.
- ▶ They have practical experience in their field of study, e.g. adolescent sexual and reproductive health.
- ▶ As part of their application, they explain why they are interested in undertaking the course. They also submit documents attesting to their educational qualifications and practical experience.

Applications from non-health institutions or individuals without the relevant qualifications were declined. Furthermore, participants who were previously selected for a course but did not complete it without justification were also rejected.

Secondly, all participants supported by GFMER scholarships were required to undertake to complete the course.

Thirdly, the obligations and estimated time commitments were clearly explained during the orientation session at the start of the course.

Three additional measures were implemented to support participants throughout the course:

Firstly, participants were required to connect with their coaches at the beginning of the course and contact them as needed, especially if they encountered difficulties in meeting their obligations.

Secondly, for each module, they were required to review the presentation to complete the required reading, to answer the assessment questions, to submit their assignments by the deadline. They were also required to contribute to the Google Groups forum.

Thirdly, they were required to participate in six online sessions: the opening session, four webinars and the closing session with the course organisers, coaches and invited resource persons (see Annex). They were also required to complete and submit the end-of-course evaluation.

4

Well-prepared coaches provided support to course participants throughout the course:

Firstly, at the start of the course, each participant is assigned a coach. The coach is often, but not always, from the same country as the participant or from a neighbouring country, so is aware of the participant's context.

Secondly, at the start of the course, each coach is required to establish contact with their assigned participants and, with their permission, set up a WhatsApp group.

Thirdly, each coach is required to keep in weekly contact with their assigned participants and check that they are on track.

If they identify that one or more participants are having trouble with the coursework due to professional or personal reasons, they are required to step in and involve the course secretariat.

Finally, coaches are required to mark assignments using the provided marking guides, provide participants with feedback to help them improve, and submit scores to the secretariat.

The coaches are health professionals with experience in sexual and reproductive health, particularly adolescent sexual and reproductive health, as reflected in their academic achievements, professional background, current position, years of experience in the field, participation in related projects/publications, and mentoring experience. They are recruited from among the best-performing participants of past courses or recommended by the WHO or GFMER resource persons.

Before the course began, GFMER communicated with the coaches by email, providing them with all the relevant course information, as well as a link to the course webpage. Shortly before the course began, a WhatsApp group was created for all the coaches and they were invited to attend a one-hour online orientation session. At the start of the course, the coaches were introduced to their assigned participants and invited to join the Google Group discussion forum.

Coaches were monitored and assessed in a number of ways: firstly, by how promptly and regularly they submitted progress reports on their participants; secondly, by the nature of their interactions with their participants via email and WhatsApp, including the feedback they provided on participants' assignments; and thirdly, by any feedback received from participants during the course.

Coaches were paid a small amount to acknowledge their time and contributions.

5

The course organisers, GFMER, managed the course tightly:

GFMER carried out the following actions prior to the course. It:

- ① publicised the course and sought funds for it.
- ② tweaked the teaching-learning model to take into account feedback received from the 2023 course evaluation.
- ③ engaged a consultant and established an advisory group and a technical working group to oversee the update of the course materials.
- ④ put together a list of coaches and oriented them.
- ⑤ vetted applications from potential participants, matching those without funding to sources of support.

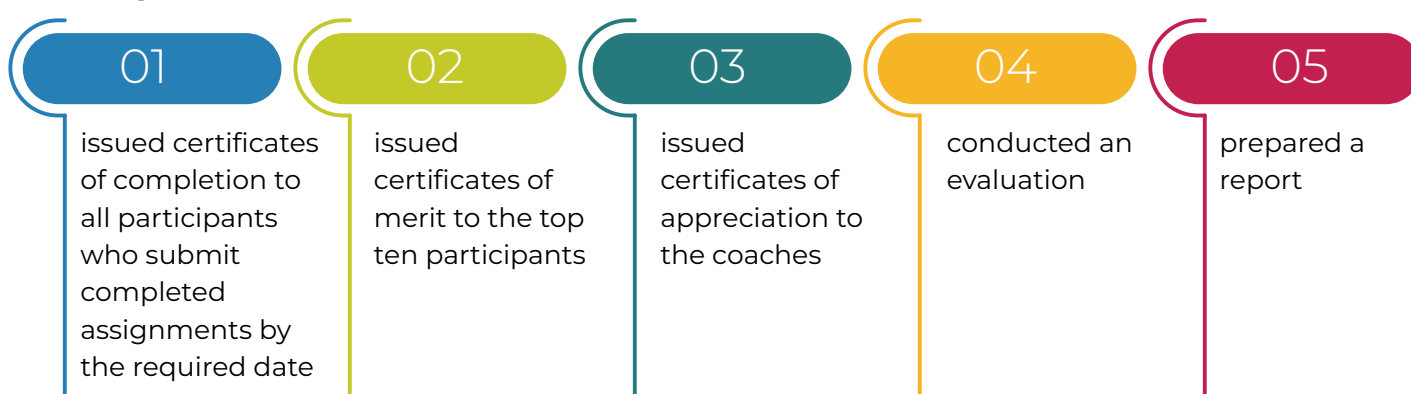
During the course, the GFMER:

- ▶ posted the materials on the allocated date every week.
- ▶ organised the seven planned events listed in Table 1 as per the schedule (this included formulating an agenda and bringing together resource persons).

For the four webinars, it collected questions from participants, compiled them and distributed them to the identified experts:

- ▶ publicised milestones on social media.
- ▶ kept in close contact with the coaches to track participant activity and assignment submission timings.
- ▶ responded promptly to questions and requests for help from participants and all other stakeholders.

Following the course:



In conclusion, the complementary and reinforcing teaching and learning approaches, the tailored teaching and learning materials, the preparation and support of the course participants, the guidance provided by the well-prepared coaches, and the close management by the course organisers contributed to the successful completion of the course and the satisfaction of the participants.



Annex 1

Background

Since 2003, the GFMER has organized in-person training courses in sexual and reproductive health and research in Geneva, in collaboration with the WHO. These courses included a module on adolescent sexual and reproductive health (ASRH). In 2010, the course moved online and was offered as a seven-month online course, which continued to include a module on ASRH. From 2018 onwards, the modules that made up the seven-month course were offered as individual courses.

One such course is the eight-week modular “Training course in adolescent sexual and reproductive health”. The course aims to fulfil the sexual and reproductive health and rights of adolescents globally by improving the knowledge and understanding of health professionals, programme managers, and implementers regarding the rationale for providing a package of effective health and social interventions to promote ASRH and prevent and respond to health and social problems. The course also covers the WHO's recommendations for delivering these interventions, with special consideration given to hard-to-reach adolescents in different settings.

Between 2018 and 2020, a generic global course was offered every year. In 2021, the course was adapted for the Eastern Mediterranean region. Due to popular demand, it was offered again in 2022.

The three iterations of the course: the in-person course from 2003 to 2009, the ASRH module as part of the seven-month online course from 2010 to 2017, and the separate eight-week course from 2018 to 2022, that were offered in English. In response to demand from different stakeholders, a decision was made to adapt the course content for Francophone West, Central and North Africa. The first Francophone course was conducted in 2023. An updated second course was conducted in 2025.

Annex 2

Testimonials from participants of the 2023 course

At the opening session of the 2025 course, the following testimonials were presented by four of the participants of the 2023 course. Each was invited to respond to the following two questions:

- 1** Name one way in which your learnings from the course contributed to you as a professional and as a person.
- 2** Give one piece of advice to the participants of this course.

With their consent, the testimonials have been translated from the original French text using ChatGPT and are presented below with minor edits:



My name is Facely Camara, and I am an epidemiologist physician. I previously served as Deputy National Director of Family Health and Nutrition in Guinea, where I led essential national and multisectoral programmes.

In 2023, I completed the Adolescent Sexual and Reproductive Health course with the Geneva Foundation for Medical Education and Research, in collaboration with WHO Regional Office for Africa. This training profoundly transformed my perspective and strengthened my skills and professional performance.

Following this course, I felt better equipped to integrate adolescent sexual and reproductive health into public policies and the programmes overseen by my Directorate.

Facely CAMARA

This training also rekindled my academic ambition: I enrolled in a doctoral programme, with the aim of contributing to research and teaching in public health while continuing my field-based engagement.

Today, I am committed with renewed conviction to improving the sexual and reproductive health of mothers, newborns, children, adolescents, and young people, in order to achieve a sustainable and equitable impact.

My message to participants in this session is to approach this course not as a simple training, but as a strategic investment to become leaders capable of advocating for adolescent health and rights.

Consider each module as an opportunity to build a practical toolkit that you can immediately apply in your policies and programs. This proactive approach will transform your knowledge into a powerful lever for action, ensuring lasting impact on the ground.



My name is Rachidatou Compaoré, a public health physician and PhD candidate in public health, currently working as a research officer in Burkina Faso. I am honoured to join this year's ASRH course as a coach, after having participated in the course as a learner in 2023.

One of the ways this course deeply impacted me, both professionally and personally, is that it enabled me to move from observation to action. While working on access to safe abortion in sub-Saharan Africa, I was deeply concerned about the vulnerability of adolescent girls. The course provided me with the tools, methodological frameworks, and confidence needed to transform this concern into a research proposal adapted to the humanitarian context of my country.

Rachidatou COMPAORÉ

This proposal became the foundation of the project “YOLSGO (meaning ‘to relieve’ in the Mooré language): Strengthening the sexual and reproductive health and rights of adolescent girls and combating gender-based violence in a humanitarian context in Burkina Faso.” This project was selected among eight awardees out of more than 250 applications under the ANeSA³ initiative funded by IDRC. Subsequently, it also enabled me to secure national funding to explore mental health in relation to SRHR among internally displaced adolescents in humanitarian settings.

Returning today as a coach, after having completed this course myself as a learner, is far more than symbolic for me. It represents an important milestone in my journey: one that allows me to pass on knowledge, provide support, and contribute to amplifying other voices committed to adolescent health.

My advice is simple: do not wait for the “perfect” moment or the “ideal” level of expertise. Use this course to begin shaping your ideas, even if they still feel unclear. Engage with your context, your peers, and your mentors. You never know which draft will become your next breakthrough.

As a well-known quote says, “Luck is when preparation meets opportunity.” In our field, that preparation never stops. Every learning experience is a seed, every exchange a spark. Keep learning, questioning, and creating, that is how lasting change is born.

Thank you, and welcome to this transformative journey.

³ ANeSA (Addressing Neglected Areas of Sexual and Reproductive Health and Rights in Sub-Saharan Africa) is a major seven-year initiative co-funded by the International Development Research Center (IDRC), Global Affairs Canada, and the Canadian Institutes of Health Research to improve sexual and reproductive health (SRHR) for underserved populations in Africa by funding research, policy, and service delivery improvements.



Alphonse NGALAME

My name is Dr. Alphonse Ngalame, a Cameroonian public health physician and Obstetrician-Gynecologist. I currently serve as a Programme Officer at the WHO Cameroon Country Office in Yaoundé, where I am in charge of RMNCAH (including adolescents) as well as Family Planning, Gender-Based Violence, PRSEAH, Gender Equality and Rights, and Occupational Safety and Health. I was a participant in the SRHR/Adolescents course held from May 17 to July 11, 2023, and I am very proud of both the certificate and the high-quality training I received.

This training has made a significant contribution to my professional career and personal development. In my role at WHO, I am now better equipped to provide effective technical support to Cameroon and its population on issues related to adolescent sexual and reproductive health and rights (ASRHR).

Since 2023, I have been serving as an expert member of the technical working group responsible for the domestication of Article 14 of the Maputo Protocol in Cameroon, where the guidelines are progressing positively. In addition, on March 27, 2025, I had the honour of facilitating a plenary session at the National Assembly of Cameroon, in the presence of Members of Parliament, representatives of UNFPA, UN Women, various ministries, lawyers, physicians, and CAMNAFAW (Cameroon National Association for Family Welfare).

On a personal level, this training enabled me to actively contribute to the joint WHO/UNFPA/UNICEF project on adolescent health (IAPS). Through this initiative, I was involved in activities such as the construction of boreholes, installation of toilets, support to adolescent- and youth-friendly health services, situational analyses, and strong community engagement.

I have also contributed to other important initiatives, including participation in the First National Congress on Adolescent Health in Cameroon in May 2024, which brought together over 700 participants in partnership with SOCADO (Société Camerounaise pour la Santé des Adolescents). Furthermore, since 2023, I have been an expert member of the national working group on the prevention of unsafe abortion, in collaboration with the NGO Dynamique Femmes.

To future participants, particularly those in the 2025 cohort, I would like to share three key pieces of advice: be practical by mastering your context and applying your knowledge in assignments; be punctual by respecting submission deadlines; and build your network by developing strong relationships with your coach and fellow learners. These principles will help you grow from a learner into a competent professional, and eventually into a coach or trainer yourself.



**Pacôme Evènakpon
ACOTCHEOU**

I am a demographer and doctor of public health specializing in sexual and reproductive health rights, consultant and adjunct professor at the University of Abomey-Calavi, Benin.

I would like to thank the entire GFMER team for having benefited from this valuable capacity-building opportunity that was offered to us in 2023.

I would like to reassure you that the training I completed has had a positive impact on my personal and professional development.

First, my knowledge has been substantially improved as a result of this training, and I am now comfortable engaging in discussions on adolescent sexual and reproductive health and rights (SRHR).

I am regularly consulted to enlighten colleagues or to provide my expertise during debates and studies on SRHR. In addition, during recruitment processes for SRHR consultancies, I am able to easily convince recruiters that I have a strong command of the components of adolescent and youth sexual and reproductive health and rights (AYSRHR).

As a result, interviews feel much easier when it comes to SRHR-related questions. This led to my selection as a consultant for the following studies:

- ▶ July to October 2023: Baseline study for the project to strengthen the promotion of Sexual and Reproductive Health and Rights (SRHR-II) among young people aged 15-24, implemented by PSI ABMS (Beninese Association for Social Marketing and Communication for Health) in Benin.
- ▶ November 2023 to March 2024: KAP (Knowledge, Attitudes and Practices) study at the decentralized level on the themes "Investing in Girls and the Demographic Dividend", conducted by UNFPA Benin under the SWEDD project (Sahel Women's Empowerment and Demographic Dividend).
- ▶ February to March 2024: Rapid Assessment of Youth Inclusion in Higher Education Institutions in Benin, conducted by the University of Abomey-Calavi under the SRHR BJ (Sexual and Reproductive Health and Rights project) in Benin.

In addition, in 2024, I served as the coordinator of the advocacy and capacity-building project for master artisans and apprentices in the municipality of Sakété, Benin, focusing on sexual and reproductive health and life skills.

This week, after a long recruitment process, I was selected and have just signed a contract with UNFPA as a national consultant specializing in SRHR/AYSRHR for the evaluation of the 9th and 10th Benin-UNFPA Country Cooperation Programmes.

This training has enabled me to position myself as a reference in the field of sexual and reproductive health and rights, allowing me to continuously strengthen my skills and experience.

I thank you for this initiative, which I highly recommend to professionals who wish to specialize in SRHR in general, and adolescent and youth SRHR in particular. I wish great success to the new cohort that is about to begin the learning pathway on October 8, 2025, for a duration of eight weeks.

Acknowledgements

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