

Sexual and Reproductive Health in Distress

CONCLUSIONS OF THE DAY

The participants of the workshop 'Sexual and Reproductive Health in Distress' agree that more focus is needed to ensure sexual and reproductive health rights in emergency settings are recognized and needs are met.

In order to ensure MDG 5 is met by 2015, efforts in countries affected by crisis need to be stepped up, as these countries carry the main burden of maternal deaths and lack of reproductive health services. For example, of the 10 countries with the highest maternal mortality rate, 8 are deemed Fragile States, 1/3 of people living with HIV/AIDS live in Fragile States and unmet need for family planning and unsafe abortion rates have been shown to be higher in conflict affected settings.

We know how we can prevent unnecessary suffering and that we should focus on life saving interventions including safe abortion, emergency obstetric care and contraceptives. We have to prioritize response to sexual and gender based violence, include SRH in all medical interventions. To achieve this we must integrate SRH into health systems where they exist. Where health systems do not exist, temporary measures must be put in place whilst systems are strengthened and restored. We have to recognize that without SRH supplies and human resources no services can be delivered and this needs to be addressed accordingly. Lastly, we need to ensure that national and local authorities, communities and beneficiaries are at the heart of all efforts and are supported to be able to engage and develop.

The participants of the workshop, including representatives of EU member states and humanitarian organizations agreed the following recommendations:

Donors will work to:

1. Prioritize and adopt harmonized SRHR funding policy in crisis
2. Endorse and advocate for the Grenada Consensus internally and externally

Implementing agencies will work to:

1. Be accountable and responsible for understanding the Minimum Initial Service Package of sexual and reproductive health (MISP) and implementing it as an essential component of the humanitarian imperative, as a solid foundation for comprehensive SRHR response.
2. Endorse and advocate for the Grenada Consensus internally and externally, especially in fora like the Interagency Standing Committee (IASC), UNFPA Executive Board and the World Health Assembly of WHO.