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CONSEJERÍA DE SALUD



World Health
Organization

Granada Consensus on Sexual and Reproductive Health in Protracted Crises and Recovery

More than a third of maternal deaths worldwide occur in crisis settings. In protracted crises and recovery there is a lack of access to basic and comprehensive emergency obstetric services and only a small proportion of deliveries in these situations are attended by skilled health providers. There is further a lack of adequate services for victims of sexual violence, insufficient services for prevention and treatment of sexually transmitted infections/ human immunodeficiency virus (HIV) as well as unmet needs for family planning.

To address these challenges, a consultation on sexual and reproductive health in protracted crisis and recovery was convened in Granada, Spain the 28 to 30th September of 2009, bringing together practitioners directly involved in the provision of services in affected countries, representatives from UN organizations and other humanitarian partners from the Health Cluster, academic experts and donors. The participants identified the following priorities for action:

1. **MAINSTREAM SEXUAL AND REPRODUCTIVE HEALTH IN ALL HEALTH POLICIES AND STRATEGIES THAT AIM TO REVITALIZE THE HEALTH SYSTEM DURING THE RECOVERY PERIOD AND/OR A PROTRACTED CRISIS.** One fundamental objective during protracted crisis and in the recovery after conflict and natural disasters is a quick, equitable and sustainable scaling-up of sexual and reproductive health services. This can only be guaranteed through health systems strengthening occurring within the framework of harmonized and coherent cross-sectoral policy, planning and action. Sustainable interventions are essential to ensure the right to health of affected populations, to prevent regression of coverage during the recovery period and to strengthen the health system to better withstand any future crises.
2. **ACHIEVE SUSTAINABLE CONSOLIDATION AND EXPANSION OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN PROTRACTED CRISES AND RECOVERY.** The Minimum Initial Service Package of sexual and reproductive health (MISP) is a priority set of life-saving activities to be implemented at the onset of every emergency. It forms the starting point for all reproductive health programming. Full implementation and coverage of the MISP in a sustainable way needs to be assured as a solid foundation for a wider scope of interventions during protracted crises and recovery. This is a gradual process that requires critical interventions for strengthening the performance of the often weakened health system, especially in affected areas. It needs to be contextualized and adapted to the specific circumstances. This necessitates better

assessment of the needs both in terms of health outcomes and of coverage of services; scaling up service provision through comprehensive primary health care emphasizing the local district operations using evidence based approaches; addressing the human resources dimension, including standardized training for health workers and strengthening the capacity of local staff, governmental and private sector stakeholders, including non-governmental organizations.

3. **SECURE THE COMMITMENT OF HUMANITARIAN AND DEVELOPMENT ACTORS TO BRIDGE THE CURRENT SERVICE DELIVERY AND FUNDING GAPS.** Greater synergy between humanitarian and developmental actors and institutions are required as early as possible in order to prevent the drop of coverage of services and to sustain health system recovery. This needs a true partnership approach which demands a concerted effort of all national and international stakeholders. This will entail breaking the humanitarian and development compartments and bringing all stakeholders, national and international, including donors, into a more concerted support of more solid and sound health recovery policies, strategies and action plans that can create the necessary economies of scale during these long and difficult periods. Existing platforms of humanitarian and recovery action through the different cluster or sectoral groups and the consolidated and transitional appeal processes need to be fully utilized so sexual and reproductive health is adequately addressed within crisis settings. Currently, essential efforts to strengthen health systems and sustain sexual and reproductive health response remain systematically underfunded. To address this, flexible and sustained funding, that recognizes the long-term investment necessary to meet sexual and reproductive health needs of populations in protracted crises and recovery is necessary.

4. **RECOGNIZE AND SUPPORT THE LEADERSHIP ROLE OF NATIONAL AND LOCAL AUTHORITIES, COMMUNITIES AND BENEFICIARIES IN ENSURING SEXUAL AND REPRODUCTIVE HEALTH.** This should begin from policy and strategy formulation for prioritizing and developing action plans and programs to scale-up services. Partnerships at global and country level have a fundamental responsibility to support and strengthen the capacity of national and local actors to ensure involvement and ownership of communities and individuals.