



## Sexual and reproductive health during protracted crises and recovery



Escuela Andaluza de Salud Pública  
CONSEJERÍA DE SALUD



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## List of acronyms

ART	Antiretroviral therapy
ARV	Antiretrovirals
CAP	Consolidated Appeal Process
CERF	Central Emergency Response Fund
CRHC	Comprehensive Reproductive Health in Crises Programme
CRS	Creditor Reporting System
DRC	Democratic Republic of the Congo
EC	Emergency contraception
EmONC	Emergency obstetric and newborn care
HAART	Highly active antiretroviral therapy
HIV	Human immunodeficiency virus
GDP	Gross Domestic Product
ICPD	International Conference on Population and Development
IDP	Internally displaced person
IEC	Information, education and communication
IPPF	International Planned Parenthood Federation
IUD	Intrauterine device
MDG	Millennium Development Goal
MISP	Minimum Initial Service Package
MVA	Manual vacuum aspiration
NGO	Nongovernmental organization
ODA	Official Development Assistance
PEP	Post-exposure prophylaxis
PLWHA	Person living with HIV
PMTCT	Prevention of mother to child transmission
SGBV	Sexual and other forms of gender based violence
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
TT	Tetanus toxoid
TTM	Traditional trained midwife
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization

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## Introduction

During a protracted crisis, the first priority is the provision of humanitarian relief. For the health sector, this means focusing first on life-saving activities. Only when the immediate needs of the affected populations are addressed can activities to strengthen the health system be initiated. At that moment, such activities become not only possible but also necessary. Strengthening the institutional capacity to pursue longer-term health development goals can begin while responding to humanitarian needs continues in parallel.

Conflict has a major impact on the entire health system. The first and most obvious effect is the destruction of infrastructure. Consequences also include reduced financial and human resources, as well as weakened capacity for policy-making. Health service delivery is often fragmented and uncoordinated because of the numerous nongovernmental organizations (NGOs) that have filled in the spaces vacated by the State. Furthermore, there is usually tension between the need to quickly achieve results and the need to ensure health system sustainability through capacity-building and planning.

There are clear existing strategies to provide health services during complex humanitarian emergencies. This is for example reflected in the development of the Minimum Initial Service Package (MISP). However, the provision of sexual and reproductive health services (SRH) and international assistance in the transition period that follows a conflict, particularly the transition from the MISP to comprehensive SRH services, is not as clearly defined.

Recognizing this gap in SRH service provision during protracted crises and recovery, the World Health Organization (WHO), the United Nations Population Fund (UNFPA) and the Andalusian School of Public Health convened a global consultation in September 2009 in Granada, Spain. The meeting brought together approximately 50 participants from countries in crisis or recovering from protracted crises, representatives from United Nations agencies active in health recovery, humanitarian partners from the Health Cluster providing health services in crisis situations, as well as academic experts and donors.

The consultation produced the “Granada Consensus”, a statement that highlights four priority areas to be addressed in order to facilitate the sustainable provision of SRH services in protracted crises. It also agreed on a matrix to support decision-makers plan the progress from minimum initial response to comprehensive response for SRH services.

In order to promote the implementation of the Granada Consensus, WHO and UNFPA organized a follow-up meeting of 20 experts in July 2010 in Geneva, Switzerland. During this meeting, recommendations were made particularly on how international actors can best support countries for the promotion of SRH services.

The present publication is a compilation of the key documents that guided the consultation process as well as reports from the above mentioned meetings:

- The first part presents the background paper that was developed for the global consultation in September 2009, and the lessons learned from six case studies that had been prepared for the working groups during the Granada Consultation.
- The second part gives an overview of the proceedings of the Granada Consultation, summarizes the presentations and discussions and presents the key conclusions and recommendations.
- The last part (From consultation to action) presents the outcomes and recommendations of the follow-up meeting that took place in Geneva in 2010, and agreed on a strategy for the implementation of the Granada Consensus.

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