Twelfth Annual Meeting of the Inter-Agency Working Group on Reproductive Health in Crisis:

Granada Consensus

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

- RECOGNIZE AND SUPPORT THE LEADERSHIP ROLE OF NATIONAL AND LOCAL AUTHORITIES, COMMUNITIES AND BENEFICIARIES IN ENSURING SEXUAL AND REPRODUCTIVE HEALTH

Granada Consensus on Sexual and Reproductive Health in Protracted Crises and Recovery (2)

- SECURE THE COMMITMENT OF HUMANITARIAN AND DEVELOPMENT ACTORS TO BRIDGE THE CURRENT SERVICE DELIVERY AND FUNDING GAPS.

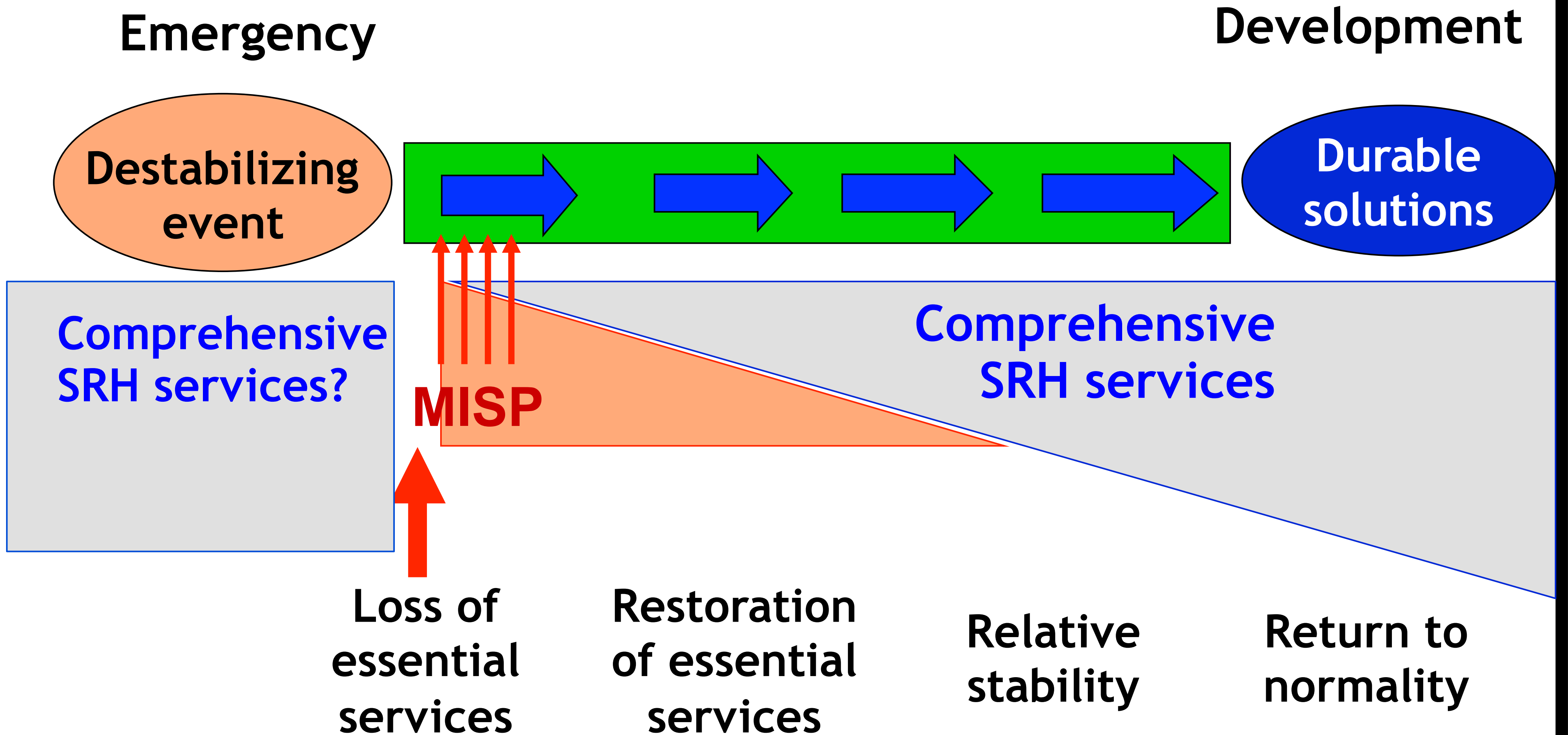
- **ACHIEVE SUSTAINABLE CONSOLIDATION AND EXPANSION OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN PROTRACTED CRISES AND RECOVERY.**

Components of the MISP

- Nominate a focal point agency and RH Officer
- **Prevent and manage the consequences of sexual violence**
- **Reduce HIV transmission**
- **Prevent excess neonatal and maternal morbidity and mortality**
- *Plan for comprehensive RH services, integrated into PHC, as soon as possible*

Yes, but how???

RH in the emergency continuum

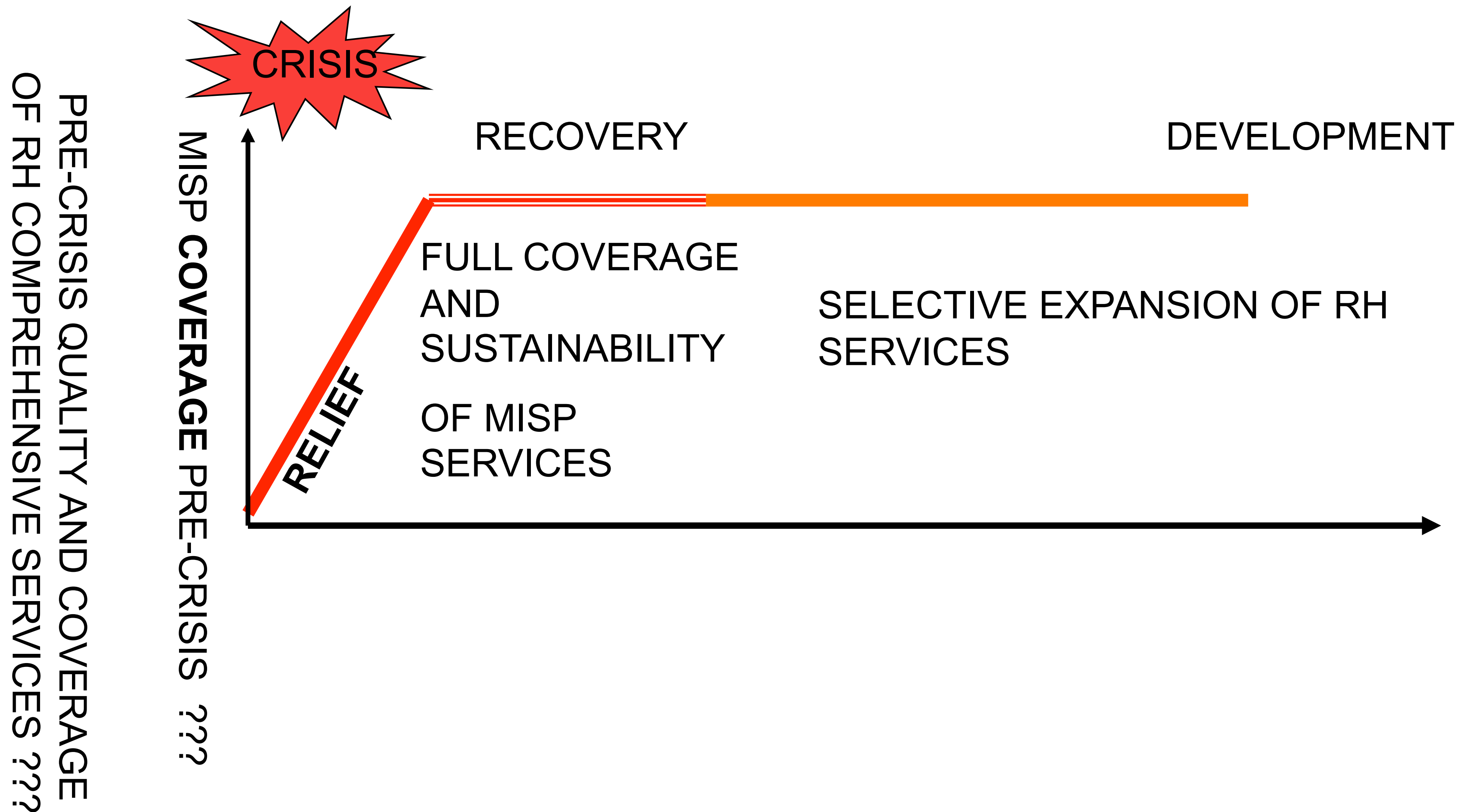


Do we have a recovery imperative ?

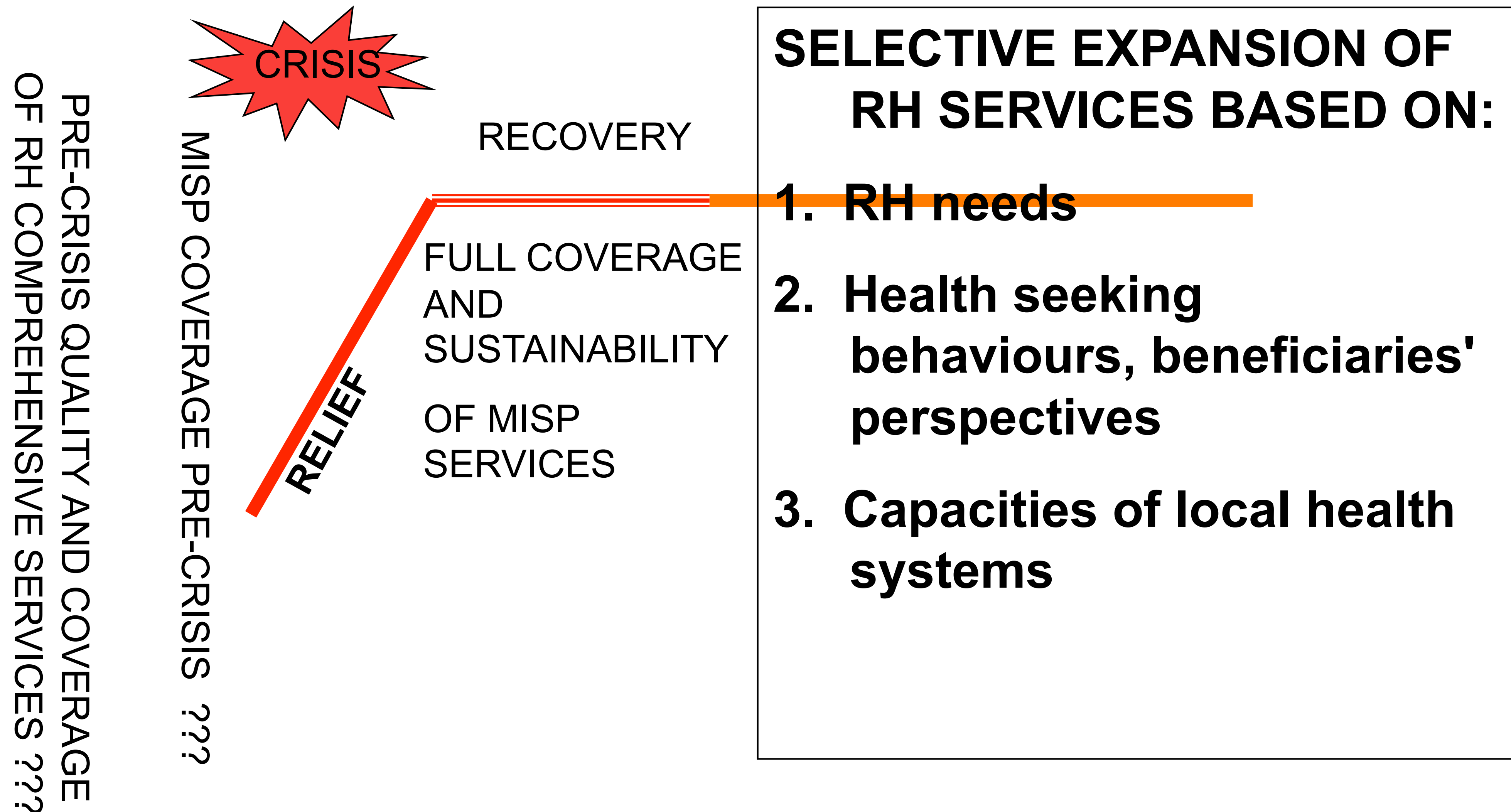
Quick, equitable and sustainable scaling up of basic health services coverage

A study published at the beginning of 2008 by the Center for Global Development (CGD) suggests that, in the best case scenario, donors can successfully disengage from a post-conflict state after a period spanning between 15 and 27 years (Chand and Coffman 2008).

IN MOVING FROM MISP TO COMPREHENSIVE RH, WHAT WE DO FIRST ?



IN MOVING FROM MISP TO COMPREHENSIVE RH, WHAT WE DO FIRST AND HOW?



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IASC
Inter-Agency Standing Committee

Sexual & Reproductive Health (SRH) and HIV: from Minimum Initial Response to Comprehensive Services

Global Health Cluster

Relief — Protracted crisis/Recovery

Minimum initial SRH & HIV response

STIs & HIV

- Standard precautions (supplies and guidance)
- Free condoms available (including female condoms if already used in affected population)
- Safe blood supply and rational use of blood transfusion
- Syndromic treatment of STIs
- Co-trimoxazole prophylaxis for HIV related illnesses
- ARV drugs for PMTCT where mother is known to be HIV positive
- ARV continued for people already on ARVs (ART & PMTCT)

Maternal & newborn health

- Contraceptives available
- Clean home delivery kits available
- Skilled care during childbirth for clean and safe normal deliveries in health facilities
- Essential newborn care
- Basic emergency obstetric care (BEmOC) 24/7
- Comprehensive emergency obstetric care (CEmOC) 24/7

Sexual violence

- Prevention and management of consequences of SV including presumptive STI treatment, EC, PEP and psychosocial support

How to evolve from the minimum initial to the comprehensive response?

Ensuring quick, equitable and sustainable scaling up and expansion of SRH and HIV health services requires strengthening of all 6 health system building blocks, according to local context and health system capacities.

Source:
Everybody's Business: Strengthening the Health Systems to improve Health outcomes. WHO's framework for action.

Comprehensive services and their link to the minimum initial response *

- Standard precautions
- Appropriate HF waste management options
- Condom promotion including female condoms
- Blood bank services
- STI programme for women, men and adolescents
- Prophylaxis and treatment of all Opportunistic Infections
- Full PMTCT
- ART, including ART adherence counselling & support
- HIV counselling and testing services
- Comprehensive home-based care services including patient self-management training and palliative and end-of-life care
- Family planning programmes for women, men and adoles-
- Antenatal care and post-partum care services
- Comprehensive abortion care & post-abortion care
- Clean home delivery by skilled birth attendant and safe normal deliveries in health facilities
- Essential newborn care
- Basic emergency obstetric care (BEmOC) 24/7
- Comprehensive emergency obstetric care (CEmOC) 24/7
- Prevention and treatment of fistula, including physiotherapy and psychosocial assistance
- Gynecological care, including management of menopause, surgical and oncological management of female reproductive cancers, cervical and breast cancer screening, infertility management, etc.
- Urological care, including management of female and male SRH malfunctioning, surgical and oncological management of male RH problems (circumcision, cancers, infertility,
- Full medical, psychosocial and legal assistance and prevention for rape survivors and other forms of SGBV: domestic violence, female genital mutilation, and others

Legend:
- To be maintained in a sustainable way during all the phases of the crisis.
- To be expanded as soon as a proper assessment of the local context and needs has been done.
- Not part of the minimum initial response, to be introduced in order of priority according to the needs and capacities of the local health systems.
- Synergies across the sub sectors within the expanded comprehensive response.

In summary: building comprehensive SRH

- Sustain MISP
- Strengthen what works
- Set priorities based on needs and opportunities
- Health services building blocks are a foundation *(use of health system indicators in the analysis and monitoring of the RH area in humanitarian crisis)*
- Ensure equitable & sustainable scaling up *(dedicated RH component of assessments (including PCNA/PDNA) and health projects in flash appeals, CAP, CERF, bilateral fund raising)*
- **Whereas the MISP is a relatively straightforward concept, designing a comprehensive SRH program requires lateral thinking, networking, collaboration and coordination between actors, agencies and social sectors**