



BARCELONA DECLARATION

“MAKING SEXUAL AND REPRODUCTIVE HEALTH A REALITY IN AFRICA”

Access to sexual and reproductive health is a key element in the fight against poverty and a necessary condition for the achievement of the Millennium Development Goals set up by the United Nations Agenda for 2015. To move forward to this agenda, the Ministers of Health of the African Union adopted in 2005 a Continental Policy on Sexual and Reproductive Health and Rights, recently strengthen by the Maputo Plan of Action, which set up the main strategies and challenges to be implemented in the next years. Considering it essential to build on partnership and mutual collaboration, a High Level Meeting on Sexual and Reproductive Health Policies in Africa was held in Barcelona from February 27th to March 3rd, promoted by the Spanish Interest Group on Population, Development and Reproductive Health, Metges del Mon, the Spanish International Cooperation Agency and the Catalan Development Cooperation Agency, under the framework of the VITA programme.

In this framework, participants including representatives from the Ministries of Health from Ethiopia, Cameroon, Ghana, Kenya, Mauritania, Namibia, Senegal and Tanzania, representatives from the African Union, UNFPA, WHO, The Global Fund to fight HIV/AIDS, tuberculosis and malaria, representatives from the Spanish International Cooperation Agency, the Catalan Development Cooperation Agency, the Ministry of Health of Spain, the Health Department from Catalonia, representatives from the African regional health organizations (WAHO, ECSA), Spanish networks and NGOs, international NGOs (Pathfinder, Family Care International, Family Health International, Deutsche Stiftung Weltbevölkerung, Population Action International), professionals, researchers and experts from the academic field, reached the following consensus:

1. Concerned about the need to keep on building partnership and coalitions to step forward in the improvement of sexual and reproductive health in Africa.
2. Considering that high maternal and neonatal mortality rates in Africa are not acceptable, worried about the relevant unmet need for family planning services and reproductive health supplies, including contraceptives, the strong impact of unsafe abortion on women's health and the growing feminisation of the AIDS pandemic.

3. Concerned about the urgent challenge of strengthening primary health systems in African countries and facilitate services and programmes to attend the needs of an increasingly high young population.
4. Reaffirming that sexual and reproductive rights, including the right to health and to a safe motherhood, are essential human rights and should be therefore enhanced and promoted by the governments in a national and international level.
5. Committed to the promotion of gender equity and the fight against gender violence as a key condition to fight against poverty and improving sexual and reproductive health.
6. Considering that the existence of strong health systems, especially those at the primary health level is a basic condition for the enjoyment of sexual and reproductive health and for the fight against maternal and neonatal morbi-mortality, unsafe abortion and HIV/AIDS in Africa.
7. Considering that taking advantage of the existing links between HIV/AIDS and SRH helps to take advantage of the available resources and to widen the impact of the policies, programmes and services implemented.
8. Acknowledging the sexual and reproductive commodities supplies gap and the need to guarantee those supplies, including contraceptives, as a key strategy to fight against maternal mortality or HIV/AIDS as well as the challenge to keep on strengthening the capacities of African countries for their procurement, management and distribution.
9. Worried about the challenge of facing and meeting the demands and the needs of millions of African young people in the field of sexual and reproductive health, on the basis of a multi-sector approach and the promotion of their participation at the civil society level.
10. Recognizing that African Governments acknowledge the responsibility for adopting those policy and financial measures required for reducing maternal and neonatal morbi-mortality and HIV/AIDS and tackling any other aspect related to sexual and reproductive health of people.
11. Concerned about the fact that the situation and the experience in each African country requires to give the priority to different and specific measures and areas of support.
12. Reaffirming that the Maputo Plan of Action clearly establishes the objectives and the priority strategies, adopted at a continental level, for promoting a significant improvement of sexual and reproductive health in Africa and that its implementation at a country level may be key to move towards the Millennium Goals.
13. Recognizing the contribution of the Spanish and Catalan cooperation to the strengthening of sexual and reproductive policies and services in Africa and the interest of both donor Agencies to intensify this contribution and give further support to the Maputo Plan of Action at the national, regional and continental level.
14. Confirming that this support should be provided in a harmonised, sustainable, coordinated and transparent way, in the framework of the priorities defined by each country and according to the development processes and instruments already existing in each of them.
15. Recognizing the implication and the valuable contribution of civil societies, North-South cooperation and South-South cooperation, to building synergies, promoting accountability and advocacy for sexual and reproductive health and rights in Africa.

16. Considering that all the areas mentioned at the Maputo Plan of Action are fundamental in order to guarantee an integral access to sexual and reproductive rights health before 2015 and concerned about the need to identify priority strategies that define the collaboration between the Spanish cooperation, the Catalan cooperation, the African countries and the multilateral agencies that work in the African continent together with civil society.

It is agreed that:

- 1) *African countries will, at the national level, promote the implementation of the Continental Policy on Sexual and Reproductive Health and Rights, with support of the African Union and the multilateral Agencies, according to their priorities and concrete needs, mentioned below.*
- 2) *The Spanish and Catalan cooperation bodies will intensify their commitment and contribution to the implementation of the Maputo Plan of Action at a continental, regional and national level, canalising this contribution on the basis of the following priorities:*

A. Area of Safe motherhood and child survival

At the continental level

- a. Capacity building for advocacy and policy dialogue.
- b. Capacity building for coordination.
- c. Strengthening partnerships.
- d. Lobbying for political commitment for RHCS in the regions.

At the sub-regional level

- a. Resource mobilisation.
- b. Standardisation and Quality Assurance.
- c. Advocacy and policy dialogue.
- d. Establishment of data and information base for evidence based programming and service delivery.
- e. Documentation and dissemination of lessons learned; promoting their use.

At the national level

Strengthening health systems through:

- a. Human Resources Development and retention (Pre and in-service training)
- b. Institutional and capacity building for planning, implementation, monitoring and evaluation.
- c. Strengthening infrastructure for provision of SRH services, especially emergency obstetric care.
- d. Strengthen the referral system at all levels as well as ensuring linkages from community to tertiary levels.

B. Area of Reproductive Health Commodity Security (RHCS)

At the continental level

Advocacy and support for policy dialogue and political commitment towards RHCS.

At the sub-regional level

Advocacy for enabling policy environment for bulk procurement and local manufacture

At the national level

- a. Development and implementation of effective and efficient logistics management systems for RHCS.
- b. Skills development for logistics management, including condom programming strategies and coordination.
- c. Procurement of SRH commodities.

C. Area of repositioning family planning

At the national level

Support to community based strategies to increase demand, supply and utilisation of family planning information and services.

D. Area of empowerment and improved well being of adolescents and youth

At the sub-regional level

Advocacy for policy dialogue and political commitment to international and regional conventions.

At the national level

Provision of services to improve adolescents and youth sexual and reproductive health:

- a. Development and implementation of positive policies based on a multi-sector approach.
- b. Provision of infrastructure of young people SRH services
- c. Improvement of skills development of service staff.

E. Area of integration of HIV/AIDS, Malaria and SRH

At the continental level

Advocacy and support for policy dialogue and political commitment.

At the sub-regional level

- a. Evidence based information for programming.
- b. Data analysis and information sharing.
- c. Develop relevant sub-regional policies and guidelines for internal displaced persons and mobile/crossborder populations.

At the national level

- a. Tools including Policies and guidelines for appropriate integration
- b. Early screening and support for SRH cancers
- c. Strategies for the provision of services to vulnerable and marginalised groups including internal displaced persons, mobile/cross border populations
- d. Strategies for averting Gender Based Violence

- 3) *The contribution and the participation of Civil Society in the implementation of the Maputo Plan of Action should be improved through advocacy actions including North-South and South-South Cooperation.*
- 4) *It is highly recommended that further follow-up and evaluation is provided to the Declaration in the next future.*

Barcelona, March 3rd 2007

Output	Support required by level		
	National	Sub -Regional	Continental
Increased access to quality safe motherhood and child survival services	<p>Health systems development:</p> <ul style="list-style-type: none"> a. Human Resources Development and retention (Pre and in-service training) b. Institutional and capacity building for planning, implementation, monitoring and evaluation c. Strengthening infrastructure for provision of SRH services, especially emergency obstetric care. d. Strengthen the referral system at all levels as well as ensuring linkages from community to tertiary levels 	<ul style="list-style-type: none"> a. Resource mobilisation b. Standardisation and Quality Assurance c. Advocacy and policy dialogue d. Establishment of data and information base for evidence based programming and service delivery e. Documentation and dissemination of lessons learned; promoting their use 	<ul style="list-style-type: none"> a. Capacity development for advocacy and policy dialogue b. Capacity building for coordination c. Strengthening partnerships d. Lobbying for political commitment for RHCS in the regions
Reproductive health commodity security ensured	<p>Development and implementation of effective and efficient Logistics management Systems for RHCS</p> <p>Skills development for Logistics management</p> <p>Procurement of SRH commodities</p>	Advocacy for enabling policy environment for bulk procurement and local manufacture	Advocacy and support for policy dialogue and political commitment to RHCS
Repositioning family planning	Support to community based strategies to increase demand, supply and utilisation of		

	family planning information and services		
Empowerment and improved well being of adolescents and youth	Provision of Youth SRH services: <ul style="list-style-type: none"> • Development and implementation of favourable policies with a multi-sector approach • Improvement of infrastructure • Skills development of service providers 	Advocacy for policy dialogue and political commitment to international and regional conventions	
HIV, STI, Malaria and SRH integrated at Primary Health Care	Tools including Policies and guidelines for appropriate integration Early screening and support for SRH cancers Strategies for the provision of services to Vulnerable and marginalised groups including IDPs, mobile/cross border populations Strategies for averting Gender Based Violence	Evidence based information for programming Data analysis and information sharing Develop relevant sub-regional policies and guidelines for IDPs and mobile/crossborder populations	Advocacy and support for policy dialogue and political commitment