

Foreword

From June 18-20, 2008, policy makers, advocates, service providers, clinicians, humanitarian workers, researchers, students, and others from more than 50 countries around the world gathered in Kampala, Uganda for Reproductive Health in Emergencies Conference 2008. Their purpose was to exchange information, present concrete solutions to existing challenges, identify opportunities for progress, and inspire action towards the collective goal of ensuring access to reproductive health (RH) care for those affected by conflict and natural disaster. The enthusiasm with which this meeting was received reflects the need within the field for a forum in which those concerned about the reproductive health rights and needs of refugees and internally displaced persons can make contact, interact, pose challenges, generate solutions, and further their work through collaboration and shared endeavours. Hosted by the Reproductive Health, Information and Services in Emergencies (RAISE) Initiative in collaboration with the Reproductive Health Response in Conflict (RHRC) Consortium, this meeting represented the first gathering of like-minded people to be offered to the field in the more than five years since the Brussels (2003) and Washington, D.C. (2000) meetings organised by the RHRC Consortium.

Attendance in Kampala demonstrated the considerable growth that has occurred in the field of reproductive health in emergency settings, with over 500 people enthusiastically participating in Conference 2008. A very positive response to the call for abstracts resulted in the selection of more than one hundred for inclusion in the programme; countries as far afield as Afghanistan, Sierra Leone, and the West Bank/Gaza were represented. The major areas of reproductive health - emergency obstetric care, including post-abortion care; comprehensive family planning; sexually transmitted infections (STIs) including HIV; and gender-based violence - were well represented, as were the important issues of advocacy, logistics, data collection in the form of health management information systems and population-based surveys, and training. Clinical areas of particular interest, such as the role of emergency contraception and use of misoprostol in reproductive health care, were also highlighted.

The programme for Conference 2008 was varied and interactive, comprising panel presentations, small group roundtables, and poster sessions, as well as opportunities for information exchange that also served to facilitate inter-agency networking. International non-governmental organisations (NGOs), United Nations agencies, and government representatives were joined by local and regional NGOs, academic and research institutions, and private donor agencies for three days of listening, questioning, advising, and learning. A shared desire to advance the field united these many groups.

One issue that attracted strong attendance and generated lively discussion was logistics and the maintenance of supplies, which was the focus of two panel sessions. The vital role of logistics management in the successful delivery of services was acknowledged while multiple challenges, ranging from security concerns to questions of programming, organisational capacity, bureaucratic processes, and national policies, were recognised. Specific obstacles identified included the lack of local infrastructure, problems clearing customs, and the inability of smaller NGOs to navigate international procurement systems independently. Proposed solutions included ensuring dedicated funding and logistics activities as programme components from the earliest planning stages; involving all stakeholders - local and national, including Ministries of Health - and securing commitment from governments; and linking with the humanitarian cluster lead on logistics to include reproductive health. Attendees agreed with the adage, "No product, no programme," recognising the critical role of logistics in RH programme effectiveness.

The ongoing quest to improve maternal health, as articulated in Millennium Development Goal 5, provided the impetus for several panel sessions during which a host of issues were aired, including those relating to availability, accessibility, and sustainability of services. The ubiquitous shortage of human resources (also the subject of a dedicated panel session), low priority of essential emergency obstetric care and family planning services, unwillingness to address the issue of safe abortion, and difficulty of integrating displaced persons with host communities for the purposes of service utilisation were all challenges debated in these panel sessions.

A unique feature of Conference 2008 was an afternoon session, the Demonstration of New and Underutilised Technologies, during which participants were able to examine products, witness demonstrations, and experience through hands-on interaction some of the emerging products and procedures that have the potential to revolutionise existing service delivery. Exhibitions included a delivery room recreated to simulate conditions in the field, portable anaesthesia apparatus, and films created by displaced people. A variety of demonstrations included delivery of long-term family planning methods, use of a customised data entry application, and referral using a motorcycle ambulance. Conference participants were delighted with this experience and the opportunity it afforded them to assess the relevance and utility of emerging tools for their specific work settings. Final evaluations revealed that, for many, this “Demo-Expo” proved to be a highlight of the conference.

Above all, Conference 2008 made it clear that ensuring RH in emergencies requires action at local, national, and international levels. Reviewing RH challenges and opportunities from different perspectives led to an increased sense of urgency amongst participants to work together, and an understanding that addressing RH needs in emergencies is both feasible and life-saving. Several themes emerged from the three days of discussion and learning, including the need to:

1. Maximise and build upon the strengths and capacities of all stakeholders
 - local, national, and international – active in relief and development.
2. Strengthen health facilities and health systems, with particular focus on
 - a) logistics and supply management;
 - b) human resources; and
 - c) new and underutilised technologies for RH service delivery.
3. Improve access to reproductive health services, by ensuring the availability and quality of:
 - a) emergency obstetric care, including post-abortion care;
 - b) comprehensive family planning;
 - c) response to gender-based violence; and
 - d) HIV and AIDS awareness and prevention, and STI management.
4. Address the sexual and reproductive health needs of youth and underrepresented groups.
5. Make better use of data.

This book, *Reproductive Health in Emergencies 2008 Conference Proceedings*, contains the final conference programme, together with abstracts from panel sessions and poster presentations. PowerPoint slides illustrating individual presentations have been made available by many of the Conference 2008 speakers. These can be accessed on the RAISE website at <http://www.raiseinitiative.org/conf2008> and are also available on DVD.

As you read through these conference proceedings, we hope that you will get a sense of what made this event truly special. Looking back, we celebrate what was a memorable and successful meeting and we look forward to seeing you at our next conference in 2011.