

Pacific Heads of Health Meeting

Réunion des directeurs de la santé du Pacifique

Advancing SRHR to accelerate SDG Attainment in the Pacific

1. BACKGROUND

In 2000, representatives from UN Member States endorsed the Millennium Development Goals (MDGs). However, progress toward MDG5, universal access to reproductive health, witnessed the least advancement of the MDGs over the 15-year MDG time frame. The Sustainable Development Goals (SDGs) recognized a need for refocusing attention on Sexual and Reproductive Health and Rights (SRHR) if the global agenda of improved quality of life is to be met.

This is because advancing SRHR including Family Planning is not only a matter of health and human rights but also touches on many multisectoral determinants vital to sustainable development, including supporting gender equality, women's education, and empowerment; improved nutrition outcomes; mitigating population growth's effects on access to water and sanitation; addressing the challenges of climate change; protecting declining marine resources; building resilient infrastructures and contributing to economic growth, thus accelerating achievement across the 5 SDG themes of People, Planet, Prosperity, Peace, and Partnership¹

2. PROGRESS AND ACHIEVEMENTS

Global commitments to SRHR are encompassed in the Sustainable Development Goals and in the ICPD Programme of Action. Sustainable Development Goal 3 Target 3.7 emphasizes universal access to sexual and reproductive health services. However, improved SRH is both an input and an outcome of the global development agenda. It is an output insofar as improved SRH can drive economic development, catalyse gender empowerment, reduce

¹ [Starbird et. al., 2016](#)

inequities, and facilitate greater peace and stability within countries. It is an input in that SRH is an essential action area for development efforts and is significant, not just for its positive impacts, but also in its own right. Without universal access to SRH including family planning, the impact and effectiveness of other SDG interventions will be less, will cost more, and will take longer to achieve²

Some notable progress in the Pacific in achieving universal access to SRHR is evidenced by:

- High Antenatal care coverage (76 to 100%) overall. Low maternal mortality ratio (MMR) with many small Island states reporting zero MMR, while Skilled Birth Attendant rates range high between 82 to 100%³.
- Increasing numbers of Pacific Island Countries have revised Reproductive, Maternal Newborn, Child and Adolescent Health (RMNCAH) policies & strategies as well as coordinating structures for RMNCAH program implementation and integration⁴.
- FP services are integrated throughout the health system, with 95% of health facilities providing Family Planning services
- Investments in SRHR in the last 5 years in the Pacific, has strengthened RH supply chains, improved availability of essential medicines including contraceptive and reduced stock outs of RH commodities in 8PICTs⁵
- Strengthened SRH integration in National humanitarian response plans; with increased interventions to address availability of SRHR services in context of COVID-19 pandemic and humanitarian emergencies (including TC Yasa, TC Ana, TC Harold, Volcanic eruptions in Tonga and Vanuatu etc)
- Scale up of SRHR services in countries based on capacity building of Health Workers on quality assured provision of SRHR services

² [Starbird et. al., 2016](#))

³ WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division (2019). 'Maternal mortality ratio (modelled estimate, per 100,000 live births)', Trends in Maternal Mortality 2000 to 2017, (Geneva: World Health Organisation

⁴ Awareness, Analysis and Action, SRHR in the Pacific, SPC 2015

⁵ UNFPA (2021) HFRSA Regional report

- Increased resources (domestic and donors) for SRHR programs – US\$30 mil Transformative Agenda from 2018 to 2022 and US\$10 mil for UNFPA Supplies from 2018 - 2025

3. CHALLENGES

- Slow progress in SRHR trends: Across the region, SRH indicators show disturbing trends, including increasing Total fertility rates in four countries, rising adolescent birth rates in six countries and some of the world's highest rates of unmet need for family planning (> 20%) in six of fourteen PICTs⁶. Though the MMR in most countries is reported to be below 100 maternal deaths per 100,000 live births, four countries still report figures above the SDG goal of 70, and the lack of standardized definition for maternal deaths poses the risk of MMR underestimation in many countries. Many countries record high stillbirth rates and STI prevalence; and most PICTs have higher rates of sexual and physical violence than global averages⁷.
- Pervasive Discrimination, legal and policy barriers exist in the provision of SRH services to vulnerable populations especially adolescents and youth and people living with disabilities⁸.
- Limited SRH workforce: There is a dire shortage of RMNCAH workforce. 10 out of 15 countries have insufficient specialist SRH cadre i.e., midwives/nurse-midwives, obstetricians/gynaecologists and paediatricians to provide the full SRH care⁹
- Weak Policy and Governance mechanisms to translate existing policies into effective sustainable actions; and limited capacity to implement strategies and plans¹⁰
- Limited Domestic Financing for SRH including for RH commodity procurement and supplies¹¹.

⁶ Based on analysis of countries' latest National Population and Housing Census, Demographic Health Surveys, Administrative Data or Annual report.

⁷ *ibid*

⁸ UNFPA, WEI, PDF (2022) Women and Young People with Disabilities in Fiji: Needs Assessment of Sexual and Reproductive Health and Rights, Gender Based Violence and access to essential services

⁹ UNFPA (2019), The State of the Pacific's Reproductive, Maternal, Newborn, Child and Adolescent Health Workforce https://drive.google.com/file/d/1Ky095QHcZDy0o_4XoMI7KUzNbXHUClo9/view

¹⁰ UNFPA (2021) HFRSA Regional report

¹¹ UNFPA (2021). Health and Economic benefits of achieving UNFPA's transformative results in Small Island Developing States in the Pacific and Caribbean, www.unfpa.org

- Outdated and inconsistent SRH data: Population-based MICS/DHS is older than 5 years and routine health management information systems (HMIS) is often inadequate and not disaggregated.
- Stock-outs of RH Commodities at service delivery points due to weak supply chain systems to monitor and control stock variance¹².
- Limited-Service Readiness and Integration: Facility readiness to provide emergency obstetric care is negligible in most countries; and less than 6% of facilities in any country meet the criteria for GBV and Adolescent and Youth SRH service readiness. SRH service integration is suboptimal, with countries having SRH services largely planned and implemented as vertical programs¹³.

4. FUTURE DIRECTIONS

4.1 Recommendations for governments:

- Prioritisation of and inclusion of SRHR services in essential health benefits packages, and an increase in domestic funding allocation for SRH including family planning supplies.
- Prioritise, and maintain essential SRHR health services despite budgetary pressures due to economic slowdown and additional costs of COVID-19 response
- Create supportive legislative and regulatory frameworks for SRHR, to align existing laws and regulations that affect SRH services with human rights laws and standards.
- Integrate SRHR into other sectors' initiatives, as a catalytic intervention to achieve the SDGs; considering that the benefits of SRH including poverty reduction, achieving food security, improving women and girls' education, advancing gender equality, reducing the impact on health of climate change, and contributing to economic growth are also realized across all other sectors.
- Improve facility readiness to provide SRH services particularly at Primary Health Care level

¹²UNFPA (2021) HFRSA Regional report

¹³ ibid

4.2 Recommendations for development partners:

- Support Governments with conduct of population based SRH surveys; standardization of key SRH indicators and tools and disaggregated SRH data analysis to provide information on SRH coverage and gaps to access across different demographics and vulnerable population groups
- Support the development, review, revision, and costing of national SRH policies, strategies and plans to be in line with global and regional commitments towards SRH
- Support with identification of structural barriers to SRHR and help countries address the multidimensional determinants that limit access to SRHR services and information.
- Support countries to adopt and scale up best practices on SRHR including on RH commodity security and cold chain across the development humanitarian nexus, by providing clear policy guidance, effective programme implementation and better partner alignment.
- Support research on impact of concurrent disasters and climate change on SRHR in order to proffer solutions and guide response.
- Support availability of improved quality of disaggregated service data, for monitoring and decision making including for Maternal and Perinatal Death Surveillance and Response.