

Pacific Heads of Health

Réunion des directeurs de la santé du Pacifique

Implications of investments in Sexual and Reproductive Health (SRH) in the Pacific: health and economic benefits from 5 Pacific Island Countries¹²

At a glance

- Investments in Sexual and Reproductive Health (SRH) is a game changer as it touches on many multisectoral determinants vital to sustainable development, including 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, supporting gender equality, women's education, and empowerment; and contributing to economic growth.
- The SRH Investment Case Study from 5 PICs focuses on tackling two of the most pressing national priorities for health and women's economic empowerment and the realization of their human and reproductive rights in five Pacific Islands Countries (PICs): **expanding access to quality maternal health services and reducing unmet need for modern contraception.**
- The study considers scaling up maternal health and family planning interventions at the same time, rather than separately, and hence captures the efficiencies and cost-savings that stem from a more comprehensive approach.
- The paper provides evidence to governments, on how to **prioritize health interventions in reducing maternal mortality and women's empowerment** in the context of disrupted health systems in the wake of the COVID-19 pandemic; following adverse effects of climate change; and multiple global crisis, **by ensuring the inclusion of maternal health and family planning services in essential health benefits packages and universal health coverage.**
- Findings indicate that if **an additional \$13.4 million is invested** between 2020 and 2030 in Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu, then the 2030 family planning and maternal health coverage targets could be achieved.
- This additional investment could avert 38 per cent more unintended pregnancies than business as usual, 28 per cent more stillbirths and 29 per cent more maternal deaths and could bring an estimated elevenfold economic benefit of \$149.7 million.
- The estimates in this report illustrate that reaching these targets is not only possible, but affordable, and may well be within reach for the Pacific Island Countries.

¹ Accessible at: <https://asiapacific.unfpa.org/en/publications/health-and-economic-benefits-achieving-unfpas-transformative-results-pacific-small>. This analysis was developed by UNFPA in partnership with the Burnet Institute,

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Current situation

Health services delivered to women prior to pregnancy, during pregnancy, during childbirth, and during the postnatal period should ensure women, including adolescent girls, and their babies reach their full potential for lifelong health and well-being. Most maternal and newborn deaths, and unintended pregnancies can be prevented with timely care by skilled health professionals, and by ensuring people have access to modern contraceptive methods.

Across the PICs, the high demand for modern contraceptive options has yet to be satisfied, and equitable access to maternal health interventions needs to be strengthened, as remote and rural populations lag behind in service access. Adolescent birth rates continue to increase in the Pacific (6% increase from 2010 to 2019); and four countries still report maternal mortality ratio above the SDG goal of 70/100,000 live births; with many countries with high stillbirth rates and STI prevalence.

Due to the PICs small population and communities being spread over vast distances separated by ocean waters, it can be difficult to travel to seek health services, which have low absorptive capacity and high demands placed on a small number of staff. As well, these health systems have been directly and indirectly impacted by the COVID-19 pandemic since early 2020, which has led to a period of reduced service coverage and access. The pandemic, followed by multiple global crisis, have also had a harsh impact on the economies of the PICs, which are heavily reliant on tourism as a major source of revenue and employment, and countries may therefore face difficult decisions on how to best invest limited resources.

For the countries in the Pacific included in this study, it was estimated that US\$6.7 million was spent on family planning and maternal health interventions in 2019.

To improve access to SRH services, this paper focuses on scaling-up maternal health interventions to reach national targets, and empowering women by reducing the high levels of unmet need for family planning through increased investment in the provision of high-quality rights-based contraceptive services.

Future vision

In the five countries in the Pacific considered in this study (Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu), reaching 95% maternal health intervention coverage and zero unmet need for family planning by 2030 could prevent an additional 126,000 unintended pregnancies, 2,200 stillbirths (28% reduction), and 121 maternal deaths (29% reduction) over the 2020 to 2030 period (Figures 1, 2).

Australia, as part of a research portfolio managed by UNFPA Asia-Pacific Regional Office and UNFPA Pacific Sub-regional office.

² <https://www.unfpa.org/publications/investing-maternal-health-and-family-planning-small-island-developing-states>

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This would require an additional investment of US\$13.4 million between 2020 and 2030: just an additional 19% more than the currently estimated spending of US\$70.5 million required to maintain business as usual within this time frame. It is estimated that this investment would lead to an eleven-fold return in economic benefits by 2040 for the five selected countries in the Pacific, meaning that each US\$1 invested could yield US\$11 in returns. These economic benefits are due to reduced unintended pregnancies, reduced stillbirths and new born deaths averted, and improved maternal outcomes (figure 3). Providing women and adolescents access to quality maternal health services during ANC; delivery; postnatal, including for HIV, STI and anaemia, will reduce MMR; and contraceptive services will reduce unintended teenage pregnancies and ensure that girls can continue their education, develop their professional skills, and increase their participation in the economy and society.

In the scenario where coverage targets are met by 2030, all five countries in the Pacific could achieve SDG target 3.7 on universal access to SRH services, including family planning, and experience an expected two-thirds reduction in maternal deaths from 2010 levels by 2030.

Figure 1

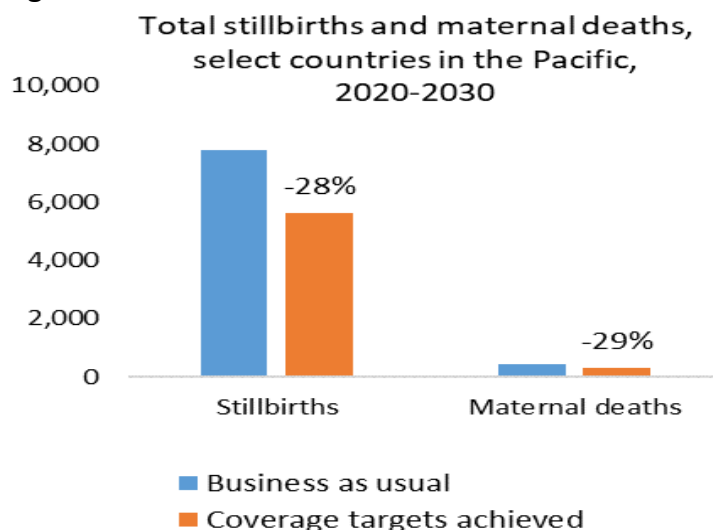


Figure 2

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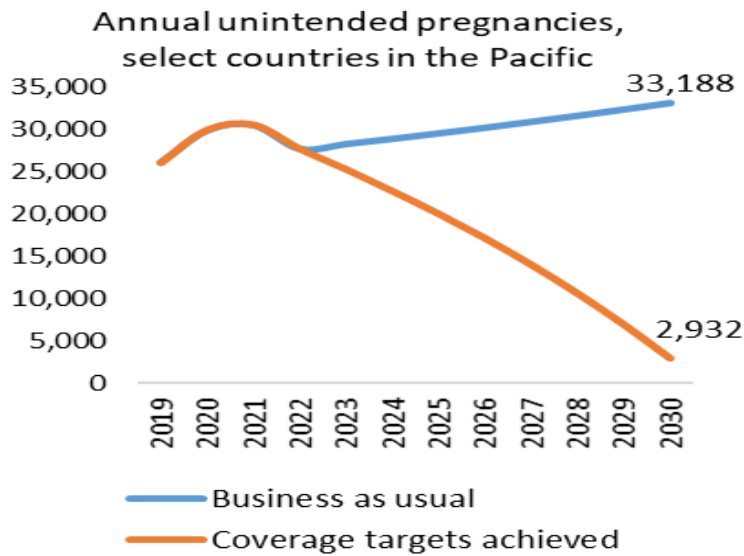
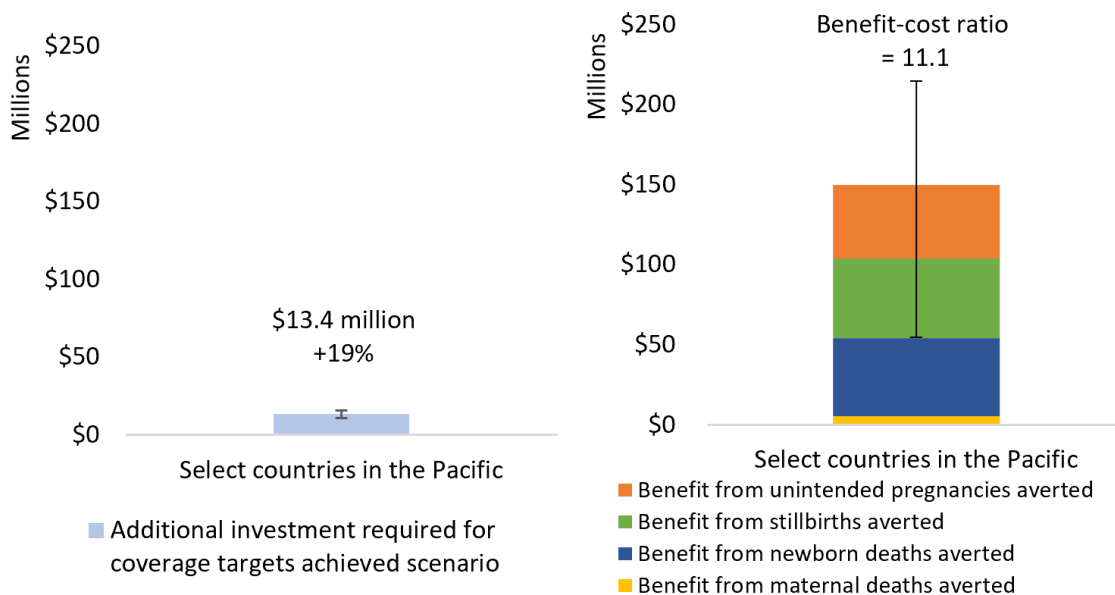


Figure 3



Examples of recent progress

Major differences in the impacts, incremental investments requirements, benefits and benefit-cost ratios of achieving the coverage targets exist between countries included in this paper, due to differences in baseline mortality rates, stillbirth rates, unmet need for family planning and intervention coverage, and different (unvalidated) estimates for costs, differences in per capita gross domestic product (GDP), and work participation rates among women (used to derive economic benefits), as well as the ratio of estimated healthcare worker costs to per capita GDP.

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Despite such differences, this analysis shows that all five countries in the Pacific could achieve the SDG 3 target 3.7 for universal access to sexual and reproductive health services, including family planning, and experience an expected two-thirds reduction in maternal deaths from 2010 levels by 2030.

The global SDG target 3.1, on achieving a maternal mortality ratio of under 70 maternal deaths per 100,000 live births by 2030, is already being met by Samoa, Tonga, and Vanuatu, but by ensuring coverage targets are met by 2030 through increasing investments, these countries could additionally achieve their country-specific SDG targets for maternal mortality (a two-thirds reduction compared with 2010 levels). If coverage targets are reached, Kiribati is also expected to meet the SDG targets by 2030. Though the Solomon Islands is not projected to reach target 3.1 even if coverage targets are achieved, due to a high estimated maternal mortality ratio in 2019, a scale-up of interventions modelled would result in a 29 per cent reduction in the projected 2030 maternal mortality ratio.

In the five Pacific countries considered, increased contraceptive prevalence rates can further reduce the costs of maternal health services, and by considering the two targets together, this analysis captures these effects. These cost savings help to explain why only relatively small percentage increases in spending would be required overall to reach the targets.

Why urgent action is needed now

The need for acceleration towards investments in SRHR is critical and reaching coverage objectives is aggravated in the PICs, where developing communities are particularly vulnerable to the direct and indirect effects of climate change, and the consequences of recent multiple global crises. This requires prompt mobilization of flexible funding to enable adaptation to these contextual changes.

Furthermore, COVID-19 and its policy responses have significantly impacted the health systems. In the PICs included in this study, the pandemic has been largely contained by measures such as lockdowns of services, closures of non-essential work and demand side factors e.g., patients' fear of infection in healthcare settings, reduced spending power and restrictions of movements impacting access to services. Health workers may have been redeployed to support the COVID-19 response, while reductions in family planning services for certain countries may have resulted due to supply issues. This is expected to have influenced service provision coverage and could have long-term impacts, threatening progress towards SDG 3 targets and leading to significant increases in morbidity and mortality.

The estimates in this report are intended to illustrate to governments and donors that reaching coverage targets is affordable and to provide evidence to support the prioritization of family planning and maternal health services. This study considers scaling up family planning and maternal health and family planning interventions simultaneously rather than

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separately, hence ensuring the efficiencies and cost-savings that stem from a more integrated approach. As well as reducing the costs of maternal health services, these interventions can improve maternal health outcomes, ensure adolescent girls can continue their education and develop their professional skills, and increase women's participation in the economy and in society.

The Pacific is a region of young people (>50%) and undergoing demographic transition. It is, therefore, essential for them to harness the demographic dividend of their young populations, by considering an intergenerational perspective and investing in their sexual and reproductive health.

Recommendations to be considered by the Heads of Health

Recommendations for governments

1. Governments should increase domestic funding allocation for SRH services and family planning supplies, informing a sustainable financing transition from externally financed programs.
2. Family planning and maternal health interventions and supplies must be prioritized as essential health benefits packages within PHC, towards Universal Health Coverage.
3. Prioritise, and maintain essential SRHR health services despite budgetary pressures due to economic slowdown and additional costs of COVID-19 response.

Recommendations for development partners

1. Reaching the coverage targets is not solely dependent on direct intervention and health system funding. Implementers and development partners need to ensure that services are accessible, that skilled nurses, midwives, and health-care providers are available, and that the services provided are locally accepted and high in quality.
2. Support demand generation activities to increase awareness and change perceptions of SRHR and family planning interventions.
3. Support research and further work to validate costs and estimate healthcare worker and other logistic requirements and to understand the full financial requirements beyond the direct intervention and health system costs considered in this study,
4. Support prioritization of adolescent and youth SRHR.