

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

Presented by;

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On behalf of Pacific island countries and areas

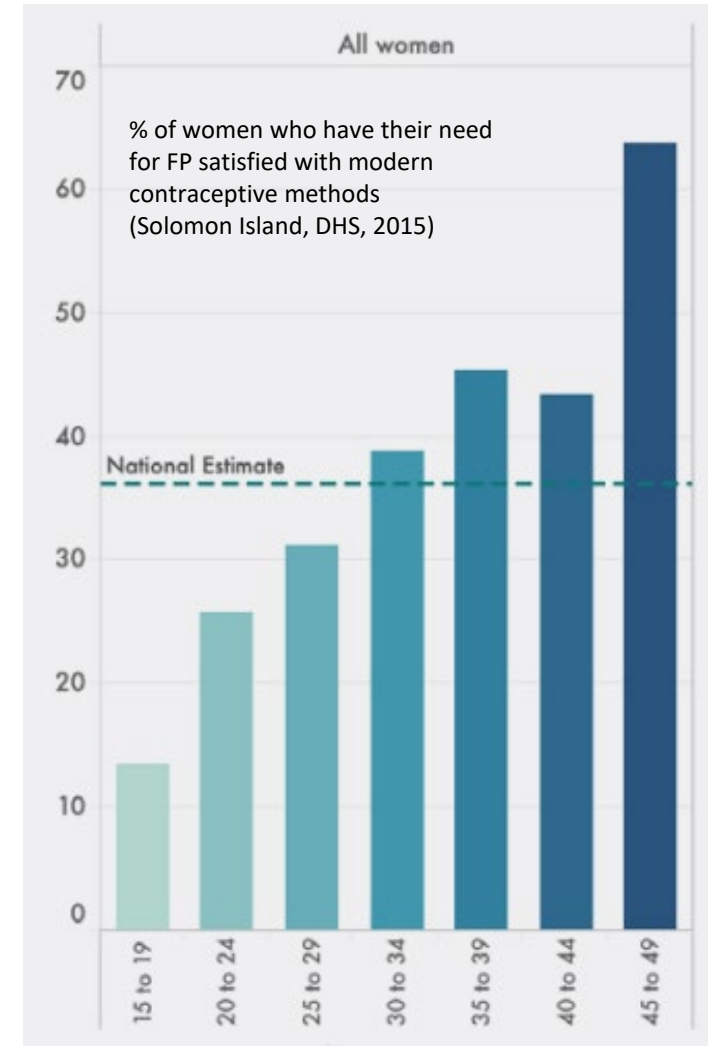


At a glance

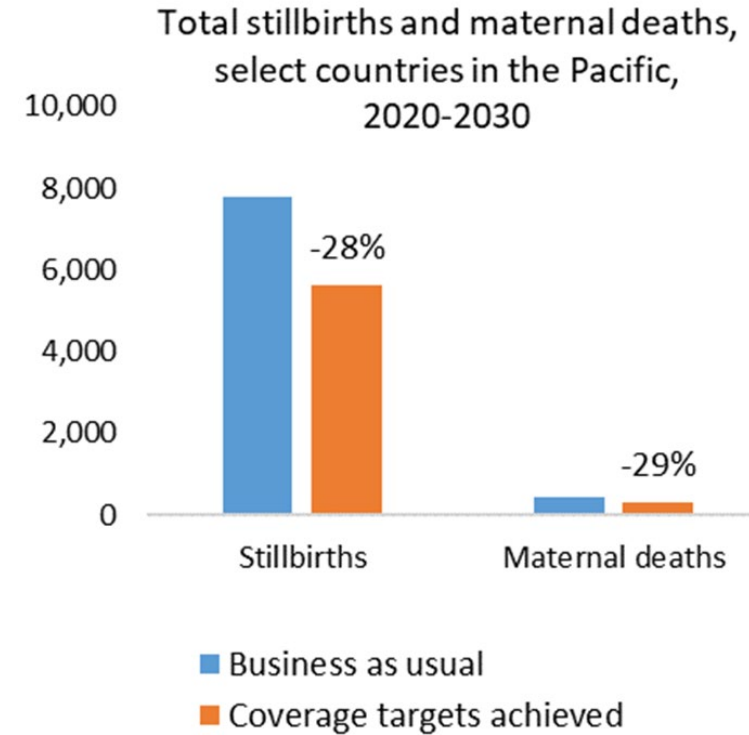
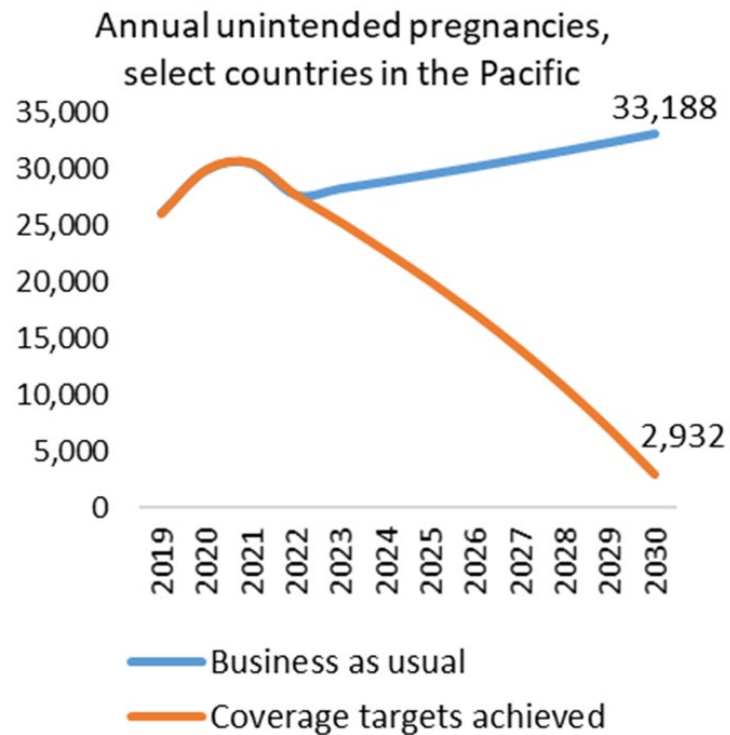
- Investments in Sexual and Reproductive Health (SRH) is a game changer as it touches on many multisectoral determinants vital to sustainable development.
- The SRH Investment Case Study for 5 PICs (**Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu**) focuses on tackling two of the most pressing national priorities for health and women's economic empowerment: **expanding access to quality maternal health services and reducing unmet need for modern contraception and.**
- Findings indicate that if an additional \$13.4 million is invested between 2020 and 2030 in the 5 PICs, 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 (i.e. 17 per cent of all pregnancies), 28 per cent more stillbirths and 29 per cent more maternal deaths. **It 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.

Current situation

- High unmet need for family planning
- Low percentage of women having their demand for family planning satisfied with modern methods
- Adolescent birth rates on the rise
- Four PICS still with high MMR
- Climate change + multiple global disruptions



The future we want to see: FP and MH outcomes



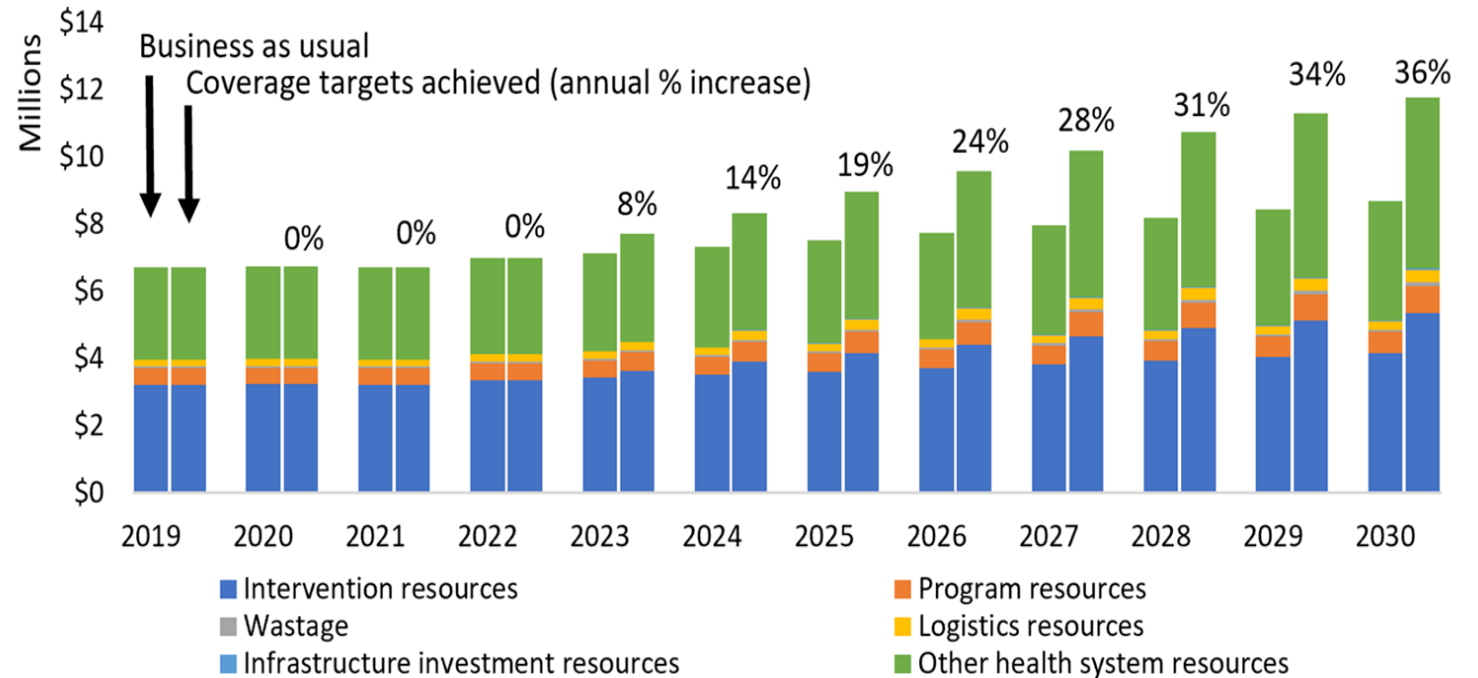
The future we want to see: resource needs

**\$13.4
million**



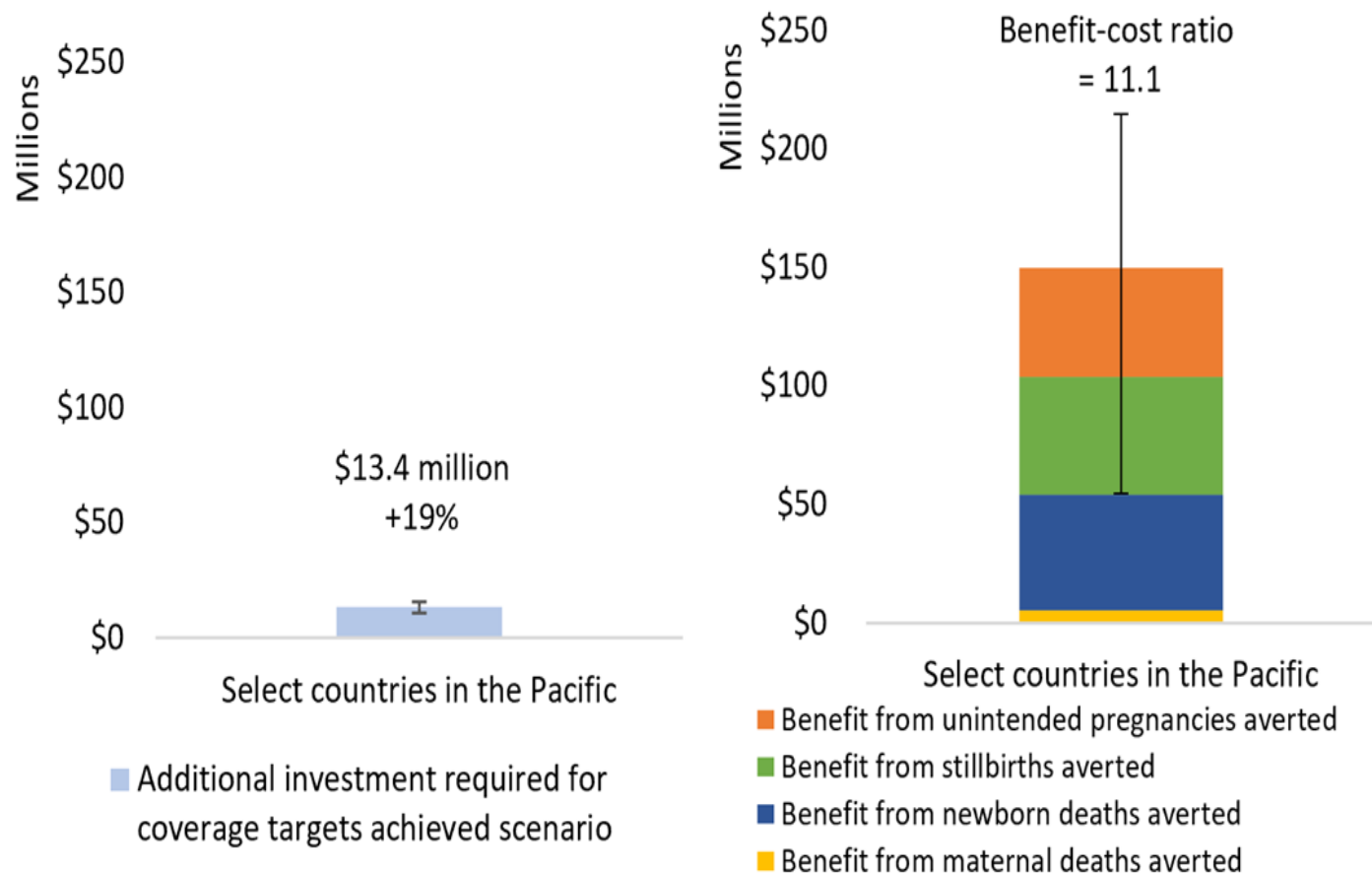
**Additional investment
required to achieve coverage
targets**

Aggregated annual maternal health and family planning resources for **Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu** in the business-as-usual (left bars) and coverage-targets-achieved (right bars) scenarios, 2020-2030, in US dollars

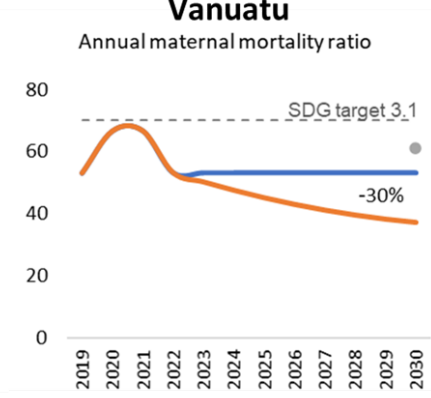
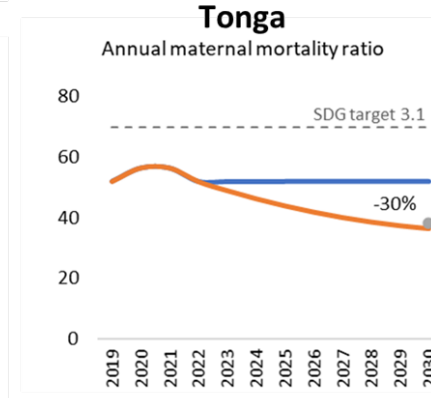
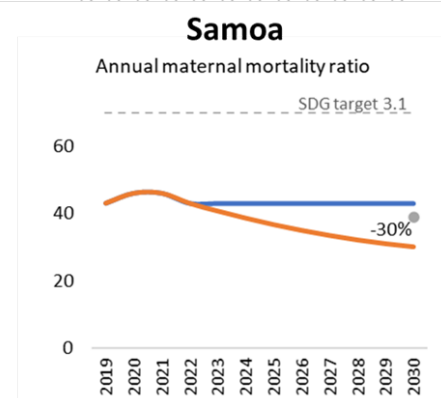
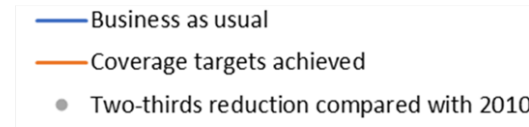
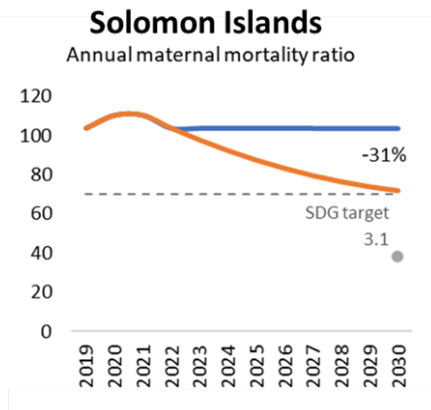
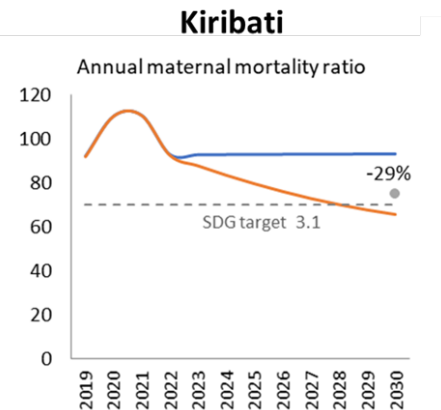


The future we want to see: economic outcomes

Estimated additional resources required (2020-2030) compared with business as usual (left), and the corresponding return on investment (right)

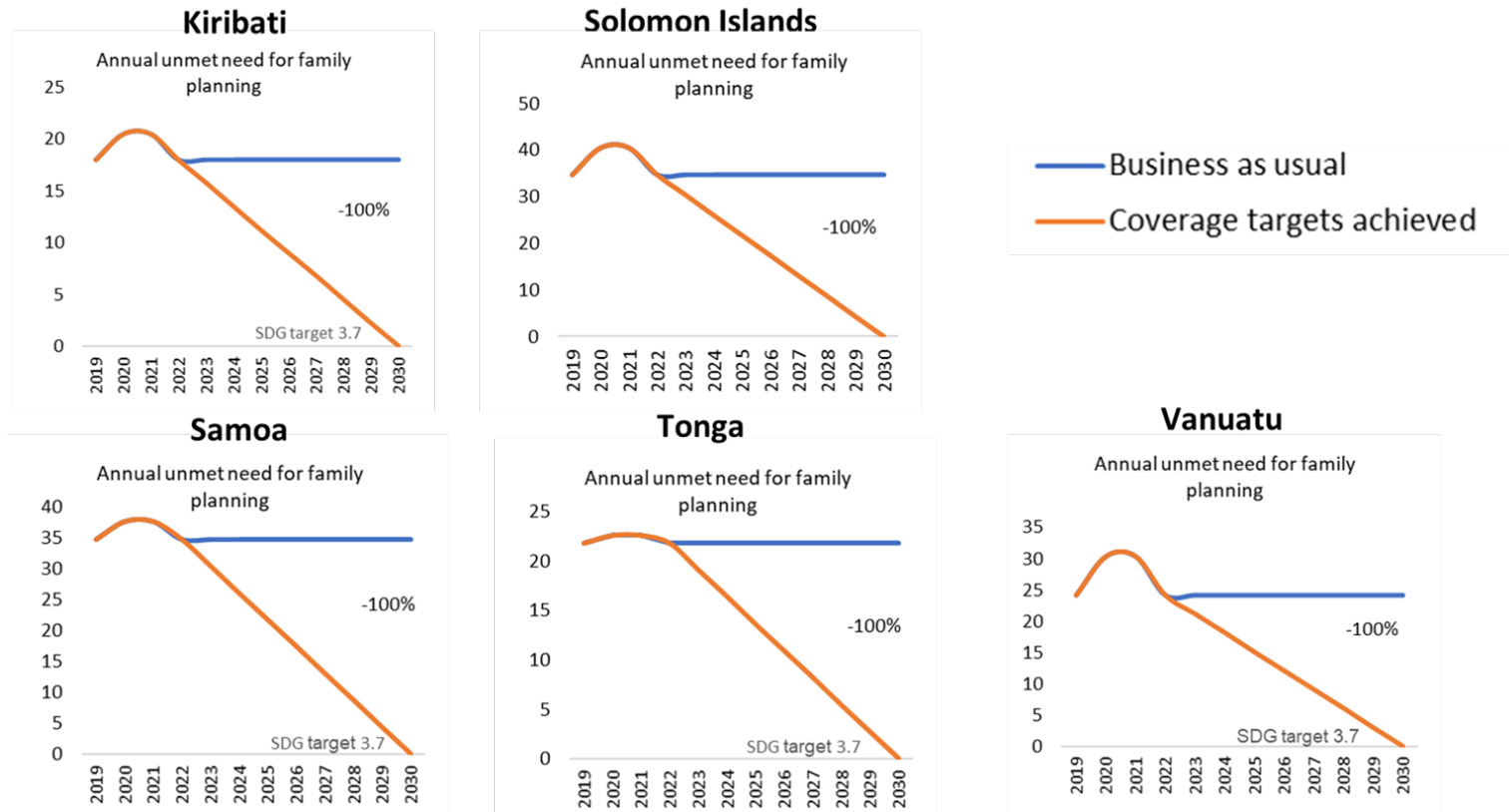


Prospects of achieving country specific SDG targets: maternal mortality



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. Still, by ensuring coverage targets are met by 2030, these countries could additionally achieve their country-specific SDG targets for maternal mortality (a two-thirds reduction compared with 2010 levels).

Prospects of reaching zero unmet need for family planning



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

Why urgent action is needed now

- The need for acceleration is aggravated because of the effects of climate change and the consequences of multiple recent global crises, including the COVID-19 pandemic and the indirect consequences of the conflict in Ukraine



Proposed recommendations for governments

- Governments should **increase domestic funding allocation for SRH services and family planning supplies**, informing a sustainable financing transition from externally financed programs.
- Family planning, maternal health interventions, and supplies must be included as essential health benefits packages within PHC, towards Universal Health Coverage.
- Prioritise, and maintain essential SRHR health services including in emergencies/disasters, despite budgetary pressures due to economic slowdown and additional costs of COVID-19 response; as it is life saving.
- Prioritise adolescent and youth SRHR

Proposed recommendations for development partners

- 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.
- Support demand generation activities to increase awareness and change perceptions of SRHR and family planning interventions.
- 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,

Thank you!