



Pacific
Community
Communauté
du Pacifique

15TH TRIENNIAL CONFERENCE OF PACIFIC WOMEN & 8TH MEETING OF PACIFIC MINISTERS FOR WOMEN

BRIEFING NOTE: HEALTH OF WOMEN AND GIRLS



HEALTH OF WOMEN AND GIRLS – BRIEF

This brief highlights some key issues relating to health equity for Pacific women and girls. It provides a review of progress against key health-related recommendations of the 14th Triennial Conference of Pacific Women. It draws on recent reports regarding women and girls' health in the Pacific and progress towards health outcomes in the 2050 Blue Pacific Strategy, Pacific Platform for Action on Gender Equality and Women's Human Rights, and the Revitalised Pacific Leaders Gender Equality Declaration. It aims to provide Ministers for Women and senior government officials with current updates on this priority theme, inform discussions and provide some recommended actions for consideration during the 15th Triennial Conference of Pacific Women and the 8th Pacific Ministers for Women meeting.

1. Summary of the Issue and Progress in the Region

The COVID-19 pandemic had a profound impact on Pacific Island countries and territories, not least on health and wellbeing. Essential health services were disrupted in most countries, with significant effects on provision of, and access to, adequate care for communicable and non-communicable diseases.[1]

The pandemic has highlighted critical issues around health decision-making, information systems and digital technology regulations, affordable and accessible health services, and strong public health capacity, including a trained health workforce. It has placed an elevated burden on fragile health systems across the Pacific – a burden that is likely to reoccur in the future given the risks of severe health emergencies stemming from future pandemics and environmental disasters related to climate change. Due to their existing marginalisation and unequal access to health services and information, particularly sexual reproductive health services, the impacts of the COVID-19 pandemic were more significant for many Pacific women and girls. These health impacts continue to be felt today.

Pacific Ministers of Health, in their 2023 meeting, committed to strengthening health system resilience, including by identifying and prioritising populations most at risk from the impacts of health emergencies or other disruptions to essential health services and involve them in developing and implementing effective interventions. Accordingly, women and girls are a priority population for essential health services during health emergencies.

[1] World Health Organization. 2021. Second round of the national pulse survey on continuity of essential health services during the COVID-19 pandemic: January-March 2021. Available from: <https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS-continuity-survey-2021.1>

Gender inequality and discrimination against women and girls significantly impacts their health and well-being. They often face greater barriers than men and boys in accessing health information and services. Gender barriers include restrictions on women's ability to make their own healthcare decisions including the use of financial resources to access medical services and supplies, especially if male spouses do not understand women's health needs or see them as a priority.

Harmful social norms result in many women also lacking bodily autonomy, that is, the right to control what is or is not done to their own bodies. Other barriers include the lack of mobility to safely access health services; discriminatory attitudes of communities and healthcare providers; and lack of training and awareness among healthcare providers and health systems of the specific health needs and challenges of women and girls. Being primary caregivers within their household, women also face the increased responsibility of providing care to family members with non-communicable diseases (NCDs) and disabilities, generating additional stress and pressure on their own health.

Gender inequalities in health become exacerbated during natural disasters, placing women and girls at risk of harm when social and structural support systems around them collapse. Alongside often losing their homes, livelihoods and educational opportunities, they become vulnerable to mental and physical trauma, malnutrition, disease, and especially violence from both intimate partners and others. An estimated 4% of women in disaster situations are pregnant, with 15% likely to experience pregnancy-related complications, and 60% of preventable maternal deaths occur during disasters. Yet they often face limited access to health services.[2]

Sexual and Reproductive Health

The Pacific continues to face challenges in relation to Sexual Reproductive Health and Rights (SRHR). "Low contraceptive prevalence, high total fertility rates, high (in some cases increasing) adolescent birth rates and high rates of sexual gender-based violence (SGV) are prevalent across the PICS".[3] The unmet need for contraception in the Pacific is among the highest in the world, particularly for young women, women in the outer islands and remote area and women living with disabilities.[4]

Pacific women and girls also face unacceptably high levels of gender-based violence. Regional data shows that around 2 in 3 Pacific women have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime. While not adequately measured, surveys on the impacts to women's health from violence indicate significant harm to mental health including depression.

[2] UNFPA, 2024. 'Addressing Sexual and Reproductive Health during Emergencies in the Pacific', presentation at Pacific Heads of Health Meeting, Apia, Samoa.

[3] International Planned Parenthood Federation (IPPF), 2023. 'Pacific Niu Vaka Strategy Phase II 2023 – 2028'.

[4] Ibid.

Adolescent fertility rates in the Pacific (51 births per 1,000 girls) are also higher than in the rest of the Asia-Pacific region.[5] Adolescent girls continue to face high rates of teenage pregnancy, which combined with low contraceptive prevalence rates (average of 35% across the region in 2016 in the absence of updated data), endanger their health. Gender norms, stigmatisation of menstruation, taboos concerning sexual and reproductive health and the acceptance of sexual coercion and violence, significantly influence these health issues and access to information and services for women and girls.

Non- Communicable Diseases (NCDs)

Non-communicable diseases (NCDs) have been increasing rapidly in the last decade and pose a large threat to women's health in the region. Diabetes and obesity-related disability and heart diseases are epidemic and affect families, economies and health systems. They impose an additional burden on women, to whom the work of caring for others afflicted by NCDs usually falls. SPC data for 2019 shows that the highest mortality rates attributed to non-communicable diseases (cardiovascular disease, cancer, diabetes, and chronic respiratory disease) in the region are observed in Kiribati (43.7% of female, 58.4% of male mortality) and the Federated States of Micronesia (39.9% of female, 52.1% of male mortality). There are, however, significant data gaps, with no recent sex-disaggregated data published on non-communicable disease mortality for several PICTs.[6]

Health Care Workforce

Women account for 67% of the global health and social care workforce, however they only account for an estimated 25% of leadership roles within the health workforce. It is estimated that women provide essential health services for around 5 billion people worldwide. The financial value of women's input into health systems is estimated to be over US\$3 trillion annually. Yet women's contributions to health and the health labour market remain markedly undervalued. Women in health tend to be clustered into lower status, low paid, and often unpaid roles.[7]

Health Data

Many Pacific Island countries and territories lack the technical capacity to support comprehensive collection and analysis of gender-disaggregated health data. In some rural areas collection systems are paper based and then computerised at central locations. However, there are backlogs of data entry and issues with cleaning data, which can inhibit analysis and effective use of health data to inform policy.

[5] UNFPA, 2021. My Body is My Body, My Life is My Life: Sexual and reproductive health and rights of young people in Asia and the Pacific. Available at: [https://asiapacific.unfpa.org/en/publications/understanding-and-addressing-adolescent-](https://asiapacific.unfpa.org/en/publications/understanding-and-addressing-adolescent-pregnancy#:~:text=Adolescent%20fertility%20rates%20are%20now%20highest%20in%20the,and%20East%20Asia%20%287%20births%20per%201%2C000%20girls%29.)

[pregnancy#:~:text=Adolescent%20fertility%20rates%20are%20now%20highest%20in%20the,and%20East%20Asia%20%287%20births%20per%201%2C000%20girls%29.](https://asiapacific.unfpa.org/en/publications/understanding-and-addressing-adolescent-pregnancy#:~:text=Adolescent%20fertility%20rates%20are%20now%20highest%20in%20the,and%20East%20Asia%20%287%20births%20per%201%2C000%20girls%29.)

[6] SPC Pacific Data Hub, <https://stats.pacificdata.org>

[7] [Value gender and equity in the global health workforce \(who.int\)](https://www.who.int/news-room/fact-sheets/detail/gender-equality)

2. Strategic Alignment to other Regional/International Commitments

International frameworks like the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), regional commitments through the Pacific Platform for Action on Gender and Women's Human Rights 2018 – 2030 (PPA), Revitalised Pacific Leaders Gender Equality Declaration (PLGED), and the 2050 Blue Pacific Strategy all address healthcare, health rights and health security for women.

Article 12 of CEDAW highlights the need to eliminate discrimination against women in healthcare and ensure their equal access to healthcare services, including those related to family planning. The 1994 International Conference on Population and Development (ICPD) cemented the expansion of reproductive health to include sexual health. Pacific Island states have ongoing commitments to the ICPD Plan of Action, especially on sexual and reproductive health and rights, improving reproductive health services, making pregnancy safe, and adopting rights-based approaches to family planning.

The Beijing Platform for Action states that women have the right 'to have control and make decisions freely and responsibly about matters related to their sexuality, including sexual and reproductive health, without coercion, discrimination, or violence.' Finally, Article 25 of the Convention on the Rights of Persons with Disabilities (CRPD) highlights the need to remove barriers that prevent women with disabilities from enjoying equal rights to health, including sexual and reproductive health. This includes appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation.

The Implementation Plan for the 2050 Strategy for the Blue Pacific Continent states clear support for health outcomes for women and girls through regional support for universal health coverage for all Pacific people including for non-communicable and communicable diseases, mental health, comprehensive and confidential sexual and reproductive health and rights (SRHR), and maternal and child health.

The revitalised Pacific Leaders Gender Equality Declaration commits to:

“ensuring universal health coverage for all Pacific peoples particularly women and girls in all their diversity, including Sexual and Reproductive Health and Rights (SRHR), Communicable and Non-Communicable Diseases (NCDs) and mental health”.

The revised Pacific Platform for Action (PPA) 2018-2030 identifies as primary concerns improved health services for women; affordable and accessible medical and reproductive health care; health education; preventive health programmes especially on NCDs; cancer screening; the special health needs of women living with disabilities; and the reproductive and sexual health needs of young women and adolescents.

The PPA also states that Pacific Island States have additional regional priorities to report against health related commitments from the 12th Triennial Conference 2013, namely:

“Improvement of all aspects of women’s health and well-being – by exploring innovative strategies and new technologies to increase access to good quality, comprehensive, and inclusive health systems, including social protection, to improve health outcomes, including reducing deaths and disability from non-communicable diseases in women, especially in rural and remote areas.” (para 58)

3. Recommendations

1. Acknowledge the link between climate change, disaster risks, GBV and SRHR, and ensure all women and girls can access GBV and SRHR information and services, including in times of disaster.
2. Guarantee sexual and reproductive health and rights (SRHR), so that women, young women and girls, including those with disabilities, receive comprehensive and confidential SRHR information and services that respect their culture, faith and human rights throughout their lives.
3. Support policies that establish systems and a work environment that ensure decent work for women and men in the health sector, and close the gender gaps in leadership roles.
4. Prioritise the strengthening of health information systems that capture sex, age and disability disaggregated data on the health needs and barriers of people of different genders.