



Improving Women's Health in the Pacific Islands

Recommendations from the 12th Triennial Conference of Pacific Women

(Rarotonga, Cook Islands, 20–24 October 2013)

From 20 to 24 October 2013, more than 200 people met in Rarotonga, Cook Islands, to discuss how commitments towards gender equality in the region have progressed. The overall aim of the conference was to bring together government ministers and senior decision makers, development partners, research institutions and civil society organisations to review and develop strategies for accelerating progress in the achievement of gender equality and women's human rights in our region. This is in line with *The Revised Pacific Platform for Action on Advancement of Women and Gender Equality 2005 to 2015* and other regional commitments on gender equality, including most recently the *Pacific Leaders Gender Equality Declaration* of 2012.

12th Triennial Conference of Pacific Women

With the theme *Celebrating our Progress, Shaping our World*, the 12th Triennial Conference of Pacific Women was the biggest on record; representatives of 21 SPC member countries and territories attended. The conference was convened by the Secretariat of the Pacific Community (SPC) and hosted by the government of Cook Islands.

There are areas of progress in achieving women's human rights and gender equality in Pacific Island countries and territories (PICTs). More and more countries have adopted laws to protect women and children against domestic violence; there is a better understanding of the need to integrate a gender perspective across all sectors of development; there are new initiatives promoting women's political leadership; overall, women's health and women's access to education are improving; and women's contribution in the economy has started to be recognised. However, there is still a long road to travel before Pacific Island women have all their human rights protected, benefit equally from development outcomes, and can fulfil their aspirations. The 12th Triennial Conference of Pacific Women made a number of recommendations regarding the priority areas to accelerate gender equality in the region, notably in the sector of education. This brief presents the regional overview on emerging issues affecting Pacific women and the recommendations from the Conference made through the outcomes document.



Women's Access to Services – Health

2013 Regional Overview

KEY GENDER EQUALITY ISSUES IN THE REGION

A key concern for Pacific Island countries and territories (PICTs) is that of women's access to health services, as outlined in the *Revised Pacific platform for action on the advancement of women and gender equality*, in which HIV/AIDS is included as an emerging critical area. Women's health and access to health services is also identified as a concern in the *2013 Pacific Regional MDG Tracking Report*.¹ Of significance, are concerns regarding women's sexual and reproductive health, HIV/AIDS and other sexually transmitted diseases (STIs), non-communicable diseases (NCDs), and health concerns faced by women with disabilities.

As identified in the *2013 Pacific Regional MDG Tracking Report*, women face a number of challenges with regard to sexual and reproductive health. For example, the conditions under which women engage in sex may affect their health; low contraceptive use, coupled with unmet needs regarding family planning, leads to high fertility rates, particularly for young people; and violence against women (VAW) has an impact on a women's sexual and reproductive health. Women are also more vulnerable than men to contracting HIV and STIs. In addition, it was identified that women with a disability experience higher rates of violence than other women, including sexual violence, as well as overall poorer health outcomes.² These concerns are

1 Pacific Islands Forum Secretariat, *2013 Pacific Regional MDG Tracking Report* (Pacific Islands Forum Secretariat, Fiji, 2013)

2 Ibid.

further compounded by difficulties in accessing health services. In addressing women's health concerns and access to health services in the region, it was identified at the 11th Triennial Conference that there is a need for strengthening monitoring and evaluation of health services, for support and collaboration on women's health issues amongst key actors, and for increased funding for health infrastructure and technology.

This paper will further discuss concerns regarding health and access to health services as mentioned above, outline what progress has been made in the region since the 11th Triennial Conference, and note key challenges and recommendations for the future.

KEY FINDINGS – INITIATIVES TO ADDRESS ISSUES

Sexual and reproductive health

Sexual and reproductive health is a key concern for PICTs. For example, disempowerment experienced by some women and girls may also lead to a lack of power to negotiate safe sex and family planning. Young women and men often have insufficient access to the information, tools and services they need to make decisions related to their sexual and reproductive health. There is also insufficient awareness of the sexual and reproductive health consequences of VAW, with women affected by VAW rarely seeking support from health workers.

Since the 11th Triennial Conference, there has been progress with regard to the sexual and reproductive health of women in the Pacific, but also challenges in addressing this issue. In the *ICPD Pacific Report*,³ there are three areas that have shown important improvement, as detailed below.

Compared to the 1990s, reported skilled birth attendant rates increased in all countries except three: Federated States of Micronesia (FSM), Papua New Guinea (PNG) and Vanuatu. Nine countries reported most recent rates over 90 per cent; of these Cook Islands, Nauru, Niue and Palau reported 100 per cent skilled birth attendant rates. According to the 2012 *MDG Tracking Report*, Kiribati, Solomon Islands and Vanuatu reported rates below 90 per cent and PNG reported a rate less than 50 per cent; the latter three regressing.⁴

In terms of maternal deaths, most Polynesian countries will achieve MDG 5a (Reduce the maternal mortality ratio by three quarters between 1990 and 2015) by 2015 but most Melanesian countries (where most of the deaths occur) will not. Of particular concern is the slow progress in Solomon Islands and Vanuatu and the regression noted in PNG. For Micronesia, the picture is mixed with respect to meeting MDG 5a target. It is noteworthy that, for most PICTs, the actual number of women who die in childbirth each year is a single digit, but each death is one death too many.⁵

While adolescent fertility rates (births to women 15–19 years/1000 women 15–19 years) declined in eleven countries between 1990 and 2010–2011, rates continue to be over 50 for five countries (Republic of the Marshall Islands, Nauru, PNG, Solomon Islands and Vanuatu). Persistently high adolescent fertility rates in some countries highlight the need for stronger focus on adolescent sexual reproductive health services and information.⁶

3 United Nations Population Fund (UNFPA), *Pacific Regional ICPD Review, Review of the Implementation of the International Conference on Population and Development Programme of Action in the Pacific Beyond 2014* (2013) <<http://countryoffice.unfpa.org/pacific/?publications=7892>> at 1 Oct 2013.

4 Pacific Islands Forum Secretariat, 2013 Pacific Regional MDG Tracking Report (Pacific Islands Forum Secretariat, Fiji, 2013).

5 Ibid.

6 Pacific Islands Forum Secretariat, 2013 Pacific Regional MDG Tracking Report (Pacific Islands Forum Secretariat, Fiji, 2013).

Additionally, the Secretariat of the Pacific Community (SPC) has been leading the development of the Pacific Sexual Health and Wellbeing Shared Agenda 2014–2018, to address sexual and reproductive health needs in the region. The agenda, currently in development, will replace the Pacific Regional Strategy for HIV and other STIs, which ends this year. The agenda sets out 'he vision for addressing sexual health in the region, as identified by 22 Pacific Island governments, regional partners, civil society organisations and at risk groups. It examines how best to deliver comprehensive sexual health services and programmes to address interrelated sexual health issues, such as STIs and HIV, unintended pregnancy, gender-based violence and the promotion of positive, healthy relationships.

HIV/AIDS and STIs

STI rates are very high throughout PICTs, particularly amongst young people. These rates are associated with low levels of condom use, as is the spread of HIV, which is predominantly sexually transmitted. Again, self protection for women and girls, and a lack of power with regard to negotiating safe sex increases susceptibility to HIV and STIs. In PNG, HIV rates are approaching epidemic proportions. HIV is also well established in Guam, French Polynesia and New Caledonia.⁷ Studies show that many women who are infected have been reached by HIV awareness programmes and possess a basic knowledge, yet this does not always lead to behaviour change on account of disempowerment, socio-cultural roles and low perceived risk.

Since the 11th Triennial Conference, there has been progress with regard to addressing HIV/AIDS and STIs in the Pacific, but also challenges in addressing this issue. The challenges are associated with 'incomplete or non-testing of affected individuals, leading to underreporting, [and] there may be other socio-cultural factors at play'.⁸

In 2012, a draft human rights and gender equality policy was developed by the Pacific Islands Regional Multi-Country Coordinating Mechanism (PIRMCCM). This was submitted to the 12th PIRMCCM meeting and the Pacific Response Fund Committee (PRFC) meeting in June for final review. The policy was developed after consideration of the gender and women's human rights audit of the implementation plan for the second *Pacific Regional Strategy on HIV and other Sexually Transmissible Infections 2009–2013 (PRSIP II)*. The policy recommends actions related to leadership, programme development and resource mobilisation, which address the specific inequities due to men's and women's different health risks and health seeking behaviours. 'Women and girls largely remain socially and economically vulnerable; they have less access and control over health information, care services and resources to protect their health. Violence against women (and gender-based violence) poses a threat to women's health and heightens their risks to STIs and HIV'.⁹

Some important gains have recently been outlined in the Pacific Regional ICPD Review, as described below.¹⁰

Life-saving treatment for HIV has been provided to all those who need it and protocols have been put in place in a number of countries to eliminate mother-to-child transmission of HIV. In addition, there is greater attention being paid to the issues of stigma in order to ensure anonymity for pregnant women and their babies who are HIV positive, within the constraints of small countries and their small close knit communities.

7 Ibid.

8 United Nations Population Fund (UNFPA), Pacific Regional ICPD Review, Review of the Implementation of the International Conference on Population and Development Programme of Action in the Pacific Beyond 2014 (2013) <<http://countryoffice.unfpa.org/pacific/?publications=7892>> at 1 Oct 2013, page 24.

9 PRSIP11, *Gender and Women's Human Rights Audit of the Pacific Regional Strategy on HIV and other Sexually Transmissible Infections, 2009-2013 (PRSIP II)* <http://www.spc.int/hiv/index2.php?option=com_docman&task=doc_view&gid=245&Itemid=148> at 1 October 2013.

10 United Nations Population Fund (UNFPA), Pacific Regional ICPD Review, Review of the Implementation of the International Conference on Population and Development Programme of Action in the Pacific Beyond 2014 (2013) <<http://countryoffice.unfpa.org/pacific/?publications=7892>> at 1 Oct 2013.

The second *Pacific Regional Strategy on HIV and other Sexually Transmissible Infections 2009–2013* has been implemented across the North and South Pacific regions, funded by AusAID and actioned through the auspices of the SPC and its partners, including UNFPA. Its aim is to reduce the spread and impact of HIV and other STIs while providing support for people living with and affected by HIV in Pacific communities. In the majority of PICTs, persons living with HIV have accessed antiretrovirals (ARVs) and other treatments.

Lastly, PNG has developed its own National Health Plan (2011–2015) and National HIV/AIDS Plan (2011–2015) and has been taking steps to enhance its HIV surveillance system, with improvement in data quality as well as increased testing.

Non-communicable diseases

NCDs, such as diabetes, cancer and heart disease, are a significant concern for the Pacific region, causing eight in every ten deaths. In 2012, life expectancy dropped in Tonga as a result of NCDs. Yet even where NCDs are not fatal, they can cause disability and poor health.¹¹ Unhealthy diets, tobacco use, use of alcohol and physical inactivity are key causes of NCDs.¹² Cancer of the cervix, caused by the human papilloma virus (HPV), is also an NCD and rates of occurrence among Pacific women are among the highest in the world.¹³ Overall, the rates of NCDs are set to increase globally by 17% over the next ten years, with women experiencing the biggest increase. Biological differences, social marginalisation, social customs and gender roles mean that women and men are exposed to different NCD risks, with these factors contributing to an increased risk for women.¹⁴

Since the 11th Triennial Conference, there has been progress with regard to focusing on non-communicable diseases. The 2011 Pacific Islands Forum Leaders meeting highlighted NCDs as a major cause of premature death in the region. NCDs were held to be at epidemic proportions, creating a ‘human, social and economic crisis’. Leaders adopted the Forum Leaders’ Statement on NCDs, and committed to take action in this area.¹⁵

Eight PICTs, with assistance from USA and New Zealand, are now vaccinating young women in school against the HPV virus, which aims to prevent cervical cancer. In Fiji, assistance from AusAID has supported vaccination for secondary school girls. There is encouragement from GAVI Alliance (Global Alliance for Vaccines and Immunisation) for PNG and Solomon Islands to apply for pilot funding.

11 World Bank, *Thwarting a Disease Crisis in the Pacific* (2013) <<http://www.worldbank.org/en/news/feature/2013/01/16/thwarting-a-disease-crisis-in-the-pacific-2013>> at 11 September 2013.

12 Pan-American Health Organisation, *Non-Communicable Diseases and Gender* (2012) <http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=17118&Itemid=> at 11 September 2013.

13 United Nations Population Fund, *The Impact of Non-Communicable Diseases on Reproductive Health in the Pacific, With Special Reference to the Health of Women and Girls* (2013) <http://countryoffice.unfpa.org/filemanager/files/pacific/TOR_NCDs.pdf> at 12 September 2013.

14 Pan-American Health Organisation, *Non-Communicable Diseases and Gender* (2012) <http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=17118&Itemid=> at 11 September 2013.

15 United Nations Population Fund, *The Impact of Non-Communicable Diseases on Reproductive Health in the Pacific, With Special Reference to the Health of Women and Girls* (2013) <http://countryoffice.unfpa.org/filemanager/files/pacific/TOR_NCDs.pdf> at 12 September 2013.

Women with disabilities

Women with disabilities face discrimination and stigma as a result of their disability and gender role. They experience overall worse health outcomes, high rates of physical and sexual violence that affect their health, cases of involuntary sterilisation,¹⁶ and barriers to realising their sexual and reproductive rights.

Since the 11th Triennial Conference, there has been progress with regard to addressing concerns faced by women with disabilities in the Pacific. In 2013, a study entitled *A Deeper Silence* was completed by the United Nations Population Fund (UNFPA), in which the health of women with disabilities residing in Kiribati, Solomon Islands and Tonga was considered. It was found that there is a lack of awareness regarding women with disabilities and their sexual and reproductive health needs. The consequences are particularly severe for women with disabilities who are also subject to social, cultural and economic disadvantages as a result of gender discrimination. It was also found that women and girls with disabilities are two to three times more likely to be victims of physical and sexual abuse than those without a disability.¹⁷

The study not only provides a comprehensive snapshot of issues faced by women with disabilities, but also initiatives that are being undertaken in each of these countries. For example, since the 11th Triennial Conference, Kiribati has developed the Kiribati National Development Plan 2012–2015, which aims to strengthen support services for women and inclusion for people with a disability in decision making. The Draft Kiribati National Disability Policy 2011–2014 was also developed to meet the needs of people with a disability and dismantle barriers to equality.¹⁸

Access to health services

Access to good health care remains a challenge in the Pacific region. Constraints to women's access to health services are numerous; they include social and cultural issues, the health care system itself, the set-up of sexual and reproductive health services, and access issues specific to different groups. With regard to the access issues, women who have been subjected to violence rarely report to health workers, although they may present with another health concern. Most health systems in the Pacific do not address VAW and those that do may not be sensitive, comprehensive or competent enough to deal with the issues. Women with disabilities may also require extra support and guidance to overcome barriers in accessing health services and seeking referrals. Health care providers require training to develop a sound understanding of VAW and disability issues, including how to sensitively support women in accessing health services.

The high level of migration is also an issue related to access to health services. Many health professionals, such as doctors, nurses, midwives and specialists, choose to move to countries such as Australia and New Zealand where opportunities and remuneration are better. The result is that the average health worker density for the Pacific is around three per 1000 compared to ten or more per 1000 in New Zealand and Australia. It is also difficult to attract doctors and nurses to rural communities, where services are limited. Many professional posts have been left unfilled, with severe consequences for the delivery of health services, especially in rural areas. There is also a lack of appropriately trained staff and a lack of opportunities for existing staff to receive refresher training.

With regard to the lack of medical staff, the 10th Pacific Health Ministers' Meeting discussed health workforce development in the Pacific earlier this year. Several PICTs are in the process of implementing measures to improve their national health workforce. For example, Fiji, Kiribati, Marshall Islands, Samoa, Solomon Islands, Tuvalu and Vanuatu have created task forces to address issues relating to human resources for health.

16 Pacific Islands Forum Secretariat, 2013 Pacific Regional MDG Tracking Report (Pacific Islands Forum Secretariat, Fiji, 2013).

17 United Nations Population Fund, *A Deeper Silence* <<http://countryoffice.unfpa.org/pacific/drive/ADEEPERSILENCE.pdf>> at 11 September 2013.

18 Ibid.

A medical internship programme is also under way in Kiribati, from which a group of 18 medical graduates returned from Cuba in August 2013.¹⁹

Additionally, a few countries have developed a gender policy and plan of action to be embedded in their Department of Health, to promote access to health services. The development of a gender policy and plan of action is crucial to ensuring equity between women and men as users and providers of health services. It can also take into account specific needs and considerations, such as geographic isolation with regard to sexual and reproductive health services, and can support same-sex health service providers where concerns relate to sensitive issues.

Solomon Islands and Fiji are two examples in which promising initiatives for gender-sensitive policy development can be found. In Solomon Islands, the Ministry of Health and Medical Services (MHMS) has designated a Gender Focal Point in the Police Department. The MHMS engages with the national committee for implementation of the Gender Equality and Women's Development (GEWD) policy, through chairing sub-committees and hosting the coordination of the SAFENET 'whole of government' mechanism for prevention and response to violence against women and children. In Fiji, the Health Sector Support Programme has recently undergone an assessment to promote gender equality and social inclusion, leading to recommendations. These include recommendations at the strategic policy level and interventions by the Ministry of Health in line with Fiji's *Roadmap for Democracy and Sustainable Socio-Economic Development (2009–2014)* and the Ministry of Health's *Shaping Fiji's Health: Strategic Plan (2011–2015)* at the organisational and community level.

Recommendations from the 12th Triennial Conference of Pacific Women

Women's health involves concerns regarding women's sexual and reproductive health, HIV/AIDS and other sexually transmitted infections (STIs), non-communicable diseases (NCDs), and health concerns faced by women with disabilities. Access to good health care remains a challenge because of social and cultural issues, the health care system itself, the set-up of sexual and reproductive health services, and access issues specific to certain groups, such as women who have been subjected to violence and women with disabilities.

The conference:

1. Noted the discussion of the *Pacific Sexual Health and Wellbeing Shared Agenda 2014–2018* and acknowledged the importance of addressing the social determinants of health, such as gender-based violence and the transformation of gender roles having negative impacts on women's health.
2. Supported the incorporation of strategies for ending violence against women, young women, and girls, including those with disabilities, into health policies, training curricula, medical guidelines and standard operating procedures, including strengthening of health systems and their human resources, in order to assist efforts to effectively prevent and address violence against women.
3. Supported better access to family planning, including for women with disabilities, as a means of improving women's health, empowerment and social advancement, and reducing the risk of maternal death and STI and HIV transmission. The conference also requested the Pacific Health Ministers' Meeting to include an agenda item at their next meeting on ways to address the major problem of the unmet need for contraceptives in the Pacific.

19 World Health Organisation & Secretariat of the Pacific Community, *10th Pacific Health Ministers Meeting: Health Workforce Development in the Pacific (2013)* <http://www.wpro.who.int/southpacific/pic_meeting/2013/documents/PHMM_PIC10_10_HRH.pdf> at 12 September 2013.

4. Supported access to inclusive, youth-friendly sexual and reproductive health services, education and information, including access to safe spaces for women, young women, and girls, including those with disabilities, and supported the teaching of comprehensive sexuality education with appropriate content starting in primary school.
5. Commended the collaboration of parliamentarians, government, development partners, and civil society organisations at the recent 6th Asia Pacific Population Conference, and recognised the recently passed *Moana Declaration*²⁰ on sexual and reproductive health and reproductive rights at the Pacific Parliamentarians' consultation on the ICPD Beyond 2014 meeting, and requested that this agenda be included in the health ministers' annual meeting and in decisions on national government allocations to ensure adequate resources for sexual and reproductive health.
6. Highlighted the need to strengthen national screening programmes for breast and cervical cancers, and immunisation against the human papillomavirus (HPV) to prevent cervical cancer, as well as treatment for STIs, including chlamydia, and requested that governments prioritise support in these areas.
7. Acknowledged the positive and negative impacts of traditional medicine and called on governments to examine and explore the use of traditional medicine and practices in the Pacific, and their impact on women's health.
8. Requested that PICTs make health sector information available and accessible to the community and grassroots level.
9. Requested that SPC explore funding opportunities to conduct family health and safety studies for the French territories.
10. Requested PICT governments to explore 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 NCD-related deaths and disability in women, especially in rural and remote areas.

February 2014

For further information contact Brigitte Leduc, Gender Equality Adviser, SPC (briggittel@spc.int)

20 United Nations Population Fund, *Moana Declaration returns people to the heart of development agenda* (2013) <http://countryoffice.unfpa.org/pacific/2013/08/17/7672/moana_declaration_returns_people_to_the_heart_of_development_agenda/> at 1 October 2013.

