



UNFPA Pacific

2024 ANNUAL REPORT





MESSAGE FROM THE UNFPA PACIFIC SUB-REGIONAL OFFICE DIRECTOR

I am pleased to present the UNFPA Pacific 2024 Annual Report, showcasing our collective successes in championing sexual and reproductive health and rights throughout the Pacific. Even with the challenges of climate change and evolving demographics this past year, our focus remained steadfast on the well-being of women, girls, and young people.

This report details the tangible outcomes of the UNFPA Pacific Sub-Regional Office's strategic leadership and technical support to 14 countries, further building on the programme achievements delivered by our country offices across the region.

As we look to the future, we are committed to upholding our promises—striving for a future where every woman and girl can live with health and dignity, and with their rights upheld, no matter where they are.

Bidisha Pillai

**Director, Sub-Regional Office
UNFPA Pacific**

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ACRONYMS

AAP - Accountability to Affected Populations

BCC - Behavioural Change Communication

CVA - Cash Voucher Assistance

EVAWG NAP - National Action Plan to End Violence Against Women and Girls

FLE - Family Life Education

FSM - Federated States of Micronesia

GBV - Gender-Based Violence

HMIS - Health Management Information Systems

MTR - Mid-Term Review

MPDSR - Maternal and Perinatal Death Surveillance and Response

PSRO - Pacific Sub-Regional Office

PWDs - Persons with Disabilities

RMNCAH - Reproductive, Maternal, Newborn, Child and Adolescent Health

RMI - Republic of the Marshall Islands

SRHR - Sexual and Reproductive Health and Rights

UNFPA - United Nations Population Fund

EXECUTIVE SUMMARY

In 2024, the UNFPA Pacific Sub-Regional Office (PSRO) made significant strides in advancing sexual and reproductive health and rights (SRHR), empowering adolescents and youth in their development, and addressing gender-based violence (GBV) and harmful practices across the Pacific. These efforts directly contribute to UNFPA's global "Three Zeros" agenda: zero

unmet need for family planning, zero preventable maternal mortality, and zero gender-based violence and harmful practices, by 2030. This report outlines key achievements, challenges, and lessons learned, reflecting PSRO's unwavering commitment to fostering resilient, inclusive, and equitable societies across the Pacific.



UNFPA's
Global "Three Zeros" Agenda
by **2030**

Zero unmet need for family planning

Zero preventable maternal mortality

Zero gender-based violence and harmful practices

“ This report outlines key achievements, challenges, and lessons learned, reflecting PSRO's unwavering commitment to fostering resilient, inclusive, and equitable societies across the Pacific. ”



KEY ACHIEVEMENTS

Policy and Accountability:

UNFPA supported the integration of SRHR into national policies across eight Pacific Island Countries. Notable advancements include the Republic of the Marshall Islands validating its Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH policy), which encompasses critical areas like GBV and adolescent health. In Fiji, the Ministry of Health advanced the endorse-

ment of a new Family Planning Policy, while Samoa elevated its Sexual and Reproductive Health (SRH) Stakeholders Committee to a National SRH Committee. These policy advancements contribute to the creation of an enabling environment to achieve zero unmet need for family planning and eliminate GBV.

Quality of Care and Services:

Progress in supply chain management resulted in improved availability of modern contraceptives, resulting in an increase in the number of couples protected against pregnancy from 189,901 in 2023 to 194,740 in 2024. These gains are estimated to have averted approximately 40,614 unintended pregnancies, 4,240 unsafe abortions, and 248 maternal deaths, while generating health-care cost savings of USD 4.6 million. As a result of targeted service delivery interventions, 80% of

primary health care facilities now offer at least three modern contraceptive methods. In Fiji, the implementation of the Maternal and Perinatal Death Surveillance and Response (MPDSR) system is enhancing accountability mechanisms to reduce preventable maternal mortality. Overall, 210,506 women accessed family planning services through UNFPA-supported interventions, with targeted efforts to strengthen disability-inclusive service delivery.

Estimated Outcomes



Couples protected against pregnancy increased from

189,901 to **194,740**

in
(2023)

in
(2024)



40,614

Unintended pregnancies averted



4,240

Unsafe abortions prevented



248

Maternal deaths prevented



4.6 million USD

Healthcare cost savings

210,506

women accessed family planning services through UNFPA-supported interventions



Gender and Social Norms:

UNFPA's engagement in the Universal Periodic Review processes facilitated the integration of key SRHR and GBV-related recommendations in Fiji and Vanuatu. In Nauru, comprehensive clinical guidelines for GBV response were developed and institutionalized, while in the Federated States of Micronesia (FSM), over 30 health professionals

received training on survivor-centered GBV care. Targeted advocacy and community engagement efforts reached 7,172 women and young people with behaviour change communication (BCC) messages, contributing to strengthening prevention and response systems in support of zero GBV.

Data and Population Dynamics:

In 2024, data driven approaches continued to inform and strengthen SRHR programming across the Pacific. Several studies in Fiji and Samoa informed future SRHR strategies, with a focus on ethical GBV data collection. The Fiji Health Worker Trainer Follow-Up Study demonstrated improved health outcomes from enhanced training.

UNFPA also deepened strategic partnerships with National Statistics Offices, enhancing national capacities in data collection and analysis - essential components for measuring progress towards the Three Zeros and informing evidence-based policy and programming.



Humanitarian Action:

The Humanitarian Action Programme remained a critical pillar of UNFPA’s work in the Pacific, ensuring access to lifesaving SRH and GBV services before, during, and after crises. The programme enhanced disaster resilience by providing essential SRH and GBV services during crises. Following the December 2024 earthquake in Vanuatu, UNFPA distributed dignity kits to 1,462 women and girls. Additionally, UNFPA provided lifesaving interventions to 18,799 women and adolescent girls. Training on the Minimum Initial Service Package (MISP) reached 61 professionals across 11 Pacific Islands, ensuring continuity of

SRH services in emergencies. Three hundred and sixty eight (368) staff from different partners in Pacific Island Countries and Territories (PICTs) were trained on a range of subjects including 61 in MISP TOT training, 83 GBV Risk Mitigation, 71 MISP roll out, health response to GBV 16, GBViE (case management and minimum standards) 74, and 63 in Anticipation Action training. These efforts contributed to the resilience of national health systems, and safeguarded SRH and GBV services in humanitarian contexts, supporting progress towards all three transformative agenda results.

Adolescents and Youth:

UNFPA expanded youth-friendly SRH service and scaled up Family Life Education (FLE) across five countries including FSM, Vanuatu, Samoa, Kiribati and RMI. During the reporting year, 349 teachers were trained to deliver comprehensive, age-appropriate FLE, reaching 55,918 in-school young people with critical information on SRHR, healthy relationships, and GBV prevention. These initiatives have the potential to support and contribute

to the realization of zero unmet need for family planning and contribute to a future free from GBV. Additionally, five countries - FSM, Fiji, Kiribati, Samoa, and Vanuatu - commenced implementation of out-of-school FLE programmes, reaching 319 young people and ensuring more inclusive access to SRHR education beyond formal schools.

18,799	Women and adolescent girls received lifesaving SRH and GBV interventions
61	Professionals across 11 Pacific Islands trained on the Minimum Initial Service Package (MISP)
368	Staff trained across various topics: <ul style="list-style-type: none">o 61 in MISP Training of Trainers (TOT)o 83 in GBV Risk Mitigationo 71 in MISP rollouto 16 in Health response to GBVo 74 in GBViE (case management and minimum standards)o 63 in Anticipation Action training



“I have learned many things in this class; about my health, hygiene and building positive relationships. Miss Tilang makes us do group work, which makes the class fun,” Hazel, a student of the FLE class in RMI.

CHALLENGES

Despite notable achievements across programmes, several challenges persisted in 2024. The availability of the human resources and capacities to commence the work on the planned intervention. The limited human resource capacity in some countries hindered timely implementation of activities. Sociocultural resistance, particularly regarding FLE and SRHR topics, continued to affect community uptake and policy

adoption. Challenges also emerged in developing and scaling innovations, such as digital platforms for youth engagement, due to technical issues. Furthermore, weak data systems and the limited presence of youth-led mechanisms impeded inclusive participation and programme responsiveness.

LESSONS LEARNED

Key lessons highlighted the importance of early planning and securing financial commitments to avoid delays in implementation. Strong evidence-based advocacy is crucial to shifting sociocultural norms and securing political will. Robust and integrated data systems are essential to support effective programming, monitoring, and policy development. Moreover, meaningful youth engagement - beyond participation

- requires deliberate planning and investment, particularly when deploying digital innovations. Finally, cross-sector collaboration and continuous capacity building at national and local levels have proven vital to advancing sustainable change. In summary, the UNFPA PSRO's 2024 efforts reflect a commitment to improving health outcomes and promoting gender equality across the Pacific, laying a strong foundation for future initiatives.

2024 PROGRESS TOWARDS THE UNFPA 3 ZEROS: A SYNERGISTIC APPROACH TO REPRODUCTIVE HEALTH AND GENDER EQUALITY IN THE PACIFIC

In 2024, UNFPA Pacific has made significant progress toward realizing the vision of a Pacific region where every pregnancy is wanted, every childbirth is safe, and every young person fulfills their full potential and lives a life free of violence.. PSRO's integrated strategies exemplify how multi-sectoral efforts, policy reforms, community engagement, and data-driven decision-making work in tandem to accelerate progress across these interconnected goals.

Strengthened policies such as the Family Planning Policy in Fiji and the Standing Order in Cook Island, coupled with expanded youth-friendly health services, has increased access to contraceptive methods, thereby reducing unmet family planning needs. Simultaneously, the implementation of the MPDSR system and better SRH services have contributed to declining maternal health risks. The advocacy and clinical training initiatives foster an environment of quality care, directly supporting zero maternal deaths.

Addressing gender-based violence has been prioritized through policy reforms, survivor support services, and community awareness campaigns. These efforts create safer environments, empowering women and girls, and reducing the prevalence of GBV. Importantly, these three pillars, family planning, maternal health, and GBV

prevention are mutually reinforcing. For instance, empowering women with reproductive rights and access to services reduces vulnerabilities to GBV by promoting bodily autonomy and decision making power.

The data systems, including gender analyses and health information platforms, enable continuous monitoring and the alignment of interventions, ensuring that efforts are synergistic and sustainable. By fostering collaboration across sectors and stakeholders, UNFPA Pacific is building resilient health and social systems capable of delivering equitable, comprehensive care that advances the UNFPA 3 Zeros.

This integrated approach exemplifies the power of synergies in transforming lives and fostering gender equality, illustrating PSRO's commitment to a future where no one is left behind. By employing the "Three Zeros Synergetic Approach," UNFPA Pacific has strengthened its presence across the Pacific region. This strategic approach has resulted in lasting impacts that contribute to the global Sustainable Development Goals (SDGs), particularly the three transformative results of UNFPA: zero unmet need for family planning, zero preventable maternal mortality, and zero gender-based violence.



I. Zero Unmet Need for Family Planning

UNFPA Pacific made notable progress towards eliminating unmet need for family planning by strengthening policies, enhancing service delivery, and expanding access across eight Pacific countries. The Republic of the Marshall Islands (RMI), for example, has embraced Reproductive Maternal, Newborn, Child and Adolescent Health (RMNCAH) policy, and it has also included major priorities such as gender-based violence (GBV) and adolescent health. In Fiji, a new Family Planning Policy is being supported, while Samoa has elevated its SRH Stakeholders Committee to a National SRH Committee. These policy reforms are essential in creating an enabling environment for the achievement of zero unmet need for family planning.

In the Cook Islands, the development and government approval of a Standing Order permitting midwives and nurses to deliver family planning

services without a physician's prescription significantly expanded service coverage. Additionally, a pioneering gender analysis of Fiji's legislation on Technology-facilitated GBV marked a milestone on data driven policy advocacy.

Improvements in supply chain management led to greater access to modern contraceptives, increasing the number of couples protected against pregnancy by these methods from 189,901 in 2023 to 194,740 in 2024. This enhanced estimate is reported to have averted 40,614 unintended pregnancies, 4,240 unsafe abortions, and 248 maternal deaths, generating healthcare cost savings of USD 4,615,843. Around 80% of primary service delivery points now have access to at least three modern contraceptive methods, with 210,506 women benefiting from UNFPA interventions, including disability inclusion projects.

Valerie provides counseling to a teenager at the Vila Central Hospital.



The Quiet Champion of Women's Health in Vanuatu

The worn out floor of Vila Central Hospital squeaked under Valerie's hurried footsteps. She was breathless, having just finished collecting pap smear samples from two women on another floor. As she settled into her chair at the antenatal unit, her colleague informed her that two patients were waiting. One was Anna, a young mother Valerie knew well.

Anna (name changed), 25, had a difficult pregnancy. The birth had been traumatic, and she is determined to space her next pregnancy. "There's so much misinformation out there around family planning and contraceptives," Anna confided. "Sister Valerie patiently listened to my concerns and provided me with all the needed information and available choice of contraceptives. She helped me to make an informed decision about my body and my future."

Valerie, a nurse who has worked at Vila Central Hospital for 13 years, has witnessed firsthand the toll that misinformation and taboo take on women's health. In a traditional society, conversations about sexual and reproductive health are often hushed, if they happen at all.

"I have seen young girls struggling with teenage pregnancies, and women suffering from preventable health complications," Valerie explained. "Sometimes, all it takes is the right information to change a life."

Valerie goes above and beyond her hospital duties. On Saturdays, she runs a small clinic in her community, offering sexual and reproductive health services and education to young people. She has seen the devastating consequences of teenage pregnancies in her community, reinforcing her belief in the power of knowledge. But breaking down centuries-old taboos is not easy. Valerie works closely with

church and community leaders, gently convincing them towards an open dialogue. She understands the cultural sensitivities, and her approach is one of respect and collaboration.

With support from the Australian Government, UNFPA Pacific has trained health workers like Valerie in Vanuatu to deliver high-quality family planning counseling and services for women, adolescents, and people with disabilities. To date, 55 healthcare workers from 47 public health facilities across the country have

received the UNFPA training.

Valerie's unwavering dedication makes her a true champion for the women and girls she serves. In a place where information about sexual and reproductive health is a sensitive topic, she guides young girls and women towards informed choices. Through her patient conversations and compassionate understanding, she's making a real difference in their lives, one girl at a time.

UNFPA also supported the review and finalization of a supportive supervision toolkit for sexual and reproductive health and family planning services in seven countries. This toolkit includes a customized checklist and client satisfaction survey aimed at improving service quality. Capacity building in comprehensive family planning ensured full coverage of trained healthcare providers at all service delivery points in Tonga, Samoa, and Nauru.

In the area of youth empowerment, UNFPA has advocated for youth-friendly health services and FLE, with a capacity building of 349 teachers in five nations. A total of 55,918 school adolescents were provided FLE in 2024 along with access to a SRH service. Five countries have begun introducing out-of-school FLE, reaching 319 young people, and FSM has implemented its Adolescent and Youth-Friendly Health Services (AYFHS) guidelines, while Nauru and Tonga are developing their AYFHS guidelines. Seven countries now have national AYFHS guidelines to guide the rollout of youth-friendly services.

Several studies in Fiji and Samoa have informed the planning of future SRHR strategies, and the region held its first training in the application of the Family Planning Estimation Tool (FPET) in 2024. This capacity development has significantly increased the capacity of seven nations to make significant estimates of key family planning indicators including the Contraceptive Prevalence Rate (CPR) and unmet demand for family planning services.

The synergies across policy, service delivery, youth engagement, and data systems is evident. Policy innovations like standing orders increase access and allow nurses and midwives to provide family planning services. Increased collection and analysis of data, facilitated by resources like FPET, enable effective targeting of family planning programs and distribution of resources. Furthermore, FLE and youth-friendly services promote higher demand for and use of family planning services by youth.

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“I am from Fiji and I was called to come and work in Vanuatu under UNFPA, after the earthquake. We reached Port Villa on Christmas Day. We were deployed at the Villa Central Hospital. I worked in the delivery ward helping with deliveries and post natal care.”

II. Zero Preventable Maternal Mortality

Implementing the Maternal and Perinatal Death Surveillance and Response (MPDSR) system in Fiji signals the commitment towards zero preventable maternal mortality. Tonga and Kiribati also made significant achievements by upscaling WHO’s MPDSR tools and receiving training that enabled national and facility-level rollout. UNFPA supported seven countries in updating and finalizing a supportive supervision package for sexual and reproductive health and family planning services, including client satisfaction surveys and tailored checklists. Training for supervisors and managers has led to the institutionalization of these instruments in national systems in Samoa

and Vanuatu.

Additionally, a new 2024/2025 family planning training program will steer up promotion of the client satisfaction tool, which has been rolled out successfully in the Solomon Islands in 2024. The establishment of the Sexual and Reproductive Health (SRH) Working Group under the Health Cluster in Vanuatu is a significant humanitarian coordination enhancement. UNFPA has also prioritized integrating people with disabilities (PWDs) into GBV and SRHR services so that such vulnerable populations can access the care they need.

Through humanitarian response, the program has built disaster resilience by providing life-saving SRH services during crises. Following the Vanuatu December 2024 earthquake, UNFPA distributed 1,462 dignity kits to girls and women, while life-saving services were given to 18,799 women and adolescent girls. MISP training was delivered to 61 practitioners from 11 Pacific Islands, ensuring continuity of SRH services in emergency situations. UNFPA contributions to the Anticipatory Action Model harness community sensitization and pre-disaster provision of services, with the long-term aim of reducing maternal health risks and improving access to SRH and GBV during emergencies.

The interplay among programmes thus created speaks for itself. MPDSR systems, instituted via training and technical support, directly help in averting preventable maternal deaths by facilitating improved quality of care and response to maternal health complications. Integration of SRH services within humanitarian responses ensures continued access of women to important care, e.g., delivery services, amid emergencies. Through anticipatory action and community sensitization, UNFPA's approach fosters pre-disaster service readiness and aims to reduce maternal health risks in emergencies.

Fiji empowers persons with disabilities with inclusive reproductive health programme

The gentle sea breeze carried the fragrance of plumeria flowers through the open windows of the Somosomo Village Hall. Inside, the air buzzed with a different kind of energy. Over 150 people, a mix of persons with disabilities and their caregivers, were keenly listening to the speaker. Amongst them, 20-year-old Mariana Vani sat with her sign language interpreter, her face alight with a mix of concentration and wonder.

The Community-Based Sexual and Reproductive Health Outreach Programme for persons with disabilities, organized by Fiji's Ministry of Health and Medical Services in collaboration with Organizations of Persons with Disabilities (OPDs), supported by UNFPA Pacific was the first of its kind for Mariana. For the first time, Mariana was learning about her rights – her right to education, to healthcare, to a life free from discrimination and violence. The information about sexual and reproductive health, delivered with sensitivity and respect, was a uniquely empowering experience she had never had access to.

"This is my first time attending an outreach programme where I find my needs addressed in a caring and inclusive environment," said Mariana.

Born deaf and mute, Mariana has often felt isolated, her world limited by the constraints of communication made worse in an environment that did not offer much help to interpret her thoughts and emotions. Growing up, the special school in Suva, far from her home in beautiful Taveuni, had been a lonely experience. The boarding school, meant to be a safe haven, had felt more like a prison. The insensitive treatment from some teachers finally forced her to drop out in high school.

Back in the familiar embrace of her family, Mariana found love and acceptance, but the struggle to communicate remained. Her family, though supportive, couldn't understand her silent world of signs. The only sign language interpreter on the entire island was a rare and precious resource, highlighting the stark reality of her isolation.

"My family doesn't understand sign language and communication is often challenging. Outside home, it becomes even harder to explain my needs and aspirations," said Mariana.

Mariana Vani interacting with her sign language interpreter at Somosomo Village Hall in Tavueni Island.



The outreach programme has reached 339 persons with disabilities like Mariana and their caregivers with information and services on sexual and reproductive health rights (SRHR) and GBV.

This initiative is part of UNFPA's flagship programme, Transformative Agenda for Women, Adolescents, and Youth in the Pacific (TA), funded by the Australian Government. UNFPA supports

disability inclusion as a pathway towards more inclusive and equitable healthcare systems in Fiji and other countries in the Pacific.

As the outreach programme drew to a close, Mariana felt knowledgeable and empowered about her rights as a person with disability. She is determined to break down the barriers that silence has imposed.

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UNFPA Executive Director, Natalia Kanem launched “Clinical Practice Guidelines for Survivors of Sexual and Gender-based Violence” in Nauru re-affirming UNFPA’s commitment to address GBV. Developed by the Department of Health and Medical Services and Department of Public Health, this milestone aligned with the global 16 Days of Activism campaign.

III. Zero Gender-Based Violence and Harmful Practices

UNFPA advocacy through the Universal Periodic Review (UPR) processes supported the adoption of GBV-related recommendations in Fiji and Vanuatu, advancing the integration of GBV prevention and response into legal and policy frameworks. Notably, UNFPA contributed to Fiji’s National Action Plan to End Violence Against Women and Girls (EVAWG NAP) and partnered with the Ministry of Women, Children and Social Protection to conduct a landmark gender analysis of policies on Technology-Facilitated GBV; marking a significant milestone for policy accountability

At the service delivery level, clinical protocols for survivor centered care were strengthened across multiple countries. Nauru developed national pro-

ocols; the Federated States of Micronesia trained over 30 health workers; and in Solomon Islands, UNFPA equipped frontline providers with essential job kits to operationalize GBV care.

Community level outreach complemented these system strengthening efforts. In total, 7,172 youth and women were reached with behaviour change communication messages, while civil society organizations were capacitated to engage in national reporting and accountability processes such as the UPR. UNFPA also co-facilitated Fiji’s first Young Women’s Forum on Technology-Facilitated GBV, empowering 41 participants to advocate for digital safety and protection.

Humanitarian action remained a key pillar of GBV programming. UNFPA embedded GBV prevention and response into emergency preparedness by rolling out training on the Minimum Standard for GBV Programming, Risk Mitigation, and Case Management in Emergencies; ensuring service continuity during crisis.

Finally, a regional emphasis on the safe and ethical collection of GBV data marked a signifi-

cant achievement in 2024. Studies conducted in Fiji and Samoa are already shaping future SRHR strategies, reinforcing the importance of evidence based, survivor centered interventions. Together, these interconnectedness efforts that span policy reform, health system strengthening, community mobilization, and humanitarian preparedness, represent a comprehensive and coordinated approach toward eliminating gender-based violence in the Pacific.

UNFPA PSRO 2024 Impact Matrix

Output/Intervention	Family Planning (Zero Unmet Need)	Maternal Health (Zero Maternal Mor- tality)	GBV Preven- tion (Zero GBV)	Synergistic Impact
Policy Enhance- ment and Reforms	✓	✓	✓	Enhanced policy environ- ment supports all three zeros.
Supplies and Com- modities	✓	✓	✓	Strengthened the im- provement of the quality integrated health care services including for Gender/GBV and Adoles- cents and youth within the humanitarian-devel- opment nexus, concretely contributes to the three zeros.
Youth Engagement	✓		✓	Empowerment of youth to access SRH/RR services and information as well as the GBV prevention and mitigation services and information.
Data Systems	✓	✓	✓	Facilitates integrated monitoring and response



POTENTIAL OPPORTUNITIES FOR 2025

Building on 2024 progress, several areas present opportunities for the UNFPA Pacific Sub-Regional Office (PSRO) to enhance its work.

Policy and accountability remain foundational. Advancing supportive policies for SRHR, youth empowerment, and GBV prevention will position UNFPA as a key partner in rights-based development in the region. Legislative reform aligned with international human rights standards offers an important opportunity to shift entrenched gender and social norms. This overlaps with Gender and Social Norms; further advocacy for legislative reforms aligned with human rights standards will

challenge harmful practices like child marriage. Increased investment in gender advocacy will strengthen the foundation for sustainable development.

While in Quality of Care, deepening support for the Maternal and Perinatal Death Surveillance and Response (MPDSR) system can help reduce maternal mortality. Expanding cervical cancer prevention efforts, including HPV testing, and improving GBV survivor care will further contribute to improved health outcomes and gender equality.



A focus on data and evidence is central in advancing advocacy and accountability. Operations research and improved information systems such as HMIS, censuses, household surveys, dashboards, and data visualizations will strengthen national and regional planning. A continued investment in platforms such as Health Management Information Systems (HMIS), censuses, household surveys, and data visualization products, will enhance advocacy efforts and drive more effective communication and resource mobilization. Further development of Pacific Island Countries and Territories (PICTs) profiles, is also a key opportunity, offering robust advocacy tools for targeted resource mobilization. Enhancing the contraceptive logistics management system (CLMS) offers a concrete opportunity to enhance data accuracy for family planning, supporting informed decision making and efficient resource allocation.

In humanitarian action, completing Minimum Preparedness Actions (MPAs) and developing Anticipatory Actions Frameworks are essential for effective emergency responses. Greater focus on building capacity in Cash Voucher Assistance (CVA) and Accountability to Affected Populations (AAP) will enhance PSRO's humanitarian responsiveness and accountability.

Finally, digital innovation presents an exciting frontier for adolescent and youth engagement. Expanding digital initiatives for adolescents and youth will enhance access to SRHR and GBV services, while securing domestic financing for Family Life Education (FLE), will ensure sustained, youth centered progress.

Overall, these strategic opportunities offer a clear path to deepen UNFPA's impacts, strengthen health and social systems, and advance human rights and gender equality across the Pacific - laying the groundwork for inclusive, resilient, and sustainable development.



ACKNOWLEDGMENTS

We are profoundly grateful for the steadfast support of our donors, whose unwavering commitment has been instrumental in transforming the lives of women and girls in the Pacific. Your generosity and partnership have enabled us to make significant strides in advancing sexual and reproductive health and rights, empowering individuals, and building resilient communities. We look forward to your continued support to deliver on our promise.

Furthermore, we extend our deepest gratitude to all those we serve. Your trust, collaboration, and active participation are at the heart of everything we do.

