

# Pacific Commitment to Action on Sexual and Reproductive Health and Rights



## Preamble

*We, representatives of civil society and other organisations across issues and social movements from across the Pacific, in October 2012, renew our commitment to action to achieve sexual and reproductive health and rights (SRHR) for all people in our Pacific region. We believe that SRHR is a rights and sustainable development issue, not just a health issue.*

*At a crucial time in global history, we reaffirm the 1994 International Conference on Population and Development 20-year Plan of Action (ICPD PoA) and its follow-up commitments, the 1995 Beijing Platform for Action (BPfA), the Millennium Development Goals (MDGs), and the 2011 Declaration of Commitment on HIV/AIDS, the 2010 Global Strategy for Maternal and Child Health and the Rio+20 outcome document "The Future We Want". We acknowledge now is the time for concerted and collective action to achieve the goals and targets our governments have set for us in these important and ambitious agreements. We would like to input into the post-2015 agenda for sustainable development and into the agenda for Small Island Developing States.*

*This Commitment to Action complements the "Kuala Lumpur Call to Action: Asia and the Pacific NGOs Call for Sexual and Reproductive Health and Rights for Sustainable Development" of May 2012.*

*This Commitment to Action recognises and salutes the achievements that have been made so far across the Pacific to achieve SRHR for all. We build on previous Pacific commitments, such as the "2008-2015 Pacific Policy Framework for Achieving Universal Access to Reproductive Health Services and Commodities", the "1995 Our Healthy Islands Yanuca Agreement", the "2009-2013 Pacific Regional Strategy on HIV and Other STIs", and other regional and national agreements.*

*This Commitment to Action acknowledges recent statements in the Pacific Leaders' Forum Communique Cook Islands August 2012 for the urgent need to accelerate progress to achieve MDGs by 2015 and ensure reproductive (family planning) education, awareness and service programmes receive adequate support, as well as the Gender Equality Declaration of 2012. Bearing in mind the vulnerabilities of small, remote, widely-dispersed communities, we highlight the need for ensuring adequate action is taken to address SRHR in the Pacific region.*

*This Commitment to Action documents the key priority areas in the Pacific, and in our countries, which if addressed, would contribute to achieving SRHR for all our Pacific people.*

*This Commitment to Action is a commitment from us that we are acting to address these priority issues. It is also an invitation to work alongside us in solidarity. We invite our governments, donors, regional agencies, international financial institutions, the private sector, parliamentarians, church and traditional leaders, our fellow members of civil society and people in our home and communities, to work with us to ensure all Pacific people can enjoy safe and healthy sexual and reproductive lives.*

These are our key issues and calls:

## Enabling Environment

1. Gender equality needs to be a key component of SRHR policies and programmes.
2. Laws should be amended and policy barriers addressed to ensure adequate support, promotion and protection of SRHR.
3. Funding should be allocated for SRHR, including information, education, training, advocacy, services, supply, equipment and human resources.

## Universal Access to Sexual and Reproductive Health Services

1. Services need to be available and accessible to all people and communities, including diverse and vulnerable groups, such as marginalized women, adolescents and young people, people of various faiths, people in remote areas, persons with disabilities, and people of diverse sexual orientation and gender identity.
2. Quality services should provide choices, be expanded and include the following: full range of contraceptive methods and family planning services, prevention and post-treatment of miscarriages, prevention of maternal and infant morbidity and mortality, safe motherhood and newborn health services, including basic obstetric care, adolescent sexual and reproductive health, prevention and treatment of STIs and HIVs, addressing gender-based violence, reproductive cancers and infertility, with appropriate counselling and referral systems. Specific SRHR issues experienced by marginalised and vulnerable groups need to be addressed.
3. Barriers to accessing services, including cost, distance, time, lack of sensitivity of providers, cultural and religious barriers and legal and policy barriers, should be addressed.



## Sexual and Reproductive Health Information, Education and Training

1. Rights-based, culturally appropriate, comprehensive Sexuality Education, including on SRHR, should be supported at all educational levels, including primary, secondary, tertiary and in medical curricula for various health providers (doctors, nurses, birth attendants, etc.). Existing pilot projects should be improved and upscaled. Training for teachers on SRHR and review of their curricula to include SRHR need to be in place as well.
2. Comprehensive Sexuality Education needs to be also available in out-of-school and community settings. These should also address other groups such as seafarers, migrant workers, prison inmates, military and peace keeping forces.
3. Capacity building among NGOs and activists should be supported to facilitate behaviour change.
4. Continued and regular awareness-raising, capacity building and trainings of various institutions, including health providers, police, judiciary, faith-based and traditional leaders, parliamentarians, policy-makers and others, including on gender sensitivity and SRHR should be implemented.
5. Male involvement on SRHR needs to be included as an important part of SRHR programmes.

## Supply

1. Supplies related to SRHR should be part of the essentials drugs supply list.
2. Commodities and services need to be affordable, acceptable, accessible and available at all current and potential service delivery points at all times, with improved systems in place to prevent stock-outs, to make it easy for providers to dispense SRHR information, commodities and supplies, and to address other supply chain issues.
3. Equipment necessary for sexual and reproductive health should be available and working.
4. Training for primary and secondary level providers about reproductive health commodities and supply chain management should facilitate a range of providers to provide SRHR services.

## Accountability

1. Monitoring and evaluation of SRHR programmes and policies and accountability mechanisms should be implemented at all levels. This should include impact assessment and analysis.

## Data and Information

1. Research and data on SRHR need to be available.
2. Health information systems should be improved so as to make comprehensive data available on various aspects of the health system, including on SRHR.
3. Disaggregated data on SRHR should be made available, including based on age, gender, geography, socio-economic status and other variables. Data also needs to be available for persons with disabilities, people of diverse sexual orientations and gender identities (including fa'afafine, fakaleti and others), and other groups.