Pacific Participation CSW58 and CPD47

I. Linkages between the CSW, the ICPD Programme of Action and Post-2015 Development Agenda with SRHR for women and adolescent girls being central

- Why women’s and girls’ empowerment, SRHR, as well as population dynamics more generally, are central to the achievement of the MDGs and as well as in the context of the post 2015 development agenda to assure sustainable development.

In the Pacific, given the significant youth bulge throughout the region as well as the aging population in countries such as Fiji and Tuvalu, it is important that we consider the specific SRHR information and services that these populations require, and obstacles that contribute to not meeting MDG5 in the region. There is concern about unwanted adolescent pregnancies in some countries. Although teenage fertility rates have declined in the last 10 years, they remain extremely high, especially in the Marshall Islands, Nauru, Kiribati, Vanuatu, PNG and the Solomon Islands. More than half of the population in these countries is younger than 25; high-risk sexual behaviour is prevalent. Although HIV prevalence is low in most countries, there is a high incidence of sexually transmitted infections among young people, sex workers and seafarers. The demand for sexual and reproductive health services remains low. Difficulties in sustaining community initiatives that discourage high-risk sexual behaviour, particularly among young people and the marginalized, highlight the need for targeted interventions. Unmet need for family planning is highest among age group 15-29 for Kiribati, Marshall Islands, Nauru and Solomon Islands.

- Lack of protection of the human rights of women and girls as well as structural factors are recognized as one of the main barriers to achieve the MDGs. Political and economic conditions and structures, as well as dominant gender norms, contribute to high maternal mortality and morbidity, inadequate access to sexual and reproductive health services, and child, forced and early marriage. Assuring gender equality and women’s empowerment (MDG 3) is therefore key to achieving all the other MDGs.

According to the 2013 MDG Pacific Regional Tracking Report: “Except for PNG, Solomon Islands and Tonga, all FICs are on track to achieve gender parity in education (Target 3.a). There are, however, emerging concerns over the attendance and performance of boys, particularly in high school. Only Cook Islands, Niue and Palau are on track to achieve the broader goal of promoting gender equality and empowering women. Most FICs recorded slow progress on empowering women. Higher education for young women are not leading to better employment outcomes due to gender barriers in labour

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1 Marshall Islands (85), Nauru (81), Solomon Islands (62), Vanuatu (66), PNG (65), Kiribati (49), Cook Islands (46), Tuvalu 44, FSM (46), Samoa (39%) Fiji (36)
2 In PNG it is highest among women age 45-49, in Samoa it is similar among all age groups, but highest among women 45-49 and in Tuvalu it is also even, but highest among women between 30-34.
markets, gendered stereotypes about suitable occupations for women and traditional expectations about women’s unpaid domestic and caring work.

Women’s representation in parliament in the Pacific is the lowest of any region in the world. FSM, Nauru, Palau and Vanuatu currently have no women in their parliaments, while FSM remains one of the three countries in the world that have never elected a woman. Across the region, traditional views that leadership is for men continue to influence electorates.

High prevalence and incidence of violence against women (VAW) across most FICs continue to hinder progress on this goal.” (page 11)

Despite important progress on MDG 5, including meeting the target for skilled birth attendance, and meeting the target or making progress on antenatal care, there is stalled or relatively slow fertility declines in many countries that can be attributed to a reduced focus on family planning programmes, the diversion of potential family planning funding to other priorities, religious conservatism, and the sociocultural preference for large families. While contraceptive prevalence in most countries has increased over the past 20 years, prevalence rates have stalled at approximately 35 to 40 per cent in many countries. The rates in Solomon Islands and Kiribati remain below 30 per cent.

- **Universal access to reproductive health by 2015, MDG target 5.b, remains an unfinished agenda.** While some progress has been made in reducing maternal mortality by 47 percent from the levels of 1990s, still 800 women die every day of maternal mortality causes, 99 per cent of which occur in developing countries, mainly in Africa and South Asia.

In the Pacific, while MMR is difficult to quantify given small populations, we know that each life lost during birth and every mother who experiences complications during pregnancy and delivery must be given full attention. Some of the initiatives underway include improved access to family planning and antenatal care, including considering the evidence from prevalence research on the association between domestic violence and contraceptive use as well as the impact of violence on women’s health, including during pregnancy. UNFPA is also working to strengthen the supply chain for critical medical supplies. And, in collaboration with UNICEF and WHO, is providing a single programme to address reproductive, maternal, newborn, child and adolescent health in Kiribati, Solomon Islands, and Vanuatu.

- **Access to sexual and reproductive health, including quality family planning is central to achieving the MDGs.** Women who are able to decide about the number of children they want to have or are able to safely deliver a healthy baby with trained health professionals and have access to emergency obstetric care in case of pregnancy complications are empowered and can participate and contribute to society, and live a life out of poverty. Adolescents who can postpone family formation, stay in school, protect themselves from HIV or any other STDs are more able to break the cycle of poverty.

Condom use provides dual protection against sexually transmitted infections including HIV and unwanted pregnancy. Despite good knowledge of condoms, rates of condom use, particularly among young people are low in the Pacific (below 45% at last high risk sex across the Pacific). Structural, cultural and societal barriers need to be removed to enable young people to protect and promote their sexual and reproductive health.
We know that when girls drop out (or are forced) of school because they are pregnant (and most often don’t return), it has a life-long impact on their wellbeing and their livelihoods. Access to education as well as SRHR are human rights and both need to be protected.

Contraceptive Prevalence rates have plateaued at 20 percent in many Pacific countries. New and innovative strategies are being identified to increase access to supplies and information so that women and their families can make informed choices regarding when and how often to have children.

- **The eradication of poverty (MDG 1)** is fundamentally linked to the principal message of the ICPD, which emphasizes universal human rights and capabilities as the foundation of sustainable development. High poverty is linked to high rates of maternal mortality and morbidity, low levels of education, and child and early marriage. Policies to address poverty must take into account the health care and educational needs of the poor, in particular women and girls, and acknowledge the importance of gender and life-cycle factors.

Investing in women’s empowerment and strengthening protection mechanisms ensures that women can play full and productive roles in their communities. By addressing the SRHR needs of the most vulnerable and marginalized women, particularly in rural areas where 80% of the Pacific population lives, women’s rights are realized, and significant potential for investment in national sustainable development can finally be tapped.

- **Gender based violence** and other harmful practices were not addressed adequately in the MDGs, and addressing these is key to achieving gender equality.

The wellbeing, potential and promise of millions of women and girls in the Pacific are further threatened by violence, including within their home. In Kiribati, 68 percent of ever-partnered women experienced physical and/or sexual violence by an intimate partner, whereas this was 64 percent for the Solomon Islands. In Samoa, 46 percent of women experienced one or more kinds of partner abuse. In Fiji, 64% of ever-partnered women aged 18-64 experienced physical and/or sexual violence by their husband or partner in their lifetimes. In Tonga, 45% of ever-partnered women reported at least one of these three types of violence (physical, sexual and emotional violence) in her lifetime, with half (22% of ever-partnered women) reporting multiple types of violence by her partner. Two out of every three (68%) of women in Tonga reported that they had experienced physical violence by someone other than a partner since they were 15 years old. Finally, in Vanuatu, 3 in 5 (60%) of women reported experiencing partner physical and/or sexual violence.

![Patterns of violence against women (15-49) in Pacific Island countries](image)

Source: Henriette Jansen, UNFPA, 2013
In fact, the most concrete expression of gender inequality is gender-based violence. Patterns of VAW differ by types of violence and perpetrators between countries and sub-regions. Fiji, Vanuatu and Kiribati report higher prevalence of partner violence than non-partner violence. In Tonga and Samoa, the reverse occurs. In Tonga, Samoa and Fiji, non-partner violence is mainly physical violence while in Kiribati, Solomon Islands and Vanuatu sexual violence by non-partners is equally common as physical. Child sexual abuse is common in Solomon Islands but relatively less so in Tonga and Samoa. Sexual violence experienced by women and girls with disabilities is emerging as a critical area requiring protection and urgent action. Understanding these specific patterns is critical to ensuring effective policies and legal reform, as well as targeted prevention and response programming.

- **Worldwide, it is estimated that 142 million girls will marry before reaching adulthood** in the next decade, and this single decision, made by others, on the girl’s behalf, has implications both for girls’ educational attainment and their sexual and reproductive health status. Acknowledging not only the rights of adolescent girls, but also the key role they play in assuring sustainable development, and their particular vulnerability, must be linked to an emphasis on assuring that girls can stay in school, and are not forced into early marriage and/or pregnancy.

There are an estimated nearly 1 million women aged 15-24 living in the 21 Pacific Island Countries, with about 703,000 in Papua New Guinea alone. Young women make up some of the most vulnerable populations to violence, are the least represented in leadership and decision making roles, and have more barriers in terms of access to economic opportunities. It is vital that young women themselves are active in making the decisions that will affect their lives and the lives of their peers.

- **In addressing the post-2015 agenda**, particular attention must be paid to the challenges and opportunities presented by the youth bulge particularly in the context of assuring sustainable development. An Adolescent and Youth goal will assure that the post 2015 development agenda is clearly linked to human rights, gender equality and poverty alleviation, health and well-being, education, sustainability and participation. The voice and participation of youth, particularly adolescent girls in the post-2015 agenda, is therefore essential.

The Pacific region is characterised by a significant youth bulge. The youth age group of 15–24 years accounts for about two million people, close to a fifth of the region’s total population and as much as a third of the adult working age population. The challenges facing youth have become critical as increasing numbers have little or no education, employment or training.

Regional partners, including youth groups and a young women’s alliance, together with national stakeholders developed a Pacific Youth Development Framework, which is intended to focus and maximise collaboration and resources at country level in implementing national youth policies to have the greatest impact on critical youth issues. The framework will focus on health, employment, environment, and governance & participation.

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3 Source: UNFPA-PSRO
Efforts have been undertaken across the Pacific to provide young people with comprehensive sexuality education. Comprehensive sexuality education, which recognizes evolving capacities, provides young people with the knowledge and skills to promote and protect their sexual and reproductive rights.

- **2014 is key for the ICPD**: This year the ICPD Beyond 2014 process will reach peak moments along its path to the 69th General Assembly's special session while the Post-2015 development agenda gains momentum. Opportunities and at the same time challenges to the ICPD agenda are thus present and numerous.

In the Pacific, leaders have reviewed progress against the ICPD promise and have made strong commitments to realizing that promise through national development strategies, policies and programmes. (see the Moana Declaration and the APPC Outcome Document).

- **This CSW matters**: After the success of last year’s CSW, where it was possible for Member States to reach strong agreed conclusions on violence against women and girls, reinforces the need for this year’s outcomes to be equally if not more effective. The outcomes must adequately reflect issues on gender equality and empowerment of women and girls, human rights, young people and SRHR, eliminating harmful practices, including child, early and forced marriage, must all be addressed in the context of assuring sustainable development.

Though-out the Pacific, member states that participated in CSW last year, continue to make advances in addressing VAW in their own countries. Last year, Tonga passed the Domestic Violence Bill, Kiribati has developed a multi-sectoral plan for coordinated response (health, psychosocial, safety/protection) – the SHIP for implementing the Ending Gender Based Violence policy and national action plan.

- **CSW paves the way to CPD**: The CSW is also important because the Commission on Population and Development (CPD) will this year address the 20th anniversary of the ICPD Programme of Action and its implementation beyond 2014. A successful CSW will make a difference to the tone and approach that we can bring to our CPD preparations and negotiations.

In the Pacific, member states have carried the banner of ICPD through regional consultations in Nadi and Bankok, as well as contributing in the Hague Human Rights Conference and the Bali Youth Conference. The message of investment in sexual reproductive health and rights will be further reinforced in the SIDS meeting in Samoa in September and in the input to the post 2015 sustainable development agenda. NGOs, that are leading the Women Major Group and participating in the gender equality Open Working Group on Sustainable Development Goals are providing valuable Pacific perspectives.

### II. Key Messages for the Outcomes of CSW58 and CPD47

This year, during the culmination of the ICPD Beyond 2014 process, strong reaffirmation of the ICPD Programme of Action and the Beijing Platform for Action, as well as **strong, substantive and actionable references to SRHR is critical**. These references should be concrete and actionable.

Below are key messages which need to be included:
- Call for not only the achievement of gender equality and empowerment of women (MDG 3) but more broadly for comprehensive policies to address gender equality with an emphasis on the centrality of sexual and reproductive health and rights of women, adolescents and young people, especially adolescent girls, ending harmful practices, including child, early and forced marriage, as essential to for the achievement of the MDGs, and to assure sustainable development in the context of the post 2015 development agenda.

- Call for urgent measures to accelerate the achievement of MDG 5 through universal access to comprehensive, quality, and integrated sexual and reproductive health information and services, throughout the life-cycle, with an emphasis on women and adolescent girls, as a key priority of the health sector. Evidence confirms that investing in sexual and reproductive health and rights is not only right from a human rights perspective, but also is smart for the wider economic and development agenda associated with higher labour force participation by women; productivity gains; significant savings for the health sector by reducing unwanted pregnancies, maternal morbidity and death, etc.

- Call for expanding the availability of family planning and improve the quality of services by adopting a human rights-based approach to achieve MDG 5. Family planning must be grounded in comprehensive sexual and reproductive health programmes. Governments of developing and donor countries, international organizations and foundations need to increase funding to improve the quality and availability of contraception, information and services for all who want them, thus allowing everyone to exercise their reproductive rights.

- Call for a stand-alone goal on gender equality and the human rights with a focus on the empowerment of women and girls, as well as assuring that gender equality is mainstreamed across all other goals, targets and indicators. A major lesson learned from the MDGs is the shortcomings of a fragmented approach to advancing gender equality. To be effective, a gender equality goal should encompass commitments and targets across the range of social, economic, cultural, civil and political rights, including fulfilling sexual and reproductive health and rights; and ending gender-based violence and harmful practices.

- Call for investments in adolescents and young people to be prioritized, with a focus on adolescent girls, including measures to end child, early and forced marriage and assure universal access to education, including comprehensive sexuality education for all young people, both in and out of school; and youth-friendly sexual and reproductive health information and services.

- Call for urgent measures to address the needs of women and young people, who comprise nearly 80 percent of the estimated 45 million people who have been forcibly displaced from their homes by conflict and disasters, to access sexual and reproductive health services, while also preventing and responding to gender based violence by ensuring information, education and services are available. Sexual and reproductive health and the prevention and response to gender based violence should be at the core of the human rights, humanitarian, peace and security agenda for humanitarian affected population.

- Call for urgent measures to ensure universal access to essential services for all victims/survivors of gender-based violence, that are comprehensive, accessible and
coordinated across sectors, and that include, at a minimum: 24-hour hotlines; psychosocial and mental health support and counselling; health services, including for treatment of injuries and sexual and reproductive health; post-rape care, including emergency contraception, post-exposure prophylaxis for HIV prevention and access to safe abortion services in all cases of violence, rape and incest; police protection, safe housing and shelter; documentation of cases, forensic services, legal aid and access to justice; and referrals and longer-term support for women and their children, including for housing, education, employment and income-earning opportunities.

- Call for enhancing **monitoring, evaluation, data and accountability**, including the use of disaggregated data by sex, age, socioeconomic status, residence and other categories to implement the MDGs and to inform the post 2015 development agenda.