



WORKSHOP REPORT

AFPPD-NZPPD Agenda 2030 Workshop for Pacific Parliaments On Prioritizing the ICPD Agenda in the SDGs

28-29 September 2016 | Wellington, New Zealand





The Asian Forum of Parliamentarians on Population and Development (AFPPD) was deeply saddened to learn of the passing of the Speaker of Parliament of Kiribati, Honourable Teatao Teannaki.

We would like to offer our heartfelt condolences to his family members, the Members of the Parliament of Kiribati, and the people of Kiribati. All AFPPD member national committees and parliamentarians in over 30 Asia-Pacific countries also join me in conveying this message.

Honourable Teannaki's greatest contribution to peace and development in Kiribati but also in the Asia-Pacific region and beyond will be remembered eternally, and his legacy will live on in our hearts.

Table of Contents

Introduction	3
Mihi Whakatau and Opening Session	3
Introduction to the Workshop	4
Session 1: Overview of the ICPD, MDGs and the SDG Process	6
Session 2: Review the National Pronouncements on ICPD Implementation at the National Level: Validate or Improve Priorities and Strategize for Inclusion in Regional and Global Reporting Frameworks	8
Session 3: Tools and Strategies to Champion the ICPD Agenda in National SDG Plans and Monitoring Framework	10
Session 4: Life Cycle Approach.....	12
Session 5: How to Frame Key Population and Development Issues to Develop Effective Messages: Investing in Health and its Relation to Women’s Empowerment	13
Session 6: Mainstreaming SRHR IN Crisis Management and Emergency Response.....	15
Session 7: Action and Advocacy Plans for Mutual ICPD and SDG Implementation Followed by National Presentations	16
Comments by Experts	19
Conclusion.....	20
Annex	21
Annex 1: List of Participants.....	21
Annex 2: Agenda	24
Annex 3: Evaluation	28
Annex 4: Media	31
Annex 5: Presentations	34

Introduction

The Asian Forum of Parliamentarians on Population and Development (AFPPD) and the New Zealand Parliamentarians' Group on Population and Development (NZPPD) jointly organized a workshop targeting Pacific parliamentarians on 28-29 September 2016 in Wellington, New Zealand. The AFPPD-NZPPD Agenda 2030 Workshop for Pacific Parliaments on Prioritizing the International Conference on Population and Development (ICPD) Agenda in the Sustainable Development Goals (SDGs) brought together 22 Members of Parliaments, 14 Parliamentary Staff from the Pacific region including six (6) Resource Persons and one senior representative of the Pacific Development Division of the Ministry of Foreign Affairs and Trade (MFAT), as well as media representatives.

Mihi Whakatau and Opening Session



The workshop opened with Mihi Whakatau - Maori opening invocation from **Mr. Kura Moeahu** - New Zealand Parliament's Kaiwhakarite and other welcoming messages from Ms. Mika Marumoto, *Executive Director of the Asian Forum of Parliamentarians on Population and Development (AFPPD)*, Ms. Barbara Kuriger *New Zealand Member of Parliament and Chair of New Zealand Parliamentarians' Group on Population and Development* and Mr. David Nicholson *Director, Pacific Development Division of Ministry of Foreign Affairs and Trade (MFAT)*.

Barbara Kuriger - New Zealand Member of Parliament and Chair of New Zealand Parliamentarians' Group on Population and Development



In her welcome remarks, **Ms. Kuriger** spoke of the New Zealand Parliamentarians' Group on Population and Development (NZPPD), which provides a forum to engage with international population and development issues. She acknowledged that while New Zealand has its own population with development challenges, NZPPD's focus is on Pacific regional population issues. She highlighted that it is one year since the SDGs were adopted and that the excellent timing of the workshop would support parliamentarians to develop their own national SDG plans. In conclusion, Ms. Kuriger stated that the

International Conference on Population and Development (ICPD) is central to the achievement of the SDGs and thanked the distinguished guests and parliamentarians for their commitment to the progression of sexual and reproductive health within the Pacific. She also applauded the presence of

the male parliamentarians stressing the importance of men and women working together to advance the SDGs.

David Nicholson - Director, Pacific Development Division of Ministry of Foreign Affairs and Trade (MFAT)



Mr. Nicholson acknowledged and welcomed all guests to the workshop. He stated that the Pacific has a high proportion of population under the age of 25, and that the need for education is high. He noted positively the presence of high-level leaders at the workshop and how they can lead the way on creating goals that maximize the impact on SRHR. He stated that Goals 3, 4, and 5 relate to health and well-being, education, and gender equality are that these require special attention. He reiterated that the influence of the people present at the workshop would help ensure the high-level the

prioritization of SRH during national planning processes.

He highlighted that the Government of New Zealand has provided support through various modalities to advance investment in gender and sexuality education. Over \$29m was extended to the United Nations Population Fund (UNFPA), the International Planned Parenthood Federation (IPPF) and UNAIDS, supporting procurement of supplies, as well as refurbishment of facilities and population data. In Kiribati, for example, access to SRHR has dramatically improved due to the fund from New Zealand.

Mr. Nicholson added that by working with Pacific partners MFAT has been able to support more primary school age children accessing school. The challenge now is to keep them longer at school and to improve the quality of education. He further commented that comprehensive sexuality education is important and that initiatives addressing gender-based and domestic violence impact on young women and their ability to access and continue their education. Mr. Nicholson said that Members of Parliament have the power to make decisions that can to improve the lives of many mothers and children in the Pacific. Mr. Nicholson concluded that it is the responsibility of each MP to use their power effectively and responsibly.

Introduction to the Workshop

- **Ms. Mika Marumoto, Executive Director Asian Forum of Parliamentarians on Population and Development (AFPPD)**
- **Ms. Jackie Edmond, Chief Executive, New Zealand Family Planning.**

After the opening, AFPPD Executive Director Ms. Mika Marumoto and New Zealand Family Planning Chief Executive Ms. Jackie Edmond were introduced as co-organizers of the workshop.

Ms. Marumoto presented the objectives of the workshop as follows:

- 1) To deepen Pacific Parliamentarians' knowledge on the Agenda 2030;
- 2) To improve and strengthen Pacific Parliamentarians' advocacy skills;
- 3) To inform Pacific Parliamentarians of the role of the AFPPD as a coordinating body of the Asia-Pacific regional network of parliamentarians.



She introduced AFPPD's current governance and organizational structure, including Executive Committee membership and AFPPD member National Committees based in Central Asia, East Asia, South Asia, Southeast Asia and the Pacific. Pointing out there are three Pacific Island members, Tonga, the Cook Islands and Papua New Guinea, she expressed her high hope that more Pacific Island countries consider joining the AFPPD.

She also presented on AFPPD Standing Committees and strategic priorities in 2016-2019 and their alignment with AFPPD's vision on population issues in planning sustainable development, focusing on (1) ensuring healthy lives and human well-being; and (2) eradicating poverty in the Asia-Pacific region, with a view to contributing to the achievement of equitable and sustainable development and lasting world peace. Ms. Marumoto highlighted the role of parliamentarians in ensuring the effective implementation of the SDGs. She further highlighted the AFPPD's role as a catalyst in providing platforms for multi-stakeholder dialogues including parliamentarians, government representatives, and civil society organizations. She called upon non-member countries to come on board to engage in AFPPD's activities at the national, sub-regional, regional and global levels.

Ms. Jackie Edmond - Chief Executive, New Zealand Family Planning



Ms. Edmond welcomed the delegations to New Zealand and thanked Ms. Marumoto and her team for working with Family Planning New Zealand. She briefly introduced Family Planning New Zealand and some of their activities including services for young people to access information, contraception and comprehensive sexuality education within schools. She urged the workshop participants to think broadly about solutions to reduce domestic violence and improve gender equality by prioritising SRHR in domestic plans. Ms Edmond emphasized that parliamentarians hold decision-making powers

that influence people significantly. She concluded by expressing her hope that this workshop will be instrumental in ensuring the implementation of SDG action plans.

She invited one representative from each country to introduce their delegation.

Session 1: Overview of the ICPD, MDGs and the SDG Process

- **Stan Bernstein, Consultant**
- **Hon. Dame Carol Kidu, Member of High-Level Task Force for ICPD**
“The Role of Parliamentarians in Changing Rhetoric to an Improved Reality for Pacific People”



Mr. Bernstein opened the session by providing an overview of the Program of Action of the International Conference on Population and Development (ICPD PoA), which was adopted by 179 countries in 1994. The ICPD PoA had quantifiable goals in four areas: (i) access to sexual and reproductive health services including family planning; (ii) reduction of maternal mortality; (iii) reduction of infant and child mortality; and (iv) universal education. He explained the interconnectedness of the ICPD and the MDGs, the importance of the two frameworks. In September

2014, Governments reaffirmed their original vision of the ICPD and signed up to a new Framework for Action. The new framework was based on 5 Thematic Pillars of Population and Development: Health; Place and Mobility; Dignity and Human Rights; Governance; and Accountability and Sustainability. At the Rio+20 Summit in 2012, an open working group was formed. This open working group started the process for global conversations; 11 thematic and 83 national consultations set the base for the largest consultation in the UN history to develop the SDGs.

In conclusion, Mr. Bernstein pointed the difference between the MDGs and the SDGs. The SDGs are universal goals applicable to both developed and developing countries, while the MDGs were mostly applicable to poorer countries. The SDGs are more comprehensive, going beyond the symptoms of poverty, to include issues of peace, stability, human rights, environment, and good governance. The SDGs process took a more inclusive and participatory goal setting. He stated that the SDGs are complimentary to the ICPD, especially in Goals 3, 4 and 5 in addition to the focus on human rights and inter-linkages between issues.

Hon. Dame Carol Kidu, Member of High-Level Task Force for ICPD

“The Role of Parliamentarians in Changing Rhetoric to an Improved Reality for Pacific People”



In her presentation, **Ms. Kidu** stated that she brings a pragmatic point of view of having been an MP in Papua New Guinea for 15 years. Maternal health and SRHR is everybody’s business. It is a critical development issue that needs a whole societal response. The Pacific vision in ICPD review is to deliver a world where every pregnancy is wanted, every child is safe, and every potential is fulfilled. She added that many people in the Pacific do not have access to specialized care at public hospitals, leaving mothers at huge risk. She spoke of the SRHR Global Journey – ICPD at

Cairo which remains unfinished agenda. Citing the example of Papua New Guinea, she cautioned that while PNG receives development funds from NGOs and churches now, if such funds were to come to an end consequences are significant. In most countries, implementing ICPD goals has neither received enough political attention nor has been placed as political priority. She added that sexual rights is poorly understood in the Pacific and usually left out of political agenda.

She commented that PNG has integrated the 2030 Agenda into the National Strategy for Responsible Sustainable Development for Papua New Guinea (StaRS) Framework to ensure implementation is followed through. There was still political dilemma as some politicians avoid these topics as it may provoke disapproval from other leaders. Referring to the role of politicians and their work at the international, national, regional and constituent levels, Ms. Kidu highlighted the role and capacity of politicians to engage at a community level and their unique position to be able to bridge between the government and local organizations such as NGOs and churches.

Ms. Kidu concluded her remarks by stressing the importance of promoting ICPD agenda in the national SDGs planning and implementation process, in general, and the need for parliamentary advocacy for prevention of teenage pregnancy - the common issue shared by all Pacific countries, in particular.

Session 1 Exercise: Review of Institutional Arrangements for the SDGs

A report from the Cook Islands

The Parliament of the Cook Islands is currently heavily involved in technical development of national SDGs indicators. Over the next few months, activities will be planned for Members of Parliament (MPs) to engage in the SDG dialogue. The Cook Islands is also planning to draft a national population policy. To improve the reporting on the implementation of the SDG plans, it will be imperative for MPs who attend programs like the current one (the AFPPD-NZPPD Workshop) report back to the parliament to help understand and share what other countries are doing.

Session 2: Review the National Pronouncements on ICPD Implementation at the National Level: Validate or Improve Priorities and Strategize for Inclusion in Regional and Global Reporting Frameworks

- **Mr. Stan Bernstein, Consultant**
“Regional Report Handouts and Exercise and ICPD SDG Mapping and Regional Fora for Advocacy”
- **Hon. Ken Fairweather – MP Papua New Guinea for Sumkar, Chairman of the Papua New Guinea Parliamentary Committee on Sustainable Population**
- **Hon. Fiame Naomi Mata’afa, Deputy Prime Minister, Samoa**
“Samoa Experience with High Level Political Forum Voluntary Review Process”

Mr. Bernstein stated that the purpose of this session was to review prior recommendations, to prioritize next steps and to forewarn about opportunities for regional impact.

Mr. Bernstein invited participants to review the slides to see what the country priorities are for each country from the survey (filled in over 5 years ago now) and see if any of their priorities have changed or are still relevant. These reviews would not be used to make country reports but to help clarify priorities for later exercises and for future planning in country processes. Participants were informed that every country would be expected to make at least one presentation on SDG planning, implementation and lessons learned at the annual meeting of the High Level Political Forum (HLPF) during the course of the 15-year program. As Samoa presented at the HLPF at the July 2016 session this year, Deputy Prime Minister of Samoa, head of the delegation to the AFPPD-NZPPD workshop, was requested to make a presentation to inform other participants of what this might entail. Deputy Prime Minister’s presentation followed a special presentation by Hon. Ken Fairweather, MP Papua New Guinea.



Hon. Fairweather stated that he had spent the last ten years advocating for birth control, and people have been receptive in Papua New Guinea. He added that with the support from district funding, they have provided over 7000 implants and many injections to the local people. He further emphasized that if this was to be implemented across the whole country, it would need to be done in collaboration with an external source despite the fact that people were receptive, as these remain contentious issues, especially issues related to gender equality.

Hon. Fiame Naomi Mata'afa - Deputy Prime Minister of Samoa

"Samoaan Experience with High Level Political Forum Voluntary Review Process"



Hon. Fiame noted that her presentation would highlight the key elements of the presentation made by the Minister for Finance of Samoa during the HLPF in New York in July 2016. In 2014, Samoa undertook a review of the National Strategy of Development of Samoa (SDS) 2008-2012 against the SDG framework. Following the launch of SDGs, key sector leaders were invited to comment on the framework. The Samoan Bureau of Statistics undertook an internal check and found that 52 indicators within their own data complemented the SDGs, and that 92 indicators at the sector level were in line with the SDGs.

Gender equality and human rights are integrated throughout all plans, as this is seen as the way forward. A taskforce for the SDG reporting has been set up to report back on the progress being made. She stressed the centrality of timing and accurate and quality statistics are crucial in ensuring that a government can make effective decisions. She further added that Samoa has taken measures to set up institutional mechanisms to include better integration throughout stakeholders and involve ministries moving into lateral partnerships to avoid getting trapped in silos, as has happened before and the theme of *'leave no one behind'* is an in-country initiative to reduce poverty.

Highlighting some of the lessons learnt, Hon. Fiame stated that finding any gaps through statistical mapping is crucial. She also emphasized the importance of aligning themselves as a global community. In closing, she reiterated the key words to remember from her presentation: integration, alignment, framework, partnerships, and contextualization.

In closing the session, Stan Bernstein added that in addition to HLPF, a global review forum, regional action could play an important role in mobilizing support for national efforts. It was noted that a session of the HLPF was devoted entirely to the perspective of Small Island Development States (SIDS) and that this block would likely continue to remain an important political actor. Towards this end, he presented information about key regional processes and upcoming events that could be used to influence national, regional and global processes.

Session 3: Tools and Strategies to Champion the ICPD Agenda in National SDG Plans and Monitoring Framework

- **Mr. Bruce Campbell, Director, UNFPA Pacific Sub-Regional Office**
“Mapping ICPD Concerns into the SDGs: Evidence Requirements and Technical Concerns”
- **Mr. Stan Bernstein, Consultant**
“Advocacy for Monitoring and Accountability: Lessons for Accelerating Progress through Evidence and Partnerships”



Mr. Campbell started his presentation by stating that everything the participants do here has to be seen from the perspective of a 10-year old girl. Both the ICPD and the SDGs are concerned with her health, her education, whether and when she becomes sexually active, whether she is abused, and so on. He posed a question as to what needs to be done to keep her on a trajectory and with dignity.

The ICPD and the SDGs share a common language: rooted in human rights and universality where no one is left behind. He stated that as parliamentarians, one has constituencies and an

MP should make evidence-based decisions on how to allocate resources. He suggested that in so doing MPs need to consider some questions such as: ‘Where will the next hundred pregnancies take place?’ ‘In which demographic groups (for example, by ethnicity, by the educational or income level)?’ ‘Where should health investment take place?’ ‘Where will we get the most value for health – in rural areas, in cities, in which administrative units?’

Mr. Campbell stated the MDGs were about aggregate progress. In the SDG perspective, however, it is not only about the big picture, but also disaggregation to see that no one is left behind. Using evidence for decisions also requires building data bases with time series information about changes overall and in sub-groups. Mr. Campbell suggested that this could be accomplished by strengthening capacity of sub-national planners and managers to replicate a careful selection of indicators at the provincial, district and catchment area levels, and by supporting national and sub-national data eco-systems that help managers identify specific vulnerable populations (e.g. where will the next 10 adolescent pregnancies take place, where will the next women give birth without a skilled attendant, etc.). He recognized that the number of dimensions being advanced for disaggregation (including income, sex, age, race, ethnicity, migration status, disability and geographical location) created challenges. These would require sensitive decisions to capture the major factors operative in the international context for different specific issues and indicators.

Mr. Campbell reviewed the priority SDGs 3, 5, 11, 16, 17, and their targets and indicators that will receive support from UNFPA. This was followed by information on the best sources of data to monitor SDG indicators such as population census for denominators; population-based surveys for numerators; civil registrations and vital statistics for selected numerators.

He recognized that population survey such as the Demographic Health Survey (DHS) are expensive and not always accepted, especially for modules addressing sensitive topics like information and discussions about sex and gender-based violence (which reaches among the highest global rates in some locations in the Pacific). Overall, several data recommendations were stressed. He suggested that parliamentarians consider some low cost “quick win” measures to ensure the ICPD agenda is reflected in the National Development Frameworks. Among them were establishing a national partnership forum for mapping out who is doing what in terms of data capture and analysis, and establish pragmatic mechanisms for citizen engagement.

This was followed by a question-and-answer session, in which a variety of discussion points were raised by Ms. Poto Williams, Hon. Fiame, Ms. Marumoto, and Hon. Niki Rattle for Mr. Campbell to respond to.



The session also included a presentation by Ms. Eliza Raymond (International Programmes Coordinator, Family Planning New Zealand). Ms. Raymond reflected on the exercise of filling in the exercise matrix. She stated that while in line with their efforts to use data to inform their decisions and programmes, it proved a challenging task. Some indicators were readily accessible and some good data was available online. However, other indicators reported old data or did not exactly match the current needs. For some other indicators, there was no data at all.

She directed the participants to useful websites: the SDG indicator website (www.unstats.un.org/sdgs/metadata); UNFPA website (<http://www.unfpa.org/>) and the Pacific Community formerly South Pacific Community (SPC) (<https://sdd.spc.int>) website, especially the online tool, National Minimum Development Indicators (NDMI). She offered Family Planning New Zealand’s partnership support to the Pacific nations.

In their closing comments, Mr. Campbell and Mr. Bernstein made some additional observations. Citing the example of the National Development Strategy for the Solomon Islands, Mr. Campbell emphasized the need to consider what data means for people’s lives. All sectors are considered in the Solomon Islands and priorities with SDGs are considered. He observed that there is support for big data such as the Global Pulse-that supports data mining to capture additional information; the World Bank has a Global Financing Facility, particularly for vital registration; the Global Fund – no longer looks just at HIV, but also at sexual reproductive health. Mr. Bernstein stated that the availability of and access to certain kind of services such as emergency and basic obstetric care is vital to maternal mortality reduction even though they are not within the SDGs.

Session 4: Life Cycle Approach

➤ **Mr. Stan Bernstein, Consultant**

“The Life Cycle Approach and How It Relates to ICPD, MDG and SDG Concerns”

Mr. Bernstein made a presentation emphasizing the utility for overall health system strengthening and for SRHR in particular, as the SDG 3 being formulated as “Ensure healthy lives and promote well-being at all ages.” He presented elements of health issues arising at different points in the life cycle, emphasizing SRHR-related concerns. He continued explaining which elements are already included in the SDGs while others are not (recognizing that some excluded elements might be relevant to national contexts and/or might be candidates for inclusion later when the framework is reviewed by the HLPF in 2019). In his presentation of each of the elements, he emphasized their inter-relations and long-term impacts (e.g., short birth intervals contributing to lower birth weights, which are associated with both early and later life health problems; smoking, diet and substance use issues starting in adolescence leading to non-communicable diseases (NCDs) in later life). He concluded by emphasizing the importance of addressing the needs, participation and capabilities of youth, supplemented by updated statistics. He also explained the inclusion and exclusion of different services and issues through the continuum of care related to pregnancies.

He added that the addition of SRHR to the MDGs in 2007 paved the way for greater incorporation of these ICPD concerns. This is reinforced by the inclusion of SRHR both under the Women’s Empowerment Goal (Goal 5, Target 6) and the Health Goal (Goal 3, Target 7). This reinforces the more holistic and integrated view of the SDGs compared to the more “silo-ed” MDGs.

The context of ensuring Universal Health Care (SDG 3, Target 8) entails that health issues are addressed throughout the life cycle for all populations thereby leaving no one behind. In terms of indicators, Mr. Bernstein stated that the final selection of indicators for this target will be developed through the coming year.

In conclusion, he applauded the more ambitious “zero” goals of the SDGs (e.g., eliminating not reducing HIV/AIDS) while noting some exceptions (e.g., targeted neonatal mortality reduction). He also noted that population coverage over the continuum of care varied greatly, with particular gaps in the ante-natal and near-term post-natal period and in childhood interventions not amenable to scheduled campaigns.

Session 5: How to Frame Key Population and Development Issues to Develop Effective Messages: Investing in Health and its Relation to Women’s Empowerment

- **Mr. Jacob Daube, Contract Researcher**
“Advocating for Family Planning Investment in the Pacific”



Mr. Daube spoke of the opportunity for governments and civil society organizations to approach family planning services as a two-pronged approach that can serve as a powerful advocacy tool. First, the ability to decide the number, timing and spacing of one’s children is a fundamental human right. At the same time, reducing unmet need for family planning is one of the most cost-effective global health and development interventions. Mr. Daube reviewed contraceptive prevalence rates and the unmet need for family planning (the proportion of

women of reproductive age who want to delay or avoid their next birth and are not using family planning) in the Pacific. Available data reveals that in several countries the unmet need for family planning equals or exceeds the use of family planning. He further stated that a computer projection program can be used to analyze the impacts of eliminating the unmet need (with different timing scenarios) in avoiding unintended pregnancies and child and maternal mortality. He presented these results and the impacts on the population size and structure in a case study format concerning Kiribati. Barriers to being able to develop policies include data scarcity and resource constraints, but the returns on investments in data and programmes more than justify themselves. The presentation illustrated the value of family planning investments and in recognizing family planning as a cross-cutting benefit across multiple development sectors.

Mr. Bernstein as a prelude to his presentation added a few comments in response to Mr. Daube’s presentation. He stated that the barriers to contraceptive use are not predominated by costs (many programmes are subsidized, especially for the poor) or access concerns (though stock-outs can be a factor), nor necessarily by religious factors (many predominantly Catholic countries have higher prevalence rates, with support in local parishes) but by fear of side effects, misinformation and service quality (including the treatment of clients in face-to-face contact). The window of opportunity of the demographic dividend (accelerated development with lower dependency ratios) is not automatically gained. Supportive investments in health, education and job production are required. Investment in meeting unmet needs both for contraception and for maternal health service coverage can gain the benefits of both at faster rates and lower costs than separate investments in each alone.

In his presentation, Mr. Bernstein spoke about the returns to reproductive health utilizing additional analyses and sources. Guttmacher Institute analyses indicate that each dollar invested in family

planning saves \$1.26 in pregnancy-related care. Fully meeting unmet need in Oceania immediately (rather than phased in over time) would reduce unintended pregnancy by 89 per cent and the total cost of maternal and newborn child care by 60 per cent. He added that taking a longer time perspective, providing universal access to reproductive health care (including reproductive, maternal, newborn and child services) would return \$120 for each dollar expended according to Copenhagen Consensus calculations. This exceeds returns to reducing malnutrition (\$59) and boosting pre-primary education (\$30). Citing evidence from a long-term investment program for family planning and maternal and child health in Bangladesh, Mr. Bernstein added that this demonstrated mortality reductions and health improvements for women and children, improvements in women's wages and household savings and living conditions and reductions in risky births (too young, too old, too close). These benefits also continue into the following generation.

Session 6: Mainstreaming SRHR IN Crisis Management and Emergency Response

➤ **Ms. Johanna Wicks, Chief, Australia and New Zealand Office of IPPF Australia**



Ms. Wicks demonstrated the increasing magnitude and special impacts of disasters and emergency situations on the SRHR of women in the Pacific. Climate change is increasing the frequency and magnitude of natural disasters in the region and will continue to do so. Humanitarian situations are accounting for an increasing proportion of maternal ill health. All the risks women face (unwanted pregnancy, gender- based violence, HIV/AIDS exposure, transactional sex, lack of services) are intensified in displaced populations. She stated that neglect of SRHR concerns

continues in many emergency situations. While people concentrate on the provision of shelter, food and water, women’s special needs for sexual hygiene, freedom from violence and the risks of unwanted pregnancies are rarely given attention, no less priority. Crises worsen all risks.

She added that the international community has developed a Minimal Initial Service Package for reproductive health services that is now being recommended for both emergency response and resilience and as an element of preparedness.

These efforts include the provision of Reproductive Health Kits and Dignity Kits to ensure that SRHR needs are addressed. Special initiatives are underway to increase readiness and to tie it to overall improvement in access to reproductive health services. To stress her point, Ms. Wicks shared success stories in response to Cyclone Winston’s impact on Fiji in 2016.

The presentation elicited comments from many participants from the Cook Islands, the Solomon Islands, Tuvalu, Samoa, Tonga, Kiribati and New Zealand. Participants highlighted the Green Climate Fund that has been initiated and the Pacific Island Forum is soon addressing to discuss policy responses. Participants also highlighted the collaboration between Australia and New Zealand, which ensures sovereignty over surrounding waters under the rubric of a “Blue Continent” to expand the range of responses.

Cook Islands’ Presentation on SDG Actions on Goal 3 and 5

The delegation highlighted actions in developing the national development plan document. Priorities for action regarding **Goal 3** included: addressing premature deaths from NCDs; increasing investments in health care while increasing efficiencies; promoting sexual health with a priority to STI incidence reduction. For **Goal 5** included promoting women’s participation in politics (not only elected Members of Parliament, but also as a percentage of all political appointments); promoting the advancement and participation of youth (with an index addressing the well-being of young people and the creation of an enabling environment); improving the care of the elderly and other groups (including tracking the number of infirm, elderly and disabled in services and ensuring that new buildings are wheelchair-friendly); improving health in longer lives (with a life expectancy indicator); improving mental health (increasing the proportion of mental health cases treated by the health sector).

Session 7: Action and Advocacy Plans for Mutual ICPD and SDG Implementation Followed by National Presentations

- **Facilitator: Mr. David Nicholson, Director, Pacific Development of Ministry of Foreign Affairs and Trade (MFAT)**
- **Expert Commentator: Mr. Bruce Campbell, Representative, UNFPA Pacific Sub Regional Office, Suva, Fiji**
- **Expert Commentator: Mr. Michael Sami, Representative, IPPF Sub-regional office, Suva, Fiji**

This session was chaired and facilitated by **Mr. David Nicholson**. He invited delegations to report on their relevant national plans and processes. During the transition to the presentations, members of the New Zealand delegation expressed their recognition that action towards SDG-oriented participatory and integrated planning processes had advanced much further in the Pacific States than in New Zealand (even discounting the relative sizes of the administrations).



The delegate from **Samoa** in her presentation emphasized plans to improve provision of medical treatment while taking steps to reduce costs. The latter efforts include action against NCDs (reducing obesity by promoting walking and aerobics; decreasing the number of smokers; increasing the proportion of the population served by improved water sources). They highlighted the collaborative Sexual and Reproductive Health and Rights Needs Assessment conducted last year as part of a revised policy document, National Sexual and Reproductive Health Policy 2017-2021 (a successor to the 2011-2016 policy). The new policy will include a detailed evidence-based strategy with measurable outcomes linked to M&E plans and indicators selected through stakeholder consultation. The Office of the Ombudsman will advocate for and lead a consultative process to remove any suggested provisions that infringe on the SRHR of individuals and groups. Regarding women's empowerment priorities, the rights of vulnerable groups includes healthy and informed choices regarding SRH, freedom from threat of violence, equal access to resources and equal representation in governance (the Constitution being amended to secure at least 10% of Parliamentary seats to women). Pending legislation includes a Family Court Bill and the establishment of a family court (presided over by one of the 3 woman Samoan judges).



The delegate from **Tuvalu** described Health and Social development plans with dedicated budgets and 10 key indicators of progress. The delegation said that more attention would be given to ensuring that Benefit Cost analyses would be undertaken as part of the implementation. Additional efforts address: preserving quality families; reducing youth unemployment; implementing the Tuvalu National Youth Policy; initiatives addressing school dropouts, improving teaching and learning and technical education – all making national public reports.



The Solomon Islands stated that they were paying special attention to Goals 1, 3 and 5. Major efforts will be undertaken to improve rural and subsistence economies, review minimum wage laws and advance decent work practices. In the area of health, efforts will be made to reduce maternal mortality (currently the only SRHR indicator in the Plan); strengthen HMIS (including a transition in disease classification systems and improvement of case notes and clinical governance to improve service quality and access); address mental health concerns

(including substance abuse; especially for youth and adolescents); and reduce infant and child mortality. They added that in the area of gender equality, two areas receive special attention. The first is the reduction of gender-based violence. The issue has been addressed by implementing the 2014 Family Protection Bill and a new Police Act that extends power to law enforcement officers to investigate incidents without a warrant. The second area concerns female participation in politics and ongoing deliberations have looked into how parliamentarians are being selected. Additionally, advancing the SDGs will be fostered by establishing a Standing Committee in Parliament, making institutional coordination efforts among the line Ministries, holding public hearings and partnering with diverse stakeholders and civil society.



The **Tongan** delegate stated that a high awareness of the SDGs has been generated and a Framework for implementation of the SDGs is under development. Special attention has been given to SDG14 (oceans and marine biology concerns). The Strategic Development Framework contains five relevant pillars. A process is underway mapping the SDGs into the TSDFII (Tonga Strategic Development Framework II). In the health area, UNFPA and WHO have helped to raise awareness.



The delegate of **Kiribati** spoke of their National Economic Plan with a monitoring and evaluation framework that was collaboratively developed with NGOs and other stakeholders. Action to advance ICPD within the SDG implementation will be advanced after this workshop. Upon return to Kiribati, the delegation will request that the Government promote awareness on the SDGs in all Ministries and NGOs and convene a national workshop to move the SDG agenda forward. Mapping the emerging Kiribati Development Plan with the SDGs is required. Some SDG indicators

are absent from the prior plans. Previously, attention was given to migration and population growth in the population and development area. Kiribati also considered other development issues: infrastructure strengthening, achieving a stable framework for economic growth, improving both health and education standards, advancing gender equality and women’s empowerment and addressing environmental concerns. Reviews conducted every four years have been encouraging, with progress on targets related to human resource development, economic development and poverty reduction, governance improvement, and infrastructure development. Progress in the health sector, however, presents mixed results with marginal increases in fertility and maternal mortality. A new Kiribati Development Plan, aligned with the SDGs, for 2016-2019 is needed. A bill addressing tobacco control and alcohol has been passed, and another bill on Reproductive Health and Population measure is in process of deliberations.



The delegate of **Fiji** stated that the next National Development Plan is in its final stage of development. There are ten selected areas that are aligned to the SDGs. Goals 3 and 5 are being advanced through policy and legislative reforms. Among the concerns being addressed for the SDG 3 (Health) include: promoting awareness against stigma; addressing NCDs; establishing mother’s wellness centers; reviewing a draft Programme of Action for Nutrition; and reducing the use of tobacco, alcohol and sugar and sweetened beverages. Women’s empowerment (SDG5) has

been addressed in the 2014 National Gender Policy which adopts a zero tolerance approach to gender-based violence (GBV). New developments in this area include: a 24 hour call line to address GBV and a gender mainstreaming approach advanced by Parliamentary committees that requires a gender analysis on all bills. (A *Gender Mainstreaming Tool Kit* was developed with UNDP to serve as a practical guide.) The Parliament has initiated a sequence of six Speaker’s debates and public fora. The three undertaken so far addressed the following topics: (1) the Paris Agreement; (2) gender equality and women’s empowerment; and (3) economic growth. The delegation will upon return come up with an immediate action plan: (i) to create an information hub for the SDGs; (ii) to create further awareness on the SDGs among Members of Parliament in collaboration with development partners; and (iii) to submit a report recommending Fiji’s formal membership to the AFPPD.



The **Papua New Guinea** delegate emphasized the parliamentary work with women's groups as well as youth. She further stated that the ICPD and SDG-based development strategies now capture most of the SDGs in a unified framework, which is essential in a country with 800 languages and cultures. Plans, policies and laws need to be understood by all Parliamentarians in relation to the ICPD and the SDGs. The delegate further stated that free education is available for all only up to Grade 4 in PNG. Health care is free for everyone. PNG also has a policy for gender

equality and social inclusion. Poverty alleviation is addressed by providing money to 89 district members, 32 governors, over 300 local governments, and more than 600 local officials. Skilled Birth Attendants are supported by local government allocations. To address women's empowerment and poverty alleviation, PNG supported small and medium entrepreneurs (e.g., in agriculture). In closing, the delegate concluded that the PNG Vision 2050 envisions a healthy, wealthy and smart nation.



The **New Zealand** delegation was represented by Ms. Williams who outlined New Zealand's response to gender based violence in relation to the Crimes Act. She stated that New Zealand has promoted community responses to support victims of violence but added that New Zealand needs a new way to work with vulnerable children. Maternal health reporting is currently good.. In addition, she stated that the country has yet to agree on the definition of poverty. She further added that the Treasury has been designated to lead the work on the SDGs, but they have yet to cultivate a good working relationship with civil society. Ms.

Williams emphasized that as parliamentarians, she and her colleagues will work with the Treasury to find out which offices are responsible for taking relevant actions. Ms. Williams concluded that in so doing, collaboration with the Parliamentarians for Global Action and the Inter-Parliamentary Union could be beneficial.

Comments by Experts

- **Expert commentator: Mr. Bruce Campbell, Representative, UNFPA Pacific Sub Regional Office, Suva, Fiji**
- **Expert commentator: Mr. Michael Sami, Representative, IPPF Sub-regional office, Suva, Fiji**

Mr. Michael Sami (IPPF) and Mr. Bruce Campbell (UNFPA) extended their thanks for being able to see national plans underway. Mr. Sami stated that the Pacific Islands' issues are cross-cutting, and therefore encouraged participants to be champions in multiple areas in the Parliamentary arena. He commented that two countries have already designated staff in the Office of Prime Minister to

monitor progress on the SDGs. This puts into place a mechanism that can be strengthened for the transition from the MDGs to SDGs with plans geared toward this. While pointing out that several presentations have identified their countries' targets and indicators very well, Mr. Sami expected more focus being placed on the SDG 3 & 5. In addition, he emphasized that balancing demand against resources and setting priorities is important. In this regard, partnerships are the key to accelerating progress. A priority concern, he added in conclusion, is managing population growth, as it is linked to all SDGs, especially SDG1 (poverty).

Mr. Bruce Campbell observed that the workshop had enabled cross learning, and stressed the importance of working in partnership. He reflected that parliamentarians can link global discussions and local constituencies, enabling and prompting people to discuss sensitive issues. He recognized the importance of data, and reiterated that by putting accurate and meaningful evidence on the table, we will ensure that no one is left behind. He further added that in using data, we should strive for comparability between and within countries. Mr. Campbell urged the participants to act in various ways and methods, including advocacy activities utilizing videos. He also emphasized that people look at Parliamentarians for accountability and positive change. In closing, he stated that it is important to share stories of progress.

Conclusion

The workshop ended on a high note. Delegates from Fiji, the Solomon Islands, Kiribati, and Tuvalu made commitments to establish a National Committee on Population and Development either through a formal or an informal process in their respective countries. The delegation of the Cook Islands also pronounced a national SDG meeting as a follow-up of this workshop and scheduled it for the end of November. The New Zealand delegation was enthused by the progress made by Pacific Island nations in drawing their national level SDG plans. In closing, the AFPPD Executive Director, the NZPPD Chair and the NZ Family Planning Chief Executive appreciated the delegations for their active participation and valuable contribution to achieving the objectives set out at the beginning of the workshop

Annex

Annex 1: List of Participants

AFPPD-NZPPD Agenda 2030 Workshop for Pacific Parliaments *Prioritizing the ICPD Agenda in the SDGs*

28-29 September 2016 | Wellington, New Zealand

List of Participants

MEMBERS OF PARLIAMENT

1. Australia

Hon. Mrs. Ann Sudmalis, MP

Acting Chair, Australian Parliamentary Group
on Population and Development

2. Cook Islands

Hon. Ms. Niki Rattle, MP

Speaker of Parliament

Hon. Mr. Tangata Vavia, MP

Chair, Cook Islands' Parliamentary Group on
Population and Sustainable Development

3. Kiribati

Hon. Mr. Teatao Teannaki, MP

Speaker of Parliament

Hon. Mr. Rimeta Beniamina, MP

Hon. Mr. James Taom, MP

4. New Zealand

Ms. Barbara Kuriger, MP

Chair, New Zealand Parliamentarians' Group
on Population and Development

Ms. Joanne Hayes, MP

Ms. Jan Logie, MP

Ms. Louisa Wall, MP

Ms. Poto Williams, MP

Mr. Su'a William Sio, MP

Ms. Ria Bond, MP

5. Papua New Guinea

Hon. Mr. Ken Fairweather, MP

Chair, PNG Parliamentarian Group for
Population and Development

Hon. Ms. Julie Soso, MP

Governor for Eastern Highlands Province

6. Samoa

Hon. Ms. Fiame Naomi Mata'afa, MP

Deputy Prime Minister
Minister for Natural Resources and the
Environment

**Hon. Mr. Lauofo Fonotoe Nuafesili Pierre
Lauofo, MP**

Chair of the Parliamentary Economic
Standing Committee

Hon. Ms. Aliimalemanu Alofa Tuuau, MP

Chair of the Parliamentary Finance Standing
Committee

7. Solomon Islands

Mr. Ajilon Jasper Nasiu

Speaker, National Parliament of Solomon
Islands

Hon. Mr. Douglas Ete, MP

Hon. Mr. Andrew Maneipora'a, MP

8. Tonga

Hon. Lord Tu'ivakano
Speaker of Parliament

Hon. Dr. Saia Piukala, MP
Minister for Health
Chair of the Parliament Standing Committee
on Population and Development

9. Tuvalu

Hon. Mr. Namoliki Sualiki Neemia, MP
Minister for Home Affairs and Rural
Development

Hon. Mr. Kausea Natano, MP

RESOURCE PERSONS

Mr. David Nicholson
Director, Pacific Development, Ministry of
Foreign Affairs and Trade, New Zealand

Mr. Stan Bernstein
Consultant, USA

Mr. Bruce Campbell
Director, UNFPA Pacific Sub-Regional Office,
Fiji

Dame Carol Kidu, DBE
Member, UN High-Level Task Force for ICPD,
Papua New Guinea

Mr. Michael Sami
Head of Sub Regional Office of IPPF, Fiji

Ms. Johanna Wicks
Chief, Australia and New Zealand Office of
IPPF, Australia

**PARLIAMENTARY & NATIONAL
COMMITTEE SECRETARIAT STAFF AND
INTERNATIONAL ORGANIZATION STAFF**

Cook Islands

Mr. Tangata Vainerere
Coordinator, Parliament Services

Fiji

Mrs. Atelaite Rokosuka
Director of Corporate Service, Parliament of
the Republic of Fiji

Mr. Josua Namoce
Manager, Research and Library, Parliament of
the Republic of Fiji

Mr. Seniteli Wainiu
Manager of Inter-Parliamentary Relations
and Protocol Unit, Parliament of the Republic
of Fiji

Kiribati

Mr. Eni Tekanene
Clerk of Parliament

Malaysia

Mr. Brayant Gonzales
Senior Program Officer, IPPF ESEAOR

New Zealand

Ms. Viktoria Chamberman
NZPPD Secretariat and Family Planning New
Zealand

Ms. Jackie Edmond
Chief Executive, Family Planning New
Zealand

Ms. Eliza Raymond
International Programmes Coordinator,
Family Planning

Ms. Gemma Turney
Personal Assistant to Chief Executive, Family
Planning

Ms. Esther Zweifel
Online Communication Coordinator, Family
Planning

Papua New Guinea

Ms. Catherine Fokes
Program Development Manager, Safe
Motherhood Alliance Program

Tonga

Mrs. Loupua Kuli

Parliamentary Researcher and Secretary,
Parliamentary Council on Population and
Development

Tuvalu

Ms. Pesiki Solomona
Staff of Parliament

AFPPD

Dr. Mika Marumoto
Executive Director

Ms. Seema Gaikwad
Policy Research and Advocacy Advisor

Ms. Pornprapas Sappapan
Administration Manager

Mr. Anake Lekoon
Accounts Manager

Ms. Madevi Sun-Suon
Special Assistant to the Executive Director

TOTAL: 40

Members of Parliament: 23

* Male: 13

* Female: 10

Resource Persons: 6

Parliamentary/National Committee Secretariat/International Organization Staff: 14

AFPPD Secretariat Staff: 5

Annex 2: Agenda

AFPPD-NZPPD Agenda 2030 Workshop for Pacific Parliaments on Prioritizing the ICPD Agenda in the SDGs

28-29 September 2016

Select Committee Room Two, Bowen House, New Zealand Parliament Buildings
Wellington, New Zealand

September 28	DAY ONE
08:00 – 08:40	Registration of participants
08:45	Mihi Whakatau (Maori Welcome) <ul style="list-style-type: none"> • Mr. Kura Moeahu- Parliament’s Kaiwhakarite
09:00 – 09:15	Workshop opening: <ul style="list-style-type: none"> • Chair: Ms. Mika Marumoto, Executive Director of the Asian Forum of Parliamentarians on Population and Development (AFPPD) Opening remarks: <ul style="list-style-type: none"> • Ms. Barbara Kuriger, MP and Chair of New Zealand Parliamentarians’ Group on Population and Development (NZPPD) • Mr David Nicholson, Director, Pacific Development of Ministry of Foreign Affairs and Trade (MFAT)
09:15 – 10:00	Introduction to the workshop <ul style="list-style-type: none"> • Chair: Ms. Barbara Kuriger, MP and Chair of New Zealand Parliamentarians’ Group on Population and Development (NZPPD) • Ms. Mika Marumoto, Executive Director of the Asian Forum of Parliamentarians on Population and Development (AFPPD) - AFPPD’s Strategic Priorities Framework (2016-2019) & Workshop Objectives and Agenda Overview • Ms. Jackie Edmond, Chief Executive, Family Planning , New Zealand - NZPPD - Report on the Open Hearing 2015: Key Recommendations and Updates • Introduction of Participating Speakers/Ministers, Members of Parliament, and Parliamentary Staff
09:25	
10:00 – 10:30	Coffee break and group photo
10:30 – 11:30	Session 1: Overview of the ICPD, MDGs and the SDG Process <ul style="list-style-type: none"> • Chair: Ms. Barbara Kuriger, MP and Chair of New Zealand Parliamentarians’ Group on Population and Development (NZPPD) • Introduction: Stan Bernstein - Priorities and Developments from ICPD, the MDGs to the SDGs Presentation: <ul style="list-style-type: none"> • Hon. Dame Carol Kidu, Member of High-Level Task Force for ICPD - Overview of the SDGs and its challenges and opportunities for advancing the ICPD agenda. The role of Parliamentarians in changing rhetoric to an improved reality for Pacific people

	<p>Q & A Exercise: Discussing the institutional arrangements for SDG-oriented national planning and progress to date. Feedback to Plenary</p>
11:30 - 12:00	<p>Session 2: Review National Pronouncements on ICPD Implementation at the National Level: Validate or improve priorities and strategize for inclusion in regional and global reporting frameworks</p> <ul style="list-style-type: none"> • Chair: Ms. Barbara Kuriger, MP and Chair of New Zealand Parliamentarians' Group on Population and Development • Mr. Stan Bernstein- Introduce Regional Report handouts and exercise and ICPD SGD mapping
12.00 -13:00	<ul style="list-style-type: none"> • Mr. Stan Bernstein - Regional fora for advocacy • Hon. Fiame Naomi Mata'afa, Deputy PM - Samoan experience with HLPF Voluntary Review Process <p>Q & A Exercise Feedback to Plenary</p>
13:00 – 14:00	Lunch
14:00 – 15:30	<p>Session 3: Tools and Strategies to Champion the ICPD Agenda in National SDG Plans and Monitoring Framework</p> <ul style="list-style-type: none"> • Chair: Ms. Barbara Kuriger, MP and Chair of New Zealand Parliamentarians' Group on Population and Development • Mr. Bruce Campbell, Director, UNFPA Pacific Sub-Regional Office - Mapping ICPD concerns into the SDGs: evidence requirements and technical concerns • Mr. Stan Bernstein- Advocacy for Monitoring and Accountability: lessons for accelerating progress through evidence and partnerships <p>Q & A: Exercise: A data focused exercise on data availability and access, sources of support, coordination and civil society engagement Feedback to Plenary</p>
15:30 – 16:00	Coffee Break
16:00 – 17:30	<p>Session 4: How to Frame Key Population and Development Issues to Develop Effective Messages: Life Cycle Approach</p> <ul style="list-style-type: none"> • Chair: Ms. Barbara Kuriger, MP and Chair of New Zealand Parliamentarians' Group on Population and Development • Mr. Stan Bernstein - The Life Cycle Approach and how it relates to ICPD, MDG and SDG concerns <p>Q & A Exercises: Prioritizing life cycle concerns; Men and Boys as agents and partners over time; Investment in youth (intergenerational transformations)</p>

	Feedback to Plenary
18:00-19:00	Cocktails and Canapes at Foyer of Select Committee Room Two, Bowen House, Parliament Buildings, hosted by Family Planning New Zealand

September 29	DAY TWO
09:00 – 10:30	<p>Session 5: How to Frame Key Population and Development Issues to Develop Effective Messages: Investing in Health and its relation to Women’s Empowerment</p> <ul style="list-style-type: none"> • Chair: Ms. Barbara Kuriger, MP and Chair of New Zealand Parliamentarians’ Group on Population and Development • Mr. Jacob Daube- A Cost-Benefit Analysis (CBA) of Family Planning in Kiribati • Mr. Stan Bernstein- SRH-related CBA in Broader Context: Individual and social benefits, including the Demographic Dividend - CBA for Women’s Empowerment <p>Q & A Exercise Feedback to Plenary</p>
10:30 – 11:00	Coffee Break
11:00 – 12.30	<p>Session 6: How to Champion Issues & Designing Advocacy Plans in the SDGs Framework (with exercises/facilitated discussion)</p> <ul style="list-style-type: none"> • Chair: Ms. Barbara Kuriger, MP and Chair of New Zealand Parliamentarians’ Group on Population and Development • Ms. Johanna Wicks, Chief, Australia and New Zealand Office of IPPF, Australia- Mainstreaming SRHR in Crisis Management and Emergency Response • Linking SRHR with Macro-trends: Urbanization and Climate Change
12:30 - 13:50	Lunch (30 Min) followed by Parliamentary Tour (40 Min)
13.50 - 15.15	<p>Session 6 (cont.) : Leaving No One Behind (introductions and discussions)</p> <ul style="list-style-type: none"> • Mr. Stan Bernstein - Dimensions of Assessment in the Emerging SDG Monitoring Framework, Partnerships for action and community assessment techniques <p>Q & A</p>
	Coffee Break
15:30 - 17:30	<p>Session 7: Designing Action and Advocacy Plans for mutual ICPD/SDG implementation followed by national presentations</p> <ul style="list-style-type: none"> • Chair: Mr David Nicholson, Director, Pacific Development of Ministry of Foreign Affairs and Trade (MFAT) <p>Exercise: Group work/discussion (20 minutes) followed by intra-national discussion on activities, opportunities, challenges and strategies through the SDG implementation process.</p> <p>Feedback to Plenary Comments from Expert(s)</p> <ul style="list-style-type: none"> • Mr. Bruce Campbell, Representative, UNFPA Pacific Sub Regional Office, Suva, Fiji

	<ul style="list-style-type: none">• Mr. Michael Sami, Representative, IPPF Sub-regional office, Suva, Fiji
17:30	<p>Wrap-up & Closing Remarks</p> <ul style="list-style-type: none">• Chair: Mr David Nicholson, Director, Pacific Development of Ministry of Foreign Affairs and Trade (MFAT)• Reflection from the Representative of Participating Pacific Countries• Workshop Evaluation• Closing Remarks by Ms. Mika Marumoto and Ms. Jackie Edmond

Annex 3: Evaluation

Evaluation of the Workshop

** Please note that the comments have been edited for brevity and appropriate grammar where needed*

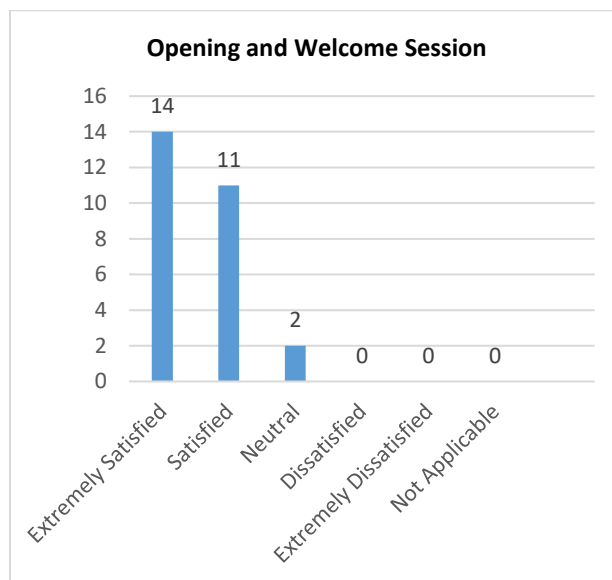
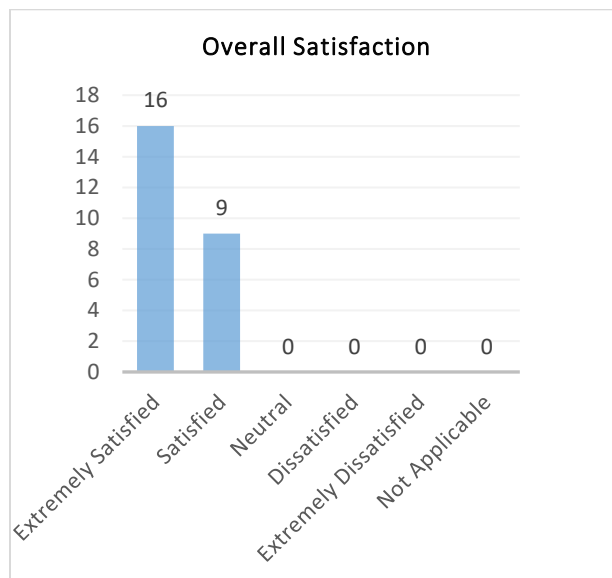
Total respondents: 25 participants

Twenty five questionnaires were collated. Overall, the workshop was highly appreciated. All participants were either **Extremely Satisfied** or **Satisfied** with the workshop overall. Many participants additionally commented about *how informative and motivating* the workshop had been. The **most positively** rated sessions were **Session 5** (which presented immediately usable benefit cost ratios for SRHR investments, both in the near and longer terms), **Session 6** (which presented information on actionable recommendations for addressing emergency situations, with implications for system needs and longer term responses to climate change) and **Session 3** (which provided guidance on the SDG monitoring that advances ICPD priorities). **Session 4** (on the life cycle approach) received mixed reviews.

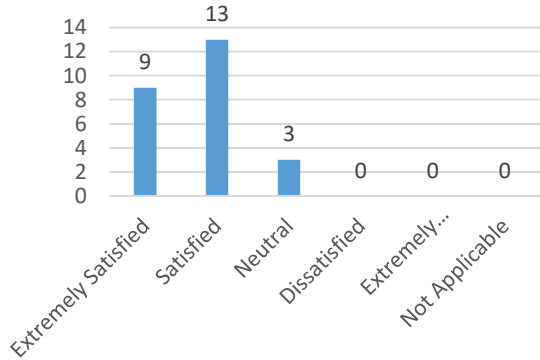
While many participants welcomed the concentration on SRHR concerns (key elements adopted in the SDG framework under Goals 3 and 5), some commenters wanted more attention to non-SDG elements related to ageing and to other aspects of economic growth.

Only one respondent suggested that the workshop might be better undertaken over three days. However, other comments were consistent with this recommendation by calling for more time for group work in exercises and more between country (rather than just within delegation) consultations. Several commenters, particularly in relation to the life cycle session, expressed a desire that such efforts include more Ministry participants as well as Parliamentarians. Such comments indicate a strong desire to directly engage and impact program implementers.

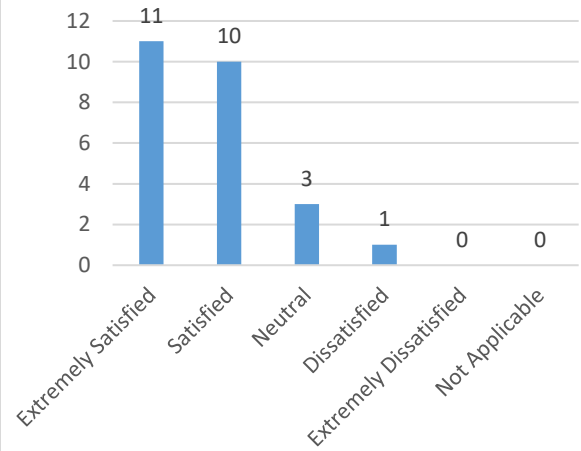
The Workshop introduction and Session 1 were well accepted for their clarity and focus. The AFPPD presentations were particularly welcomed by the countries considering membership.



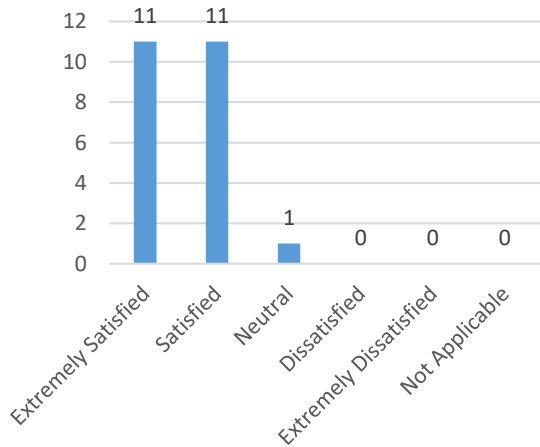
Session 2: Review National Pronouncements on ICPD Implementation at the National Level
validate or improve priorities and strategize for inclusion in regional and global reporting frameworks



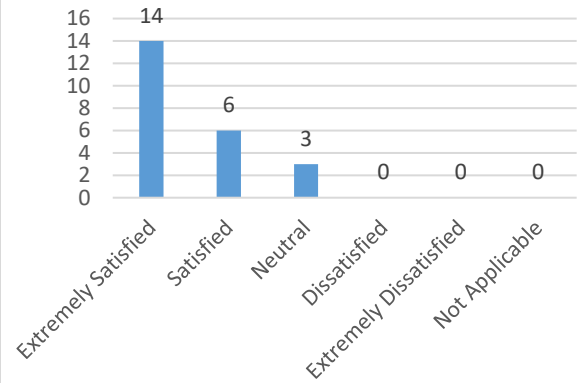
Session 4: How to Frame Key Population and Development Issues to Develop Effective Messages: Life Cycle Approach



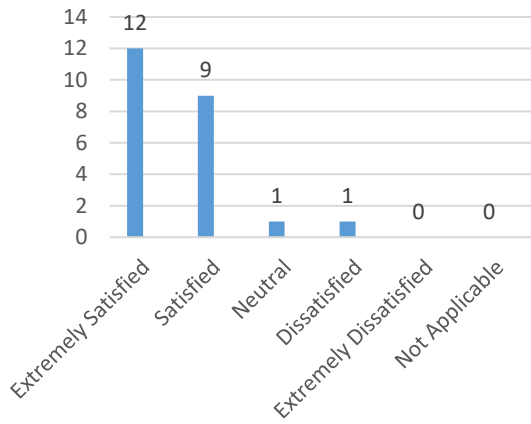
Session 3: Tools and Strategies to Champion the ICPD Agenda in National SDG Plans and Monitoring Framework



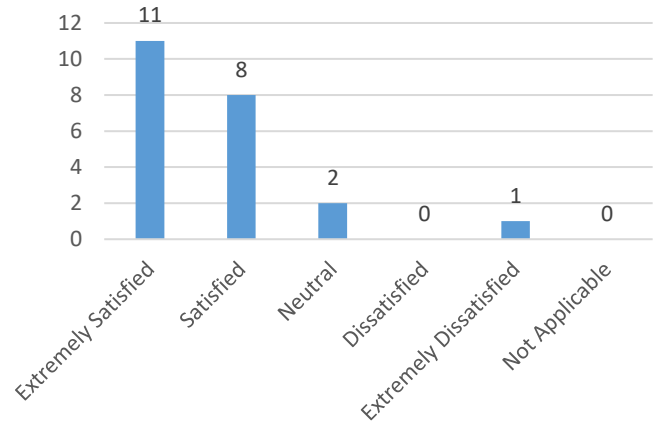
Session 5: How to Frame Key Population and Development Issues to Develop Effective Messages: Investing in Health and its relation to Women's Empowerment



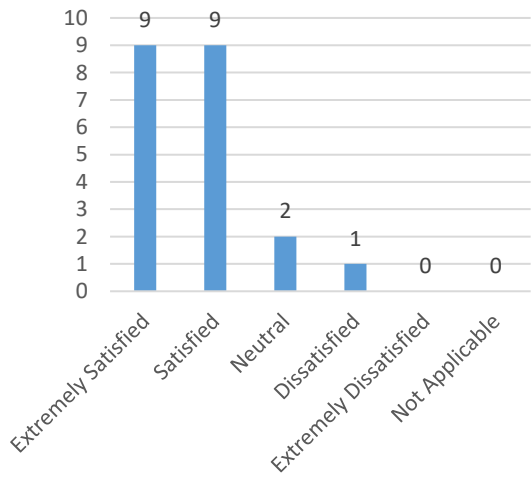
Session 6: How to Champion Issues & Designing Advocacy Plans in the SDGs Framework



Session 7: Designing Action and Advocacy Plans for mutual ICPD/SDG implementation followed by national presentations



Session 6 A: Leaving No One Behind



Pacific.Scoop,

Edited by AUT's PACIFIC MEDIA CENTRE

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Sexual and Reproductive Health and Rights in the SDG

14:35 September 21, 2016 Comments Off on Sexual and Reproductive Health and Rights in the SDG

Press Release – Family Planning

More than 30 delegates, including key leaders and parliamentarians, from 10 Pacific countries will be at the New Zealand Parliament next week. **AFPPD-NZPPD Agenda 2030 Workshop for Pacific Parliaments on Prioritising Sexual and Reproductive Health and Rights in the SDGs**

More than 30 delegates, including key leaders and parliamentarians, from 10 Pacific countries will be at the New Zealand Parliament next week.

Representatives from Australia, the Cook Islands, Papua New Guinea, Tonga, Fiji, Kiribati, Samoa, the Solomon Islands, Tuvalu and New Zealand will attend at two-day workshop co-hosted by the Asian Forum of Parliamentarians on Population and Development (AFPPD) and their New Zealand colleagues from the New Zealand Parliamentarians Group on Population and Development (NZPPD).

On 28-29 September, representatives from nine Pacific Parliaments will join the NZPPD for the *AFPPD-NZPPD Agenda 2030 Workshop for Pacific Parliaments on Prioritising the ICPD agenda in the SDG*. The aim of the workshop is to strengthen parliamentarians' advocacy skills and capacity to address population and development issues.

AFPPD is a network of 29 parliamentary committees from across the Asia Pacific region. AFPPD advocates for parliamentary action and change, in support of population and development issues. These issues include sexual and reproductive health and rights, gender equality, women's empowerment and population dynamics.

Following the adoption of the 2030 Agenda and the Sustainable Development Goals (SDGs) in September 2015, parliamentarians are working to ensure that the International Conference on Population and Development (ICPD) remains a priority within this new international development agenda.

ends

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Pacific parliamentary leaders strengthen commitments to SDGs

14:40 September 30, 2016 [Comments Off on Pacific parliamentary leaders strengthen commitments to SDGs](#)

Press Release – Family Planning Association

Representatives and parliamentary leaders from Cook Islands, Papua New Guinea, Tonga, Fiji, Kiribati, Samoa, the Solomon Islands, Tuvalu and New Zealand met in Wellington this week (28-29 September) for a workshop on prioritising sexual and reproductive ... Pacific parliamentary leaders strengthen commitments to the SDGs

Representatives and parliamentary leaders from Cook Islands, Papua New Guinea, Tonga, Fiji, Kiribati, Samoa, the Solomon Islands, Tuvalu and New Zealand met in Wellington this week (28-29 September) for a workshop on prioritising sexual and reproductive health in their national Sustainable Development Goal (SDG) plans.

Dame Carol Kidu, Member of the UN High-Level Task Force for ICPD and former Member of Parliament in Papua New Guinea, stressed that politicians are in a unique position to bridge the relationships between government and local organisations, such as NGOs and churches.

Bruce Campbell, Director of UNFPA Sub-Regional Office, urged government to take responsibility for collecting data to inform their political priorities. "Participants are recognising the importance of disaggregation of data to ensure the most vulnerable receive priority, and no one is left behind," said Mr Campbell.

The workshop concluded with all parliamentary representatives sharing their commitments to implement SDG 3 on good health and SDG 5 on gender equality.

"We've discussed the importance of parliamentarians keeping themselves informed on how their respective countries are reporting their accountability to the SDGs," said NZPPD Chair Barbara Kuriger.

"It's been incredibly valuable to have nine Pacific countries in the room to hear about how they're approaching the SDGs, measuring them and getting their constituents engaged in finding solutions," said Ms Kuriger.

AFPPD Executive Director Mika Marumoto said, "AFPPD will continue to provide a knowledge sharing platform for Pacific nations to learn from each other to come up with effective advocacy plans. It is increasingly crucial for Pacific parliamentarians to voice their shared concern as one voice in the regional and global arenas."

Following the adoption of the 2030 Agenda and the Sustainable Development Goals (SDGs) in September 2015, parliamentarians are working to ensure that the International Conference on Population and Development (ICPD) remains a priority within this new international development climate.

The Asian Forum of Parliamentarians on Population and Development (AFPPD) and the New Zealand Parliamentarians Group on Population and Development (NZPPD) were co-hosts of the AFPPD-NZPPD Agenda 2030 Workshop for Pacific Parliaments on Prioritising the ICPD agenda in the SDGs.

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Fiji attends regional workshop on sexual health

AVINESH GOPAL
Saturday, October 01, 2016

Update: 2:20PM REPRESENTATIVES and parliamentary leaders from Pacific Island countries, including Fiji, met in New Zealand this week to discuss prioritising sexual and reproductive health in their national Sustainable Development Goal (SDG) plans.

The workshop, which was held in Wellington from September 28 to 29, concluded with all parliamentary representatives sharing their commitments to implement SDG 3 on good health and SDG 5 on gender equality.

The Asian Forum of Parliamentarians on Population and Development (AFPPD) and the New Zealand Parliamentarians Group on Population and Development (NZPPD) were co-hosts of the workshop.

"AFPPD will continue to provide a knowledge sharing platform for Pacific nations to learn from each other to come up with effective advocacy plans," said AFPPD's executive director Mika Marumoto.

"It is increasingly crucial for Pacific parliamentarians to voice their shared concern as one voice in the regional and global areas."



AFPPD-NZPPD: Agenda 2030 Workshop for Pacific Parliaments

SEPTEMBER 28-29, 2016

WELLINGTON, NEW ZEALAND

MIKA MARUMOTO, EXECUTIVE DIRECTOR

ASIAN FORUM OF PARLIAMENTARIANS ON POPULATION AND DEVELOPMENT

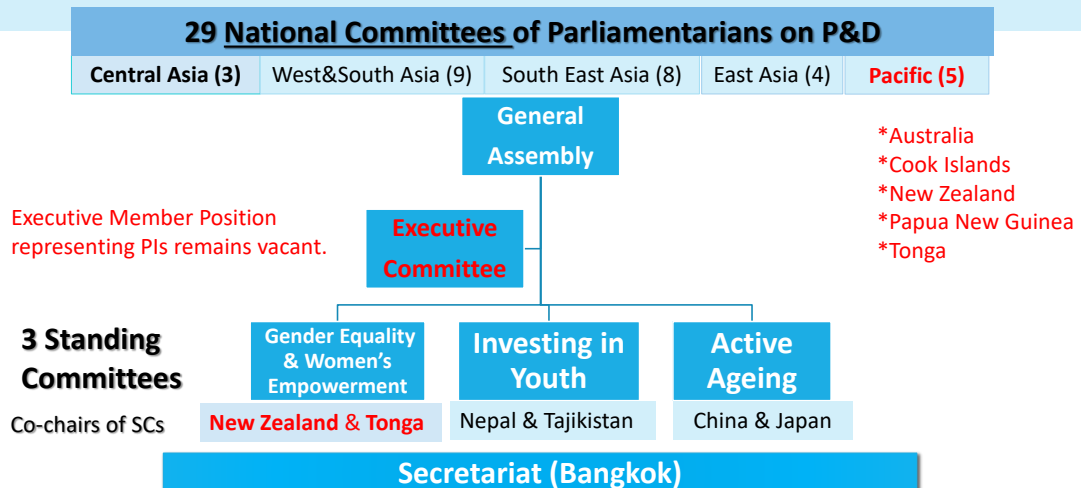
Objectives & Expectations

- ✓ To deepen Pacific Parliamentarians' knowledge on the Agenda 2030;
- ✓ To improve and strengthen Pacific Parliamentarians' Advocacy skills;
- ✓ To inform Pacific Parliamentarians of the role of the AFPPD as a coordinating body of regional parliamentarians.

✓ To inform Pacific Parliamentarians of the role of the AFPPD as a coordinating body of regional parliamentarians....

- What is the role of AFPPD?
- Why AFPPD matters?
- Why Parliamentarians in the SDGs process?

I. What is AFPPD? The oldest regional parliamentary network in the world (since 1981) Organizational & Governance Structure



II. Why AFPPD matters? AFPPD envisions a world especially where....

Demographic changes and population issues are taken into account in planning for sustainable development

Women and girls have equal rights and opportunities, and can enjoy a safe, healthy and dignified life throughout their lives

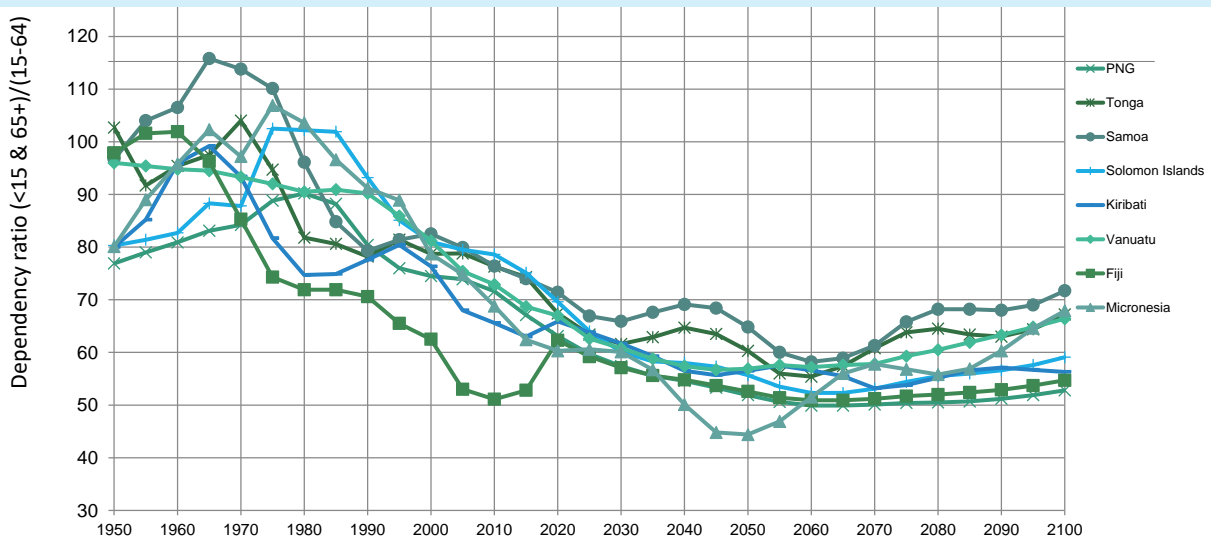
All women and girls have access to SRH information, education and services, and can decide whether, when and how many to have children

Mission – AFPPD aims to realize its visions through **parliamentary work**:

- (1) Advance for and formulate/amend policies and legislation;
- (2) Hold governments accountable;
- (3) Advocate for budget increases and financial resources for implementation of laws and regulations

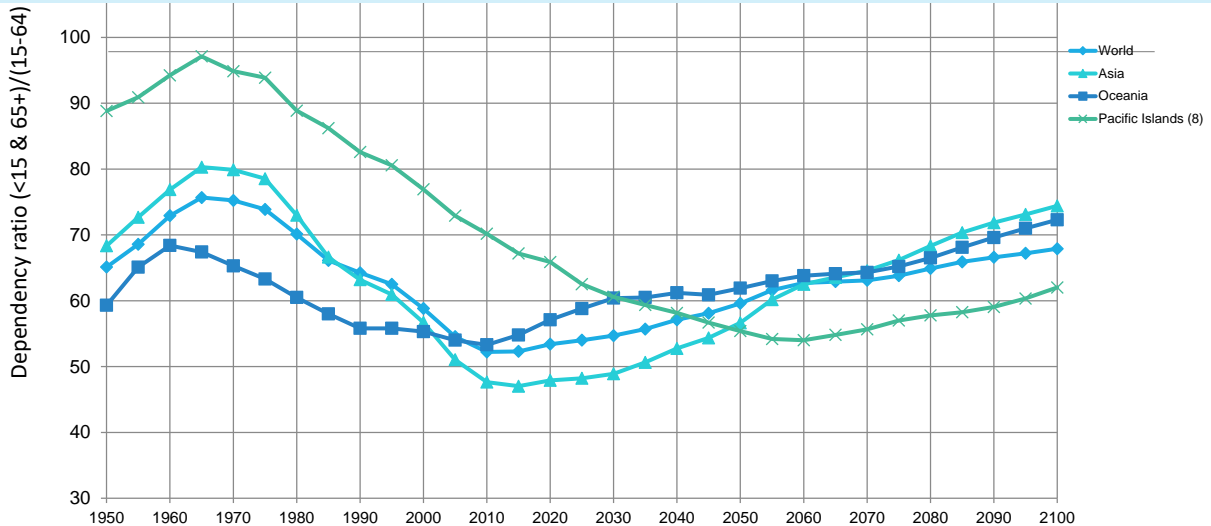
Source: AFPPD. (2015) *AFPPD Strategic Plan 2016-2019*.

VISION 1: Demographic Changes in Planning for Sustainable Development
Transition of Dependency Ratio (1950 – 2100): Selected Pacific Islands Countries



Data source : United Nations, DESA, Population Division (2015). World Population Prospects: The 2015 Revision

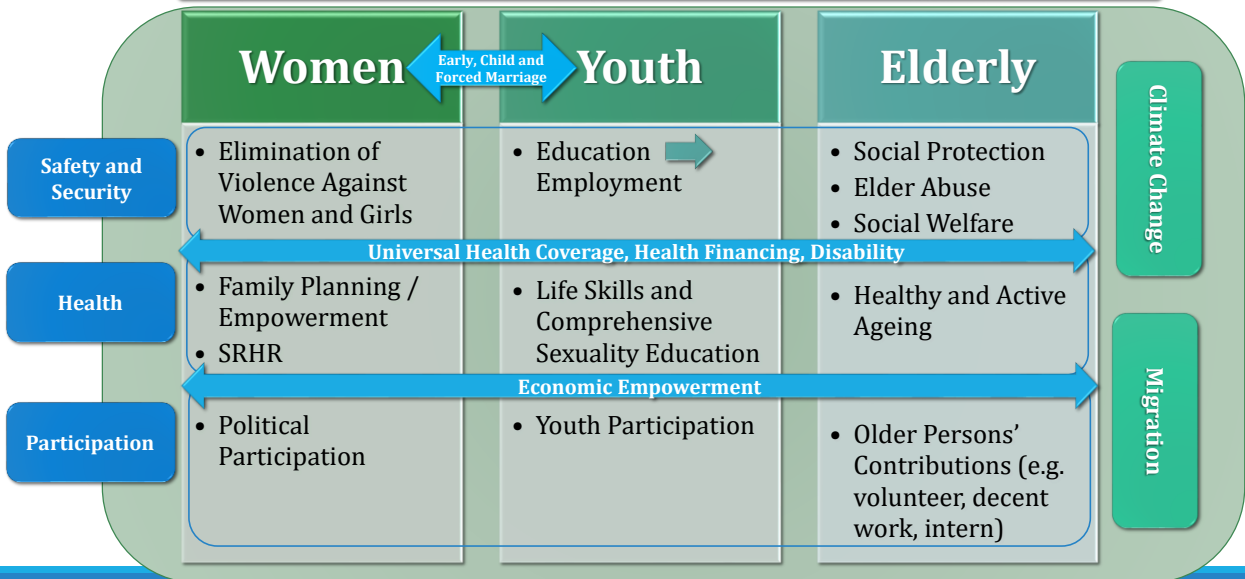
AFPPD VISION: Demographic Changes in Planning for Sustainable Development
Transition of Dependency Ratio: (1950 – 2100):
 Pacific Islands States have a unique population transition path compared to the world and Asian trends



Data source : United Nations, DESA, Population Division (2015). World Population Prospects: The 2015 Revision

AFPPD VISION: Population Issues in Planning Sustainable Development
AFPPD Standing Committees and Strategic Priorities in 2016-2019

Economic Arguments and Demographic Dividend



Note: AFPPD has three Standing Committees working on (1) Gender Equality and Women's Empowerment, (2) Investing in Youth, and (3) Active Ageing

Why AFPPD Matters? (continued)

AFPPD activities drive positive changes at global, regional/sub-regional and national levels



Global Conference of Parliamentarians on Population and Development Toward the 2016 G7 Ise-Shima Summit 26-27 April 2016, Tokyo, Japan

- ↳ GCPPD Declaration and Recommendations to the G7 Ise-Shima Summit
- ↳ G7 Leaders' Declaration – Health Section; G7 Ise-Shima Vision for Global Health



South Asian Parliamentarians' Meeting to accelerate collective efforts to eliminate early, child and forced marriage
23-24 March 2016, Kathmandu, Nepal

- ↳ Kathmandu Declaration
- ↳ National actions



Hon. Dr. Jetrn Sirathranont,
National Legislative
Assembly of Thailand NLA
Chair of the Standing
Committee on Health

"Teenage pregnancy often leads to unsafe abortion, high maternal and higher school drop outs. Pregnancy is a life-changing experience for girls. We need a law that would enable the youth to access information and services about their sexual and reproductive health and rights"

AFPPD's National Committees have spearheaded national-level multi-stakeholders forums

- ↳ August 2015 Bangkok Thailand
- ↳ Workshops to discuss a Teenage Pregnancy Bill
- ↳ Act for Prevention and Solution of the Adolescent Pregnancy Problems (2016)

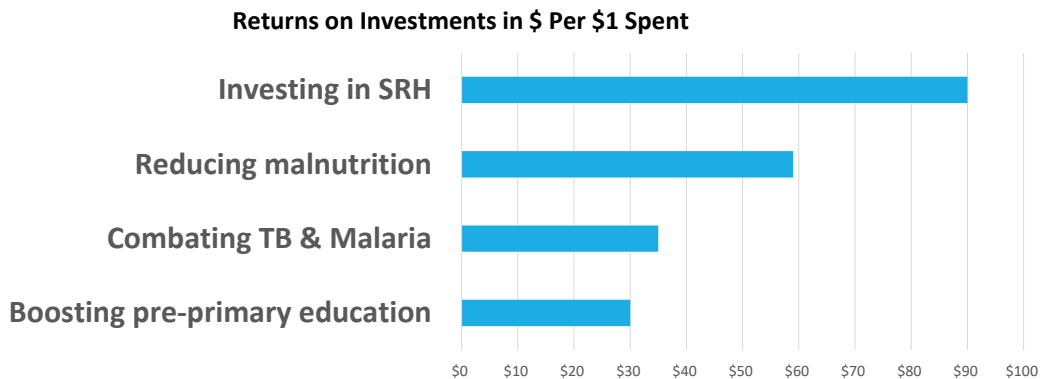
Source: GCPPD Declaration & Recommendations to the G7 Ise-Shima Summit: <http://www.afppd.org/events/event-docs/1-d&r-global-conference-of-parliamentarians-on-population-and-development-2016-dec.pdf>
AFPPD. GCPPD Conference Report (2016). <http://www.afppd.org/events/event-docs/1-g7-gcppd-final-report-2nd-ed-6-june-2016-map-report.pdf>

The G7 Ise-Shima Leaders' Declaration. Ministry of Foreign Affairs of Japan. <http://www.mofa.go.jp/press/2016/04/2016042701.html>
Kathmandu Declaration - <http://www.afppd.org/events/event-docs/1-kathmandu-declaration.pdf>
Conference Report: <http://www.afppd.org/events/event-docs/1-g7-gcppd-final-report-2nd-ed-6-june-2016-map-report.pdf>

Why AFPPD Matters? (continued)

Evidence-based knowledge sharing: *Why investing in SRHR make sense?*

Analysis and Projections made by Copenhagen Consensus Group



Assumptions: The projected benefits result from reduced IMR/MMR, longer survival and higher productivity, higher women's labor participation and greater investment in the human capital of children

Source: **AFPPD Parliamentarian Resource Kit on SRHR and Population and Development Links**

III. Why parliamentarians in the SDGs era?


The SDGs Implementation requires stronger parliamentarians commitment than ever

Transforming our World: the 2030 Agenda for Sustainable Development Declaration (para 45) states....

“We acknowledge the essential role of national parliaments through their enactment of legislation and adoption of budgets and their role in ensuring accountability for the effective implementation of our commitments.”



A top-down approach is imperative

 SDG3 Implementation through life-cycle approach The role of MPs is imperative in the SDGs Implementation					
Birth	Infancy	Childhood	Youth	Adulthood	Older age
Skilled Birth attendants	Infant Mortality rate	U5 Mortality	Education+ (*incl. CSE)	* Education/ literacy+	* Continuing education+
Maternal mortality	*Morbidity rates	Malaria prophylaxis	Employment (occupational injuries)	Employment (occupational injuries*)	*NCDs+
*Emergency obstetric care	*Immunities conferred +(including PMTCT)	*Early childhood education+	*NCD risks initiated+	*STI risks+ (incl. HIV/AIDS)	*Dementia incidence
*Premature births	*Neonatal mortality rate+	*Orphan status	Adolescent fertility *Sexual debut	Other morbidities and mortality	*Abuse and non-support
*C-sections		*Immunization (later)+	*GBV+ * Early marriage+	*GBV+	

* Those with asterisk were not included in the MDGs.
+ Those with plus have been included in some manner or discussed in the official SDG process.
Source: AFPPD (2016). Parliamentarian Resource Kit on SRHR and Population and Development Links in Asia and the Pacific in the Post 2015, 2nd edition. P.19.

Conclusions and Implications

- Population dynamics of Pacific Islands States indicate that now is the opportunity to seize a demographic dividend through the effective implementation of youth/gender-sensitive policies & legislation;
- AFPPD can work with its member National Committees and Pacific MPs to achieve this goal by providing national, sub-regional, regional and global platforms for sharing knowledge and evidence-based good practices;
- Parliamentarians are accountable for ensuring the effective implementation of the SDGs.

2016 AFPPD-NZPPD Agenda 2030 Workshop for Pacific Parliaments: Expected Outcomes

1. Increased knowledge and understanding of leaders from Pacific Parliaments, parliamentarians and national committee secretariats, on linkages between the ICPD and the Agenda 2030;
2. Strengthened Pacific Parliaments' institutional capacities to advocate for the effective implementation of the Sustainable Development Goals at the national level;
3. Increased knowledge of Pacific parliamentarians, including AFPPD associate members and non-member countries, on the role of the AFPPD as a coordinating body of regional parliamentarians in providing knowledge-sharing platforms at national, regional and global levels.

RESOURCES:
www.afppd.org
Upcoming Events
www.afppddatabase.org
Resources => Database



WELCOME

Training Workshop
for Parliamentarians and Parliamentary staff
on Prioritizing ICPD in the SDGs

Stan Bernstein

Independent Consultant, former UNFPA and UN Millennium Project

“Priorities and Developments
From ICPD and the MDGs
To the SDGs”

OBJECTIVES OF WORKSHOP

- To increase knowledge and understanding of parliamentarians and national committee secretariats on the **linkages of ICPD and the post-2015 development agenda**;
- To strengthen Parliamentarians and National Committee secretariats' skills and capacity to **advocate for ICPD implementation at the national level.**

International Conference on Population and Development (ICPD)



ICPD Programme of Action

179 countries adopted a forward-looking 20-year Programme of Action (1994-2015)

Quantifiable goals were agreed in 4 areas:

1. Access to sexual and reproductive health services including family planning
2. Reduction of maternal mortality
3. Reduction of infant and child mortality
4. Universal education

International Conference on Population and Development

Why was it important:

1. Marked a turning point away from focus on slowing population growth to **improving the lives of individuals, particularly women**
2. It led to a bold new vision about the **relationships between population, development and individual well-being.**
3. It placed **human rights and women's empowerment** at the centre of population and development concerns
4. It was the first attempt to **link SRH and reproductive rights to existing human rights norms**
5. It was **larger and more inclusive than earlier world population conferences**

Understanding key population and development issues

- Sexual and reproductive health and rights
- Gender Equality and Women's Empowerment
- 'Rights based' development
- Demographic dividend: age structure changes and their implications

What is SRHR?

- Reproductive Health
- Reproductive Rights
- Sexual Health
- Sexual Rights

Reproductive Health

... a state of complete physical, mental and social well-being, and not merely the absence of disease and infirmity, in all matters relating to the reproductive system and to its functioning and processes... implies people are able to have the capacity to reproduce and the freedom to decide if, when and how often to do so ... implies access to information and services ... including family planning and other methods for fertility regulation not against the law and appropriate reproductive health care ... defined as the constellation methods techniques and services for reproductive health ... includes sexual health

ICPD Programme of Action 1994

Comprehensive SRH services include:

- Contraceptive information and services (including emergency contraception and a range of modern contraceptive methods);
- Maternity care, including antenatal and postnatal care, and delivery care, particularly skilled attendance and emergency obstetric care;
- Prevention and appropriate treatment of infertility;
- Safe abortion and post-abortion care;
- Prevention, care and treatment of sexually transmitted infections, HIV/AIDS, reproductive tract infections, and reproductive cancers;
- Information, education and counseling, prevention and surveillance of violence against women (VAW), care for survivors of violence; and
- Actions to eliminate harmful traditional practices such as FGM and early and forced marriage.

Source: UN Foundation

Sexual Health

A state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence

WHO definition

Reproductive Rights

the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of reproductive and sexual health. It also includes the right of all to make decisions concerning reproduction free of discrimination, coercion, and violence as expressed in human rights documents

ICPD Programme of Action 1994

Sexual Rights

Sexual rights are the ability to decide on your own about sexuality. This means expressing your sexuality by making your own decisions about partners, privacy and pleasure.

ICPD and the Millennium Development Goals (MDGs)

The ICPD Programme of Action and the Millennium Development Goal Framework

How were they connected?

Why was it important to have the 2 frameworks?

Strengths of ICPD compared to MDGs:

- ICPD had greater focus on human rights than MDGs
- ICPD better captured inter-linkages between different aspects of development
- Reproductive Health (under MDG 5b) was not included until 2007
- The MDG focus on maternal mortality (MDG5) was problematic and non inclusive

4

ICPD Comprehensive Review

A 3 year ICPD Global Comprehensive Review of progress, gaps and challenges was carried out and concluded the following:

5

Findings from the ICPD comprehensive review:

- ✓ Maternal mortality worldwide fell by 45% between 1990 and 2010
- ✓ More girls are going to school (primary school enrolment rates approaching 90%)
- ✓ Significant improvements in antenatal care coverage, skilled birth attendance, emergency obstetric & newborn care

However the review found much unfinished business and it was deemed important for ICPD to remain open ended

6

Findings from the ICPD comprehensive review:

The review also found compelling evidence to assert the programme's relevance to the post-2015 development agenda

- ✓ Groundbreaking focus of the ICPD which places human rights and individual dignity at the heart of development
- ✓ The clear practical connection made by the ICPD between human rights, population dynamics and economic development
- ✓ Groundbreaking definition of sexual and reproductive health and reproductive rights

7

New commitment to ICPD

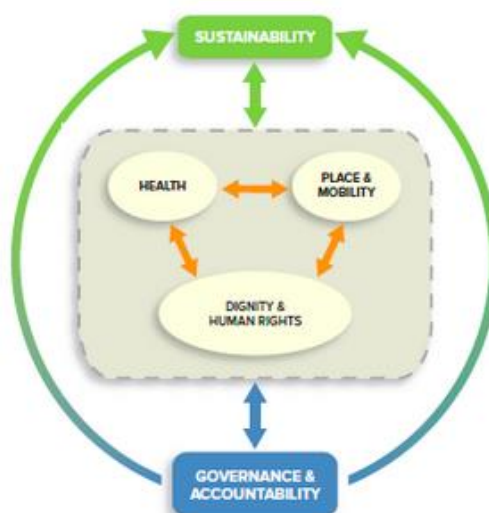
In September 2014 governments **reaffirmed their original vision and signed up to a new Framework for Action**

“ICPD Beyond 2014 Framework of Actions”

ICPD Beyond 2014 Framework of Actions

What is included in the Framework?

5 Thematic Pillars of Population & Development



8

ICPD Beyond 2014: Key Themes in Framework

- Poverty & Inequality
- **Women and Girls**
- Young People
- **Sexual and Reproductive health & rights**
- Environmental sustainability
- Ageing
- Urbanization & migration

9

Regional commitment to the ICPD Beyond 2014 Framework

Asia Pacific Regional Declarations - ICPD

The [Bangkok Declaration](#) - or Asian and Pacific Ministerial Declaration on Population and Development

The Declaration reasserts key principles of the ICPD Programme of Action

- Universal and equitable access to SRH services
- Further reduce maternal deaths
- Ensure access to family planning
- Promotion of rights of young people and their needs including comprehensive sexuality education, access to contraception, education and employment opportunities

10

Outline of the new SDG Framework

Sustainable Development Goals or 2030 Development Agenda



4

Development of the SDGs:

- Largest consultation in the UN's history to develop the SDGs
- Open Working Group mandated (at the Rio+20 summit in 2012)
- UN also conducted "global conversations". 11 thematic and 83 national consultations
- My World Survey

Sustainable Development Goals designed to improve on the MDGs

INTEGRATED & INDIVISIBLE APPROACH TO SDGS



3

Some key differences between the MDGs and the SDGs

1. “Zero” goals as opposed to having targets
2. Universal goals (MDGs mostly applicable to poorer countries)
3. More comprehensive – going beyond the symptoms of poverty, to issues of peace, stability, human rights, environment, good governance
4. More inclusive and participatory goal setting

7

But some omissions still exist....

Contentious issues associated with SRHR have not been included:



8

ICPD in the SDGs

1. Goals 3, 4 and 5
1. Focus on human rights and inter-linkages between issues

7

SRHR in the Sustainable Development Goals



5

SRHR in the Sustainable Development Goals



SRHR in the Sustainable Development Goals



6

AFPPD-NZPPD Agenda 2030 Workshop for Pacific Parliaments

28 - 29 September 2016



**The ICPD Agenda in the SDGs.
The role of Parliamentarians in
changing rhetoric to an improved
reality for Pacific people.**

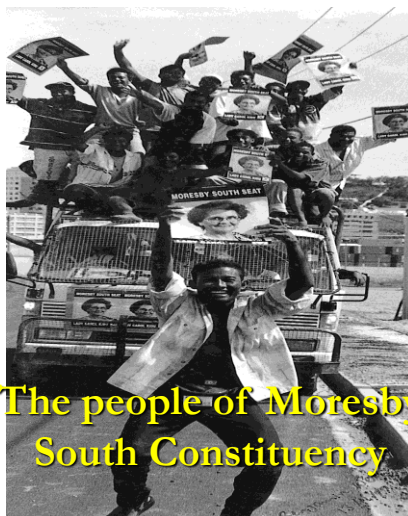
CAROL KIDU DBE Dr(Hons)

Retired PNG Parliamentarian (1997 – 2012)
High Level Task Force ICPD 2014 & Beyond
Global Commission on HIV & the Law
Pacific Commission on HIV
Safe Motherhood Alliance (SMALL) PNG

I am not a technical expert on SRHR but am privileged to be here because of many people and I acknowledge them.



**My late mother-in-law &
the people of Pari village**



**The people of Moresby
South Constituency**

THANK YOU for inviting me to share some thoughts about
changing rhetoric to a new reality for SRHR in the Pacific.

Maternal Health and SRHR is everybody's business.
It is more than a health issue. It is a critical
development issue that needs a whole of
government and whole of society response.



**IT IS YOUR BUSINESS
IT IS EVERYBODY'S RESPONSIBILITY**

Make it Happen and Make it Personal.

ICPD REVIEW 2014

PACIFIC REGION VISION

*"Delivering a world
where every pregnancy
is wanted, every
childbirth is safe and
every young person's
potential is fulfilled".*



**COULD THIS HAVE
BEEN YOU, YOUR WIFE
OR A FAMILY MEMBER?**

The **SRHR** GLOBAL JOURNEY

FROM ICPD TO THE SDGs

A long and complex journey that is not yet over.

The ICPD @ Cairo- An Unfinished Agenda

- 1994 – 179 governments adopted the ICPD POA
- Visionary and ground-breaking document that placed the human rights of women, including their sexual and reproductive health rights, at the centre of sustainable development
- Over 20 years have passed and we have moved from the MDGs to the SDGs but
- urgency of implementing the ICPD goals is still not given a high political priority
- many policies and action plans have been developed BUT sufficient funding and comprehensive coverage is lacking

MIXED GAINS

- The ICPD Programme of Action represented a major shift in thinking about population and development
- FROM a population control and numbers approach TO reproductive health in a human rights framework
- BUT gains have been mixed
- Issues of Sexual and Reproductive Health have taken root within many bureaucracies and church and NGO service providers BUT
- in the political arena, the impact on health outcomes and priorities has been varied and disappointing in some Pacific nations.
- And sexual rights, poorly understood and still contentious, is usually left out of the political agenda.
- Thus the need for Parliamentary champions remains HIGH in our nations and across the Pacific region

Millennium Development Goals (2000 – 2015)



Like many nations, PNG was slow to respond to the MDGs and sadly NONE of the MDGs were fully achieved in PNG

PNG struggled with the MDGs but has already integrated the 2030 SDG agenda into StaRS



SDGs – an exhaustive consultative process

- ICPD periodic reviews at country and regional level
- For Pacific – The Moana Declaration created a tidal wave affect at ICPD 2014 in Bangkok
- Thematic Reviews eg Women’s Health and Youth consultations
- A key objective of the ICPD Beyond 2014 Review was to facilitate the integration of the population and development agenda into the UN development agenda beyond 2015 and ensure meaningful development outcomes in a rights based framework
- **Unlike the MDGs these goals are for everyone, everywhere not just for developing nations.**

UN System partners for ICPD Review Process!!

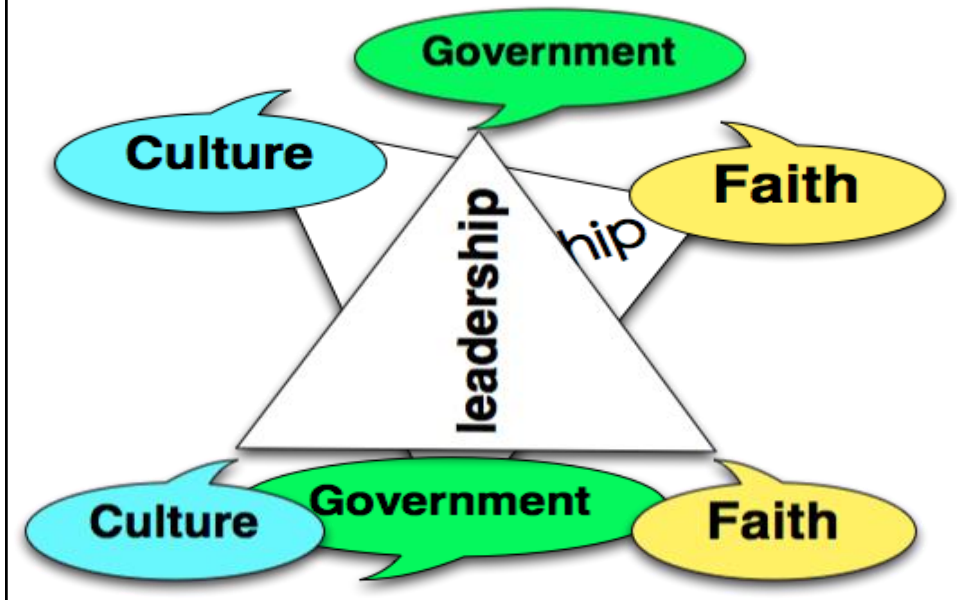


Unresolved and open agenda which could not reach a consensus resolution

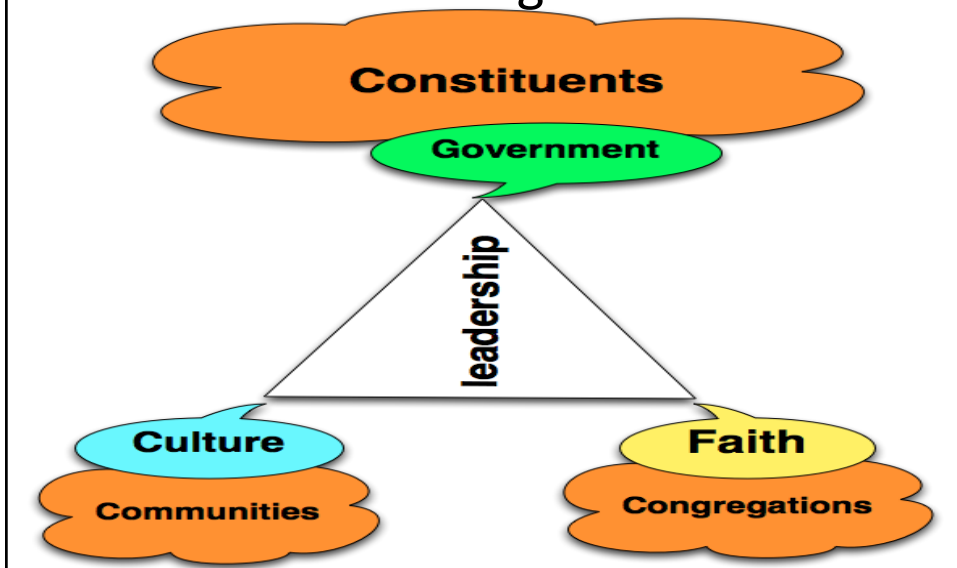
- Recognition and non-discrimination on the basis of gender identity and of sexual orientation
- Access to safe abortion
- Right to plan families and have children by choice not chance
- Equal status for women and girls, including in the context of harmful practices, violence and forced and child/early marriage
- Sexuality education/mainstreaming sexuality into the rights and development agenda
- Protection of sex workers



Managing contentious issues in the Pacific



Leadership dilemma creates decision-making dilemmas



From RHETORIC TO A NEW REALITY – IS IT POSSIBLE?

**The critical role of politicians to be
agents for change**

POLITICAL COMMITMENT has been made by OUR NATIONS

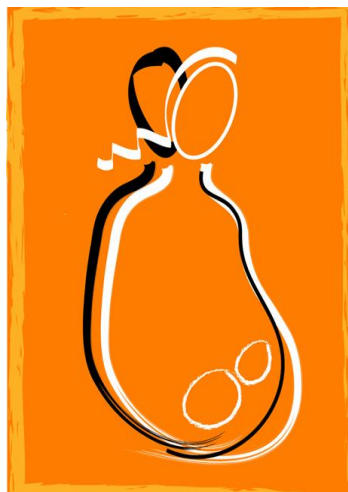
AS SIGNATORIES TO VARIOUS HUMAN RIGHTS CONVENTIONS:

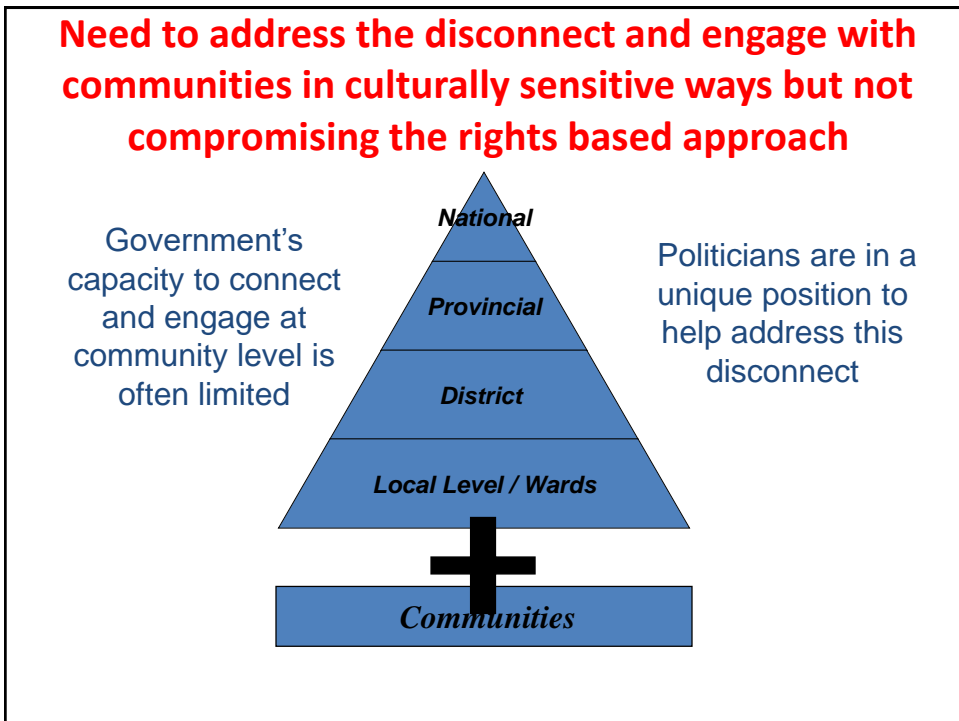
**ICPD
CEDAW
CRC**

**Declaration on Safe Motherhood
MDGs and now SDGs**

**OUR GOVERNMENTS HAVE STATED THEIR
COMMITMENT TO A RIGHTS FRAMEWORK
FOR SEXUAL AND REPRODUCTIVE HEALTH –
MOSTLY WITHOUT RESERVATIONS**

**BUT for many nations that has not
changed the grassroots reality for the
majority**





The Power of Integrated Partnerships to change the rhetoric to a new reality



THE KEY IS IN THE COMMUNITY



There is a need for a people focus so that individuals, families and communities have access to knowledge and services to improve maternal health and sexual and reproductive health.

Politicians are in a unique position to be proactive at the community level as well as the Parliamentary level – eg Hon Ken Fairweather – tackling the hard issues of legal reform with his Private Member’s Bill PLUS actively promotes family planning in his electorate

Politicians CAN make a difference eg

- Through social audits to explore the “road to death” – gathering accounts of family and health care – tell stories of mothers who died
- Identify obstacles the woman and family faced
- Promote deliveries by skilled birth attendants
- Mobilize support for community insurance schemes for the poor- Create special funds for enabling poor women to access services (funds for services, transport, etc.)

Politicians can make a difference (cont.)

- Monitor the reach of services (ask MoH for regular reporting) -Build accountability of the health system
- Facilitate debates locally and state/division/ province levels
- Monitor the implementation of existing laws: age at marriage, laws related to abortions, sex determination, right to free care, etc.
- Capacity building – parliamentarians and media
- Parliamentarians **CAN** make the difference. **ADVOCATE** for
 - Progressive Legislation
 - Evidence based policies & strategies
 - Adequate resources – funding
 - Mobilize constituency (grass root) support – **PEOPLE’S POWER**
 - Dialogue with stakeholders and gatekeepers (politicians, religious leaders, opposing groups)
 - Disseminate successful strategies/stories
 - Share lessons learnt

Putting Sexual and Reproductive Health Rights on the political agenda.



- Check Hansard Records to gauge priority given to SRHR issues by politicians
- Take the maternal health and SRHR agenda of the SDGs to Parliament by organising forums, Parliamentary hearings etc to make space for voices to be heard.
- Work with Parliamentary Group on Population and Development and be aware of work of AFPPD
- Document the economic & social costs of not prioritising SRHR
- Get more women in Politics!!!

Advocacy at Parliament House for compassion and prevention on teenage pregnancy (SMALL PNG activity with PNG Parliamentary Group)



Promoting the ICPD agenda in the SDGs 2030 global agenda is about getting enough people to paddle in the same direction



It is not easy when polarised opinions on contentious issues and competing priorities are in opposite directions.

Regional Fora for Advocacy

28 September 2016

Agenda 2030 Workshop for Parliaments

Prioritizing the ICDP Agenda in the SDGs
Wellington

Regional Partnerships

- ❖ SIDS ACCELERATED MODALITIES OF ACTION [S.A.M.O.A.] Pathway
- ❖ The Forum Compact – A Regional Enabling Mechanism to deliver sustainable development in the Pacific:- coordinated by Pacific Islands Forum Secretariat
- ❖ **Pacific SDGs Roadmap**-by September 2017
- ❖ **Pacific Islands Forum**: Discussions in the 47th Forum Meeting (**8-10 Sept, 2016**) resulted in Framework for Resilient Development in the Pacific - a voluntary non-political framework – Outcome was the Pohnpei Statement: Strengthening Pacific Resilience to Climate Change and Disaster Risk
- ❖ In 2012 **Pacific Leaders Gender Equality Declaration (PLGED)**, a full report on progress against the PLGED incorporated into the proposed quadrennial regional reporting of progress against the SDGs
 - first regional report proposed for 2018
 - report on a particular theme/area of the PLGED prepared biennially
 - Samoa will be the host for the 2017 Forum, Nauru in 2018, and Tuvalu in 2019

Regional Level

- 10 - 11 November : Expert Group Meeting on Urban Nexus and Implementation of Urban related SDGs , UNCC
- 15 - 16 November: Regional Modelling for SDGs, UNCC, Bangkok
- 24 - 25 November: Expert Group Meeting on Macroeconomic Prospects and Policy Challenges in Asia and the Pacific including Countries with Special Needs, UNCC, Bangkok
- 23 - 24 November: Expert Group meeting on implementation of the 2030 Agenda for Sustainable Development for Asian and Pacific cities UNCC , Bangkok
- 28 – 29 November: Expert group meeting on regional strategy for implementation of internationally agreed development goal, Bangkok

Regional Level

- 17-19 October : Fifth Asia-Pacific Climate Change Adaptation Forum- 'Adapting and Living below 2°C: Bridging the Gaps in Policy & Practice', Colombo, Sri Lanka
- 17-20 October : The 44th session of the Intergovernmental Panel on Climate Change (IPCC) United Nations Conference Centre (UNCC) in Bangkok, Thailand
- 7 - 9 November : Regional Workshop on Strengthening the Collection and Use of International Migration Data for the Achievement of the 2030 Agenda for Sustainable Development UNCC , Bangkok
- 22 - 23 November : Expert Group Meeting to identify synergies between the ICPD Programme of Action and the 2030 Agenda for Sustainable Development in the Asia-Pacific Region UNCC, Bangkok
- Feb 2017 : Pacific Regional SDGs Multi-stakeholder Consultation and Dialogue
- Early 2017: Regional Preparatory Meeting for the Asia-Pacific Intergovernmental Meeting on the Third Review and Appraisal of Madrid International Plan of Action on Ageing
- Late 2017: Asia-Pacific Intergovernmental Meeting on the Third Regional Review and Appraisal of the Madrid International Plan of Action on Ageing

Global Level

2016

- ❖ 11-12 October : International Dialogue on Migration Follow-up and review of Migration in the SDGs, Geneva
- ❖ 7-18 Nov: COP22 Conference in : Parties will begin preparations for entry into force of the Paris Agreement, Marrakesh, Morocco
- ❖ December: Global Forum on Migration and Development, Dhaka

2017

- ❖ 4-5 May: G7, Rome Italy
TBD G20 , Germany

2018

- ❖ APEC Inter-ministerial, Papua New Guinea
- ❖ Global Review of MIPAA,
- ❖ UN General Assembly 2018, New York



Advocacy through commemoration

Women

25 November: International Day for the Elimination of Violence Against Women

8 March: International Women's Day

Youth

12 August - *International Youth Day*

Elderly

1 October - *International Day of Older Persons*

Cross Cutting Themes:

30 July - *World Day against Trafficking in Persons*

1 December - *World AIDS Day ;*

10 December - *Human Rights Day;*

18 December - *International Migrants Day*

Thank you

OUTLINE:

- Background on Sustainable Development Goals of Samoa (SDS)
- Methodology & Processes
- Challenges & constraints
- Important Lessons
- Way Forward
- Conclusion

Minister of Natural Resources and Environment:
Hon. FIAME Naomi Mataafa

Strategies for the Development of Samoa (SDS)

- *With the theme of “Boosting Productivity for Sustainable Development“ in its 2012-2016 publication and a dedicated focus on strengthening economic resilience through increasing investment in the productive sectors of the economy
- *Emphasis was directed to the agricultural sector to raise domestic production to meet food security needs and boost export capacity
- *Attention was also focused on the manufacturing sector to transform viable agricultural products to higher value added processing for the export market as well as encouraging investments in import substitution businesses

METHODOLOGY & PROCESSES:

- * Preliminary assessment using Mid Term Review of SDS (national strategy on sustainable development)
- * Conducted an open, inclusive and participatory consultations throughout the country
- * Mid Term review and annual sector review findings formed the building blocks for new SDS (2016-2020)
- * Identification of indicators for localisation
- * Assessment of global indicators against national and sectoral indicators

METHODOLOGY & PROCESSES:

- * Mapping of global indicators using Tier classification showed that Samoa was able to provide 60% of the indicators from SBS and sectoral stakeholders.
- * Remaining 40% constitute work in progress
- * Mapping of goals, indicators and means of implementation is a result of collaboration among SBS, Ministry of Finance/Planning and all sectoral lead ministries
- * Each goal has been assigned a lead ministry to coordinate implementation

Institutional Mechanisms

- * Use of sector wide approach – including sectors, institutions and stakeholders for implementation;
- * Lead ministries for each of the 14 sectors are responsible for a Goal for implementation;
- * National SDG Task Force drives monitoring and reporting processes
- * Different Sectors coordinate with Task Force to review and assess indicators
- * SBS has central role in monitoring in collaboration with all stakeholders
- * All reports to be passed by Parliament

Challenges & Constraints

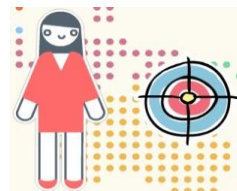
- * human and institutional capacity constraints
- * lack of ownership and political will
- * lack of awareness and engagement of stakeholders
- * localizing the SDGs
- * lack of alignment with global and regional actions
- * insufficient resources and capacities of resource implementation,
- * lack of baseline data available.

Important Lessons:

- * Mapping of goals, indicators and means of implementation helps to identify gaps and strengthens statistical capability
- * Close collaboration is essential for harmonising of disaggregation indicators
- * Mapping at regional level is important to confirm priorities of the region (Samoa is a member of the regional Task Force)
- * Development of National and Regional roadmaps – strengthens national/ regional and global links
- * Need strong leadership and political will for successful implementation
- * Capacity building is essential to develop quality data

Conclusion:

- * Total commitment of the Government of Samoa to the implementation of its development framework which is inclusive of SDGs
- * Understanding the different ways that ‘leave no one behind’ will make the implementation of Sustainable Development Goals more effective in practice
- * to confirm priorities of the region (Samoa is a member of the regional Task Force)
- * Development of National and Regional roadmaps – strengthens national/ regional and global links
- * Need strong leadership and political will for successful implementation
- * Capacity building is essential to develop quality data



Tools and Strategies to Champion the ICPD agenda in National SDG Plans and Monitoring Frameworks

**AFPPD-NPPD Agenda 2030 Workshop for Pacific Parliaments
on
prioritizing the ICPD agenda in the SDGs**

**Wellington, New Zealand,
September 28-29, 2016**

@_BruceCampbell

Director UNFPA Pacific sub-regional office

The ICPD/2030 Sustainable Development Agenda



The Sustainable Development Goals



17 Goals, 169 targets and 231 indicators

(MDGs had 8 goals 21 targets and 58 indicators)

231 indicators disaggregated across 8 potential domains

UNFPA/ ICPD related priority indicators: Goal 3

Goal 3 Ensure healthy lives and promote well-being for all at all ages

3.1.1	Target 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.	Maternal deaths per 100,000 live births
3.1.2		Proportion of births attended by skilled health personnel
3.3.1	HIV Incidence	Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations
3.7.1	Target 3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.	Percentage of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods.
3.7.2		Adolescent birth rate (10-14; 15-19) per 1,000 women in that age group
3.8.1		Coverage of essential health services

UNFPA/ICPD related priority indicators: Goal 5

Goal 5 : Achieve Gender Equality and empower all women and girls		
5.2.1	Target 5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.	Proportion of ever-partnered women and girls (aged 15-49) subjected to physical and/or sexual violence by a current or former intimate partner, in the last 12 months
5.2.2		Proportion of women and girls (aged 15-49) subjected to sexual violence by persons other than an intimate partner, since age 15
5.3.1	Target 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.	Proportion of women aged 20-24 who were married or in a union before age 15 and 18 (i.e. child marriage)
5.3.2		Percentage of girls and women aged 15-49 years who have undergone FGM/C, by age group (for relevant countries only)
5.6.1	Target 5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences.	Proportion of women (aged 15-49) who make their own sexual and reproductive decisions.
5.6.2		Number of countries with laws and regulations that guarantee all women age 15-49 years access to sexual and reproductive health care, information and education

UNFPA/ICPD related priority indicators: Goals 11/16/17

Goal 11: Make cities and human settlements inclusive, safe, resilient and sustainable		
11.a.1	11.a support positive economic, social and environmental links between urban, peri-urban and rural areas by strengthening national and regional development planning	11.a.1 Proportion of population in cities that implement urban and regional development plans integrating population projections
Goal 16 Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels		
16.9.1	Target 16.9 By 2030, provide legal identity for all, including birth registration	Percentage of children under 5 whose births have been registered with civil authority
Goal 17 Strengthen the means of implementation and revitalize the global partnership for sustainable development		
17.18.1	Target 17.18 By 2020, enhance capacity-building support to developing countries, including for LDCs & small island developing States, to increase significantly the availability of high-quality, timely & reliable data disaggregated by 1) income, 2) gender, 3) age, 4) race, 5) ethnicity, 6) migratory status, 7) disability, 8) geographic location & other characteristics relevant in national contexts	Proportion of sustainable development indicators with full disaggregation produced at the national level.
17.19.2	Target 17.19 By 2030, build on existing initiatives to develop measurements of progress on sustainable development that complement gross domestic product, and support statistical capacity-building in developing countries	17.19.2 Proportion of countries that (a) have conducted at least one population and housing census in the last 10 years; and (b) have achieved 100 per cent birth registration and 80 per cent death registration

Do we know which are the best source of data to monitor SDG indicators?

Population Census for denominators

(e.g. National Population and Housing Census)

Population based surveys for numerators

(e.g. DHS / MICS /LSS /Labor Force surveys, etc.)

Civil Registration and Vital Statistics for selected numerators

(e.g. birth, marriage, and death certificates)

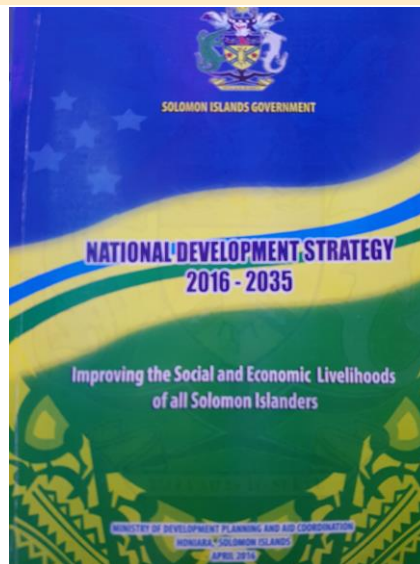
Administrative Data for disaggregated numerators

(e.g. HMIS, EMIS and other line ministry routine information systems)

Alternative data sources including big data for predictive estimates and real time observations, U-report, My World surveys, etc.

(e.g. citizen generated surveys, harvesting CDRs, social media, etc.)

An example from the Solomon Islands



What are the selected health priorities?

High Strategy & Objectives	Alignment Strategic Development Goals	NDS Performance Indicators and Targets	Source/Agency
	Health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	30. Percent of children receiving full immunisation as recommended by WHO	MINAL, UNICEF
Improved child health	3.5 By 2030, end preventable deaths of one million and children under 5 years of age.	MDG 4: Infant mortality rate per 1,000 live births reduced from 27 in 2010 to 24 in 2015 and towards 20 in 2020.	MINAL, UNICEF, UN, ESCAP
Improved maternal health	5.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births. 5.4 By 2030, reduce by one third premature deaths from non-communicable diseases through prevention and treatment and promote mental health and well-being.	MDG 5: Maternal mortality ratio reduced from 63 per 100,000 live births in 2010 to less than 60 by 2015 and less than 70 by 2020. SDG 3: Maternal mortality ratio per 1,000 live births reduced from 27 in 2010 to 24 in 2015 and towards 20 in 2020.	MINAL, UNICEF, UN, ESCAP, Annual Human Development Report, WHO, UNICEF, World Bank, UN Women
Improved health and wellbeing of youth and adolescents	4.4 By 2020, increase by 24 per cent the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship.	Employment to population ratios for 15-24-year-olds to increase to the increased significantly from stagnant 2000 to 2010 levels of 45% in total, 52% for males and 38% for females.	World Bank
Reduction in non-communicable disease incidents and impacts	1.6 Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate. 3.0 Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that provide access to affordable essential medicines. 3.6 Accelerate the prevention and Public Health, which aims to reduce the global burden of disease, to the full extent possible through primary health care, and in particular, provide access to medicines for all.	Deaths due to non-communicable diseases reduce from six per 100,000 in 2010 to 19 per 100,000 below 2020. Total public and private health expenditure as a % of GDP increases from 8.6% in 2010 to over 13% by 2030.	MINAL, UNICEF, WHO, World Bank
Reduce burden of non-communicable diseases	3.6 Strengthen the capacity of all countries, in particular developing countries, to early diagnosis, treatment and global health risks.	Reduce prevalence of NCD risk factors: • Tobacco smoking, including dual and multiple use; • Alcohol use, harmful and hazardous use; • Reduced prevalence of diabetes and hypertension by 25%; • Reduce cancer mortality by 25%.	WHO, UNICEF, UN, ESCAP

What are the gender related priorities?

Agriculture services for small farmers	2. Increase investment, in rural infrastructure, agricultural research and extension services, technology development and plant and livestock gene banks in order to enhance agricultural productive capacity in developing countries, in particular least developed countries.	Number of agricultural extension workers per 1000 farmers (or share of farmers covered by agricultural extension programmes and services). Access to irrigation, storage and processing facilities - to be developed	MINAL, NSO
SDG Medium Term Strategy 7	Support the disadvantaged and the vulnerable; improve gender equality.		
NSO MTS 1 target	8.0 Goal 8: Achieve gender equality and empower all women and girls. 5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation. 5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life. 5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action.	Prevalence of women 15-49 who have experienced physical or sexual violence by an intimate partner in the last 12 months (2013 Peoples Survey asked about the type of crime experienced: <u>Intercourse violence or sexual violence</u>). Percentage of reported cases of sexual and gender-based violence against women and children that are investigated and sentenced. Percentage of women and girls who are members in national parliament and/or sub-national elected office according to their respective share of the population (modified MDG indicator). Total fertility rate	MINAL, NSO, People's Survey, MPTSC, BIFF, NJ, SIEC, M-HMS, NSO
Support to the vulnerable	1.4 By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance.	By 2030, SI is independently reported to meeting its obligations under core human rights treaties, including the Convention on the Elimination of All Forms of Racial Discrimination (CERD), Committee on the Rights of the Child, and Committee on Economic, Social and Cultural Rights.	Amnesty International, Periodic Country Reports
Gender equality and empower women	5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life. 5.6 Adopt and strengthen sound	MDG 3: Increase women's labour force participation rate from less than half that of men in 2009 (48.4%) to at least 70% by 2020. MDG 3: Increase women's labour force	NSO, UNICEF, UN, ESCAP

What specific policies & programs will be prioritized

NDS Objectives, Strategies and priority focus areas	Policies and Programmes
MTS 8: Ensure all Solomon Islanders have access to quality health care; combat communicable and non-communicable diseases.	
Improved Health Services Coverage	
Improved child survival particularly for disadvantaged, remote and hard to reach populations	<ul style="list-style-type: none"> Implement Reproductive Maternal Neonatal Child Adolescent Health Strategy Plan.
	<ul style="list-style-type: none"> All health facilities have a competent work force to provide ANC, Childbirth Care, Early Essential Newborn Care PNC EPI, IYCF including (breastfeeding and complementary feeding counselling), identify and care for sick children with diarrhoea including establishment and strengthening of Neonatal Death Surveillance.
	<ul style="list-style-type: none"> Improve children's nutritional and general health status through health facilities, schools, communities and regulatory bodies.
Improved maternal health across all provinces, especially for high risk mothers and those in hard to reach communities	<ul style="list-style-type: none"> All hospitals and AHC have staff competent to provide Long Acting Reversible Methods, (IUCD and implant insertions/removals) including counselling skills to address myths and misperceptions. Develop a certified family planning (FP) training course.
	<ul style="list-style-type: none"> Legislators, stakeholders, men and end-users know the availability of long-term methods, debunk myths of health concerns and advocate for their use advocacy campaign to make FP a national development agenda.
	<ul style="list-style-type: none"> Strengthen linkage between health facility and community Review Community Based Maternal and Newborn Care (CBMNC) training package including FP.
Improved health and wellbeing of youth and adolescents	<ul style="list-style-type: none"> Strengthen Maternal Death Surveillance and Response. Strengthen health workers', Peer Educators and teachers' competency on Adolescent Health issues and provide youth friendly space using a rights based approach. Develop national preventive programmes for tobacco control, salt reduction, expansion of nutritional approach and physical activity promotion and physical

11

Global SDG Indicator Meta Data Indicator 3.7

- <http://unstats.un.org/sdgs/metadata/>

- **Rationale:**

Reducing adolescent fertility and addressing the multiple factors underlying it are essential for improving sexual and reproductive health and the social and economic well-being of adolescents. There is substantial agreement in the literature that women who become pregnant and give birth very early in their reproductive lives are subject to higher risks of complications or even death during pregnancy and birth and their children are also more vulnerable.

Therefore, preventing births very early in a woman's life is an important measure to improve maternal health and reduce infant mortality. Furthermore, women having children at an early age experience a curtailment of their opportunities for socio economic improvement, particularly because young mothers are unlikely to keep on studying and, if they need to work, may find it especially difficult to combine family and work responsibilities. The adolescent birth rate also provides indirect evidence on access to pertinent health services since young people, and in particular unmarried adolescent women, often experience difficulties in access to sexual and reproductive health services.

12

SDG indicator 3.1.2 Skilled attendant at birth

	DI	IS	II	DL	DIW	DIV	DU	DF	DC
1	Indicator	Series Descripti	Country or Area	2008 FN		2009 FN		2010 FN	
50	3.1.2	Skilled birth	Eritrea					34.1 C, 347	
51	3.1.2	Skilled birth	Estonia						
52	3.1.2	Skilled birth	Ethiopia						
53	3.1.2	Skilled birth	Finland						
54	3.1.2	Skilled birth	Fiji	99 C, 371, 1102				99.7 C, 372	
55	3.1.2	Skilled birth	France						
56	3.1.2	Skilled birth	Micronesia (Federated Sta	90 C, 378		100 C, 379			
57	3.1.2	Skilled birth	Gabon						
58	3.1.2	Skilled birth	United Kingdom of Great E						
59	3.1.2	Skilled birth	Georgia			99.9 C, 115			
60	3.1.2	Skilled birth	Ghana	57.1 C, 403					
61	3.1.2	Skilled birth	Guinea						
62	3.1.2	Skilled birth	Gambia					56.6 C, 415	

13

SDG 3.1.2 skilled attendance continued

Indicator	Series Descripti	Country or Area	2008 FN	2009 FN	2010 FN
3.1.2	Skilled birth	Marshall Islands			99 C, 652
3.1.2	Skilled birth	The former Yugoslav Repu	99.7 C, 664		
3.1.2	Skilled birth	Mali			
3.1.2	Skilled birth	Myanmar			70.6 C, 675, 1
3.1.2	Skilled birth	Montenegro		100 C, 678	
3.1.2	Skilled birth	Mongolia	99.4 C, 684		98.8 C, 685
3.1.2	Skilled birth	Mozambique	55.3 C, 689		
3.1.2	Skilled birth	Mauritania			
3.1.2	Skilled birth	Mauritius			
3.1.2	Skilled birth	Malawi	68 C, 705		71.4 C, 706
3.1.2	Skilled birth	Malaysia		98.6 C, 717	98.6 C, 718
3.1.2	Skilled birth	Namibia			
3.1.2	Skilled birth	Niger			
3.1.2	Skilled birth	Nigeria	38.9 C, 736		
3.1.2	Skilled birth	Nicaragua			
3.1.2	Skilled birth	Niue	100 C, 748, 1102		
3.1.2	Skilled birth	Netherlands			
3.1.2	Skilled birth	Nepal			
3.1.2	Skilled birth	Nauru			
3.1.2	Skilled birth	Oman	98.6 C, 763	98.6 C, 763	
3.1.2	Skilled birth	Pakistan			
3.1.2	Skilled birth	Panama		88.6 C, 787	
3.1.2	Skilled birth	Peru		82.5 C, 793	83.8 C, 794
3.1.2	Skilled birth	Philippines	62.2 C, 803		
3.1.2	Skilled birth	Palau	100 C, 810, 1102		100 C, 811
3.1.2	Skilled birth	Papua New Guinea			
3.1.2	Skilled birth	Poland			

14

BUT ...

- Still NO disaggregation !!!
- So how will we know if anyone is left behind?

15

Practical ways to address disaggregation

- Strengthen capacity of subnational planners and managers to replicate a careful selection of indicators at provincial, district and catchment area levels
- Support national and sub-national data ecosystems that help managers identify specific vulnerable populations... (e.g. where will the next 10 adolescent pregnancies take place, where will the next women give birth without a skilled attendant, etc.)

16

Six low cost “quick wins” to ensure the ICPD agenda is reflected in National Development Frameworks

1. Build on what we have at hand: population based surveys, admin. data and MDG monitoring framework as a foundation
2. Establish a national partnership forum to map out who is doing what in relation to all forms of data capture, analysis, visualization and utilization for sustainable development
3. Support the development of a mechanism to establish baseline and targets for SDGs including disaggregation as appropriate
4. Identify gaps in readily available data and examine possibilities for new technologies and use of alternative sources of data (including big data) to fill those gaps
5. Establish pragmatic mechanism(s) for citizen engagement
6. Develop a costed “national data ecosystem – road map” to ensure that the right DISAGGREGATED information is available to the right people in the right format at the right time in support of the 2030 Sustainable Development Agenda including CC, DRR and resilience building

Thank You



Framing Key Population and Development Issues to Develop
Effective Messages

The Life Cycle Approach, the Continuum of Care
And Investment in Youth

Stan Bernstein

The Life Cycle Approach as entry point to Health System Strengthening

- The SDGs have enshrined an ambitious health goal

**ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL
AGES**

- This statement captures the three dimensions of universal health coverage: completeness of goal, of coverage and throughout life

Table 1. Example: a life cycle approach

Birth	Infancy	Childhood	Youth	Adulthood	Old(er) age
Skilled Birth attendants	Infant Mortality rate	U5 Mortality	Education+ (*incl. CSE)	* Education/literacy+	* Continuing education+
Maternal mortality	*Morbidity rates	Malaria prophylaxis	Employment (occupational injuries)	Employment (occupational injuries*)	*NCDs+
*Emergency obstetric care	*Immunities conferred (including PMTCT)	*Early childhood education+	*NCD risks initiated+	*STI risks+ (incl. HIV/AIDS)	*Dementia incidence
*Premature births	*Neonatal mortality rate+	*Orphan status	Adolescent fertility *Sexual debut	Other morbidities and mortality	*Abuse and non-support
*C-sections		*Immunization	*GBV+ * Early marriage	*GBV=	*e ₆₀

* Those with asterisk were not included in the MDGs.

+ Those with plus have been included in some manner or discussed in the official SDG process.

Within the Life Cycle, many health situations may be recurrent over time: including risks of pregnancy

- High fertility remains a concern in many Pacific Countries
- Fertility risks differ depending on the age of the mother, her number of children and how closely those births are spaced
- Information and service needs, and service integration, must be dealt with recurrently
- HMIS systems must be improved to supplement weak civil registration and to ensure optimal care over time

Table 2. Example: the continuum of care in reproductive, maternal, newborn and child health (recurrent possibilities for youth and adult women)

Pre-pregnancy	Pregnancy	Delivery	Post-partum
FP usage *Proportion of demand satisfied+ (now Unmet Need)	Ante-natal care	Skilled birth attendants	*Neo-natal mortality+
*Unintended/unwanted pregnancy	*Maternal nutrition		*Post-partum family planning counseling
*Emergency contraception	*Unsafe abortion (sex-selective abortion)		*Post-partum depression
*Short birth intervals			*Infant and child nutrition+
* Early and forced marriage+			

* Those with asterisk were not included in the MDGs.

+ Those with plus have been included in some manner or discussed in the official SDG process.

COVERAGE THROUGH THE CONTINUUM OF CARE

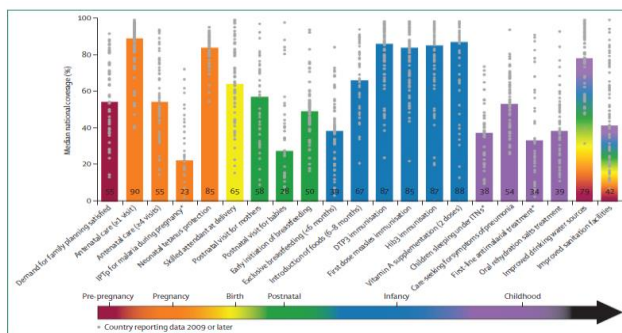


Figure 1. Coverage of interventions varies across the continuum of care
 IPTi=intermittent preventive treatment of malaria during pregnancy; DTP3=three doses of combined diphtheria/tetanus/pertussis vaccine immunisation coverage; HB=three doses of Haemophilus influenzae type B immunisation coverage; ITNs=insecticide-treated net use. *Countries where at least 75% of the population is at risk of malaria and where a substantial proportion (50% or more) of malaria cases is due to Plasmodium falciparum (n=44) or where 50-74% of the population is at risk of malaria and where a substantial proportion (50% or more) of malaria cases is due to P. falciparum (n=5). Source: Immunisation rates, WHO and UNICEF; postnatal visit for mothers and postnatal visit for babies, Saving Newborn Lives analysis of Demographic and Health Surveys; Improved water and sanitation, WHO and UNICEF Joint Monitoring Programme for Water Supply and Sanitation; all other indicators, UNICEF global database, July 2015, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other national surveys; does not include 2014-15 Rwanda data.

Investing in Youth: reducing present risk and ensuring better futures

- Adolescents are at heightened risk of complications of pregnancy, particularly at younger ages
- Early childbearing can impact schooling completion, social participation, employment possibilities
- Positive behaviors adopted in adolescence can reap long-lasting benefits.
- It is estimated that a majority of habits that result in NCDs (obesity, lung cancer, high blood pressure, etc.) are adopted during adolescence.

Gaps are increasing in the adolescent birth rates between rich and poor countries.

Poorer girls are **more likely to become mothers** than the better-off (136 births per thousand women in 2013 for the poorest adolescents, versus 47 for the richest).

Childbirth remains a **leading cause of death** among girls aged 15–19 globally.

Nearly **one in five adolescent girls** in low- and middle-income countries become pregnant before they reach 18.

120 million girls under the age of 20 (about 1 in 10) have been subjected to forced sexual intercourse or other sexual acts at some point of their lives. Incidents of violence are particularly high among young women aged 15–19 (29.4%).

Unsafe sex rose from the 13th ranked risk factor among 15–19 year-olds in 1990 to the second in 2013.

The likelihood of an **adolescent girl** becoming a mother is about the same as in previous decades.

Advocating for family planning investment in the Pacific

Jacob Daubé, MSc



Introduction



The importance of family planning

The ability to decide freely the number, spacing and timing of children is a fundamental human right

Reducing the unmet need for family planning is one of the most cost-effective global health and development interventions

Context



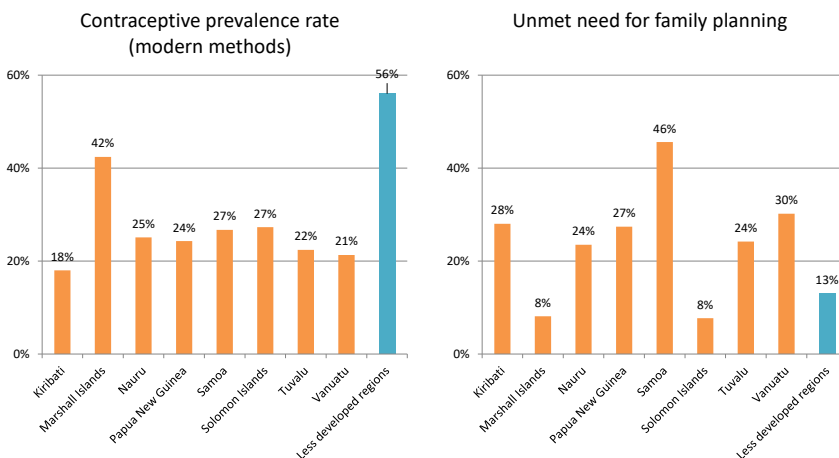
Unmet need for family planning

- Unmet need for family planning
 - % of married/in-union women who want limit pregnancy but are not using contraception
- Unmet need has tremendous negative impact on the health and wellbeing of women and children
 - Unplanned and risky births
 - Direct contribution to maternal and infant mortality
 - Development outcomes
- Populations with high unmet need are generally assumed to have poor access to family planning
 - Poor accessibility, high cost, inconvenience, social or personal objections

Context



Unmet need in the Pacific



Source: Demographic and Health Survey (DHS) reports, UNFPA

Context



Unmet need in the Pacific

- High sexual and reproductive health needs
 - Large variation between countries
 - More than half of births are unintended
 - As many as one in four adolescent women have commenced childbearing
 - High rates of maternal mortality
 - High rates of under-5 mortality

Context



Unmet need in the Pacific

- Barriers to policy responses to unmet need in the Pacific
 - Sensitivities
 - Resourcing
 - Data-poor environment
 - Limited routine data collection
 - Limited multilateral-produced data
 - Very difficult to make or influence policy decisions with limited data
 - Very difficult to design programmes with limited data
 - Very difficult to allocate scarce resources with limited data

Kiribati case study



Context

- In 2014, Family Planning New Zealand undertook a cost-benefit analysis to identify the costs and health, social and economic benefits of reducing unmet need in Kiribati
 - Assist the government and NGOs to advocate for increased funding for family planning
 - Assist the government to set realistic reproductive health and population goals and resource these adequately
 - Contribute to the evidence-base for family planning in the Pacific
- Project was funded by the New Zealand Aid Programme
- Replicated previous studies undertaken in Vanuatu and the Solomon Islands

Kiribati case study



Context

- Poor access to family planning
 - In 2009, modern contraceptive prevalence rate in Kiribati was the lowest in the Asia-Pacific region (18%)
 - Very high unmet need for family planning (28%)
- Rapidly growing population
 - Population expected to increase from 110,000 to over 200,000 people between 2040-2050
 - Very high urban growth rates (4.4% per annum)
 - South Tarawa one of the most densely populated places in the world (3,184/km²)
 - Strained resources
- High sexual and reproductive health needs
 - Maternal mortality ratio of 169 (per 100,000 live births)
 - Nearly one in twenty children die in infancy
 - 50% of births are classified as high risk

Kiribati case study

Methods

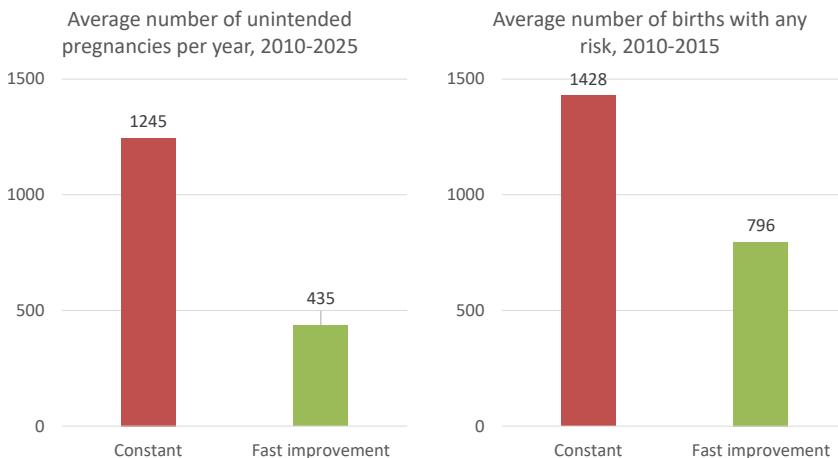


- Spectrum Policy Modelling System
 - Developed by the Futures Institute, funded under the USAID Health Policy Initiative
 - Designed for data-poor applications
- Modelled two unmet need scenarios:
 1. **Constant**
Unmet need for family planning stays constant
 2. **Fast improvement**
All family planning needs met by 2020
- Only looking at direct costs
 - Commodity cost
 - Staff time
 - Government health and education spending
- Does not account for demand generation



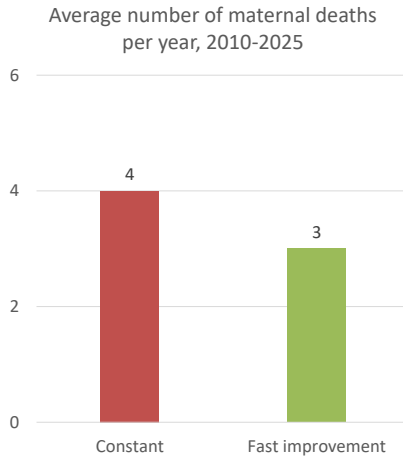
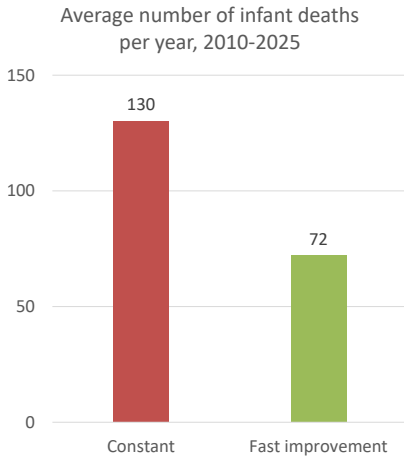
Kiribati case study

SRH benefits



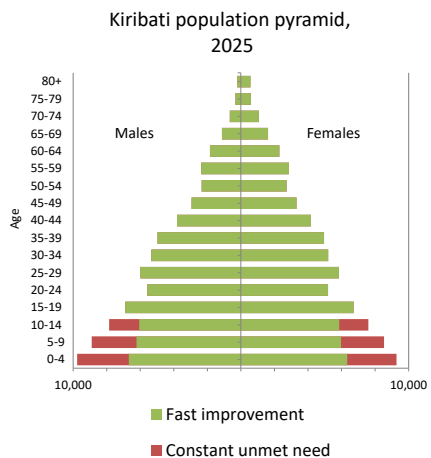
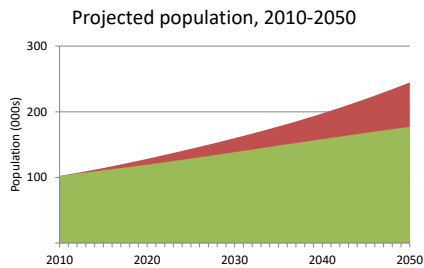
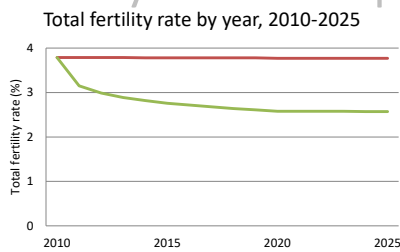
Kiribati case study

SRH benefits



Kiribati case study

Fertility rates and population

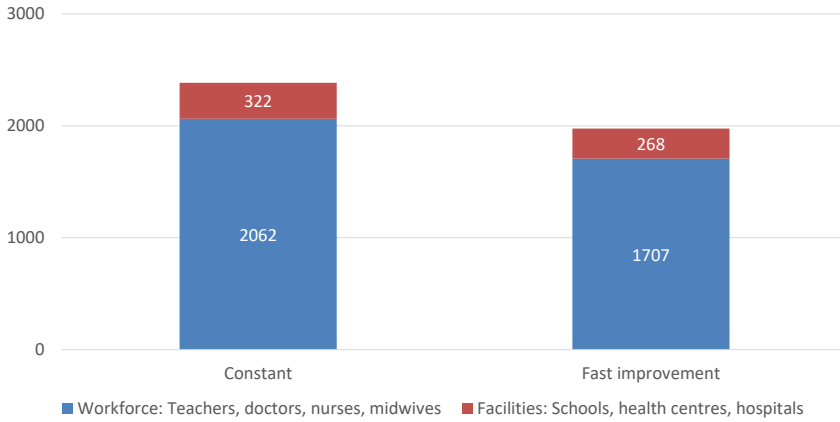


Kiribati case study

Resource implications



Facilities and human resources required, 2025

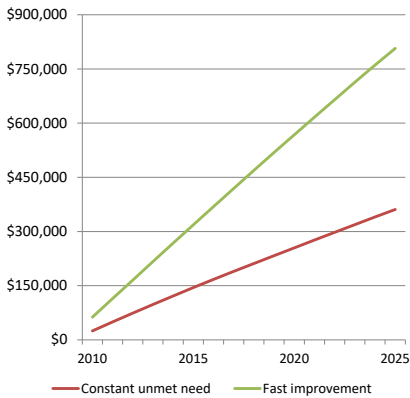


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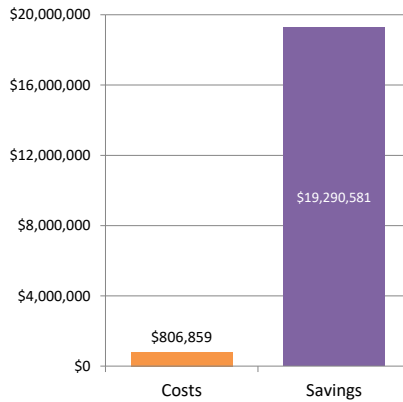
Costs and savings



Projected cumulative family planning costs, 2010-2025



Cumulative family planning cost vs. public sector savings, 2010-2025



Kiribati case study

Summary



Costs

- Total cumulative expenditure required >\$900,000

Benefits

- Sexual, maternal and infant health benefits
 - Averting over 900 maternal and infant deaths in 15 years
- Economic benefits
 - Potential for demographic dividend: dependency ratio decline → accelerated economic growth
 - Total savings on health and education of \$18.8m – A return of \$23 on every dollar spent
- Social benefits
 - More planned pregnancies → higher educational attainment and increased economic participation for women
 - Total population would be considerably less than if unmet need remained constant

Kiribati case study

Outcomes



- Powerful advocacy tool
 - Brings visibility SRH to new audiences
 - Shows value of FP to new audiences
- Policy and planning tool
 - Target setting and resourcing
 - Input to population strategy
 - Input to national health targets
- Help lead to better health outcomes
 - Increase in contraceptive prevalence in South Tarawa

Conclusion



- There is a need for Pacific data
 - Evidence-based policy needs evidence
- SRH is a cross-cutting issue, so it must show value across sectors
- Access to family planning is a fundamental human right AND enabling access to family planning is one of the most cost-effective global health and development interventions

Resources



Full reports available from
www.wchknowledgehub.com.au
and
<http://www.familyplanning.org.nz/about/our-work/international>

Contact:
eliza.raymond@familyplanning.org.nz



How to Frame Key Population and Development Issues
for effective messaging

Returns to Investing in Health, esp. SRHR,
And in Women's Empowerment

Stan Bernstein

**Why is SRHR such a
phenomenal investment?**

'SRHR is a phenomenal investment' lens

Making the case for SRHR through a monetary investment lens to demonstrate to Governments the “value for money” and “return on investment” reasons for SRHR spending

Messages include:

Guttmacher Institute

“Each additional dollar spent on providing contraceptive services in Asia reduces the cost of pregnancy-related care by \$1.26”

“Fully meeting family planning needs would eliminate 67 per cent of unintended pregnancies in all of Asia and the Pacific, 89 per cent in Oceania, 76 per cent in South Asia, 73 per cent in Central Asia, 60 per cent in South-East Asia and 50 per cent in East Asia.

This would reduce the total cost of maternal and newborn child care by more than 60 per cent in South Asia, South-East Asia and Oceania”

'SRHR is a phenomenal investment' lens

Copenhagen Consensus Group - A study which projected impacts of SRHR interventions over several decades

- The study found that investments in providing universal access to SRH in developing countries could produce phenomenal returns - **more than \$90 for every dollar spent, best estimate \$120!**
- The study found that **the projected return on investments in SRH are higher than other important interventions** such reducing malnutrition (returning \$59 per dollar invested) and boosting pre-primary education (\$30).

The long-term effects of FP services within an integrated MCH programme: the MATLAB Experiment (Schultz & Joshi)

- Quasi-experiment in Bangladesh demonstrated the value of outreach programmes with local health workers, visitation and surveillance in increasing contraceptive prevalence and reducing fertility. A result verified and examined in greater detail in Navrongo district of Nigeria where the combined impact of outreach and community leader participation further improved outcomes.
- The differences between the experimental and comparison districts led to the adoption of the programmatic approach nationwide.
- Differences between the districts were found not just in immediate fertility (a 15-25% decline) and child mortality declines but across a wide range of social and economic indicators.

Long-term impacts of MATLAB (Schultz and Joshi)

- Wages and BMI levels for women increased significantly: improved human capital for women (especially for those 25-54).
- Child schooling improved markedly (though slightly more for boys than for girls): increased survival, BMI and education improved their human capital.
- Household savings increased overall: life cycle savings improved, offsetting some old age security concerns.
- Household quality (measured by consumer durables) increased. Household asset improvements had multiple causes so the magnitude of the impact is hard to measure.
- Social returns exceed the impact of pure Malthusian population growth effects.

New techniques are allowing us to tentatively capture longer term impacts across generations

Maternal risk factors at the time of their daughter's birth – young mother, high parity, and short preceding birth intervals – are associated with their subsequent adult developmental, reproductive and socio-economic outcomes.

The combined elimination of risk exposures leads to daughters experiencing:

- Less child mortality
- Fewer low birth weight babies
- Higher Body Mass Indices

SRHR and Population Dynamics

- Countries experience a **demographic dividend** when fertility declines and the proportion of the population of economically productive age rises relative to the proportion of young or elderly.
- The window of opportunity for accelerated growth can realize the economic and social benefits with appropriate investments in health and education.
- The opportunity is finite with a duration of around 20-25 years, until larger older age populations exceed youthful cohorts (but not all older person are “dependents”).
- Investment in social protection and old age support can ensure continued economic progress.

Investing in Women's Empowerment

- Two thirds of the world's extreme poor are women or girls. (IPPF)
- Women's unpaid care work burden (child and elderly care, domestic provision [food, fuel, water]) impedes more remunerative compensation.
- Women are more likely to be involved in the informal economy without benefits that are gained by more formal labor force participation.
- Women invest a higher share of each additional dollar earned in their children and household than do men.

Importance of gender equality

3 areas of importance:

1. It is a moral and ethical imperative to realize the human rights, dignity and capabilities of women
2. When women and girls have more equality, there is greater economic, social and environmental progress – multiplier effect
3. When women and girls are more empowered they have improved health (including sexual and reproductive health)

UN Women

BENEFIT-COST RATIOS FOR WOMEN'S EMPOWERMENT INVESTMENTS

- Benefit-cost ratios (BCRs) for programmes to increase girl's education and reduce early marriage are estimated to exceed 5.
- Ensuring women's equal rights to own and transfer property, sign contracts, open bank accounts and found a business can reap significant benefits without significant cost.
- Programmes improving income-generating activities for women can have a BCR around 7.
- The BCR to Gender-based violence reduction requires further study.
- Improving women's political representation can have sizeable benefits through improvement in policy.
- SRHR provides significant investment returns (BCR=120).

Multiple mechanisms mediate these benefits virtuous cycles can be established that last over time

- Lower fertility is linked to higher participation of women 15-39 years old in the labor force; with each additional child, women's participation drops by an average of 10 to 15 percentage points.
- Some programmes provide benefits indirectly. The costs of providing quality effective contraceptive services to prevent recourse to abortion would cost less than providing post-abortion care for those who suffer complications.
- Returns from reduced infant and maternal mortality are assessed as between 30:1 and 50:1. The income growth effects (including life cycle, distributional and intergenerational benefits) produce returns of 60:1 to 100:1.
- These effects result from longer survival (and productivity), higher women's labor force participation and greater investment in the human capital of children.



The Forgotten Priority: Sexual and Reproductive Health in Crises

Johanna Wicks
Chief, Australia and New Zealand Office
International Planned Parenthood Federation



What is a disaster?

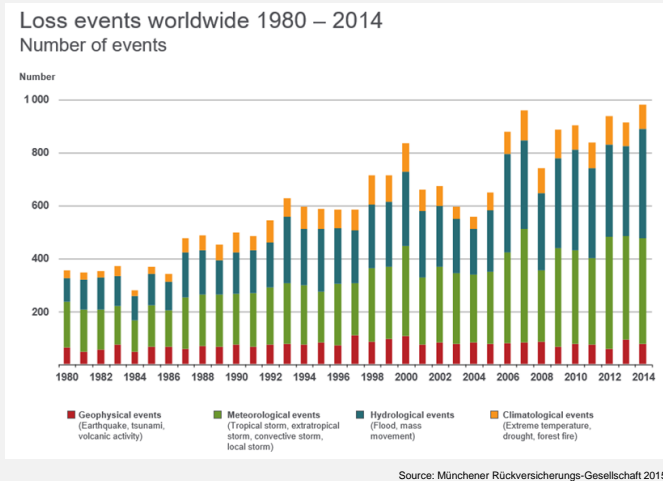


Source: IPPF 2016, Fiji

“A serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources.”

- UNISDR, 2007

The global increase in disasters



Disaster in the Pacific

- ❖ The World Risk Index ranks 4 Pacific island countries (PICs) in the world's top 10 most at risk of natural disaster
- ❖ Rankings consider a country's *level of exposure* to natural hazards, coupled with its *vulnerability* to such hazards
- ❖ 5 PICs rated a 'Very High' natural disaster risk
- ❖ 4 PICs are ranked inside the top 15 countries most *exposed* to natural hazards
- ❖ Cook Islands, Samoa and Tuvalu not included in the 2016 World Risk Report

WorldRiskIndex (2016)			
Rank	Country	Risk (%)	Rating
1.	Vanuatu	36.28	Very High
2.	Tonga	29.33	Very High
6.	Solomon Islands	19.14	Very High
10.	Papua New Guinea	16.43	Very High
16.	Fiji	13.15	Very High
164.	Kiribati	1.78	Very Low

Source: United Nations University 2016

Why SRHR in humanitarian settings?



Fast facts

- ❖ **100 million** people are in need of humanitarian assistance
- ❖ **26 million** of them are women and girls of reproductive age (15-49)
- ❖ **1 in 5 women** are likely to be pregnant during a humanitarian crisis
- ❖ **500 women and girls** die every day from complications related to pregnancy and childbirth in crises and fragile settings
- ❖ **60% of preventable maternal deaths** occur in crises and fragile settings



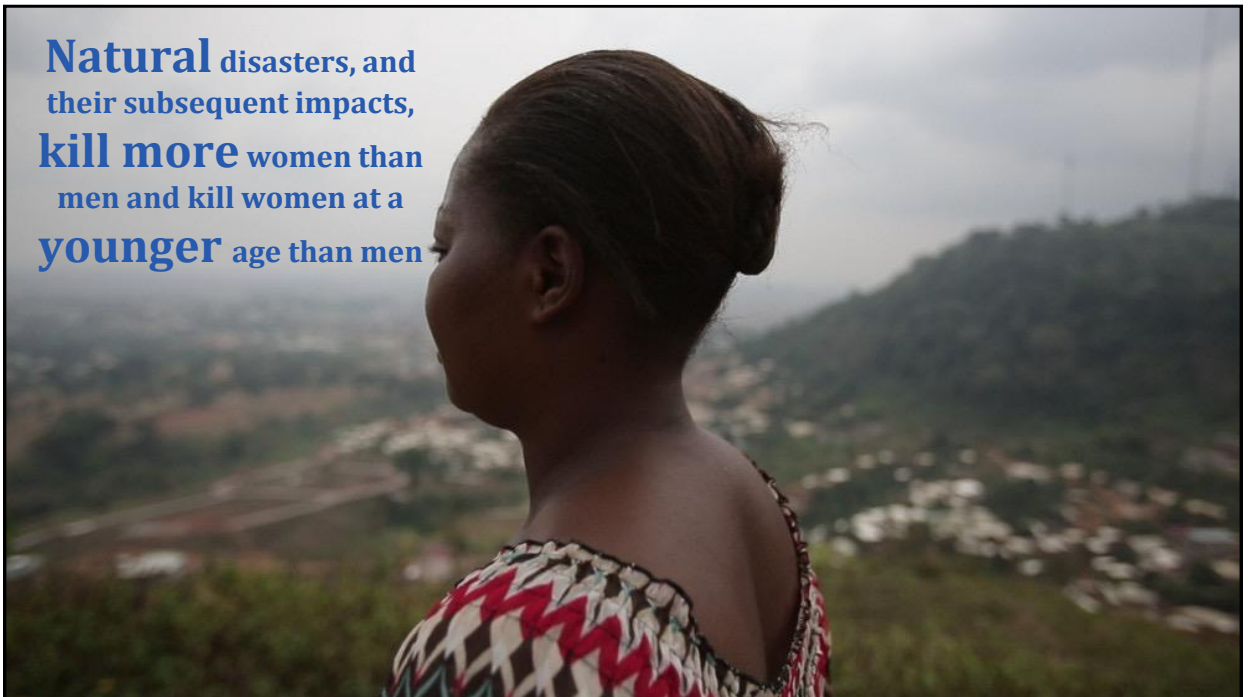
Because it is a human right

Chapter 10 of the 1994 **International Conference on Population and Development's Programme of Action** states that all migrants, refugees, asylum seekers and displaced persons should receive basic education and health services

The **Sendai Framework for Disaster Risk Reduction 2015-2030** counts inclusive policies, such as *access to basic health care services, including maternal, newborn and child health, sexual and reproductive health* as integral to disaster risk prevention and reduction.

Provision of SRH is a global standard and listed in the **Sphere Project's Humanitarian Charter and Minimum Standards in Disaster Response**

Natural disasters, and their subsequent impacts, **kill more** women than men and kill women at a **younger** age than men



Because crises increase SRH needs



Source: IPPF 2016, Vanuatu

- ❖ Childbirth occurs 'on the go'
- ❖ Increased risk of maternal death
- ❖ Increased risk of unwanted pregnancy
- ❖ STI/HIV transmission increases
- ❖ Malnutrition and epidemics increase risks of pregnancy complications
- ❖ Increased risk of sexual violence
- ❖ Women and girls often forced into sex for survival

Because crises worsen gender inequality

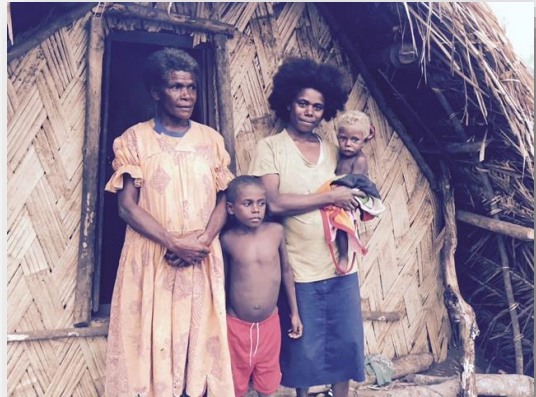
- ❖ Gender-Based Violence is exacerbated in crisis situations
- ❖ 7 out of 10 women are exposed to GBV in crisis situations **right now**
- ❖ Displaces people's camps and shelters are particularly dangerous
- ❖ Threats of rape, sexual assault and violence frequently encountered
- ❖ After Cyclones Vania and Atu in Vanuatu in 2011 a counselling centre recorded a 300% increase in GBV referrals



Source: IPPF 2015, Vanuatu

Because women can't access services

- ❖ Overcrowding and lack of privacy in settlements/shelters
- ❖ Damage to services and infrastructure
- ❖ E.g. Cyclone Pam damaged or destroyed up to 70% of Vanuatu's health facilities
- ❖ SRH needs are often overlooked in aftermath of crisis
- ❖ Limited/no access to life-saving maternal or neonatal services



Source: IPPF 2015, Vanuatu

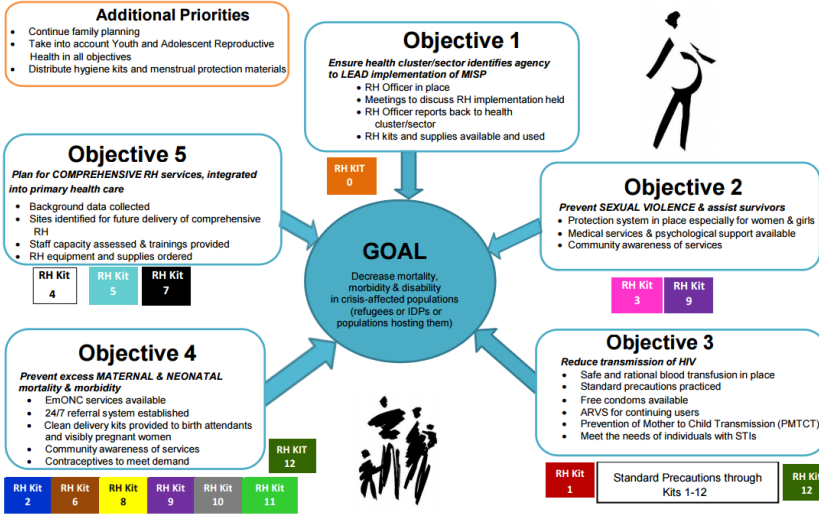
What is the MISP?

- ❖ **Minimum** Basic, limited reproductive health
- ❖ **Initial** For use in emergency, without site specific needs assessment
- ❖ **Service** Services to be delivered to the population
- ❖ **Package** Supplies (e.g. RH kit) and activities
Coordination and planning

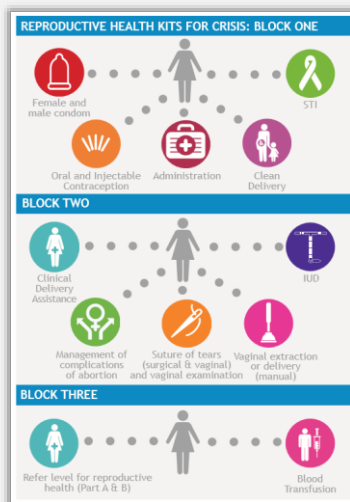


Source: IPPF 2016, Fiji

MINIMUM INITIAL SERVICE PACKAGE (MISP) FOR REPRODUCTIVE HEALTH



Reproductive Health Kits



Dignity Kits



- ❖ Contents vary depending on setting
- ❖ Culturally appropriate and sensitive to needs of women and girls affected by crisis
- ❖ Contains items such as torch and whistle, portable urinal/chamber pot to reduce women's vulnerability when visiting latrines

What does success look like?

Fiji 2016, Cyclone Winston

- ❖ Formation of a Family Health Sub-Cluster by the Fiji Government
- ❖ With government support, IPPF reached over 8,000 women with life-saving SRH services via 37 medical camps set up post Winston
- ❖ Condoms, dignity kits and short acting contraceptives distributed



Source: IPPF 2016, Fiji

What can we do?



Source: IPPF 2016, Philippines

- ❖ Educate –Parliamentarians and Disaster Management Office’s
- ❖ Prioritise SRHR within the disaster planning process - include MISP in national disaster management policy
- ❖ Strengthen national capacity to respond to SRHR needs of disaster-affected populations via:
 - MISP training for key stakeholders
 - pre-position Reproductive Health Kits & dignity kits
- ❖ Build evidence about what works

The SPRINT initiative



Source: IPPF 2016, Fiji

- ❖ Reduces preventable SRH morbidity and mortality of crisis-affected populations
- ❖ Addresses challenges to meeting SRH needs in crises
- ❖ Bridges the gap between development and humanitarian work:
 - Promotes MISP implementation prior to crises
 - Develops capacity in regions at risk of disaster
 - Provides technical assistance, funding and surge capacity
 - Supports transition to comprehensive SRH services for post-crisis recovery



Thank-you



Source: IPPF 2016

Sprint Dignity Kit, Cyclone Winston Fiji 2016



Leaving No One Behind

A Key Principle of the SDGs

Stan Bernstein

Advances of the SDGs Beyond the MDGs

The MDGs were criticized for several key concerns:

- top-down generation,
- limited stakeholder participation,
- lack of consideration for human rights
- insufficient attention to governance concerns
- monitoring of progress via national averages without consideration of inequalities of benefits intra-nationally
- generation/reinforcement of institutional and funding silos

THE SDG PROCESS WAS DESIGNED TO BE RIGHTS BASED AND, THEREFORE, COMMON TO ALL, WITH RESPECT FOR DIFFERENTIATED RESPONSIBILITIES

Dimensions of disaggregation in the SDG framework

- Socio-demographic characteristics (age and sex)
- Location: urban-rural; administrative units
- Location: (possibly, as relevant to goals and targets) geographical/ecological zones
- Wealth status of the household
- Ethnicity/indigenous status
- Disability

Countries can define other relevant dimensions for examination of inequities

What is a rights based approach?

- The rights based approach is guided by ICPD
- Human rights standards and principles should be put into practice in all development programming
- A rights based approach focuses on those who are most marginalized, excluded or discriminated against

Elements of a rights based approach?

- Programmes identify the realization of human rights as ultimate goals of development
- People are recognized as key actors in their own development, rather than passive recipients of commodities and services.
- Participation is both a means and a goal.
- Strategies are empowering, not disempowering.
- Both outcomes and processes are monitored and evaluated.

Elements of a rights based approach?

- Programmes focus on marginalized and excluded groups.
- Programmes aim to reduce disparities and empower those left behind.
- Analysis includes all stakeholders, including the capacities of the state as the main duty-bearer and the role of other non-state actors.
- Human Rights standards guide the formulation of measurable goals, targets and indicators in programming.

Human Rights lens

*International Conference on Population and Development,
Programme of Action, Para 7.3*

“Reproductive rights embrace certain human rights that are already recognized in national laws, international laws and international human rights documents and other consensus documents. These rights rest on the recognition of the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and **the right to attain the highest standard of sexual and reproductive health**. It also includes the right to make decisions concerning reproduction **free of discrimination, coercion and violence, as expressed in human rights documents.**”

Human rights instruments regarding sexual and reproductive health?

There is no single human rights instrument dedicated to SRHR

– **a number of instruments protect the various elements of SRHR**

Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)

In addition to establishing a framework against sexual violence

- Obligates the states' parties to ensure *“access to health care services, including those related to family planning”* **Article 14**
- mentions appropriate services in connection with pregnancy and the right to decide on the number and spacing of children (**Articles 12 and 16**)
- Outlines women's right to education including *“access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning”* (**Article 10**)

Human rights instruments regarding sexual and reproductive health?

International Covenant on Economic, Social and Cultural Rights

- The general right to the highest attainable standard of health (**Article 12**)
- The right to control one's own body
- Prohibition of discrimination against women

Human rights instruments regarding sexual and reproductive health?

Other core relevant human rights instruments include:

International Covenant on Civil and Political Rights

- The right to life (**Article 6**) mentions pregnancy and childbirth-related deaths of women

The Convention on the Rights of the Child

- Guarantees children's right to information
- Protects children's right to the highest attainable standard of health (**Article 24**)

From Principle to Practice: Operationalizing rights-based programming to Leave No One Behind

- Creating enabling environments: policies and legislation to foster universal coverage, formal pronouncements and media framing
- Targeting the underserved (including various dimensions of differential access and treatment)
- Subsidies and voucher programmes
- Campaigns for mobilization: including engagement of private sector and social media initiatives
- Community based efforts (service distribution, local contributions to financing)
- Accountability mechanisms for feedback (including ombudspersons)
- Expansion of human resources and capacity

From Principle to Practice: Operationalizing rights-based programming to Leave No One Behind (cont.)

- Expanding partnerships for decision-making and financing
- Improving feedback and accountability (local and global human rights bodies, civil society feedback, social media inputs, complaint mechanisms and ombudsmen)
- Improving guidelines and checklists
- Improved supervision and monitoring
- Service integration and improved referrals
- Improved HMIS systems
- Stigma reduction!!
- Involve men as supporters and receivers of services and opportunity
- IMPROVE THE QUALITY OF CARE



FRAMEWORK FOR IMPLEMENTATION OF SDGS - TONGA

AFPPD-NZPPD Agenda 2030 Workshop for Pacific Parliaments on
Prioritizing the ICPD Agenda in the SDGs
28-29 September 2016 | Wellington, New Zealand

Presented by:
Hon. Dr. Saia Mau Piukala
Minister of Health

Introduction

- ▶ Tonga Strategic Development Framework II 2015-2025 (TSDF II) : the overarching instrument
- ▶ Ministries, Departments and Agencies Corporate Plan or Sector Plan

Tonga Strategic Development Framework 2015-2025

Seven (7) National Outcomes and objectives

- A. Dynamic knowledge-based economy – A more inclusive, sustainable and dynamic knowledge-based economy,
- B. Urban and rural development – A more inclusive, sustainable and balanced urban and rural development across island groups,
- C. Human development with gender equality – A more inclusive, sustainable and empowering human development with gender equality,
- D. Good governance strengthening rule of law – A more inclusive, sustainable and responsive good-governance strengthening rule of law,
- E. Infrastructure and technology - A more inclusive, sustainable and successful provision and maintenance of infrastructure and technology,
- F. Land, environment and climate - A more inclusive, sustainable and effective land administration and environment management, with resilience to climate change and risk,
- G. External interests and sovereignty - A more inclusive, sustainable and consistent advancement of our external interests, security and sovereignty.

Tonga Strategic Development Framework 2015-2025 (con't)

▶ ORGANISATIONAL OUTCOMES GROUPED INTO PILLARS

- ▶ Pillar 1: Economic Institutions
- ▶ Pillar 2: Social Institutions
- ▶ Pillar 3: Political Institutions
- ▶ Pillar 4: Infrastructure and Technology Inputs
- ▶ Pillar 5: Natural Resources and Environment Inputs

Example of the relationship between TSDF II and CP

- ▶ For example: For Organisational Outcome 2 (Social Institutions) and in particular Organisational Outcome 2.5 – Improved health care and delivery systems (universal health coverage)
- ▶ Strategic Concepts:
 - ▶ a) continue to work to provide affordable Universal Health Coverage with expanded coverage taking particular account of the specific needs of different groups, including women, men, children, the disabled etc.
 - ▶ b) improved delivery of appropriate services based on sound leadership, skilled workforce, information and research informed policy and planning
 - ▶ c) strengthened national capacity to deliver high-quality health services including family planning and services to prevent HIV and STIs, for young people, sensitive to the different needs of women and men
 - ▶ d) maintaining and improving the network of health services delivered through the national referral hospital at Vaioli, supported by a network of regional hospitals and community clinics, to deliver effective health care
 - ▶ e) seeking new and innovative options, including ICT, for cost effective service delivery.
- ▶ Main responsibility for these strategic concepts are vested with the Ministry of Health (according to the Table above). Therefore it is the responsibility of the Ministry of Health to draft its five-year Corporate Plan with suitable indicators that will enable the Ministry of Finance and National Planning to monitor and evaluate the Ministry of Health's deliverance of the above strategic concepts.

SDGs Public Awareness Program - joint venture of Ministry of Health, Ministry of Finance and National Planning, Ministry of Education, Ministry of Environment and Climate Change and Tonga Family Health, UNFPA and WHO



CONCLUSION

Diagram summary of how TSDF II relates to CP or SP

