family planning australia
Reproductive & Sexual Health

Working together to strengthen reproductive and sexual health outcomes in the Pacific Region

2016 -2020

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FAMILY PLANNING AUSTRALIA

Family Planning Australia is working to assist people living in poverty and disadvantaged communities to have improved access to comprehensive reproductive and sexual health services.

We are a non-government organisation supported by funding from the Australian government and private donors. Our focus is primarily the Pacific region, including Timor-Leste and Papua New Guinea.

Our International Programme promotes the rights of all people to achieve reproductive and sexual health and well-being. We recognise that every body in every family should have access to high quality clinical services, information and education. Family Planning NSW operates internationally as Famiily Planning Australia.

Family Planning Australia is committed to excellence in meeting the reproductive and sexual health needs of the community. We are unique in that we are an experienced provider of clinical services, community information and education programs, and training and capacity building programs, and research and evaluation. We ensure that men and women have access to a range of family planning methods and services. We also bring experience in working with people with disability and those who are marginalised.

Our approach is to develop collaborative partnerships at local, national and international levels. We are committed to long term capacity building with government and non-government organisations to address reproductive and sexual health needs of the community. We achieve this by providing best practice services, enhancing the knowledge and skills of service providers, improving the body of knowledge about reproductive and sexual health through rigorous research and evaluation, and leading international development projects to promote the rights of marginalised people in developing countries.

We have expertise in:

- family planning
- common gynaecological problems including menstrual disorders
- cervical cancer screening and treatment
- sexually transmissible infections, including HIV
- gender equality
- education and training
- advocacy and policy development
- research and evaluation.

This Reproductive and Sexual Health Plan outlines the actions Family Planning Australia can take to assist the Pacific region to achieve good reproductive and sexual health goals in four key areas:

a) supporting clinical services
b) providing education and training
c) supporting research, monitoring and evaluation and
d) advocacy.

Family Planning NSW is:

A member of the **Australian Council for International Development** (ACFID) and adheres to ACFID Code of Conduct which sets standards for the non-government development sector.

A member of the **Australian Disability and Development Consortium** that promotes the rights and inclusion of disabilities within development activities.

Fully accredited by the **Australian Government Department of Foreign Affairs and Trade** in relation to the management of international aid projects.

An affiliate with **International Planned Parenthood Federation**, a global federation representing family planning associations, through Family Planning Alliance Australia.

IMPORTANCE OF REPRODUCTIVE AND SEXUAL HEALTH

Good reproductive and sexual health benefits individuals, families and society.

In 1994, the International Conference on Population and Development (ICPD) defined reproductive and sexual health as a state of complete physical, mental and social well-being, rather than merely the absence of illness and disease.[1] It affirmed that reproductive and sexual health is a fundamental human right.

This includes:

- The right to reliable access to safe, effective and affordable methods of family planning - to choose whether to have children, how many to have and when to have them
- The right to health care and protection, including diagnosis and treatment for sexually transmissible infections including HIV
- The right to reproductive and sexual health services that are comprehensive, accessible, private and confidential and respectful of dignity and comfort
- The right to appropriate pregnancy, confinement and post natal services
- The right to services that are inclusive, regardless of gender, sexual orientation, age or disability and non-discriminatory
- The right to education and information on reproductive and sexual health and rights in ways that are understandable.

Reproductive and sexual health rights are articulated in a number of international conventions and treaties including the Convention on the Rights of Persons with Disabilities and Convention on the Elimination of All Forms of Discrimination Against Women.

By upholding everyone's reproductive and sexual health rights there are health, social and economic benefits.[2, 3]

1. Lower fertility rates

A low fertility rate leads to contained population growth which is a key factor in socio-economic development. The World Bank has described a 'demographic window of opportunity' when reductions in fertility lead to low youth dependency and a high ratio of working people to total population during which output per capita rises.[2]

Smaller families mean that there are greater financial resources for each child contributing to their health, education and social outcomes.

Lower fertility rates are a key factor in socio-economic development and national resource management, and smaller populations have less impact on natural resources and the environment. The global shift to smaller families has been made possible largely by the availability of modern methods of contraception.

2. Improved pregnancy outcomes and fewer maternal deaths

Good reproductive healthcare can save women's lives. The consequences of pregnancy and childbirth are the leading causes of death, disease and disability in women of reproductive age in developing countries.[4]

Almost all cases of maternal mortality are preventable by preventing unintended pregnancy through provision of family planning services, supervised delivery by a skilled provider, antenatal care and risk screening.

The number of women seeking abortion services and needing post-abortion health care are reduced when women are able to prevent unintended pregnancies through access to family planning counselling, education and contraception. Mortality due to unsafe abortions is also reduced.

3. Enabling women to delay childbearing until they have achieved their education goals

Women's full and equal participation in education and the workforce is contingent on their access to reproductive and sexual health services especially family planning. Men play a vital role as they often influence decisions to seek reproductive health services and the use of contraception.

Delaying pregnancy in adolescence enables girls to continue with education and have increased ability to take up social and employment opportunities enabling them to participate in, and contribute to, their community and society more generally.

On 25 September 2016, the 193 member states of the United Nations unanimously adopted the Sustainable Development Goals, a set of 17 goals aiming to transform the world over the next 15 years. These goals are designed to eliminate poverty, discrimination, abuse and preventable deaths, address environmental destruction, and usher in an era of development for all people, everywhere.[5]

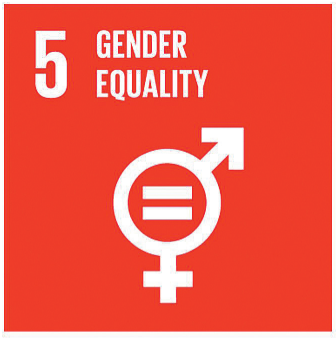
Family planning crosses all 17 of the Sustainable Development Goals, with a particular focus on Goal 3: ensure healthy lives and promote well-being for all at all ages, and Goal 5: achieve gender equality and empower all women and girls.

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

Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

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.

Goal 5: Achieve gender equality and empower all women and girls



Target 5.1: End all forms of discrimination against all women and girls everywhere.

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.

Target 5.3: Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.

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 International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

REPRODUCTIVE AND SEXUAL HEALTH IN THE PACIFIC

Men and women in developing countries continue to experience poor reproductive and sexual health outcomes (see Table 1) and estimates show that reproductive and sexual health services fall well short of needs.[3]

Key reproductive and sexual health issues:

Unmet family planning needs

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High rates of adolescent pregnancy

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High rates of HIV in Papua New Guinea

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High rates of STIs

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Gender inequality and sexual violence

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Limited access to safe and legal abortions

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Limited comprehensive sexuality education

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Stigma and discrimination faced by young people and marginalised groups

Access to family planning services and contraception

The availability of modern contraceptives has made the shift from larger families to smaller families possible in developing countries. When families have access to modern contraception it enables them to plan if and when to have children, and the spacing of those children.

Contraception and information about family planning decreases women's risk of unintended pregnancies and associated consequences such as unsafe abortions.

Contraception can help prevent maternal deaths in women who are at high risk of perinatal complications, including women who are too old or young, or have had too many pregnancies.

Adolescent pregnancy can have an immediate and lasting consequence for a girl's health, education and income-earning potential.[6] Early motherhood is likely to reduce her opportunities in life by limiting her school education and therefore reducing future employment opportunities and earnings. Pregnancy among adolescents is common in the Pacific[7]. The Republic of the Marshall Islands, Nauru, Solomon Islands, Vanuatu and Papua New Guinea have particularly high rates, which exceed the 2010 global average of 49 births per 1,000 females aged 15–19 years[7].

While contraceptive use in developing countries has increased, there remains a persistent gap in fully meeting family planning needs[8]. An estimated 225 million women who want to avoid a pregnancy are not using an effective contraceptive method.

In the Pacific, use of modern methods of contraception among females aged 15-49 years has remained at 50 per cent, and in some of the countries, it is under 23 per cent[7].

The unreliable supply of contraceptives plus the lack of training for health personnel on the insertion and removal of long-acting reversible contraceptives (LARC) has a significant impact on the ability of health workers to provide services.

Insufficient political commitment and resources have resulted in weak procurement procedures and supply chains, high prices for some contraceptive methods, and the need to charge fees for services. Many health services rely on international donors for commodities. This does not build sustainability and fosters dependence of government on external providers.

Unreliable service provision is also a problem due to minimum staff levels not being adequate. For example if there are only one or two staff, services can stop at times of annual, study or sick leave.

Contraceptive use is low in the Pacific region due to:

- weak procurement and supply chains
- insufficient, inconsistent and unpredictable funding
- high prices for long acting reversible contraceptive methods
- limited reproductive and sexual health training to health workers in some regions
- insufficient integration of family planning in primary health care services
- remoteness from health centres
- some cultural and religious beliefs have taboos about sexual behaviour; especially for unmarried women and adolescents
- education regarding contraception choices is lacking
- low status of women and girls prevent women making a decision about contraception use
- men not educated on contraception and may refuse permission for wives to use
- concerns and misconceptions about the side effects and health risks.

Access to pregnancy related services

Pregnant women who have access to antenatal care, skilled birth attendants, and emergency obstetrics are much more likely to have a positive pregnancy outcome.

Globally, 65 million women each year have a pregnancy that ends in a miscarriage, stillbirth or abortion.[3] Many of these women are unlikely to be receiving the medical care they require. Thirteen per cent of all maternal deaths are the result of complications from unsafe abortions.[9]

While abortion laws vary, in many Pacific countries abortion is illegal. Where abortion is allowed, it is often only under restricted circumstances.

Restricting access to abortion does not make it go away; it only makes it unsafe. Unsafe abortion contributes to maternal mortality and ill health. Lack of access to modern contraception is a factor driving women to unsafe abortions.

Undertaking a more in-depth analysis of the issue is difficult given there is a lack of national statistics on abortion in the region. Fear of legal action, religious beliefs and social stigma prevent people from openly discussing abortion.[10]

It is essential that the causes and consequences of unsafe abortion are seen as a human rights issue and is taken up as such in the region.

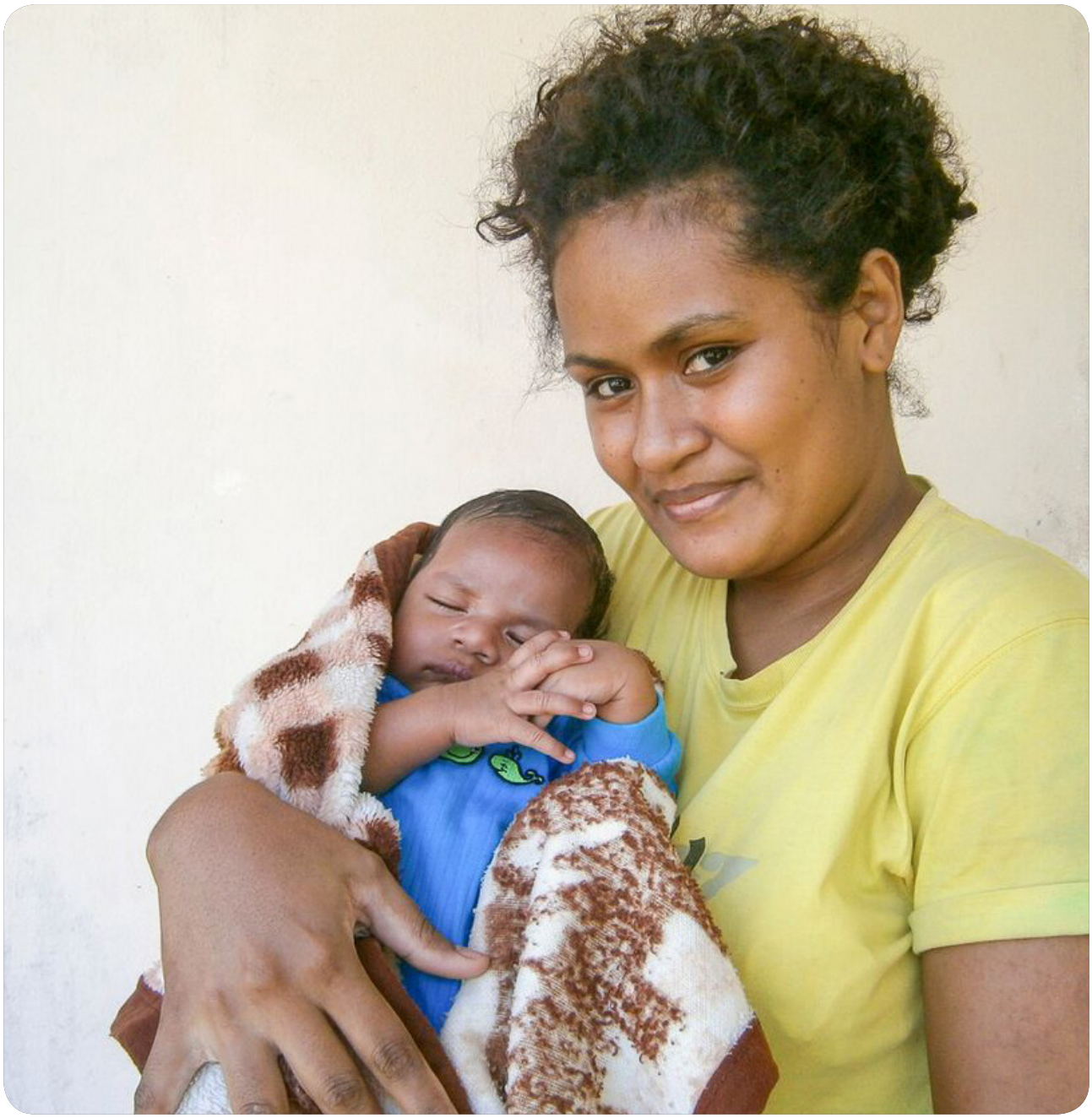
225 million women in developing countries have an unmet need for modern contraception.

At least 22,500 women died from unsafe abortion complications in 2014.

If we provide reproductive and sexual health services and meet the need for modern contraception, every dollar spent will yield $120 in benefits.

If we meet the need for modern contraception and quality care, unintended pregnancy would decline by 70% and unsafe abortions would decline by 74%.

Women Deliver
(http://womendeliver.org/investment/meet-demand-modern-contraception-reproductive-health/)



Cervical cancer mortality

Cervical cancer is estimated to be one of the most common cancers affecting women in the Pacific. In Australia, cervical cancer mortality is 1.6 per 100,000 women; by contrast in Fiji it is 20.9, Papua New Guinea 21.7, Solomon Islands 18, Vanuatu 9.8 and Timor-Leste 8.1.[11]

Death from cervical cancer is preventable when there are national vaccination and screening programs in place and where appropriate treatment is available.

The Human Papilloma Virus (HPV) is a common virus throughout the world and causes over 99 per cent of cervical cancer. Most sexually active men and women will be infected at some point in their lives. In developed countries, cervical cancer rates are falling due to cervical cancer screening programs and HPV vaccination will reduce rates further. This trend has not occurred in developing countries where screening programs have not been implemented or success has been more limited. Cost- and resource-effective methods for screening and treating cervical pre-cancer in developing countries are required.

Screening and treatment using Visual Inspection with Acetic acid (VIA) and cryotherapy in developing country settings is one approach that has proven to be a viable alternative.[12]

Under-resourced and unreliable health services are challenges to implementing national cervical cancer programs in the Pacific. Staffing levels at rural services are low and often reliant on the attendance of one or two individuals, and screening and testing equipment may not be consistently available if at all.

Table 1: Reproductive and sexual health data

Country	Cervical cancer mortality ASR; deaths / 100,000 women per year*	Maternal mortality ratio deaths / 100,000 live births^	Contraceptive prevalence rate (%) women aged 15-49 (any method)^	Unmet need for family planning^	Adolescent birth rates per 1,000 women, aged 15-19^	Total fertility rate, per woman^	Women who experience physical or sexual violence (%)#
Australia	1.6	6	72	-	14.1	1.9	
Fiji	20.9	59	-	-	28	2.6	64.1
Kiribati		130	22.3		49	2.6	67.2
Papua New Guinea	21.7	220	32	27	65	3.8	67.5
Samoa	7	58	29	48	39	4.1	46.1
Solomon Islands	18	130	35	11	62	4.0	63.5
Timor-Leste	8.1	270	22	32	54	5.2	58.8
Tonga		124	34.1	25	30	3.5	39.6
Vanuatu	9.8	86	49	24	78	3.4	60

ASR = age standardised rate
*Source: http://globocan.iarc.fr/Pages/fact_sheets_population.aspx
^Source: http://www.adb.org/sites/default/files/publication/175162/ki2015.pdf
#Source: http://asiapacific.unfpa.org/sites/asiapacific/files/pub-pdf/VAW%20Regional%20Snapshot_1.pdf

Gender inequality

Empowering women and girls is key to ensuring the well-being of individuals, families and societies.

The high prevalence and incidence of violence against women in Pacific countries, as well as more generally held gender norms and expectations, hinders the achievement of development goals. Improving gender equality in the region will have a positive impact on the reproductive and sexual health of women and girls.

In the Pacific women and girls often have low status. They are raised not to question male authority and not to have a choice or opinion.[13] Educating men and boys can result in less violence, increased contraception use, decreased rates of STIs, and increased willingness to seek help about reproductive and sexual health.[14]

Sexual violence

Everyone has the right to live without fear of violence.

Violence and sexual assault against women and girls is a consequence of gender inequality and is a significant issue in the Pacific region. In Papua New Guinea, domestic partner violence is widespread, and has been estimated to affect 70% of women.[15] In Fiji, 80% of women have reported witnessing violence within their home, 66% of women have been physically abused by their partners and 26% of women have been beaten while pregnant.[13]

Domestic violence and other forms of violence have significant physical, emotional and psychological impacts. Violence in relationships has been found to be a strong risk factor for unintended pregnancy and abortion.[16] Fear of a partner's violent reaction can also make women reluctant to discuss their contraception options with their partner, and it is men who often make the final decision about contraception use.

When cultural and social norms do not give women and men equal status, women's abilities to make their own reproductive and sexual health choices are affected. In many Pacific countries there are limited or unreliable data in this area, and all types of violence are under-reported. This may be because:

- Speaking up about violence and sexual abuse is often viewed negatively and brings shame on the survivor and their family
- Domestic violence has been accepted as a norm as part of the subordination of women in intimate relations including the concept of male sexual entitlement
- Women are often economically dependent on their partners, which can be a major deterrent to complaining about violence or leaving their partner
- Police, legal and judicial systems are unsupportive of victims of violence
- Services for victims are non-existent or very limited.

1 in 3 women experience physical or sexual violence in their lifetime, mostly by an intimate partner.

200 million girls and women in 30 countries have been subject to female genital mutilation / cutting.

Economists found that investing in the elimination of gender-based violence is one of the 19 most cost-effective SDG targets.

The estimated cost of global inaction on partner violence (USD$4 billion), killing women by intimate partners (USD$40 billion) and sexual violence (USD$66 billion) is staggering.

Women Deliver
(http://womendeliver.org/investment/meet-demand-modern-contraception-reproductive-health/)

Sexually transmissible infections

Sexually transmissible infections (STIs) are preventable and early treatment can lessen the impact of infection on people and their partners.

STIs (apart from HIV) often receive little attention, yet they can have a detrimental impact on men and women's reproductive health. STIs are prevalent in the Pacific region, with chlamydia being one of the most commonly diagnosed STIs, followed by gonorrhea and syphillis. Chlamydia infections are often undetected and untreated due to a lack of symptoms and an absence of testing facilities. If STIs are left untreated, they can lead to pelvic inflammatory disease, infertility, pelvis or testicular pain or discharge, ectopic pregnancy, conjunctivitis, blindness, stillbirth, neonatal death, congenital deformities and can significantly increase the risk of HIV infection.

Young people are particularly at risk of STIs. On average, one in four sexually active young people in the Pacific has an STI, and in some Pacific Island Countries and Territories up to 40 per cent of sexually active young people have an STI.[17]

The World Health Organization (WHO) recommends syndromic management of symptomatic STIs in developing country settings. Syndromic management is based on the identification of consistent groups of symptoms and easily recognised signs (syndromes), and the provision of treatment that will deal with the majority or most serious organisms responsible for producing a syndrome.[18]

The Pacific region continues to have very low prevalence of HIV in the general community. Within the Pacific, the estimated prevalence of HIV among 14 to 49 year olds is less than 0.01%.[7] The exception is Papua New Guinea, which has an estimated prevalence rate of 0.5%.[19] In the Pacific, the most common mode of transmission of HIV is through heterosexual sexual activity. Universal access to HIV treatment is on track to be achieved, with the exception of Papua New Guinea.[7]

Although condom use has increased in the Pacific, consistent condom use is still low.[7] This may be due to a range of reasons including people do not know how to use condoms effectively and that there is often limited or unreliable availability of condoms.[7] However, it can be the attitude of community leaders and health workers about the sexual behaviour of young people, which can impact most on access to, and use of, condoms. Where conservative cultural and religious influences are strong, sexual activity may be subject to many restrictions. For example, if health workers believe that unmarried adolescents should not be having sex, their way of controlling this may be to restrict access to condoms.

Knowledge about reproductive and sexual health and rights

There is limited sexuality education provided in schools in the Pacific region and it is mostly based on traditional views that promote abstinence, and does not explore the real experiences of young people. Young people require comprehensive sexuality education if they are to make informed choices that keep them healthy and safe.

All young people have the right to be informed about their sexuality and their reproductive and sexual health and to make their own choices.[20]

Comprehensive sexuality education is based on human rights and International Planned Parenthood Federation (IPPF) states that there are seven essential elements:

1. **Gender** – integrates an understanding of gender equality, roles and unequal power
2. **Reproductive and sexual health and rights** – promotes human rights principles and laws that guarantee dignity, equality, and participation – as essential to reproductive and sexual health
3. **Sexual citizenship** – encourages responsible behavior and the skills to engage with, and take action to, promote positive health and well-being.
4. **Pleasure** – demonstrates a positive attitude towards sexuality and sex. This is not only a healthy approach it creates the attitudes that will fight discrimination in relation to sexual orientation, disability, and gender diversity.
5. **Violence** – raises awareness of gender based violence and non-consensual sexual activity and explores rights and laws.
6. **Diversity** – presents a positive view of diversity in abilities, sexual orientation, gender, and discusses equality and the impact of discrimination.
7. **Relationships** – explores diversity in relationships, healthy relationships, communication and negotiation.

Rights of marginalised groups

In many countries in the region there is inadequate protection of the reproductive and sexual health rights of marginalised groups such as people with disability, same sex attracted people, gender diverse people, and sex workers. They may experience stigma, discrimination, exploitation and violence and consequently often have poor reproductive and sexual health.

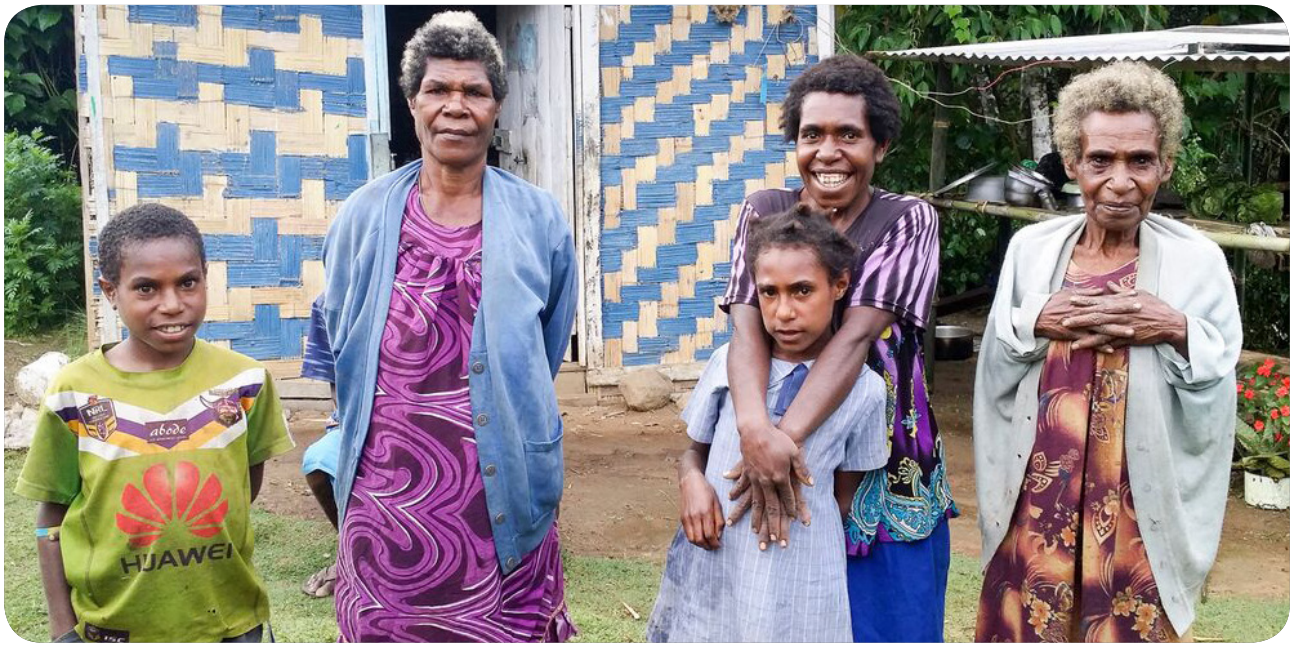
Women with disability are more likely to have forced abortions and sterilisations, be sexually exploited and abused and be victims of intimate partner violence than women without disability. International evidence shows that women with disability are up to three times more likely to experience violence compared to women without disability. They are likely to experience domestic violence over a longer period of time and experience more injuries.[21]

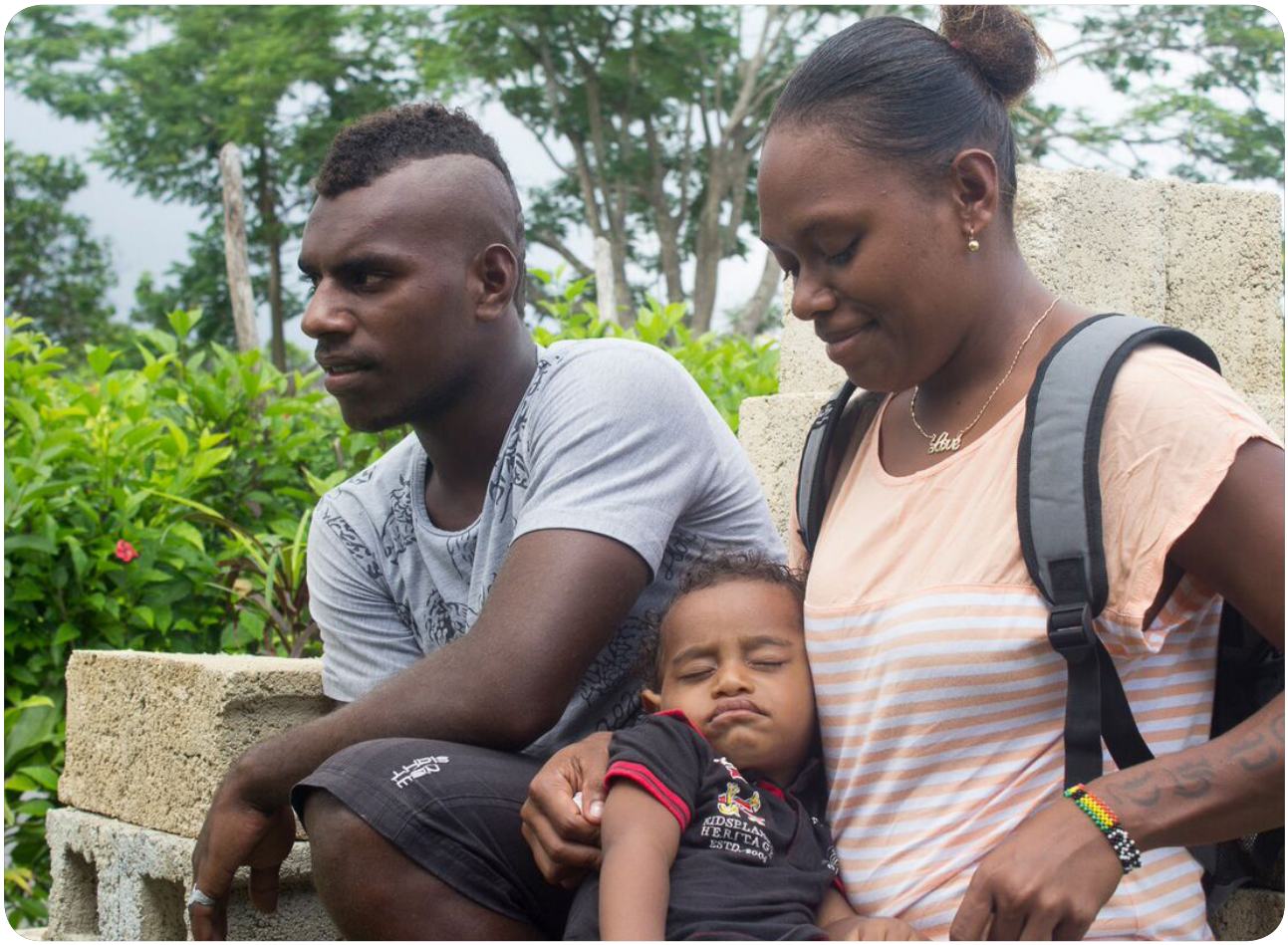
People who engage in risk taking behaviour and are members of a marginalised group are more likely to have poor reproductive and sexual health. Men who have sex with men, sex workers and people who engage in transactional sex, people who are gender diverse, and migrant and mobile men may be more vulnerable to STIs including HIV and to be victims of violence. People who have low status in a community experience legal, social and economic discrimination and disadvantage which impacts on their sexual health and well-being.

People from marginalised groups may face:

- Health workers who are judgmental of their sexual behaviour or orientation
- Insufficient services to address their specific needs
- Services that are physically inaccessible for people with mobility impairments and staff with poor communication skills for people with sensory impairments
- Lack of privacy and confidentiality
- Poor support by health workers and police if abused or harmed
- Fear of presenting to a health service due to laws against their behavior e.g. where laws are in place that criminalise sexual activity between consenting men.

A supportive legal and policy environment is critical to addressing stigma, discrimination and violence.[22]





Reaching young people

Young people (aged 15 - 24 years) make up almost 20% of the Pacific population.[23] Adolescents have different needs and experiences to adults when accessing health services and they have different reproductive and maternal health outcomes.[24] However, their rights to access services and receive accurate information and education are not upheld.

Young people need health workers who provide confidential non-judgmental services regardless of age, disability, sexual or gender orientation or marital status. Too often, due to social and religious beliefs and the ignorance of health workers, unmarried adolescents are not provided with contraception despite being sexually active.

The New Zealand Parliamentarians Group on Population and Development recommended that to achieve optimal reproductive and sexual health, young people need:

- meaningful engagement and participation – so that they share decision-making in matters that affect their lives, relationships and bodies
- comprehensive sexuality education – that is based on rights
- gender equality – increasing the power of girls to make their own decisions, and positively influence changes in violence and disadvantage
- access to youth friendly services that are confidential, non-judgmental and respectful
- access to safe abortions – including the removal of legal and policy restrictions on health workers[25].

PRIORITISING REPRODUCTIVE AND SEXUAL HEALTH IN THE PACIFIC

The Pacific is a vast region with a geographically dispersed population of 11.1 million people (2014).[26] In the Pacific alone there are more than 20,000 islands spread across 30 million square kilometres of the Pacific Ocean. This poses a significant challenge to ensuring equitable access to health care services. For those living in rural or isolated communities, transportation costs and travel reliability become an additional barrier to accessing services.

There are social, cultural and religious beliefs that significantly impact on attitudes to family planning, sexual behaviour and sexual identity. Sex is a taboo subject in many cultures in the region. There is a dominant view that sex should only occur between married couples. Young people who are sexually active, or young women who become unintentionally pregnant, risk social and cultural stigmatisation.

Research in Samoa, Vanuatu and Solomon Island has found that two-thirds of young people aged 15-24 are sexually active.[23] However widely held conservative views cause young people to be reluctant to seek out services, and for some health workers to be reluctant to provide family planning to sexually active young people.

Many countries are signatories to international conventions that include reproductive and sexual health rights, and have national policies on areas such as gender, reproductive health, adolescent health, and maternal and child health in place. However, investment in strengthening the structures, systems, workforce and services that support people is often limited and is declining in some countries.

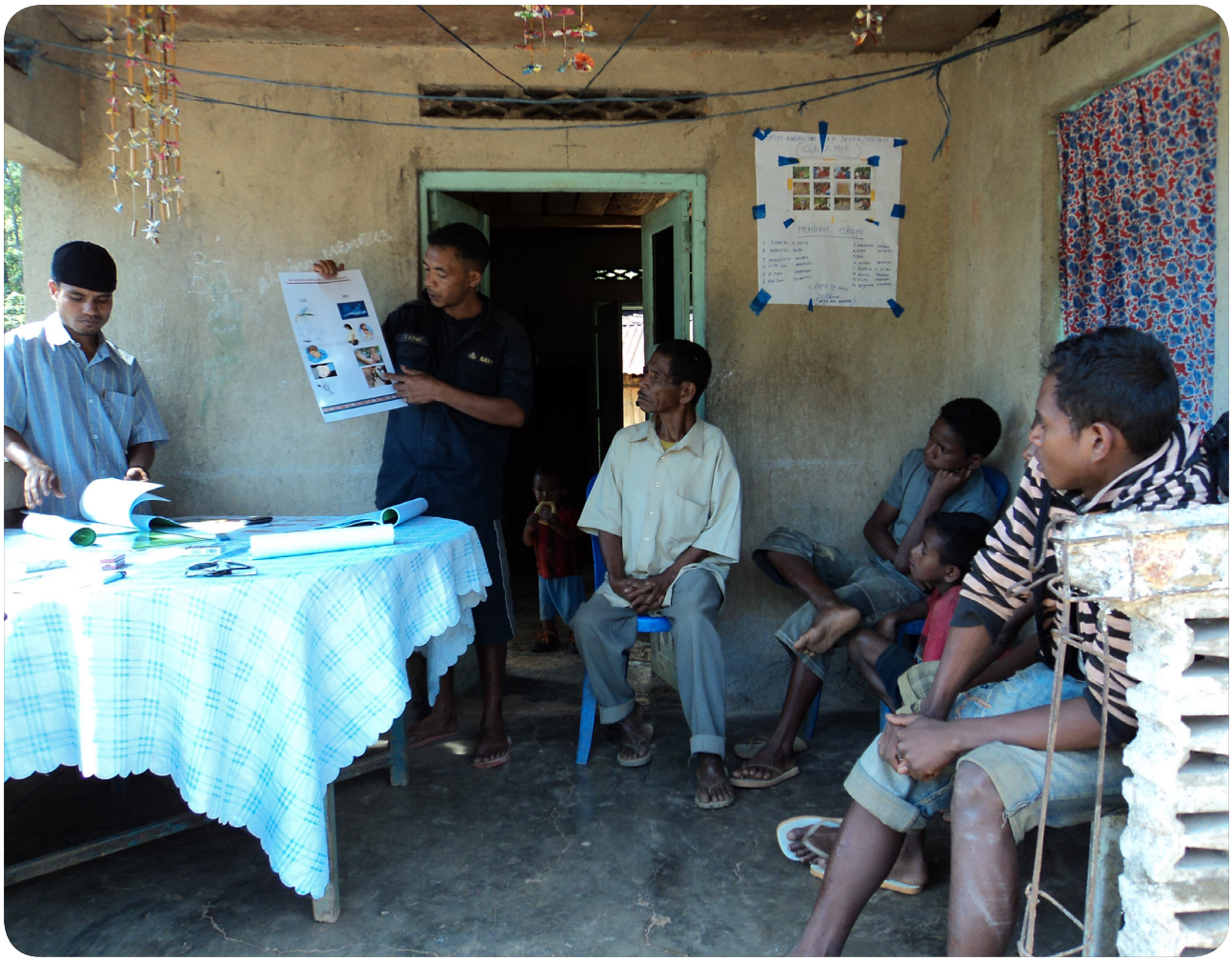
Family Planning Australia supports the Pacific Sexual Health and Well-Being Shared Agenda 2015-2019 which provides strategic direction to strengthen the sexual health response in the Pacific. It represents a shift from a single disease focus to a rights-based comprehensive approach to sexual health[7]. Its key approaches are to:

1. Strengthen the generation of strategic information to inform policy, planning, and programming
2. Establish, strengthen and expand integration and linkages between services for STIs/HIV, reproductive and sexual health, and other related services
3. Strengthen and roll out strategic health communication and comprehensive sexuality education
4. Empower key stakeholders to create inclusive environments through legal, social, structural, and policy reform
5. Tailor services and programs to meet the needs and rights of key populations.

Resourcing and funding for reproductive and sexual health is for the most part from donors and international partners, rather than national governments.[7] This poses significant risk as it makes programs vulnerable to external changes in donor priorities and funding and is unsustainable. It also potentially undermines national leadership and engagement, as countries become reliant on regional agencies and technical advisors to provide assistance. A New Zealand Parliamentary Hearing in 2012 into adolescent reproductive and sexual health in the Pacific reported, 'there is a need for increased funding from both national governments and donor countries for reproductive and sexual health in Pacific Island Countries and Territories, as funding for reproductive health in the Pacific is currently inadequate'.[25] The hearing reported that funding for family planning had fallen to less than US$1 million per year, compared with US$31million spent on HIV programs.

The health workforce in the region is significantly unprepared to respond to many reproductive and sexual health issues.

Family Planning Australia has been a strong regional advocate for prioritising cervical cancer screening. In September 2015 we were party to successfully positioning this issue in the five priorities determined for the region at the Pacific Islands Forum Secretariat. The forum noted 'the substantial burden that cervical cancer places on women and girls in the Pacific region as well as the insufficient response to address it across the region. Leaders agreed, given current regional prioritisation of Non-Communicable Diseases, that developing a regional approach to address cervical cancer would require further consultation with relevant technical organisations and national authorities and consideration of resource allocation for prevention and treatment'.[27]



FOUR PRIORITY AREAS FOR OUR WORK

Family Planning NSW has four strategic pillars closely aligned with a strong clinical governance framework. Our international programme will work in areas that align with our recognised expertise in clinical services, education and training, research and evaluation and advocacy.

Clinical services

Family Planning Australia works with Ministries of Health, national and international non-government organisations to build the capacity of reproductive and sexual health clinical services.

Training

We do this by training, assessing and mentoring clinicians in family planning, cervical cancer screening and other reproductive and sexual health areas. We deliver training-of- trainers education programs to equip others to continue with workforce development strategies.

Information education and communication materials

We work collaboratively to design locally relevant resources such as training manuals, educational flip charts and other materials to support workforce and community education. For example, training manuals and materials for cervical cancer screening and treatment using VIA and cryotherapy have been developed for Fiji.

Quality assurance

We assist in strengthening clinical services by supporting the development of clinical quality assurance processes, policies and procedures. For example, when working in Morobe Province, Papua New Guinea to strengthen sexual health services we developed and used a Quality Assurance tool which was adopted for use by the Provincial Health Administration. [24]

Data

We can support services to establish better data collection systems. Data on reproductive and sexual health is limited and often of poor quality. Data collection systems are not always well designed, implemented and managed. For example in Solomon Islands, we are working with a range of in-country and Australian partners to implement a cervical cancer prevention program. As part of this program we have coached nurses to collect data that will support the evidence base for cervical cancer screening.

Access

We work with service providers to identify ways to improve access for people who are disadvantaged or under served. Clinical services are not always accessible to young unmarried adolescents, and marginalised groups such as people with disability, people who are lesbian, gay, transgender and men who have sex with men. In Fiji, for example we are working with our partner organisation to test an audit tool that identifies ways a clinic can be inclusive of people with disability. In Papua New Guinea and Timor-Leste, Family Planning Australia has been instrumental in supporting the establishment of Men's Clinics through the Ministry of Health and partner organisations.

Clinical service design and implementation

We work with Governments to pilot, evaluate and scale up reproductive and sexual health services. We have a particular focus on family planning and cervical cancer screening. Within the region, different screening projects to prevent cervical cancer are being implemented, often with mixed success. We have demonstrated a feasible screening and treatment program in low resource settings in the region by piloting a screening project in Fiji. [28]

Our projects to improve the reproductive and sexual health of communities in the Pacific have reached 53,941 direct beneficiaries in 10 Pacific countries since 2012.

What is needed

- A skilled clinical workforce
- Improved access to family planning services and modern methods of contraception including long acting reversible contraceptives, by all groups including those who are disadvantaged or under served
- Inclusive services that are accessible by under served groups including people with disability
- Resources that can be used by clinicians to educate and inform people about reproductive and sexual health
- Increased access by women to reproductive and sexual health services through programs that engage men as partners in reproductive and sexual health
- Strengthened data management systems

What Family Planning Australia can offer

- Design/customise and deliver workforce capacity building programs for clinicians using training-of-trainers approaches
- Technical advice to support improved access to family planning services for under served groups
- Design/customise and deliver education for community educators using training of trainers approaches
- Provide technical advice on gender mainstreaming in health services including implementation of gender audits and action plans
- Design and deliver training on disability inclusion and disability audits in collaboration with Disabled People's Organisations and other disability services
- Design and publish locally relevant information and education resources suitable for a range of people including people with disability
- Support services in the design and use of data management and quality assurance tools as an integrated part of clinical service provision
- Facilitate the implementation of cervical cancer screening and treatment programs in partnership with Government and NGOs
- Explore opportunities for expansion of cervical cancer screening programs into countries of need.

Our cervical cancer screening programs: VIA and cryotherapy in Fiji

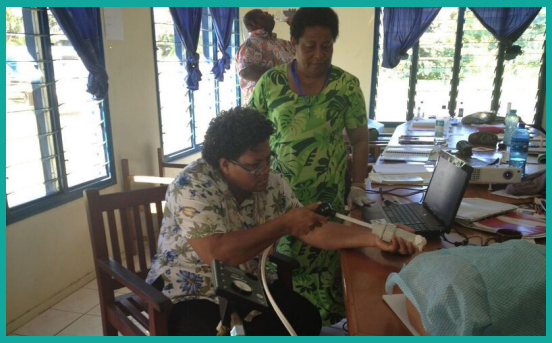
Family Planning Australia piloted a cervical cancer screening project in Fiji, which involved visual inspection with acetic acid (VIA) and cryotherapy. This is a method appropriate for low resource settings.

We developed and delivered a one week training workshop consisting of nine modules.

- 112 clinicians trained
- 3,278 women screened
- 245 women had precancerous lesion detected
- 120 cryotherapy procedures performed

We demonstrated that it is feasible to implement cervical cancer screening in primary health care.

As a result of this pilot, Family Planning Australia worked with the Fiji Ministry of Health to develop a Cervical Cancer Screening Policy.



Education and training

Family Planning Australia has been providing reproductive and sexual health and rights education for many years. One of our key priorities is to build the capacity of our international partners to deliver evidence- based reproductive and sexual health information, education and clinical services to at-risk populations.

Family Planning Australia education and training activities are evidence-based, broad-ranging and include programs for doctors, nurses, teachers, program officers, disability workers, community educators and other health professionals. Our work builds the capacity of staff to deliver quality reproductive and sexual health services in their communities. We are a registered training organisation in Australia.

We have a variety of training packages that have been designed, delivered and evaluated within several countries in the region and can be adapted for use in other countries. These include cervical cancer screening and treatment programs, reproductive and sexual health training for nurses, disability inclusiveness training, and community programs for men and boys. Many of our packages can be delivered as training-of-trainers programs.

We use innovative teaching, assessment and learning methods including technology-based methods using social media and online programs. We recognise the existing knowledge and skills that staff have and can build on this by offering workplace mentoring programs, updates and refreshers.

Our training packages align with national policies and guidelines of the countries in which they are delivered and international professional competencies such as WHO Reproductive and Sexual Health Core Competencies in Primary Care.

In 2013, Family Planning Australia conducted a training needs analysis of nurses and community educators in family health associations in eight Pacific countries. Clinical education needs identified included contraceptive implant and IUCD training; conducting a physical examination; upskilling on gender-based violence and intimate partner violence; gynaecological health problems; and STI management. Community educators needed training on education facilitation skills; monitoring and evaluation; conducting needs assessments; IEC development; gender based violence; and working with people with disability.

What is needed

- Development of sustainable workforce education programs for clinicians and community educators
- Training for doctors and nurses on implementing cervical cancer screening and treatment programs
- Training for doctors and nurses on family planning, contraception and long acting reversible contraceptives (LARC)
- Strengthened reproductive and sexual health community and peer education programs
- Men and boys educated to look after their own sexual health and build support for reproductive and sexual health of women and equality for women.

What Family Planning Australia can offer

- Design and deliver education programs for doctors, nurses, midwives, health workers, teachers, program officers, community educators and peer educators on a broad range of reproductive and sexual health topics
- Adapt education programs to include a training-of -trainers approach
- Integrate courses into appropriate in-country educational institutions
- Design and deliver education programs on cervical cancer screening
- Seek funding to deliver education on family planning and contraception including LARC

- Design parallel peer education programs for men and women
- Work with Disabled People's Organisations and other disability services to build the capacity of services to be inclusive of people with disability and marginalised groups
- Design and provide technical advice on community education programs for men and boys to support reproductive and sexual health services and promote gender equality.

Building the capacity of Family Health Associations in the Pacific

"Yes, the training that I received really helped me and enforced my technical skills when I do the Pap smear in particular. It really improved what I used to do before. They showed us a better way to do it and I did it and it really changed my results." — **Head Nurse**

This 18 month education program supported nurses and community educators in eight Pacific Countries. Funding was provided by the International Planned Parenthood Federation.

The program was based on the World Health Organization Reproductive and Sexual Health Core Competencies in Primary Care, and Australian competencies in training, and was framed within human rights principles.

52 nurses and 111 community educators received training. Our approach included classroom instruction, workplace observations, and mentoring. Classroom instruction used activity-based learning, which was a new way of learning for many participants. The project evaluation found that there was a significant increase in skills, knowledge and practice.

"After this training I found it easier to make a good session plan and it's easier for me to discuss with the team as we are all now on the same page. That hasn't happened before." — **Program Manager**

The Post Basic Certificate Course in Sexual and Reproductive Health for Nurses and Health Extension Officers in Papua New Guinea

The Post Basic Sexual and Reproductive Health Course was designed in response to a request to Family Planning NSW from PNG's National Department of Health (NDoH) that registered nurses and health extension officers should have the opportunity to develop knowledge, skills and the desired attitudes for promoting the reproductive and sexual health of people of PNG.

In developing the content of this course particular importance was given to ensuring that it was highly relevant to the PNG context, that it was informed by national policies and strategies as well as international research, and applied international best practice principles as described by the World Health Organization.

Two pilot courses have been run in Lae District in Morobe Province PNG, resulting in 21 health staff graduating from the 10 month course. This is the only post basic course in reproductive and sexual health of its kind in PNG.

The impact on the graduates in their level of confidence and skills is reflected in their comments in the 18 month evaluation post-training:

"It's how we approach patients and how we talk to them and how we receive them. When one or two come they go back and tell others. My attitude and approach is different now. Partners also come now for treatment, it was there before but now we really encourage them".

"Before the course we use to see less than five STI cases a month, now we get 20-30 a month, especially since we have separated the sexes".

"To be recognised as a Sexual and Reproductive Health nurse, people see me as a specialist, my colleagues and superiors etc. Staffs come and watch what I am doing and patients return when they say they will. They have trust in me. They refer others to me".

Research and evaluation

In the Pacific, surveillance and research into reproductive and sexual health has been largely stand-alone and not integrated into national health information systems, which impacts on service and program planning at national level.

The current research gaps and limited understanding hinder interventions being grounded in local evidence.[7]

In-depth knowledge and understanding of reproductive and sexual health in the Pacific context is lacking. The Secretariat of the Pacific Community and the Pacific Sexual and Reproductive Health Research Centre have stated some important research areas including[7, 29]:

- Research on the determinants of sexual health and well-being
- Determining the effectiveness and efficiency of programs and services
- The particular vulnerabilities and needs of groups with high risk behaviours
- Challenges and barriers to uptake of contraception
- Health care workers as reproductive and sexual health service providers.

We design an evaluation plan for every project and seek to share learnings with a broad audience through publications, conferences and local and regional forums.

Family Planning Australia's current project evaluation and research includes:

- Impact of workforce education on improving reproductive and sexual health for people with disability in Fiji
- Knowledge and skills of men in relation to reproductive and sexual health and gender in Papua New Guinea and Timor-Leste
- Feasibility of VIA and cryotherapy as a cervical screening method in Solomon Islands.

Family Planning Australia implements participatory research methods when possible. We work with partners to build their capacity in research and evaluation and work collaboratively when designing and implementing research projects.

Recent published research: Family Planning NSW's Medical Director is a co-author of a paper reporting on a review of access to, uptake of and influencing factors on intrauterine contraception use in the Asia-Pacific region.

Deborah Bateson, Sukho Kang, Helen Paterson , Kuldip Singhe, *A review of intrauterine contraception in the Asia-Pacific region*, Contraception, Vol 95,1, January 2017: p40-49 http://www.sciencedirect.com/science/article/pii/S0010782416303833 Accessed 14 February 2017.

Evaluation of the Men's Health Project in Timor-Leste 2016

Working with our partners Cooperativa Café Timor, an evaluation was undertaken to assess the overall impact of the Men's Health and Gender Program on men's knowledge, attitudes and behaviour and on other groups in the communities in which they were working. This entailed:

- Pre and post intervention surveys of a statistically determined sample of 400 males aged 16 years and over using a cluster sampling and random walk methodology across 7 of the 14 project sucos (villages)
- Development of structured survey questions based on information contained in the Men's Health Manual for Timor-Leste, which were translated into Tetum for field interviews
- Semi-structured interviews with a range of key informants
- Field interviews in a cross section of project sites , totalling 43 interviews with peer educators, men's health group participants, community women and community Xefes (leaders).

The Men's Health Project was found to be relevant at both a national and local level, aligned with national policies and the Sustainable Development Goals, and supported by the communities.

The overall findings of the impact of the project has been positive with results from the endline survey indicating increased awareness in key areas of health and well-being, including ways for men to stay healthy, the negative impacts of alcohol and smoking, the benefits of child spacing and safe pregnancy practices, as well as increased knowledge of STIs including HIV.

A major finding was that the quality and reach of the project would be considerably improved with an increase in the number of peer educators. This was based on the considerable obstacles the peer educators experienced in project delivery in the form of remoteness of sucos, the wide spread of aldeias (communities), the rugged terrain and the general lack of transport.

What is needed

- Strengthened routine surveillance and data collection systems on reproductive and sexual health
- Research on a range of topics to inform service planning and implementation

What Family Planning Australia can offer

- Provide training and technical advice to services to undertake research, monitoring and evaluation of their services and programs including needs analyses, grant submissions, ethical considerations, planning and implementation, research translation and dissemination
- Support partners to undertake robust data collection and analysis to help inform program development
- Seek funding to undertake research projects in collaboration with our partners and other research institutions including social research on knowledge, attitudes and behaviours, and appropriateness and effectiveness of reproductive and sexual health services
- Build research and monitoring and evaluation capacity of our in-country partners
- Publish and disseminate learnings at forums and conferences.

International advocacy

Family Planning Australia advocates for reproductive and sexual health rights at global, regional and national levels by working with the Australian Government and governments in the region, UN agencies, international and local non-government organisations, and partners. As a leading Australian provider of reproductive and sexual health services, Family Planning Australia is consulted on policies and practices related to our expertise. All our international work is strengthened though policy and advocacy.

Family Planning Australia believes that everyone should:

1. have the right to make informed choices about reproductive and sexual health, without harm to others
2. be free from all forms of discrimination
3. exercise self-determination in fertility and sexual expression.

We advocate for the reproductive and sexual health rights of people with disability as outlined in the Convention on the Rights of Persons with Disabilities. We also advocate for marginalised groups such as same sex attracted and gender diverse people.

What is needed

- Regionally agreed reproductive and sexual health priorities including access to contraception and cervical cancer prevention
- Evidence-informed reproductive and sexual health policies and strategies
- Better protection of the reproductive and sexual health rights of women and girls including the right to live free from violence and sexual assault
- Advocacy for the reliable supply of contraceptives, including the provision of long acting reversible contraceptives and emergency contraception pill
- Promotion of the reproductive and sexual health rights of people with disability and other marginalised populations in public policy and health services
- Political will and partner country commitment to reproductive and sexual health issues

What Family Planning Australia can offer

- Technical advice on the development of national policies, strategies and guidelines for reproductive and sexual health services and programs
- Technical advice on national policies and guidelines to support cervical cancer screening and treatment
- Support governments and non-government organisations to implement policies, strategies and services that uphold the reproductive and sexual health rights of people with disability and other marginalised groups
- Advocacy activities in Australia regarding reproductive and sexual health and rights priorities and needs.

ACTION PLAN

Priority Area	Goal	Actions	Timeframe
1. Supporting clinical services	Improved access to family planning services and modern methods of contraception including long acting reversible contraceptives, by all groups including those who are disadvantaged or under served	Design, customise and deliver workforce capacity building programs for clinicians Provide technical advice to support improved access to family planning services for disadvantaged and under served groups	Years 1 - 4
	Implement sustainable cervical cancer screening and treatment programs in partnership with Governments and NGOs	Explore opportunities for expansion of cervical cancer screening programs into countries of need	Years 1 - 4
	Increase access to appropriate resources to educate and inform people about reproductive and sexual health and rights	Design, customise and deliver education for community educators using training-of-trainers approaches Design and publish locally relevant information and education resources suitable for a range of people including people with disability	Years 1 - 4
2. Education and training	Increase access to capacity building programs for clinicians and community educators in reproductive and sexual health and rights	Design and deliver education programs for doctors, nurses, midwives, health workers, teachers, program officers, community educators and peer educators on a broad range of reproductive and sexual health topics including family planning, cervical cancer screening, and contraception including long acting reversible contraceptives	Years 1 - 4
		Integrate courses into appropriate in-country educational institutions to ensure sustainability	Years 1 - 4
	Strengthen reproductive and sexual health community and peer education programs	Adapt education programs to include a training-of-trainers approach	Years 1 - 4
	Ensure clinical and community education programs are inclusive of people with disability, marginalised groups and address gender equality	Work with Disabled Persons Organisations and other disability services to build the capacity of services to be inclusive of people with disability and marginalised groups	Years 1 - 4

Priority Area	Goal	Actions	Timeframe
3. Research and evaluation	Improved access to family planning services and modern methods of contraception including long acting reversible contraceptives, by all groups including those who are disadvantaged or under served	Provide training and technical advice to services to undertake research, monitoring and evaluation of services and programs including needs analyses, grant submissions, ethical considerations, planning and implementation, research translation and dissemination	Years 1 - 4
		Support partners to undertake robust data collection and analysis to help inform program development	Years 1 - 4
		Seek funding to undertake research projects in collaboration with partners and other research institutions including social research on knowledge, attitudes and behaviours and appropriateness and effectiveness of reproductive and sexual health services	Years 1 - 4
		Publish and disseminate learnings at relevant forums and conferences	Years 1 - 4
4. International advocacy	Promote regionally agreed reproductive and sexual health priorities including access to contraception and cervical cancer prevention	Advocate for increased funding for reproductive and sexual health services in the Pacific at national and international forums	Years 1 – 4
		Provide technical advice on the development of national policies, strategies and guidelines for reproductive and sexual health services and programs including cervical cancer screening	Years 1 – 4
		Advocate for increased access to reliable supplies of contraceptives, including the provision of long acting reversible contraceptives and the emergency contraception pill	Years 1 – 4
		Support governments and non-government organisations to implement evidence-informed policies, strategies and services that uphold the reproductive and sexual health rights of people with disability and other marginalised groups	Years 1 – 4

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