

CID Talk, Bjorn Andersson & Bruce Campbell

Regional and sub-regional directors, UNFPA Asia-Pacific

What's UNFPA doing in the Pacific?

As part of their official visit to New Zealand, regional director of the United Nations Population Fund (UNFPA) Asia-Pacific Björn Andersson and sub-regional director Bruce Campbell presented a snapshot of their Sexual and Reproductive Health (SAHR) transformation agenda and work in the region, which spans the Pacific, parts of the Middle East, and Central, East, and South Asia.

UNFPA operates in a complex environment of high needs and high potential. Since 2014, UNFPA's work has averted upwards of 4.5 million unplanned pregnancies and 1.4 million unsafe abortions, and saved the lives of some 28,000 children and 4000 women. See a video summary on their impact in the Asia-Pacific region [here](#).

Björn opened by emphasising sexual and reproductive health as a foundation of sustainable development, enmeshed with issues of politics, governance, inequality and human rights. At a global level, integrating SaRH with community and economic development in the Sustainable Development Goals is something he sees as representing major progress for recognising the impact of women's health on the success of SDG indicators.

Björn went on to outline the basic approach of UNFPA: creating the dialogue to utilise governmental budget, and facilitate country-led, maximum impact implementation of SaRh policies. While recognising some countries need more service-orientated approach (PNG was his example), by and large the best place for UNFPA is in-country work with govts to ensure the prioritisation of SARH as part of their SDG commitments. Where views on SaRH issues are tied up with cultural values and norms, understanding what happens in country and how things work there is fundamental in moving forward.

Bruce Campbell took up this part of the discussion, describing UNFPA's work as a life cycle approach: progress as seen 'eyes of a 10-year-old girl'. How she would observe SDG-change, what are the policy goals that would realise dignity in her view – how she would measure positive SaRH progress in her lifetime?

He recognised civil society (INGO inclusive) as critical players in this approach, particularly with regard to holding governments (local and international) accountable. In addressing some of the most stigmatised issues around the world, Bruce emphasised UNFPA's focus as an important space for collaboration in the international development/humanitarian sector, noting UNFPA sought these partnerships wherever they are active (currently 22 countries worldwide).

The conversation then moved to the role and use of data. In the complex and layered SaRH space, good data guides the allocation of investments and political resources to priority areas and issues with maximum common good outcomes. Bruce outlined the case of fertility in the Pacific as an example of this.

UNFPA's data drive uncovered 'alarming' trends in Pacific: fertility rate was increasing, an anomaly among steady downward trend globally. Most concerningly, much of this (10 out of 14 countries) was due to rising adolescent birth rates. This data highlighted a need for very focused, prioritised action by UNFPA, undergirding a programme of training every single midwife – identified as the key point of contact for fertility issues in the Pacific through birth recording programme - on modern birthing/contraceptive methods. An 'old fashioned' supply-side delivery approach, the effect has been significant: the Solomon islands, for instance, where birth rates jumped from 15, 843 to 17770 in 2013-2016 period, has seen a drop to 16,437 in 2017 with the implementation of this training programme. Robust data - tracking data annually to examine and evaluate trends and outcomes – is therefore also a grounds to mobilise significant support from NZ and others, where alarming trends can be possibilities for substantive change – substantive being measurable in the life of 10-year-old girl. More on this can be found in [this interview](#) by Radio New Zealand.

On the flip side of this case, measures and policies to adjust to aging populations were recognised as an area of increasing import for UNFPA support. Both Bjorn and Bruce noted this as a means by which UNFPA presence is spreading.

Question time:

How can organisations without specific skills in the SARH area support UNFPA?

- At the global level: developing norms and policies, looking to be part of conversation in oversight work
- As active members of health 'cluster': include UNFPA as part of prepositioning process, building relationships and encouraging support for and participation in SaRH within local health cluster humanitarian response
- Building relationships and resilience in off-season: joining development discussion on how health sector is progressing and getting mechanisms right in disasters
- Recognise UNFPA as evolving to bridge the humanitarian space – partner in bringing SaRH up to the agenda with 'dignity' kits (tarps, blankets etc). minimum initial service package – through programming, preparedness and response work, standardise for SARH considerations
- In many countries unfpa leads with govts, but there is significant opportunity for and will to foster civil society (INGO and partner) relationships

Is aging in population an 'easy out' in the SaRH space?

- A challenge in SaRH is not 'falling back' on aging as honouring SDG commitment around SaRH issues. As something more digestible than other issues like LGBTQI inclusivity and contraception, the risk is UNFPA and partners allowing countries to over-invest in adjusting to aging populations as a path of least resistance
- However the core mandate of UNFPA is sexual and reproductive rights. Population aging can rather be seen as presenting an opportunity to leverage the trickier issues and present SAHR as enmeshed – a matter of non-discriminatory access to services and human rights, such that this can be an entry point in to a whole range of sexual and reproductive health issues (the universal access agenda).

What does the 5 modern methods campaign look like in the Pacific

- Focused on choice. Solomon islands shows with a rapid scale up can have immediate response – building capacity for informed choice rather than pushing a particular method recognised as key for success in the Pacific
- In this way Pacific can be seen as microcosm: an opportunity to reset some approaches and policies. Part of this (used in the modern methods campaign) is a renewed momentum in improving Pacific-driven work through localisation and in-country partnerships.

Bruce and Björn ask - How is NZ moving forward on localisation?

In terms of redefining the role, rethinking models. There are 33 NZ government organisations active in the pacific – what are they doing?

- Recognising development and humanitarian work has to be not just owned, but led by national govts.
- Realising change comes from within – self-examination of behaviours, values and adverse practises is what works. This is the link to the politics: NZ is establishing the extent Pacific governments are ready to push and lead this.
- Raising questions of funding – directly, where role for INGOs is building trustworthiness of local organisations, or moving centre of INGO operations in-country and those that do this receive the funding
- Really, localisation is a question of driving or waiting for social change

How has Trump’s global gag rule affected UNFPA?

- Created a tougher climate when it comes to negotiation – non core contributions
- In terms of distributing resources, EU donors are shifting funding from ODA budget to issues of (incoming) migration.
- UNFPA are adapting, for example the recent coalition of 4 countries running ‘She Decides’ campaign to increase contribution to ODA