



IPPF/Kathleen Prior

Gender Equality, Disability and Social Inclusion (GEDSI) analyses for 9 Pacific Member Associations

Briefing Note

**Sub Regional Office for the Pacific
December 2025**

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IPPF/Rob Rickman

Pacific Member Associations



Cook Islands Family Welfare Association (CIFWA)



Kiribati Family Health Association (KFHA)



Papua New Guinea Family Health Association (PNG FHA)



Reproductive and Family Health Association of Fiji (RFHAF)



Samoa Family Health Association (SFHA)



Solomon Islands Planned Parenthood Association (SIPPA)



HIGHLIGHTS

- The **International Planned Parenthood Federation (IPPF)** is a global federation and movement of 100+ locally led Member Associations (MAs) in 150+ countries, dedicated to **Sexual and Reproductive Health, Rights, and Justice (SRHRJ)**.
- The **IPPF Sub-Regional Office for the Pacific (SROP)** has the regionally focused **Pacific Niu Vaka Strategy Phase II 2023-2028 (NVII)**. By December 2028, it is expected that 9 Pacific MAs are using a Gender Equality, Disability and Social Inclusion (GEDSI) approach to monitor shifts in perceptions and attitudes in relation to gender equality and inclusion.
- A **2023 pilot GEDSI analysis** with the Cook Islands Family Welfare Association (CIFWA) utilized a self-assessment approach with a scoring system to compare performance over time. The tools were revised in 2025.
- In 2025, IPPF supported **8 Pacific MAs** from Fiji, Kiribati, Papua New Guinea, Samoa, the Solomon Islands, Tonga, Tuvalu, and Vanuatu in completing a GEDSI analysis.
- A **5-step process** was adopted, including preparation (step 1), analysis (step 2), reporting (step 3), review (step 4), and repeat (step 5). The **first 3 steps** were completed, including a rapid situation analysis, self-assessment questionnaires, a baseline GEDSI score, the development of a GEDSI action plan for 2025 to 2028, and a GEDSI in SRHR stakeholder consultation.
- The CIFWA completed the new disability inclusion self-assessment and updated their GEDSI action plan for 2025 to 2028. The MAs will **continue to implement step 4 (annual review) and step 5 (repeat) in 2028**.
- **All 9 Pacific MAs scored over 50% on the baseline GEDSI self-assessment** and are actively addressing GEDSI to some extent. The Cook Islands, Kiribati & Samoa MAs scored highly (>80%), indicating that they are implementing a GEDSI approach throughout their organisation, services and programmes.
- The **gender self-assessments consistently scored the highest** of the 3 components. While the disability inclusion self-assessments consistently scored the lowest and are a priority area for strengthening across all 9 MAs.
- A total of **218 participants from 106 organisations** participated in the 9 GEDSI in SRHR stakeholder consultations in the Cook Islands (2023), Fiji, Kiribati, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu (2025).
- Each GEDSI analysis has successfully supported the MA in developing a better understanding of how gender, power dynamics, and social inclusion intersect in their context & how this affects **access to their services and programmes**.
- The GEDSI analyses are an **important first step**. To demonstrate measurable improvement when repeated (step 5), both IPPF & the MAs will need to **commit human and financial resources** over the next 3 years to implement the GEDSI action plans.
- This activity contributes to the **NVII results framework**, co-funded under a Pacific Women Lead grant and supported under the IPPF Pacific Niu Vaka Phase II strategy through the Australian Department of Foreign Affairs and Trade (DFAT) and New Zealand Ministry of Foreign Affairs and Trade (MFAT).

1. CONTEXT

The International Planned Parenthood Federation (IPPF) is a global federation and movement of 100+ locally led Member Associations (MAs) in 150+ countries, dedicated to Sexual and Reproductive Health, Rights, and Justice (SRHR&J). Through the IPPF Strategy 2028 the aim is to move the sexuality agenda to contribute to the societal and legislative change for universal sexual and reproductive rights. This includes a critical pathway to shift norms through supporting positive shifts in perceptions and attitudes in relation to gender equality and inclusion across the Federation and the communities we serve.

The IPPF Sub-Regional Office for the Pacific (SROP) supports nine Pacific MAs and one collaborative partner through the regionally focused Pacific Niu Vaka Strategy Phase II 2023-2028 (NVII). By December 2028, it is expected that nine Pacific MAs will use a Gender Equality, Disability and Social Inclusion (GEDSI) approach to monitor shifts in perceptions and attitudes in relation to gender equality and inclusion.

Through the revitalised Pacific Islands Forum Leaders Declaration on Achieving Gender Equality, the Pacific region has committed to achieving a ***“resilient Pacific Region of peace, harmony, security, social inclusion and prosperity, that ensures that all Pacific peoples can lead free, healthy, and productive lives”***. However, the region faces several challenges to achieving gender equality and social inclusion. These include geographic barriers, limited resources, social stigma, perceived social, cultural and economic barriers, harmful gendered social norms, and exclusionary practices with weak leadership and political commitment, which have resulted in limited resources and capacity for gender-responsive policies and programmes. This has in turn contributed to poor health and social development indicators, including low contraceptive prevalence rates, high total fertility rates, high adolescent birth rates, and high rates of sexual and gender-based violence (SGBV).

Pacific MAs play an important role in collective efforts to advance the sexuality agenda and shift norms to drive positive change in SRHRJ. To do this, they need a better understanding of how gender and power dynamics intersect to shape access to their SRHR services.

IPPF implemented a pilot GEDSI analysis in 2023 with the Cook Islands Family Welfare Association (CIFWA). The tools were revised in 2025, and GEDSI analyses were implemented with the eight Pacific MAs from Fiji, Kiribati, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu.

2. METHODOLOGY

Objectives

For IPPF

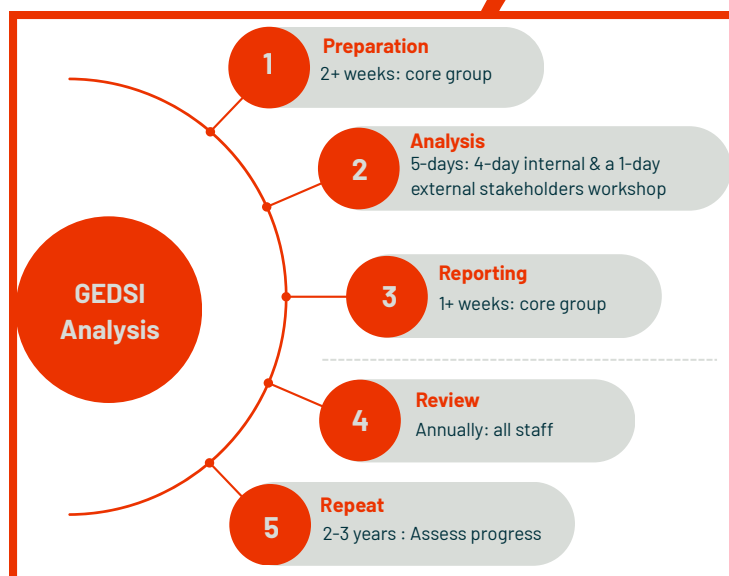
By December 2028, it is expected that the 9 Pacific MAs are using a Gender Equality, Disability and Social Inclusion (GEDSI) approach to monitor shifts in perception and attitudes in relation to gender equality and inclusion.

For Member Associations

Complete a baseline GEDSI analysis and action plan to better inform them how gender and power dynamics and social inclusion intersect in their context and demonstrate that they are actively integrating a GEDSI approach to monitor shifts in perception and attitudes in relation to gender equality and inclusion.

The GEDSI analysis adopted a five-step process that includes preparation (step 1), analysis (step 2), reporting (step 3), review (step 4) and repeat (step 5); **Figure 1**. The analysis step included: a) rapid situation analysis, b) gender, disability inclusion and diverse SOGIESC inclusion self-assessment questionnaires, c) a baseline GEDSI score, d) development of a GEDSI action plan 2025 to 2028 and e) a GEDSI in SRHR stakeholder consultation.

Process



A. Rapid Situation Analysis

B. Self-assessment questionnaires



C. Baseline GEDSI score

Low	<50%	Medium	50% - 79%	High	>80 %
Gender exploitative		Gender Accommodating		Gender Transformative	
Diverse SOGIESC blind		Diverse SOGIESC Inclusive		Diverse SOGIESC Champion	
Disability blind		Disability accommodating		Disability Transformative	

D. GEDSI Action Plan (2025 to 2028)

E. GEDSI in SRHR stakeholder consultation

Figure 1. Infographic of the Pacific GEDSI analysis process. On the left is the 5-step GEDSI analysis process; 1. preparation, 2. analysis, 3. reporting, 4. review and 5. repeat. On the right, the analysis step consisted of A. Rapid situation analysis, B. Self-assessment questionnaires, C. Baseline GEDSI score, D. GEDSI Action Plan (2025-2028) and E. GEDSI in SRHR Stakeholder consultation.

Timeline

The first GEDSI analysis tool was piloted in 2023 with the Cook Islands Family Welfare Association (CIFWA) for the Cervical Cancer project (DFAT). The tool was revised early 2025 and the baseline GEDSI analysis (steps 1 to 3) were implemented with the other eight MAs between March and September, **Figure 2**. A virtual workshop was held with CIFWA in September to complete the new disability inclusion self-assessment and update their GEDSI action plan for 2025 to 2028. Moving forward the MAs will complete an annual review of the GEDSI action plan (step 4) and then repeat in 2028 (step 5) to measure progress.

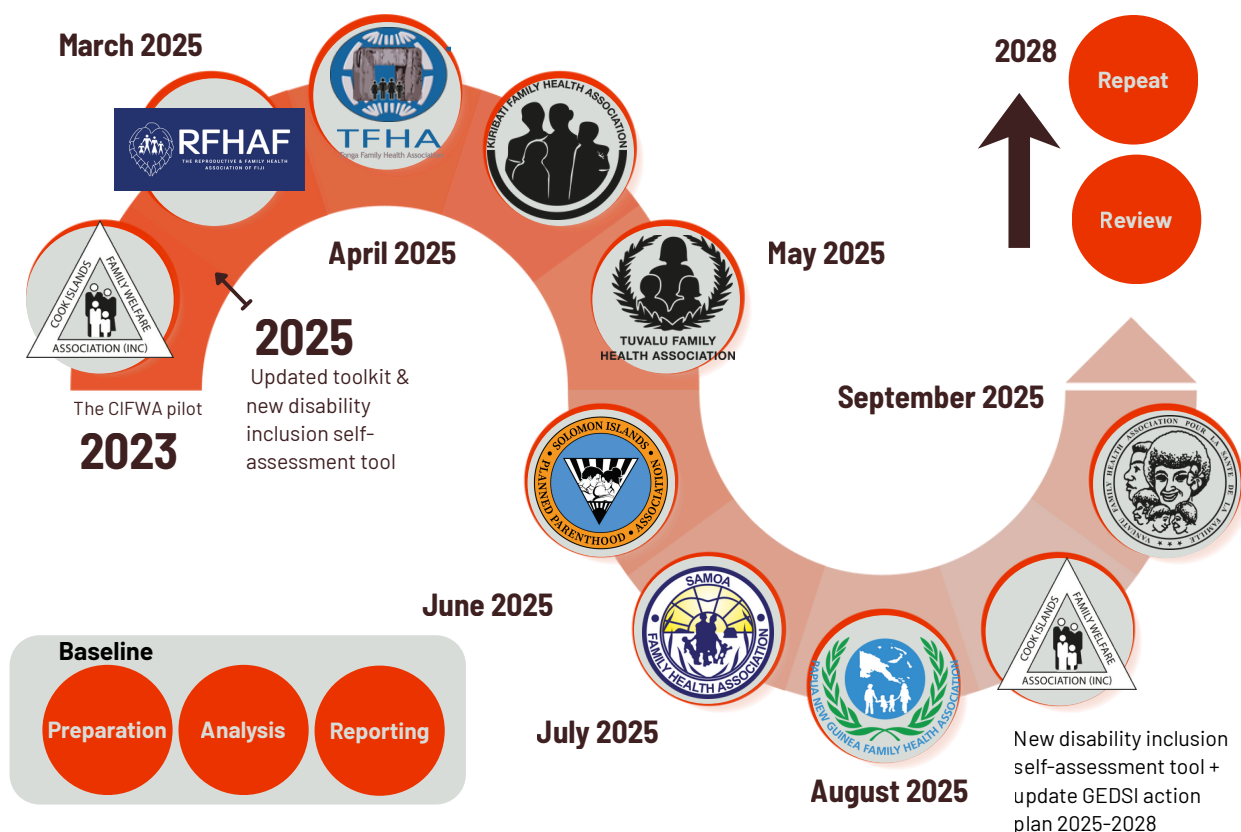


Figure 2. Infographic of the Pacific Member Association GEDSI analyses and next steps

Resources

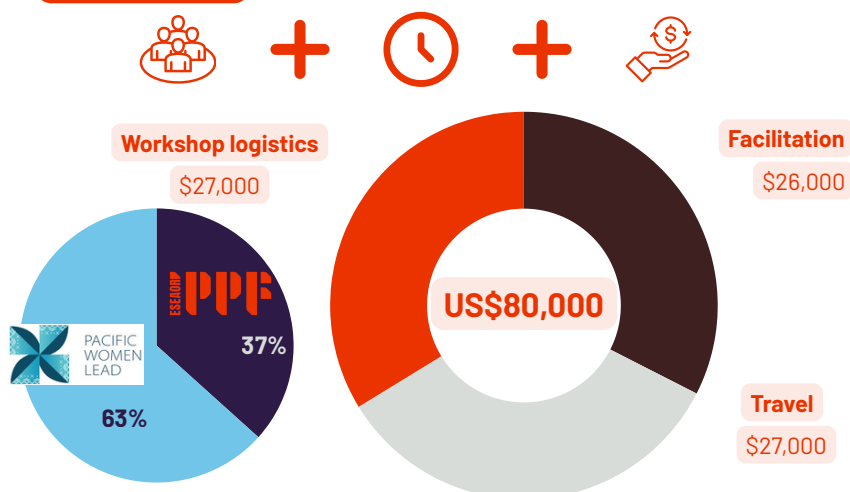


Figure 3. Infographic of resources mobilised to complete the 2025 baseline GEDSI analyses with 8 Pacific Member Associations.

In 2025, US\$80,000 was mobilized from the Pacific Women Lead grant (63%) and cost-shared with IPPF* (37%) to implement the eight MA GEDSI analyses, **Figure 3**. This included;

- Facilitation by IPPF staff and consultants.
- MA grants for workshop logistics.
- Travel for facilitators to deliver in person 1 week workshop.
- MA staff participation (e.g. domestic travel).

*existing IPPF funding support from Australian DFAT and New Zealand MFAT

3. RESULTS

A. Rapid Situation Analysis

The situation analysis adapted the *IPPF Gender Equality Toolkit, Tool 3: Gender Equality Rapid Situation Analysis*. While the tool focused specifically on gender equality, it was adapted to include considerations of intersectionality related to disability and social inclusion. The rapid situation analysis included a desk review, mapping of gender inequality in the local context, and a guided questionnaire on the three dimensions of gender equality (**Figure 4**). This informed the analysis and reflections on the constraints and opportunities, the groups facing obstacles to SRHR, and the key MA stakeholders. The recommendations and critical constraints were presented to the *GEDSI in SRHR stakeholder consultations* to inform the group discussions. The rapid situation analysis was designed to give MAs a good understanding of some GEDSI issues, the legal, social, and public health context in which they operate, and how this may affect access to their services and programmes.

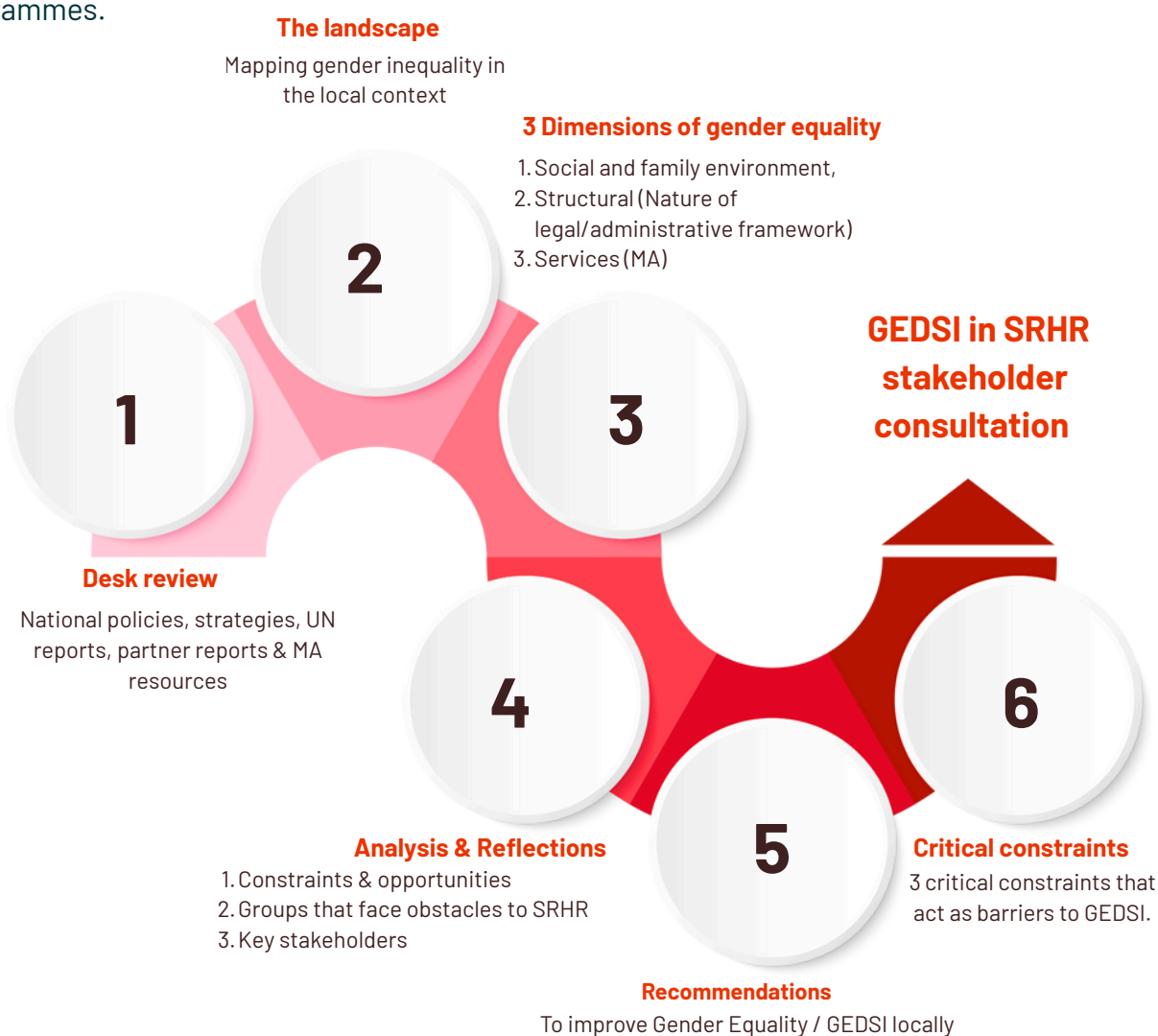


Figure 4. Infographic summarising the adapted rapid situation analysis process and how it informed the GEDSI in SRHR stakeholder consultations.

The ‘landscape’ mapped inequality in the local context. Some of the common themes identified across the eight analyses include; structural challenges, social & attitudinal barriers and the high prevalence of SGBV are the most common contributors to gender inequality in the Pacific (**Figure 5**).

Understanding the barriers, constraints, and opportunities is important to support MAs in addressing challenges in attaining SRHRJ.

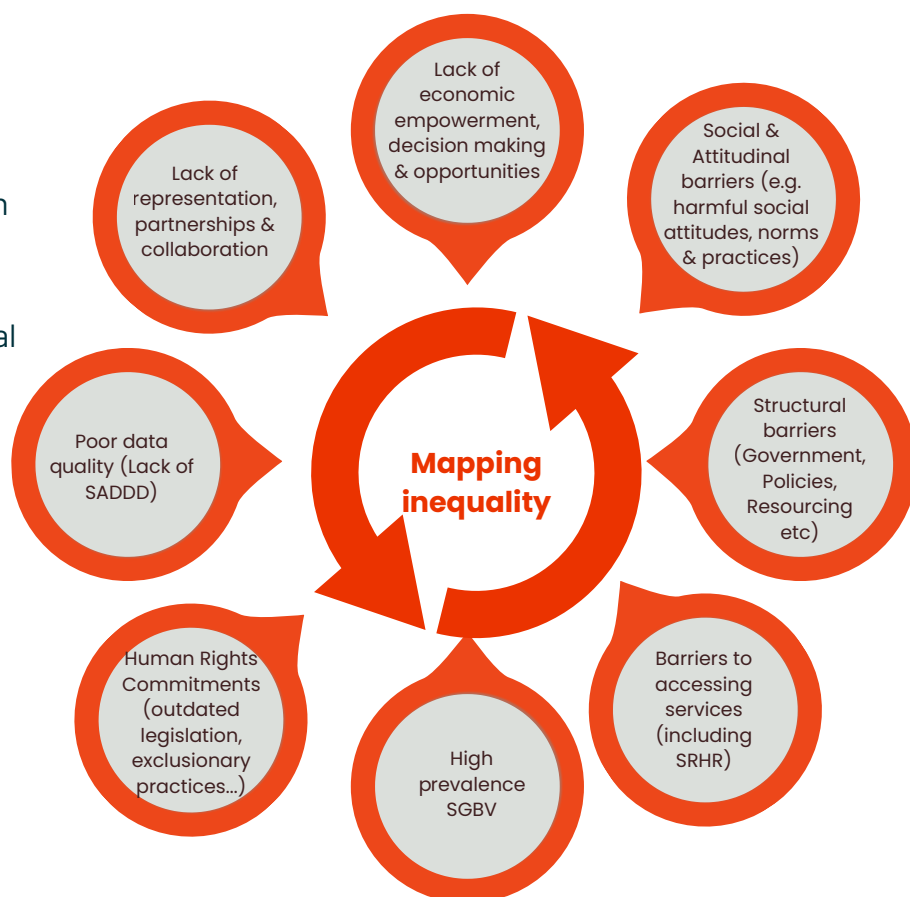


Figure 5. Infographic of the common inequality themes identified from 8 GEDSI analyses (2025).
Common inequality themes identified during the rapid situation analysis from Fiji, Kiribati, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu.



The rapid situation analysis asked MAs to identify high-risk groups facing the greatest or most urgent obstacles to SRHR in their context. This informed the two to three ‘priority groups’ for the “rights-based and stigma-free services” in the gender self-assessments.

There was some variation across the eight analyses, but it can be grouped into nine “high-risk groups” (**Figure 6**).

Figure 6. Summary of high risk groups that face the greatest or most urgent obstacles to SRHR identified in 8 GEDSI analyses (2025). High risk groups that face the greatest or most urgent obstacles to SRHR identified during the rapid situation analysis from Fiji, Kiribati, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu.

Considerations for the three dimensions of gender equality – the social and family environment, structural or nature of legal/administrative framework, and MA services – were used to identify opportunities and constraints to SRHR in the local context. There were similarities across the eight analyses illustrated in **Figure 7**.

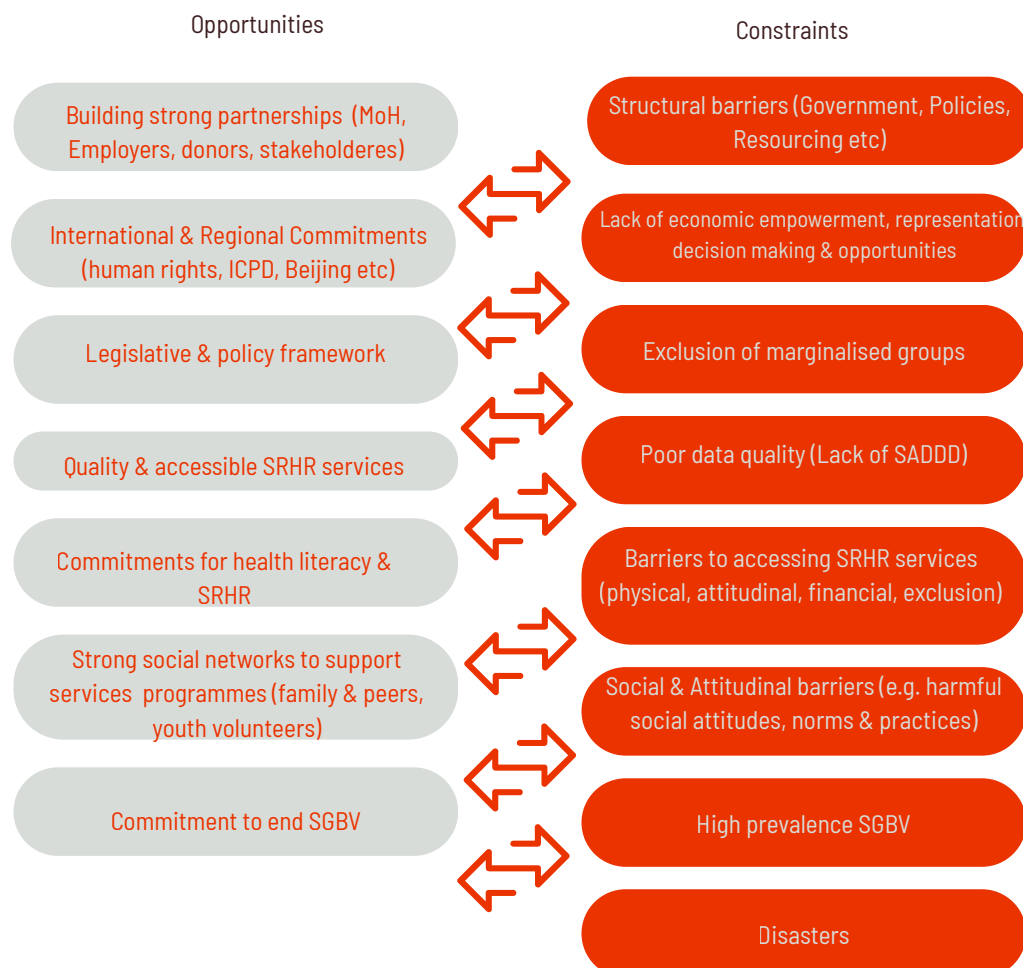


Figure 7. Summary of the opportunities and constraints to SRHR identified in 8 GEDSI analyses. Opportunities and constraints identified during the rapid situation analysis from Fiji, Kiribati, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu in 2025.

To complete the rapid situation analysis, a series of recommendations was developed to improve gender equality, disability, and social inclusion in each national context. A consolidated analysis of the nine situation analyses (including Cook Islands) found six common themes from 34 recommendations:

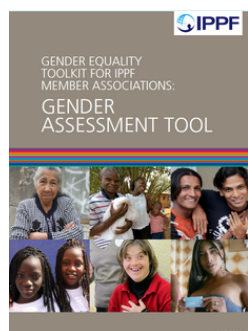
1. **Strengthen social inclusion & address social & attitudinal barriers** (e.g. harmful social attitudes, norms & practices) [all 9 analyses],
2. **Ensure inclusive SRHR services and safe spaces** [7 analyses],
3. **Address structural barriers** (e.g. legislative & policy reform) and build Advocacy & Strategic Partnerships [5 analyses],
4. **Prevent & respond to SGBV** [4 analyses] and
5. **Meaningful participation & inclusion to meet human rights commitments** [3 analyses].

These recommendations informed the selection of three critical constraints for discussion at the GEDSI in SRHR stakeholder consultations.

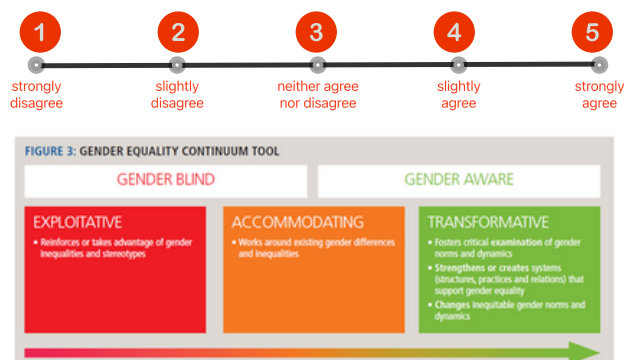
B. Self-assessment questionnaires



Gender Equality



1. Gender self-assessment questionnaires,
 - Your Organisation (Tool 4),
 - Youth Health Services (Tool 5),
 - Your Programmes (Tool 6).
2. Adapted plan for action and improvement (Tool 9).



Highlights

- Gender-self assessments averaged a 'medium' score across the nine MAs (average 77%, range 67% to 88%), **Figure 8**.
- Three MAs scored highly (>80%) on the gender self-assessment (Cook Islands, Kiribati & Samoa).
- Health services consistently scored the highest (average score 81%, range 97% to 96%), particularly on the Quality of Care (QoC) elements.
- Areas for strengthening include systems and policies, planning, monitoring and evaluation and staff capacity & expertise, as well as stronger integration of programming for high priority groups.

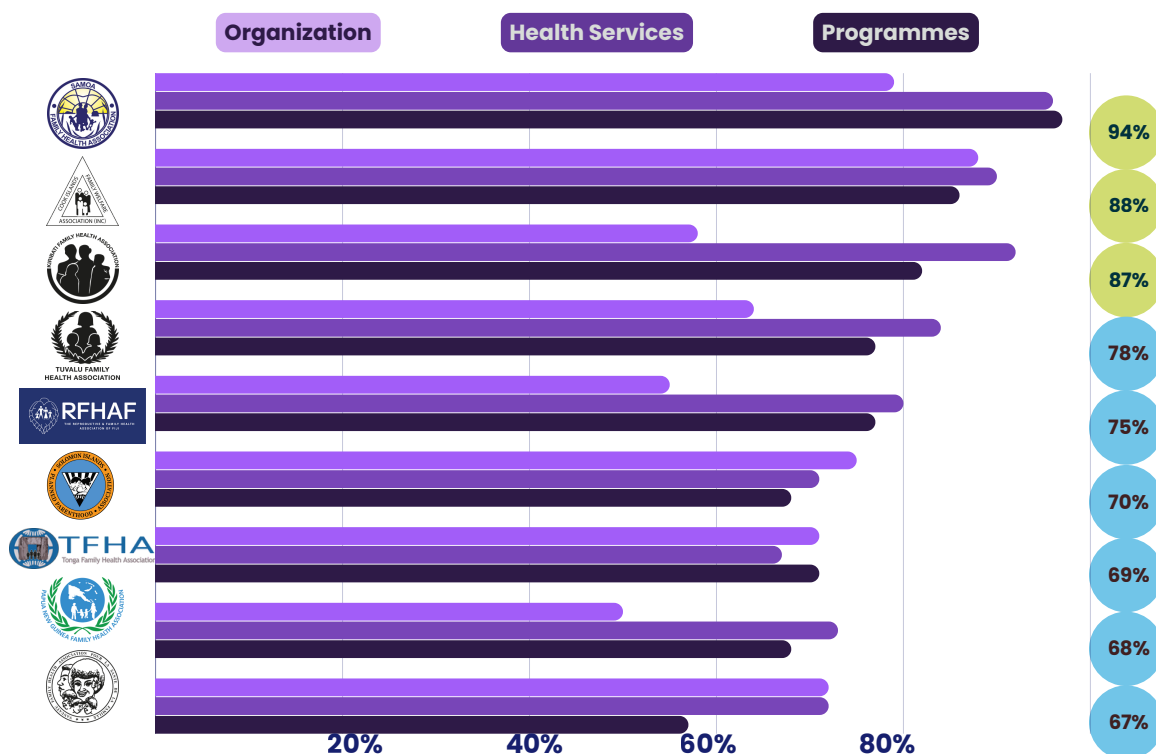


Figure 8. Bar graph of 9 gender self-assessments scores (%) for 9 Pacific Member Associations. The *IPPF Gender Equality Assessment Toolkit Gender Self-assessment* scores for 1. Organization, 2. Health services and 3. Programmes for each Member Association (MA). CIFWA completed theirs in December 2023 (pilot) and the rest were completed in 2025.

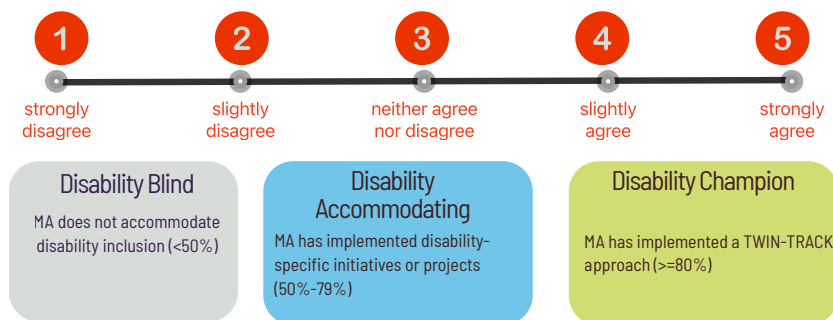
<50%	50% – 79%	>80%
Low	Medium	High



Disability Inclusion

Disability inclusion self-assessment questionnaires;

1. Your Organisation,
2. Youth Health Services,
3. Your Programmes.



New tool adapted from the gender self-assessment questionnaires

Highlights

- Disability inclusion self-assessments had an average 'medium' score across the nine MAs (average 64%, range 49% to 85%), **Figure 9**.
- Cook Islands scored highly (>80%) reflecting implementation of GEDSI action plan since pilot in 2023.
- Health services consistently scored the highest (average score 72%, range 40% to 83%). MAs that had already implemented a physical accessibility audit (e.g. Cook Islands) scored highly.
- Areas for strengthening include building staff capacity and expertise, effective communication and feedback systems, considering the needs of diverse disabilities and explicit mention of disability inclusion in policies.

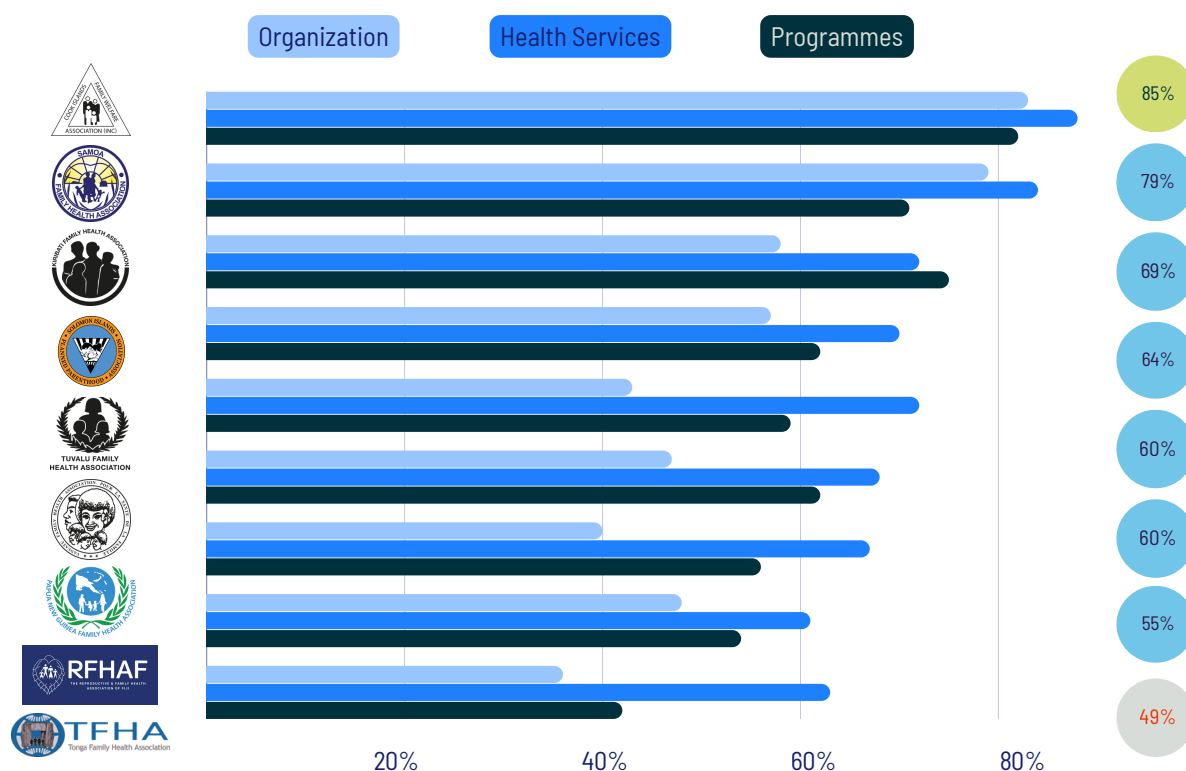


Figure 9. Bar graph of 9 disability inclusion self-assessments scores (%) for 9 Pacific Member Associations. The Disability inclusion self-assessment tool was adapted from the [IPPF Gender Equality Assessment Toolkit](#) with questionnaires for 1. Organization, 2. Health services and 3. Programmes. It was piloted with the 9 Member Association (MA) in 2025.

<50%	50% - 79%	>80%
Low	Medium	High



Social Inclusion

Diverse SOGIESC Inclusion self-assessment questionnaire;

1. Advocacy,
2. Empowering communities,
3. Service delivery,
4. Institutional processes & practices.



Highlights

- The diverse SOGIESC inclusion (social inclusion self assessments averaged a 'medium' score across the nine MAs (average 73%, range 57% to 95%), **Figure 10**.
- Two MAs scored highly (>80%), Kiribati and Samoa.
- Service delivery (average 76%) consistently scored the highest, empowering communities (average 74%), advocacy (average 71%) and Institutional processes and practices (average 70%).
- Several MAs face restrictive national legislation and/or policies so for the external consultation 'social inclusion' was the preferred term used.

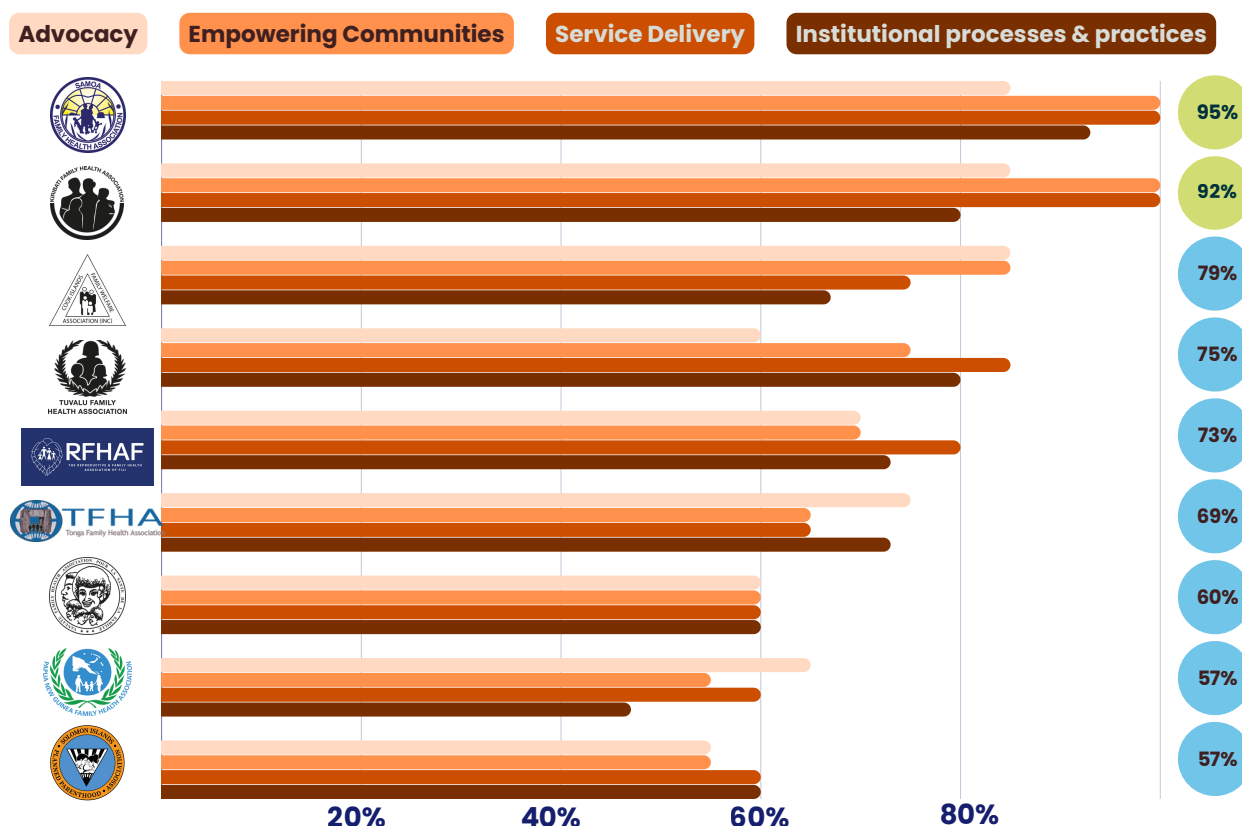
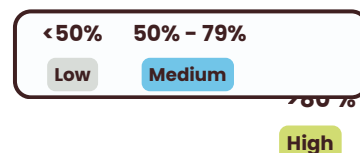


Figure 10. Bar graph of 9 diverse SOGIESC inclusion self-assessments scores (%) for 9 Pacific Member Associations.
The IPPF Diverse SOGIESC Inclusion Self-Assessment Toolkit adapted with scoring for each Member Association (MA) with questionnaires for 1. Advocacy, 2. Empowering communities, 3. Service delivery & 4. Institutional processes & practices. CIFWA completed theirs in December 2023 (pilot) and the rest were completed in 2025.



C. Baseline GEDSI score

Highlights

- All nine MAs scored over 50% on the baseline GEDSI self-assessment, **Figure 11**.
- All MAs are actively addressing GEDSI to some extent.
- Three MAs scored highly (>80%) – Cook Islands, Kiribati and Samoa.
- The baseline score allows MAs to repeat this in 2028 to measure progress.
- As a self-assessment the results are subjective and open to variation between MA teams.

Baseline GEDSI scores

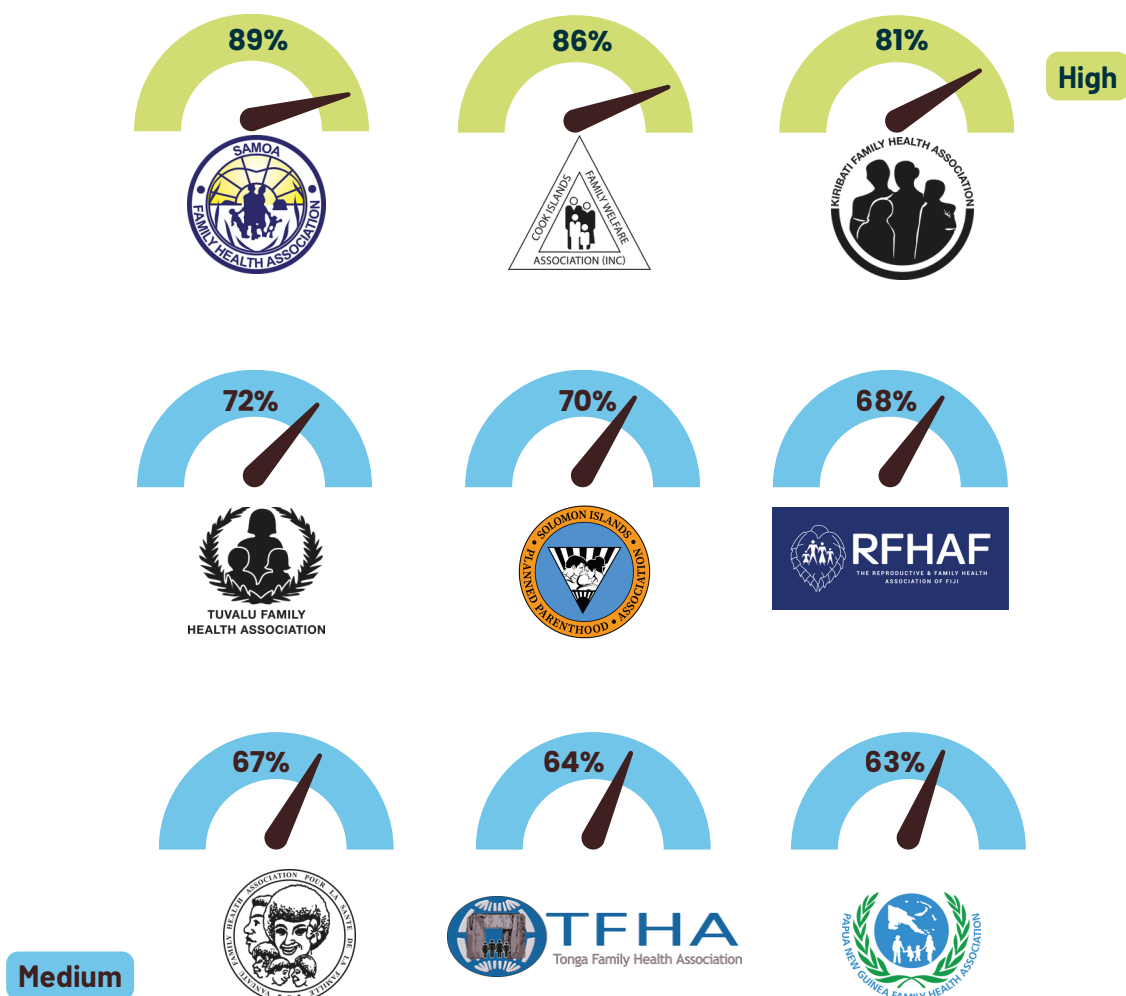


Figure 11. Summary of the baseline GEDSI scores for 9 Pacific Member Associations. The 9 MA baseline GEDSI scores consolidated gender equality, disability inclusion and diverse SOGIESC inclusion self-assessments scores to provide a high (>80%), medium (50-79%) or Low (<50%) combined score. Cook Islands completed their gender and diverse SOGIESC self-assessments during the 2023 pilot and updated their disability inclusion self assessment in 2025. The rest were completed in 2025.

D. GEDSI Action Plans (2025 to 2028)

The GEDSI self-assessments informed the MA GEDSI action plans for 2025 to 2028 and identified a clear pathway for each MA to strengthen their GEDSI approach and, if not already, to progress to a high GEDSI score by the end of 2028.

To develop the action plans the 'actions for improvement' identified in the three self-assessments (gender, disability inclusion and social inclusion) were reviewed by the participants of the MA internal workshop who grouped them into thematic areas, analysed and consolidated them into a set of actions with a recommendation for each group. The finalised actions were then given a priority score (high, medium and low), assigned responsibility and given an indicative budget. The budget focused on the high to medium actions and is intended to be reviewed and updated annually as part of the annual planning cycle for the MA integrated annual work plans (step 4). Cook Islands (CIFWA) developed their original action plan during the pilot in 2023. During the virtual workshop in September their GEDSI action plan was updated for 2025 to 2028.

Across the nine GEDSI action plans there are collectively 121 recommendations and 755 actions with a preliminary budget of approximately US\$1 million, **Figure 12**.



Figure 12. Summary of 9 Pacific Member Association GEDSI Action Plans for 2025 to 2028. Approximate budget in USD converted from local currency is a preliminary budget prioritizing high to medium actions and should be reviewed annually.

E. GEDSI in SRHR stakeholder consultation

Each Pacific MA completed a stakeholder consultation on GEDSI in SRHR as part of the final part of the analysis phase. The Cook Islands (CIFWA) was completed their consultation in December 2023 as part of the pilot, the other eight MAs completed their consultations between March and September 2025.

The objective of the consultations were to present and discuss the results of the GEDSI analysis and to also provide an opportunity for key stakeholders to identify gaps and barriers in SRHR service provision for vulnerable and marginalized communities and to strengthen partnerships to promote gender equality and social inclusion in health services.

There were a total of **218 participants from 106 organisations** across the 9 GEDSI in SRHR stakeholder consultations in Cook Islands (2023), Fiji, Kiribati, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu (2025), **Figure 13**. Nearly half (48%) of participants were from Government or civil society organisations (CSO) or faith-based organisations (FBO).

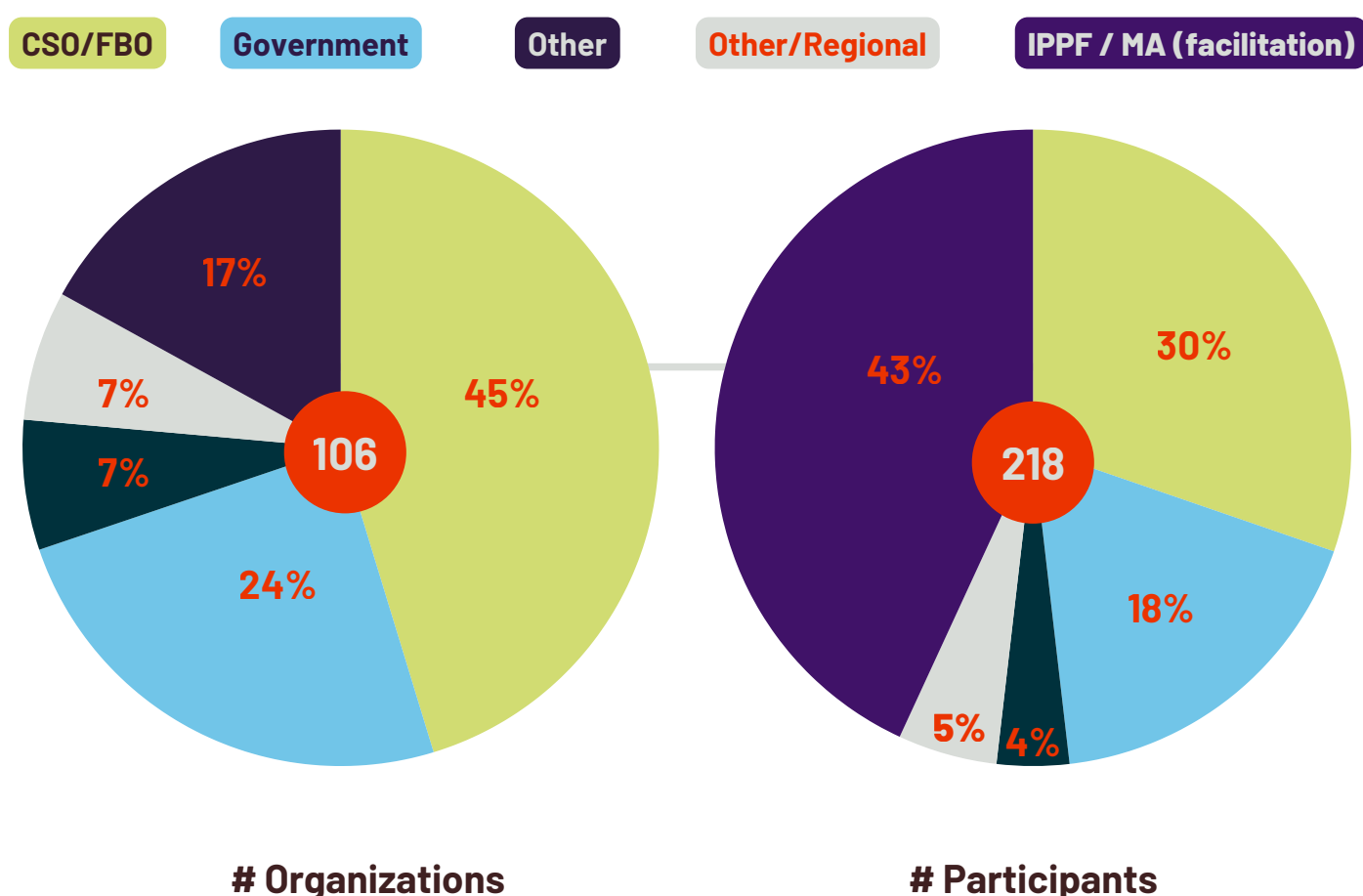


Figure 13. Summary of organisations and participants that attended the GEDSI in SRHR stakeholder consultations in 2025 in 8 countries. The Gender Equality, Disability and Social Inclusion (GEDSI) in Sexual and Reproductive Health and Rights (SRHR) stakeholder consultation were convened by 9 Member Association (MA) from Cook Islands (2023), from Fiji, Kiribati, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu (2025).

Each Rapid Situation Analysis identified 'constraints' and 'issues' for discussion during the stakeholder consultation. A comparative analysis of the topics discussed at the eight stakeholder consultations in 2025 is presented in **Figure 14**. Each MA identified three constraints and each constraint included three issues to be discussed with a question for each issue to prompt the group discussion. Across the eight consultations the constraints were grouped by topic relating to SRHR, attitudes, norms and practices, structural barriers, exclusion of marginalised groups or coordination challenges. From the constraints there were 88 issues identified and discussed across the topics of accessible services (16 times), representation, partnerships and collaboration (12 times), community engagement and education (11 times), human rights and intersectionality (10 times), cultural and religious norms, traditional gender roles and attitudinal barriers (9 times), National policy and strategies (8 times), economic empowerment and opportunities (7 times), SGBV (6 times), resourcing (human/financial/other)(5 times) and data quality (4 times).

The consultations created a safe space to discuss GEDSI in SRHR and most importantly have helped the MAs to better connect with and build strategic partnerships with the key stakeholders in their national context.

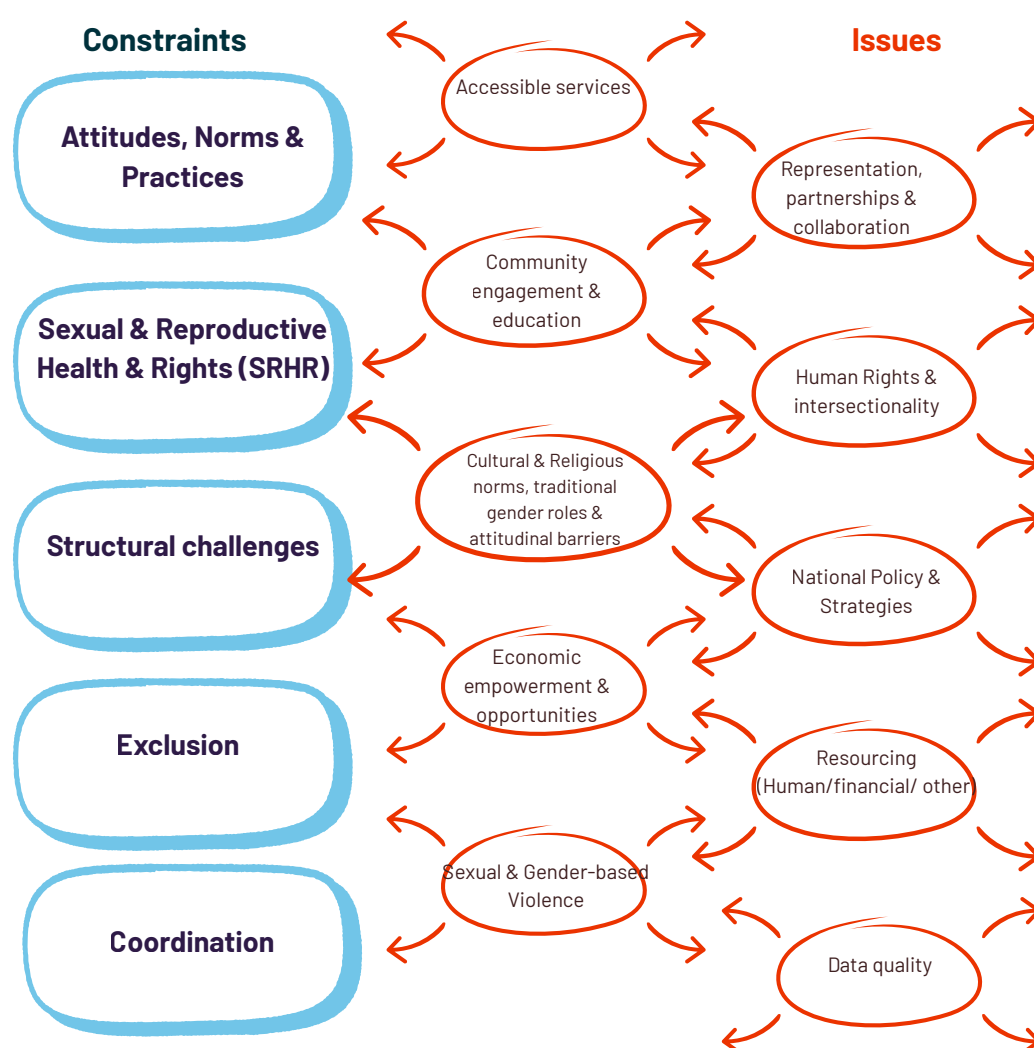


Figure 14. Common themes for the constraints and issues discussed at the 8 GEDSI in SRHR stakeholder consultations in 2025

4. RECOMMENDATIONS

For IPPF

1. **Review & streamline the GEDSI analysis tools** to have more inclusive and simplified language, review the rapid situation analysis methodology and reduce repetition across the self-assessment questions.
2. Develop GEDSI analysis tools into an **online e-format**.
3. Develop a **GEDSI training package for MAs** (in person and/or online).
4. Continue to **strengthen knowledge management** and ICT capacity (Microsoft 365 & SharePoint) and to capacity to use AI to support analysis (e.g. Microsoft CoPilot).
5. Continue to **build MA capacity to implement a GEDSI approach** and integrate GEDSI into annual workplans, accreditation, advocacy, quality of care, resource mobilization and strategic partnership.
6. Develop **research capacity** to effectively monitoring of shifts in perception and attitudes in relation to gender equality and inclusion over time.

For Pacific Member Associations

Summary of common recommendations across the 9 Pacific MA GEDSI Action Plans;

1. **Commit resources** (human and financial) to implement a GEDSI approach across the MA including an annual review of the GEDSI action plan, integration into annual workplans with budget and repeat the self-assessment in 2028 to measure progress.
2. **Use the GEDSI action plans** to support accreditation, advocacy, quality of care, resource mobilization and building strong strategic partnerships.
3. **Review policies and strategies** to include GEDSI inclusive language, objectives and results.
4. **Develop staff capacity building and leadership** through developing a multi-year training plan and database, ensure GEDSI is a core training (including VCAT and SGBV).
5. **Review the monitoring and evaluation framework** to include quantitative and qualitative GEDSI indicators and SADD data with regular (quarterly) review meetings with all staff.
6. **Implement a 'client hardship' policy/protocol** outlining alternative service modalities (e.g. home visit, telehealth) and fee reductions.
7. **Complete accessibility audits** (WHO checklist) for all services and programmes in collaboration with OPDs to accommodate the diverse needs of clients with disability.
8. **Review information, education & communication (IEC) resources** for accessibility, inclusive language and ensure resources are available in multiple formats.
9. **Develop Client feedback procedures** with feedback available in alternative channels and modalities. Close the feedback loop close the feedback loop visibly and consistently.
10. **Implement a capacity to consent and best interest flow-chart** at service delivery points and define informed consent and assent procedures.
11. **Strengthen and formalise partnerships** with key stakeholders.
12. **Update advocacy plans** to more strongly include GEDSI across a wider range of marginalised groups and strategic partnerships.

5. CONCLUSION

The nine Pacific MAs successfully completed a baseline GEDSI analysis that included a GEDSI self-assessment, the development of a GEDSI Action Plan 2025 to 2028 and a GEDSI in SRHR stakeholder consultation.

Each GEDSI analysis has successfully supported the MAs to have a better understanding on how gender and power dynamics and social inclusion intersect in their context & how this affects access to their services and programmes. The baseline GEDSI analyses are an important first step in supporting MAs to use a GEDSI approach to monitor shifts in perception and attitudes in relation to gender equality and inclusion. To achieve a high GEDSI score by December 2028, both IPPF and MAs will need to commit human and financial resources to implement the GEDSI Action Plans.

The results of the consolidated analysis were presented to the Pacific MAs at the Pacific webinar on GEDSI and SRHR Wednesday held on 29 October to representative from 5 Pacific MAs, 10 IPPF staff and 6 guests including Pacific Women Lead, Sexual Wellbeing Aotearoa, Family Planning Australia and the University of NSW.

This activity contributes to the Pacific Niu Vaka Strategy Phase II 2023-2028 results framework and the global IPPF Strategy 2028 result to measure shifts in perception and attitudes in relation to gender equality and inclusion across the Federation and the communities we serve.



IPPF/Hanna Lund Adcock

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