

Pacific Feminist SRHR Coalition

Report of a Strategy Meeting of Feminists Advancing Sexual and Reproductive Rights in the Pacific: Cairo@20 and More

NADI INTERNATIONAL HOTEL. FIJI ISLANDS
12-15 FEBRUARY 2013



1. PROJECT AIMS, EXPECTED OUTCOMES

This project aimed to bring together a group of key Pacific feminist and women's rights advocates, including particular inclusion of younger and diverse Pacific women, to strategise on ways to advance sexual and reproductive health and rights gains in the region, in a safe, confidential planning space. It built on existing work by national, Pacific and wider global feminist groups and networks, to strengthen collective work to hold the line on SRHR commitments by governments, and also to advance the agenda in new and transformative ways.

Participants built on existing national and regional SRHR and gender equality work in a way that respected diversity of contexts and advocacy landscapes, while retaining a strong universal human rights and gender equality framework. Collectively they identified useful ways to incorporate SRHR into wider gender equality work - Including upcoming global multilateral negotiations such as the Pacific Plan Review, 12th Triennial Conference of Pacific Women, Cairo @20/ICPD Beyond 2014, and the Post MDG/SDG/Post-2015 Development Agenda processes.

Objectives

- To provide a secure forum for diverse Pacific feminist and human rights CSOs, networks and advocates from across the Pacific region to **share critical analysis** and **map advocacy responses** to major regional and global SRHR agendas and issues;
- To collaboratively identify **major gaps, urgent and priority action**, and also areas of **potential cooperation/collaboration** in analysis and advocacy;
- To explore whether we can **translate these insights into time-bound regional and global action plan** including attention to development of joint regional analysis, advocacy tools and campaigns, communications and networking, presence at key intergovernmental meetings, and other shared capacities.

Expected Outcomes

- **Sharing inter-linkage analysis on SRHR, gender and development issues**, and identifying various sites for **resistance, engagement and transformation** - with attention to urgent Regional and global realities and their impacts on Pacific women, girls and trans people;

- Identifying and **prioritising possibilities for shared Pacific SRHR analysis, advocacy and movement-building** in the upcoming 2013-2016 period;

2. ACTUAL OUTCOMES AND IMPACT (TO MAY 2013)

2.1 Activities

DAWN, FWRM, DIVA and PYC co-convened a regionally focused mapping and strategy meeting from 12-15 February 2013. This included two parts: Firstly, a **3 day closed meeting** for 32 key Pacific feminist, women's and young people's human rights CSOs followed by **1 day meeting with 10 KEY ALLIES** from wider human rights and development CSOs, Regional institutions and Development Agencies.

At the regional strategy meeting, participants worked together on two key areas:

- Sharing interlinkage analysis on SRHR, gender and development issues, and identifying various sites for resistance, engagement and transformation - with attention to urgent regional and global realities and their impacts on Pacific women, girls and trans people;
- Identifying and prioritising possibilities for shared Pacific SRHR analysis, advocacy and movement-building in the upcoming 2013-2016 period;

2. **Post-meeting - Increased Pacific, South-south and global networking and movement-building** including a facilitated **closed listserve** from March 2013 to share further developments that is now active and sharing information and strategies;

The **Outcome Statement** from the meeting has been widely distributed in all regions, including the Pacific, and has had very positive feedback;

There are **possible annual meetings in 2014-2015** and **already-increased networking and joint work with wider global feminist coalition on SRHR** planned from March 2013-2016 (dependent on funding), including ongoing roles of co-convenors and other interested groups.

The group has also already been included by **DAWN's Anita Nayar on her presentation to an Expert panel at the CSW57¹ in New York** and in **two further CSW57 NGO Parallel panels by DAWN's Noelene Nabulivou**. There is a **feature article in the DAWN Informs newsletter of January 2013²**; feature article in the inaugural issue of online magazine, 'Khameleonic' by emergent transgender community network, **Haus of Khameleon**; and coverage on the **Facebook pages of many participant organisations, along with DAWN³; FWRM⁴; and DIVA⁵**.

FWRM and DIVA presented for organisers at the SRHR meeting outcomes and plans at the **Pacific Gender and Development Network Regional meeting on 29 April 2013**.

Representatives from the emerging coalition will also be engaged where possible in the global coalition work on ICPD Beyond 2014. **Tara Chetty from FWRM is also currently writing a baseline advocacy document on SRHR in the region**, as a DAWN led initiative to support women's movements in the Pacific, Asia, Latin America and the Caribbean and Africa to mobilise in the lead-up to the 2014 ICPD review, including Pacific regional activities such as **UNESCAP meeting on ICPD in October 2013**, and global advocacy.

Members of the network 'Haus of Khameleon' and 'Drodrolagi Movement' were also included in the **recent informal Youth meeting in Suva, Fiji with UNFPA Executive Director, Babatunde Osotimehin** and others at the **launch of the latest Pacific ICPD Beyond 2014 Review** in the first week of May, 2013.

Members of DAWN, DIVA, Punanga Tauturu and the Cook Islands National Youth Council (PYC member) were also participants in the **2013 Joint Regional Civil Society Dialogue on Conflict Peace and Security issues at the Pacific Islands Forum Secretariat from 6-10 May 2013** attended by civil society representatives from Cook Islands, Fiji, Federated States of Micronesia, Kiribati, Nauru, Niue,

1 <http://www.dawnnet.org/advocacy-cso.php?id=288>

2 <http://www.dawnnet.org/uploads/newsletters/2013-January.pdf>

3 <https://www.facebook.com/DAWNfeminist>

4 <https://www.facebook.com/FWRM1>

5 <https://www.facebook.com/DIVAFiji>

Papua New Guinea, Republic of Marshall Islands, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu. Civil society participants were representative of national and regional human rights organisations working on disability, gender and empowerment, sexual orientation and sexual minorities, youth, good governance, and education issues. The strong outcome statement includes regional groundbreaking CSO text references to SRHR, SOGI and human rights, in large part due to the teamwork of feminist SRHR network participants who were at the four-day meeting, and allies in the workshop organisational team from SPC and PIFS who attended the February Pacific Feminist SRHR meeting.

There are also exciting plans for a **pre-meeting workshop at the Pacific Women Ministers Triennial Meeting in October 2013** implicitly advancing young women and gender equality leadership in the region, and organised by the Pacific Young Women's Alliance⁶ (Secretariat: FWRM as Lead organiser); with DAWN contributing facilitation, and with DIVA, Punanga Tauturu, Cook Islands National Youth Council, and others in collaboration and support.

2.2 The methodology

Over the three days of the **closed Strategy Meeting**, participants made short presentations based on key concerns, work and experience in SRHR, to draw together regional information on achievements, gaps, blockages and possibilities.

They also strategised on best ways to advance SRHR for women and girls in Pacific regional and global contexts, and including into advocacy tracks such as the Pacific Plan Review, Cairo@ 20/ICPD+20, and the Post 2015 development agenda. This included a zero draft joint workplan for 2013-2016 which will be further developed and strengthened online.

Participants also prepared for a **fourth advocacy oriented day meeting with allies**, where they met with a small group from key regional and international development and UN agencies to contribute short perspectives and resources on SRHR, and engage on ways to take forward the key advocacy messages from

6. The Pacific Young Women's Leadership Alliance was established in November, 2011 by organisations involved in the development of the Pacific Young Women's Leadership Strategy (2011). The Alliance is a network of global and regional civil society and UN agencies in the Pacific committed to sharing resources, good practice and information and working collaboratively on projects to develop the leadership of young Pacific Island women.

participants.

The meeting also produced a strong **Outcome statement** that was finalised, endorsed and sent out to national, regional and global media, allies and through various advocacy after the meeting (*ANNEX 1- Outcomes Statement*).

2.3 The Outcomes statement

The outcome statement is attached as *Annex 1*. It was circulated to all national, regional and global state and non state networks. The statement is also intended as an updated source of information on current priorities for SRHR work in the pacific region, and to be available to other interested and potential partners of those who attended, as the group develops more SRHR related work in the future.

Note in particular the urgent calls to action, that will be communicated in various ways through all our work as a growing coalition:

- Papua New Guinea State to repeal the Sorcery Act and investigate and prosecute all criminal cases to prevent further torture and extrajudicial killing of women and girls under the guise of eliminating witchcraft and sorcery.
- There must also be concerted efforts by States and regional and global institutions to ensure that the seriousness and frequency of these crimes are acknowledged and that these responses are immediate, strong and effective;
- Rights to legal and safe abortion for all Pacific women and girls;
- Address the alarming levels of sexually transmitted infections (STIs) amongst Pacific women and girls;
- Recognition that lesbian, bisexual and trans* rights are women's rights and human rights, and to fulfill those rights;
- Repeal of all laws and policies in Pacific island states that criminalise same-sex relationships, and recognise all people with non-heteronormative sexual orientation and gender identity as full and equal rights-holders;
- Decriminalisation of sex work and elimination of the unjust application of noncriminal laws and regulations against sex workers;
- The immediate ratification of CEDAW by Palau, and Tonga;

- Regional leaders to prioritise an immediate end to small arms trade and trafficking and the militarization of states that serve to perpetuate and reinforce patriarchal forms of power and control.

2.4 Inclusion, Risk Minimisation and Safety Plans

The meeting was fully closed, with no observers or media coverage.

A suitable venue was found, Conference room at Tanoa International Hotel, Nadi with easy access and also high levels of quiet and seclusion for the meeting.

The Fiji Association for the Deaf was represented by a woman with hearing disabilities. The budget included coverage for 2 fulltime/live-in interpreters to ensure her full participation. Feedback was that the participant felt fully included and integrated into all activities, including social processes in the evening, at meals, etc.

LBT participants provided feedback that this was the first regional meeting they had attended where their views were fully integrated throughout, and where the level of SOGI coverage was consistent throughout all sessions, including in outcomes, and where organisers were fully welcoming of their issues and needs.

2.5 ANALYSIS – LESSONS LEARNT

The overall message of the 4-day meeting was that there can be no realisation of SRHR for Pacific women without attention to issues of bodily integrity and autonomy, and that no gender equality is possible without realisation of full human rights and social justice - including core focus on sexual and reproductive health and rights.

Participants agreed that the structures of, and decisions made in our intimate partnerships, families, kinship networks, cultures, workplaces, faith groups, communities and states all have a direct impact on Pacific women, and that for women to fully participate in all areas of life, full and universal access to human rights and social justice is essential.

The catalytic presentations held on the first day on 'Mapping Pacific SRHR 'timelines' and 'Inter-linkage approaches to SRHR SOGI Erotic Justice and more' by the organisers shaped the meetings objectives and contextualised the current

status. They highlighted the void on SRHR in the Pacific, and possible action to be taken as Pacific feminists.

The presentations highlighted a broad spectrum of issues and shared challenges faced by the states and CSOs present at the meeting. However, the issue that was discussed most at length was on sexuality and violence. For some in the room for example, it was the first time to hear of the horrific physical and sexual violence faced by women in PNG highlands, and violations and stigmatisation of LBT women and sex workers spoken by Fiji participants. For most participants however, it was a very familiar story on overall chronic levels of violence in families and societies.

The lengthy room discussions that followed, highlighted the influence of culture, customs and tradition, religion and family and how these so called pillars of the Pacific community daily work to violate the human rights of women and vulnerable groups and perpetuate all forms of sexual and gender base violence in the name of culture, tradition, honour, morality, and more. All participants agreed that comprehensive sexuality education be implemented into the school curriculum, and public service trainings, and they wanted to see changes happening fast, and in strong ways by all stakeholders including governments and civil societies. There was some high level of frustration in the room at lack of regional and national action.

On the second day, all participants presented from their own work. The focus of presentations was on current key issues related to SRHR in their work and life; some of the key challenges and blockages to addressing such issues, and some core possibilities and strategies for shared work together on SRHR. Their presentations and the discussions in the room included the following issues:

2.5.1 ADVANCING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN THE PACIFIC – INTRODUCTION

Pacific feminists have always been 'front-runners' and leaders in advancing urgent social justice and human rights issues in the region, so our next challenge here is to work out how we want to contribute to the advancement of gender equality and sexual and reproductive health and rights in the

Pacific, and how we can best advance diverse individual, organisational and movement-building approaches in this work;

Feminists and women's rights advocates may prioritise this SRHR work, but the reality is that most Pacific island governments do not yet have it high on their development and human rights agendas; nor do most development institutions therefore champion this urgent work, apart from 'easier' or 'more acceptable' areas of family planning and reproductive health;

Donor priorities can push certain kinds of work on sexuality rights and reproductive rights, and wider gender equality work. This has the effect of de-prioritising and/or raising focus on certain kinds of work; So what can be highly fundable today, may lose access to funding tomorrow. This leads to insecurity and ad hoc issue coverage, as well as some CSOs continually re-orienting their programmes toward donor funds rather than the real priorities; This is the case for LGBTIQ funding as well as wider SRHR, feminist and human rights work;

As a network we will work strongly on recognition and international adoption of sexuality rights as human rights, and protection and promotion of reproductive rights as human rights;

All our SRHR work to emphasize that individuals have the right to control their own sexual and reproductive lives, and make SRHR decisions without interference or coercion;

Pacific women and girls require universal access to quality, comprehensive, integrated sexual and reproductive health services, counselling, and information for women and adolescent girls, with respect for their human rights, and with an emphasis on equity and respect for diversity. Comprehensive services include: gynaecological care, all forms of safe and effective contraception, safe abortion and post abortion care, maternity care, and prevention, timely diagnosis and treatment of sexually transmitted infections including HIV, breast and reproductive cancers, and infertility. Ideally, these should be integrated, one-stop services tailored to women's needs throughout the life cycle, with effective referral.

The context of SRHR work is very important especially in the Pacific region covering 1/3 of the world's oceanic surface, with 22 states and territories, and with features of the region including persistent political, social, economic, cultural and infrastructural constraints and possibilities: These include expensive and inadequate infrastructure including in areas of domestic and international transport of people and goods; live and online communication, lack of electricity and energy access, high levels of multidimensional poverty, highly conservative and homogenous communities, prone to high numbers of cyclone and tsunamis; Also we have some of the remaining high biodiversity and environmental pristine areas; the last relatively healthy fisheries in the world; strong cultural and community resources; fertile soil and climate, remoteness can also bolster states against external trade and finance shocks, small island communities generally mean stronger community social ties that can act as social security, but this is also changing in many places in the region, etc.

Rural and urban low levels of formal literacy in some Pacific states prevent women and girls from accessing essential information and services on SRHR and other social services;

Civil society have expertise and knowledge in SRHR, and need to 'own our expertise'; There is no need to always call on external experts; There is also a need to ensure that agendas are nationally and regional driven;

CSOs can lead SRHR work, recognising the role of states as 'duty bearers' and not increasing stress on limited resources of CSOs and networks;

There are large and increasing number of surveys, policies and reports on various aspects of women's health, SRHR and human rights but limited programmes and structural services that result from such research and analysis;

There is the need to act collectively on urgent regional issues, balanced with 'right to speak' and leadership of local and national actors;

In many states there is still some use of human rights language without clarity on gender equality or universality of rights, and this gap needs to be explicitly addressed;

The diversity of Pacific women and communities requires the full recognition of all women as rights holders with attention to specific SRHR and wider needs⁷;

Aging populations and diverse socio-economic circumstances mean that many babies and children are now being raised in diverse and alternative families in the region including grandparent-led and single women-headed households; However, this is not reflected in the range and types of social protection, health, SRHR and other state and CSO resources and programmes available to communities;

Any programs involving communities must be initiated and implemented by them with chosen allies, working from a human rights and gender equality framework. Nothing about us without us;

There is now evidence of extremely high levels of sexually transmitted infections in many states but no corresponding high-profile regional and national urgent response campaign as with the Non-communicable Diseases (NCD) declaration, regional action plan, and donor resourcing;

Higher cases of attempted suicide for women than men in some states was discussed but not clear this is a regional trend, and there is an overall need for more evidence based data and programmes to address;

Suicide is often linked to relationship issues that are also intrinsically linked to SRHR, therefore requiring integration of mental health issues into all SRHR responses;

Overall, health services are not designed to specifically provide attention to needs of women with mental health issues, and mental health facilities across the Pacific region are very poor;

⁷ When mentioning 'women and girls' the meeting agreed it referred to specific identities and needs of lesbians, bisexual women, trans* people, intersex people, Fa'afafine, Fakaleiti (or Leiti) and other non-heteronormative Pacific identities, women with disabilities, sex workers, women living with HIV and AIDS, rural and remote women, young women, the girl child, older women and heterosexual women throughout their lives.

When women are discriminated against in terms of access to land and resources, food security and nutrition, this also affects their ability to access SRHR services;

Geographical remoteness of many rural and island communities, particularly in micro states, inhibits access to human rights including SRHR;

There are still Pacific states, especially micro states, where there is no-one officially public in their HIV status;

There are Pacific states, especially micro states, where the services for HIV people is basically or majorly provided by NGOs, not the state; and others where the funding is almost entirely by donors and not the government;

Holding development actors accountable for their work on SRHR in the region, in order to end ad-hoc, tokenistic and uneven work on aspects of SRHR;

Clarifying the roles of individual UN agencies on SRHR in the Pacific, including UNFPA, UNWomen, UNAIDS, and how they will work with civil society as well as states;

Regularly convey information and updates to Pacific Islands Forum Secretariat (PIFS), Secretariat of Pacific Communities (SPC) and to individual states and UN agencies so that they are aware of our work, and can carry it forward into policy arenas;

Pacific LGBT movement is uneven; There is an urgent need for more work across the region, and increased solidarity from other social movements;

Increased national and regional CSO networking on SRHR so as to share analysis, information and resources;

Increased regional situational analysis on SRHR underpinned with feminist analysis to assist in clarification and draw-down of international agreements and conventions into policies and protocols for service providers, and for CSO advocacy;

Develop and share comprehensive and updated glossaries, and encourage consistent use of accurate terms in all programmes;

Relatedly, a need for specific terminology that accurately pinpoints the exact nature of SRHR interlinkage issues in the region. For example, 'sorcery related killings' and not just 'extreme torture and violence against women';

Sexual health is linked to physical environment, personal health practices (& attitudes), and social and economic environment; Therefore we require feminist interlinkage analysis including specifically on at least the following:

the links between SRHR, environment and climate change, as natural disasters increase risks to women, and inclusion of gender sensitivity within all natural disaster recovery strategies;

the links between SRHR and conflict, peacebuilding and human security in the Pacific, this includes the full range of issues including mental health of conflict survivors, sexual and gender based violence, and through to small arms and geopolitical security issues;

the links between SRHR and economic inclusion and empowerment of women, including focus on the role of markets as important income generation strategy, and also point of information and resource dissemination;

Document diverse case studies and share widely throughout the region;

Analyse existing constitutions, legislation and policy for SRHR compliance and gaps, with CSOs lobbying strongly on prioritised, hard-to-move changes with the help of allies;

2.5.2 UNIVERSAL ACCESS TO QUALITY, COMPREHENSIVE, INTEGRATED SEXUAL AND REPRODUCTIVE HEALTH SERVICES

Key Issues and Needs

Fixed, static, politicised and masculinist ideas of culture can lead to marginalisation and stigmatisation of women and trans* people, and this directly and indirectly affects access to SRHR;

Various forms of discrimination on the basis of our intersectional identities prevents us from accessing our full human rights and often includes discrimination and violence; This can include killings, violence, neglect and

other forms of discrimination including rape, sexual abuse, mental and emotional abuse, bullying, ostracisation, displacement, and other forms;

Various forms of neglect, discrimination, and sexual and gender based violence are exacerbated for girls and women with disabilities, leading to further high levels of abuse and isolation;

Access to user-friendly and non-discriminatory healthcare systems, much less SRHR services, is minimal in many places in the Pacific, and overall is low throughout;

Throughout the region, the reach of the State services is overall limited, uneven and in some areas virtually non-existent;

Relatedly, UN agency and development institutional focus is often more focused on health and family planning services, and seems to lack a clear, non-negotiable human rights and gender equality perspective;

Media, faith based and other community leaders to be encouraged as important advocacy partners and to provide political pressure for hard-to-address SRHR issues;

Discussing the realities of SRHR and wider development with community leaders and involving them in coming up with human rights centred solutions;

Large international NGOs/multilaterals should visit, live and work in high conflict, rural and remote areas as closely as possible with local partners, so that they are aware of the realities of the work and life of local human rights defenders, including women and trans*people and men; Not through 'parachute consultants' and rapid appraisals;

Requiring and supporting health professionals to move toward consistent rights based approach to the delivery of all SRHR services, and assisting state workers to get specific training on gender equality and SRHR issues;

Women from remote and rural communities need to go to urban centres for any serious and longterm medical treatment which affects both their financial resources and decreases their access to social care and support when they are sick;

Often services for women in rural and remote islands is compromised as being 'too expensive', and in addition, those CSOs that could work in these areas are not resourced to do so;

Some rural areas have more natural resources so get more services/resources while there is outright political and financial neglect of other geographic areas;

Rural women also often delay going to see service providers for fear of being 'told off' by medical professionals who speak in condescending and intimidating ways to them; This is also the experience for any women living outside perceived gender norms including lesbians, trans*people and women, sex workers, single mothers, unmarried women, etc.

For women and girls from rural areas, urban medical centres can be alienating and intimidating places, and they experience even greater restrictions on access to SRHR services;

Young people are very important to any work on SRHR, human rights and social justice in the region; they already constitute the largest sector of the population and also are often the CSOs leading the most progressive and useful SRHR work;

People with mental health issues in some states can now access services for people with disabilities, which has helped them to be able to better access SRHR;

In many places in the Pacific, faith-based provider health and other social services outstrip state provisions, with no guarantee of human rights, secular and universal social justice approaches;

Concern that NGOs are trying to do too much with too few resources, and States are using this opportunity to neglect their overall duty-of-care in terms of health and other social services, and including SRHR;

Relatedly, NGOs provide information and empower people to access state services but then the medical services are not available and up to standard;

Overall very high levels of stigma and discrimination, including sometimes direct refusal of services, to people with diverse sexual orientation and gender identity accessing Health Services;

Sex workers are generally almost completely silenced and invisibilised in some small and micro island spaces under the rhetoric of protection of culture, economic and in particular family status; So there is no chance at all currently of sex workers in many states to get any mainstream and formal SRHR, health and other social services in highly conservative and small social settings of a few thousand people in total national population;

There is open and subtle discrimination and violence against HIV positive people in most mainstream health services, and healthcare service providers on HIV also sometimes become additional barriers and gatekeepers due to lack of necessary knowledge, skills and confidentiality;

In all Pacific Island states except NZ and Australia, intersex and trans* people have to revert to their official biological sex to be accepted throughout health and other social systems in the region, and this is also an issue for those dealing with mental health, education, police, prison and other systems;

Call to Action

Human rights based approaches to SRHR gender equality, SGBV; sexual and reproductive health; and social justice for all including diverse women, trans* people and men;

Taking a gender-equality and rights based approach to SRHR, through regional political leadership including through the Pacific Islands Forum and individual government leadership; national legislation complying with international standards of human rights⁸; adequate and effective legal implementation, and accountability and monitoring mechanisms;

8 This includes the Convention on the Elimination of all Forms of Discrimination against Women, Conventional on the Elimination of all forms of Racial Discrimination, Declaration on the Rights of Indigenous Peoples, International Covenant on Economic Cultural and Social Rights, Convention on the Rights of the Child, Convention on Biodiversity; Convention on the Law of the Sea; the Programme of Action of the International Conference on Population and Development; Platform for Action of the Fourth World Conference on Women; Monterrey Consensus on Financing for Development; UN Conference on the World Financial and Economic Crisis and Its Impact on Development; and more.

National government recognition of role as duty bearer to make gender equality focused, universal and comprehensive SRHR available and to remove all barriers to protection and care, in order to fulfill people's rights to life, health, development, etc;

Using a bodily integrity and bodily autonomy approach to all SRHR work, where everyone has the right to control all aspects of their sexual and reproductive lives and make such decisions without interference and coercion;

Alliances to provide affordable, acceptable and comprehensive health services and commodities firmly based on human rights, social justice and gender equality principles;

State leadership including Ministry of Health providing information on diverse service providers;

State recognition of CSO roles, through formal and in formal representation and input into health and other cross-sectoral system mechanisms such as National Health Reference Groups, National Gender Reference Groups, National Planning and Finance Reference Groups; NACAs, etc;

Available, accessible and free condoms in all Pacific states and territories;

Prioritise work on specific urgent issues such as sorcery/polygamy and SRHR, with regional solidarity and networks to take forward the work;

Analyse culture, custom and beliefs for best approaches to reframe and transform, toward an end to all forms of gender and sexuality based discrimination and violence;

SRHR services and commodities explicitly made accessible to all groups, including adolescents, unmarried women, indigenous people, LGBTIQ, migrants, refugees, other underserved, high need and marginalised groups and that services are available to meet distinct needs;

Right to non-discrimination and respect for difference requires governments to ensure universal access to quality, comprehensive, integrated sexual and reproductive health services, counselling, and information for all including

specific attention to the needs of all women and adolescent girls, with respect for human rights, and with an emphasis on equity and respect for diversity, by addressing unique and universal needs;

Include SRHR, SOGI and sex worker issues in health care training institution curriculum;

Include information about treating key affected populations for medical students;

Oceania Psychology Registry regularly sharing information and resources with CSOs, and vice versa;

Sensitizing and educating health and development professionals on specific needs of diverse individuals and groups;

NGOs and states working with adequately trained barefoot gynaecological and SRHR practitioners;

SRHR NGOs working with gender sensitive medical professionals and health workers on rural and remote outreach work;

Welcoming health clinics with trained and sensitised health providers serving all women including women with disabilities, lesbian, bisexual and trans* people/women, young people including girls and young women, older women and men that are open at convenient times, in accessible places, and with targeted confidential services and commodities;

State human rights based Codes of Conduct and Non-discrimination policies developed and displayed in all healthcare provider centres;

Health clinics delivering holistic and affordable health services to improve the overall SRHR of sex workers, not merely focused on protecting client health, preventing spread of HIV, etc;

Prevention of mother to child transmission of HIV has been relatively successful in some states due to government efforts in counselling and accessible medication;

Mobile SRHR services so that people can access services from providers outside their own geographic area and not family and kinship groups, to increase confidentiality;

2.5.3 COMPREHENSIVE SEXUALITY EDUCATION

Key Issues and Needs

General lack of clarity and distortion of messages on SRHR is a big issue in the Pacific region, and it's difficult to monitor to ensure quality and consistency ;

Evidence based research and analysis initiated and implemented by local communities and chosen allies, working from a human rights and gender equality framework. Nothing about us without us;

We need to acknowledge various areas of particularly coercive control on SRHR in places such as families and kinship networks, girls schools, health systems, media and design interventions accordingly;

CSE is difficult to do in schools as civil society in most states of the Pacific, because of the difficulty of dealing with/being channelled through Ministry of Health; This prevents NGOs from filling SRHR work gaps left by the state and other partners;

When SRHR and in particular SOGI and HIV education is shared with communities, there has been a lack of partnership and quality control in programming and development of IEC and resources, so unhealthy messages are sometimes shared;

Due to high levels of stigma and discrimination, many require access to high levels of Pacific-led, professional and community-based mental health programmes;

Call to Action

Governments ensure equitable and universal access to formal and popular comprehensive sexuality education throughout the life cycle, including issues of gender equality, ending SGBV, sexual pleasure, human rights and development;

Explore possible existing connections between State and development institutions as points to lobby governments on CSE, SRHR and SOGI;

Prioritise work in regional states where there is not even adequate SRHR services, much less CSE, as well as those who may take on more comprehensive forms, and share information between different contexts on best practice, etc;

Ministries of health, education, planning and CSOS to partner on advancing CSE;

Gender, SRHR and SOGI sensitisation training of all teachers, school healthcare professionals and counsellors, and integrated into national curriculum and teacher training;

Include parents, faith based and other community leaders in CSE popular education programmes;

Issues related to sex work, HIV and AIDS, SOGI to be specifically included in CSE training;

Calling on education systems and schools to instill in Pacific children an overall appreciation of human rights, social justice, diversity and sensitivity;

States and CSOs to provide interlinkage formal and popular SRHR education for young people and women on mental health and disabilities issues;

Include specific attention to erotic justice and sexual pleasure in CSE;

Include specific information to ending all forms of sexual and gender based violence in CSE;

2.5.4 ADDRESSING SEXUAL AND GENDER BASED VIOLENCE

Key Issues and Needs

Most EAW work in the region still does not include specific attention to bodily integrity and autonomy; If women cannot make decisions over their own bodies, it is impossible to access the full range of social, political and economic rights;

There is also still too much siloed gender equality work, including by states, development agencies, women's rights and feminist groups; For example, groups working on EAW may not have adequate linkages to advancement in areas of SRHR, climate change, economic empowerment, LGBTIQ, etc;

Many diverse identities of women are not recognised/attended in SGBV work in the region, and violence against specific groups of 'non-mainstream' women therefore go under or un-addressed; For example, most CSOs, states and even networks on violence against women play very little, often tokenistic attention to the needs of women with diverse SOGI, lesbians, trans*women; women with disabilities, etc.

SRHR rights are even more difficult to access for already marginalised people and those facing violence, including women and trans*people and men facing SGBV and other intersectional discriminations and violence;

Example of urgent issue in the region are so-called witchcraft and sorcery related killings; As a traditional custom this has been distorted over time and has therefore become an urgent issue for women and girls especially in PNG and Bougainville; Recently the killings, torture and violence that have even increased; This is an absolutely urgent and top priority to be addressed;

Relatedly, it is very dangerous for community members to intervene in what are mob killings and torture, and often highly frenzied, brutal attacks, torture and killings;

States are not taking adequate action to prohibit and eliminate harmful social practices, including practices based on the idea of the inferiority or superiority of any sex or gender identity; and change attitudes, beliefs and behaviours that perpetuate and foster discrimination and sexual and gender based

violence (SGBV). This includes, traditional and contemporary practices and all psychological, physical and sexual violence, that includes bullying in the home, school, workplace and community; sexual coercion; witch and sorcery related killings; polygamy; bride price; early and forced marriage, emotional, physical and sexual and gender based violence against people with non-heteronormative sexual orientation and gender identity, violent media imagery; etc.

In particular areas including PNG highlands there is still the practice of polygamy, as part of the traditional patriarchal political economy; This has been further distorted by extractivist landowner payouts and other social and economic issues, so that men are further neglecting and abusing children and marrying more and younger multiple wives including forced child brides, and also with heavy use of drugs and alcohol;

In many areas including PNG highlands, there is heavy tribal violence including small arms trade; The consequences for women are severe, including being forced to fight, and/or get involved in order to protect their land because displacement is so disruptive, and also many women acting as peacebuilders and negotiators in unsafe situation

The masculinized political, militarised and security industries in the region are self-perpetuating and lead to further lack of safety for women and girls, and they reinforce patriarchal forms of power and control, and normalise violence;

State laws and services are so weak in certain areas including the PNG highlands that over time they have often entirely disrupted; This prevents provision of social services including those focused on elimination of all forms of sexual and gender based violence, SRHR, gender rights, etc.

Where state laws are absent in the Pacific, customary law systems are in place, but operate in adhoc and multiple forms, so that there is really no or limited state security at all for protection of women;

Many NGOs in Pacific states have high levels of masculinist and patriarchal corruption, and some are now unsafe places for women and girls to organise;

HIV high risk communities include many from lower socio-economic status, so addressing poverty and economic empowerment issues are important;

The majority of positive people accessing current networks in one country are women, but unclear if this is consistent across the region;

Human Trafficking is becoming an increasingly urgent issue in some states;

Call to action

Prioritise and upscale regionally available programmes including focus on Gender equality and human rights around the region with specific SRHR components and including in legislative lobbying;

Ensure that all SGBV and EAW work in the region includes specific attention to bodily integrity and autonomy issues, as well as including components on SRHR, SOGI, and wider human rights and social justice lens;

Prioritised resources for LBT led research and analysis on discrimination and violations faced by women and girls with diverse sexual orientation and gender identity;

Need to link SRHR work to Pacific Forum Leaders Gender Equality Declaration in order to support national legislation, policies and programmes;

Need to link SRHR work to Women, Peace and Security reference group; SGBV reference groups, and other regional networks and institutions such as the Regional Network to EAW; SPC/RRRT and others;

Feminist groups to locally adapt international agreements and conventions into protocol and policies for service providers;

Regional and global solidarity is extremely important when working on SRHR and SGBV because women human rights defenders working on the frontline at local and national levels face even greater marginalisation and violence because of their work, and they require solidarity and witnessing action, shared programmes, and further resources for their work;

Locally led, regionally supported, and globally available evidence based research is required on the specific ways that traditional practices, custom

and beliefs manifest to increase and perpetuate SGBV, overall lack of access to SRHR and gender inequality, and to move forward advocacy and also legal challenges through international human rights law, and state law;

NGOs including in rural and highlands PNG are doing work on sorcery/polygamy related violence and killings, and linking to SRHR, wider human rights and gender equality. However, they need increased regional and global solidarity campaigns, adequate resources and practical support for this urgent work;

2.5.5 ADOPTION OF SEXUAL RIGHTS AS HUMAN RIGHTS; AND PROTECTION AND PROMOTION OF REPRODUCTIVE RIGHTS AS HUMAN RIGHTS

Key issues and needs

Women, including lesbians, bisexual, trans* people, intersex people and gay men with diverse sexual orientation and gender identity in the Pacific experience high levels of homophobia, social stigma, discrimination and violence related to prevailing hegemonic and often violent concepts of religion, culture and tradition; This includes misinformation on spread of HIV and AIDs, local superstitions, etc.

Even where the rights of LGBTIQ people are protected in any way through law in Pacific island states (currently only decriminalised in Fiji and no positive advancement of laws and policies), social attitudes may continue to be explicitly hostile, creating considerable threat. The lives of many LGBTIQ in the Pacific are characterized by abuse, threats, violence, discrimination and neglect. Rigid social and cultural norms in society do not reflect the aspirations of universal human rights. Incidences of “corrective rape” and targeted sexual and gender based violence against lesbians is known in LBT CSO circles, and this is just one manifestation of the diverse forms of violence and abuse that affect LGBTIQ people in the region;

Meanwhile, the social acceptance of sexual diversity that are also well-documented in the region is more and more increasingly downplayed or reoriented primarily as 'cultural rights' rather than sexual and human rights,

for e.g. for fa'afafine and fa'aleiti. This is now mainly recognised in accordance with limited cultural, often entertainment-related roles and expectations;

Media insensitivity to LGBTQI communities perpetuates discrimination and stigmatisation;

Children within same-sex families in the Pacific are not recognised in law or practice, and the partnerships are also not legally nor generally socially recognised which prevents access to rights, increases violation of rights and increases potential for violence against people with diverse sexual orientation and gender identity, and their families;

Greater care on categorization of women, including transgender people and women, needs to reflect the self-expressed gender identity and sexual orientation of the individual, rather than inaccurate external assumptions;

Many states have no locally-led research by LGBTIQ people; In many states, especially micro states, LGBTIQ groups do not yet feel safe enough to even informally raise their issues;

There are hierarchies of movements, why do some LGBTIQ movements get support and space and others not? For example, there is much energy and resources for trans* and MSM work in the region, but almost no resources and support for work by lesbians;

When transgender women are aware of their rights to bodily integrity, autonomy and SRHR, they are able to demand better social services and community respect, and overall recognition of their human rights and social justice;

There are very high rates of rape, incest and sexual violence in many Pacific states, including against women, men and trans* people with diverse sexual orientation and gender identities but no real current focus on their particular experience of rights violations, discrimination and other SGBV; This corresponds to very low state, regional institution, UN agencies, civil society and other responses to violations on the basis of SOGI;

Increased attention to issues underlying very low condom usage in many Pacific states;

No matter how many resources are available, if services for people with diverse SOGI are not safe and highly confidential, they will not be accessed;

LBT women feel particularly unable to access health services because of homophobic discrimination and morality judgements;

Stigmatization of LGBTQI youth groups in Universities and other learning institutions;

Young women often are still reporting to NGOs that they face forced relationships and marriage, even if they will not officially report; This includes ongoing perception that community and group rights trump individual rights, and especially that of many young women and girls, who are not able to freely choose their own sexual and life partners without threat and coercion, and often through violence;

Call to Action

Recognition by states and communities that lesbian, bisexual and trans* rights are women's rights and human rights, and to fulfill those rights;

Repeal of all laws and policies in Pacific island states that criminalise same-sex relationships, and recognise all people with non-heteronormative sexual orientation and gender identity as full and equal rights-holders;

Decriminalisation of sex work and elimination of the unjust application of non-criminal laws and regulations against sex workers;

Reminding Pacific States of their obligations and accountability to translate gender equality and universal human rights commitments, including on sexuality rights into all legislation, policy and budget allocations, and to make these norms and standards the guiding principles of contemporary Pacific societies, to be fully reflected in the National Development Strategies, Pacific Plan Review and the Post 2015 Development Agenda process and decisions;

Where there are no spaces for current LGTIQ organising in states because of state and non-state homophobia, and for example, where same-sex relationships are still criminalised, feminist and women's rights groups should offer safe space and support to LGBTIQ people, in solidarity;

Specific CSO run centres for advancement of LGBTQI human rights and SRHR issues, including support centres including SRHR and SOGI programmes for LGBTIQ women, young people, gay men, etc. There are only a couple of known trans*, gay and lesbian NGOs and networks in the whole Pacific region and they are massively under-resourced;

Increased movement-building work by Pacific LGBTIQ people, in their own states and others through movement-building and solidarity work, and with allies;

Analysis and research to be conducted by LGBTIQ communities themselves, with allies as necessary for evidence based activism;

Peer to peer education by LGBTIQ groups is vital in all SRHR and particularly in sexual rights advancement;

Develop and share comprehensive and updated glossaries including terms related to SOGI, and encourage consistent use of accurate terms in all programmes and services;

Use of social media activism, art, multi-media, performances, pageants, etc to celebrate, inspire and mobilise diverse LGBTIQ individuals and groups across the region;

Adequate resourcing and support for informal safe houses/shared accommodation for LBT women, implemented through LBT CSOs and networks;

Using sports as another social tool for LBT safe space, mobilisation and advocacy;

Movement building within LGBTIQ and intersex groups but also alliance building with other feminist, women's movement and wider human rights

groups and institutions, and allies in governments and civil service wherever possible;

Proactively dealing with homophobic and problematic state and non-state social messages through strategic interventions and supported by wider allies, upon request;

2.5.6 YOUNG WOMEN'S LEADERSHIP

Key issues and needs

The group warned that grouping all "youth" and even "young women" together as a category is sometimes not helpful because of the diversity within that group, just as with women, etc;

Social stigmatization is a major problem in the region, including for single women parents, younger mothers, lesbians, young trans*women, young mentally and physically disabled women, etc;

Teenagers and young LBT women and trans* people often leave school early because of homophobic bullying, and find themselves early and often as street present young people because of being chased from home, school, etc;

Health and other social services are generally not safe and confidential spaces for younger and diverse women in the Pacific;

Access to contraceptives especially for young and unmarried women is difficult in the Pacific because of patriarchal and moralist judgement in most small island communities;

HIV testing is generally not accessible in small communities, nor is access to ARV if one is positive and in very few states are there formalised and youth-friendly HIV services;

Rural young women face additional layers of problematic recognition and access to SRH rights and services;

When governments and private sector go into extractive industries, this directly and indirectly impacts young women's SRHR, therefore requiring research, analysis and programmes that include explicit attention to gender equality, economic, social and environmental rights as interlinked social justice and human rights issues;

In one national survey mentioned (Cook Islands), results on young people's access to SRHR services were disturbingly low, and this is generally true for the whole region;

One national survey (Cook Islands) showed that the main source of sex education for young women there is generally their own sexual partners, and then sex education at schools; The earliest encounter of sex for women was around 15 years old; 42% of those surveyed did not use condoms, and a quarter of those cases were of 'forced sex' (and more accurately, rape); It also showed that drug use is high largely as a result of a mobile population going back and forth from New Zealand and Australia; It also showed that Information and knowledge amongst young people is high, however this knowledge does not usually translate to behaviour change;

In another state, early sexual encounter levels are high, and there are also high incidents of forced marriage reported in Tuvalu;

Youth are most vulnerable group to HIV in another State (Samoa);

In the Solomon Islands, it is lack of SRHR knowledge, information and services that is the key issue; There are 67 mothers per 1000 births aged between 15-19yrs old in Solomons, and many myths around sexual practice that lead to unsafe sexual behaviour; Women and girls are seen as having a low status in Solomons and this leads to high levels of gender based violence as normalised, with 73% of women subject to gender based violence in their lifetimes;

Call to action

We want to see more empowered young Pacific women who have agency over their bodies, and all aspects of their lives;

Explicit attention to SGBV within teenage and younger intimate partnerships;

Urgent resources for homeless LBT and disabled young women and girls, including those in informal/shared housing;

Critical mass of informed and networked young women who will critically engage with the state, other civil society, development partners and UN agencies in the region and globally, to demand sustainable development agendas;

Programs that empower women young women, to access, protect and promote their rights, and to be able to overcome patriarchal power, cultural and family structures, religion and culture that are often barriers to accessing their full human rights and freedoms;

Effective social services referrals, including to SRHR services, for young women;

Health providers that are trained and available free of charge to provide counselling to diverse young women, including addressing specific high need and marginalised groups;

HIV testing for young people in one state has increased due to NGOs doing mobile screening in rural areas (which also helps with access because its not being carried out by relatives and known community members);

Young single mothers and unemployed young women must have specific targeted education on SRHR including rural and urban young women;

Providing various skills training in the SRHR and human rights live-in courses for rural young women, so that when they return to their communities they have added income for themselves and their families;

Building on the leadership capacities of young women, through acknowledging that one cannot access social, economic, cultural and political rights without having bodily integrity and autonomy;

Support and solidarity with the Pacific Young Women's Leadership Alliance that is aimed to strengthen NGOs and their networks and to increase leadership potential of young Pacific women; Also other young women's programmes at national and local level including Emerging Women Leaders

Programmes; and also those focusing on specific needs; For example, the targeted programme for young lesbian, bisexual and trans* women in Fiji that integrates SRHR, gender, economic, ecological, erotic justice and human rights;

Facilitate young women early school-leavers including single and younger mothers for second chance educational programmes;

Outcome Statement: 'Pacific Feminists: Re-framing, Re-articulating, and Re-energising Sexual and Reproductive Health and Rights' - Released on 14 Feb 2013 (Annex 1)

The finalisation of the Outcome Statement on the 3rd day followed a highly participative peer-learning process from the first day, whereby every participant made **full conceptual, process and text contributions** to the statement and a **consensus process** was used.

There was a zero draft crafted by an initial group of participants, time for further group discussions and then fine-tuning through full room negotiations and line-by-line drafting. Individual interventions were made on key issues, questions and clarifications until consensus was reached. Then the final set of text changes were worked on a room screen, word by word to end. Last additions/key sticking points addressed including checking on other key SRHR statements from regional and global allies, and UN agreed documents - and then final endorsement by all individuals in the group, or not. All participants decided to endorse the statement.

The outcome statement covers urgent issues, as well as some key medium to longterm needs related to SRHR and gender equality in the region. There was very strong investment and leadership in the overall process by all participants, and every word was negotiated by the group.

That evening, a group of volunteers met to plan the one-day Allies meeting. The meeting agenda was developed and also facilitated entirely by the participants on Day 4 -Organisers merely observed on the final day or when requested for assistance (minimal) and spoke on panels organised by the participants.

The Allies meeting went extremely well and allies seemed personally engaged and moved at the event. One participant said she has been waiting for years for such an event in the region to move this SRHR work and especially on sexuality rights; Another was very emotional and said the day had restored her faith that we could bring about stronger gender equality and wider SGBV work in the region. A third said that she saw this work as bringing together the best of the long work on gender equality, and the energy of new transformative ways to do feminist work in the region.

All allies were challenged by the participant/facilitators to concretely engage with the Outcome statement – They invited responses, and asked allies how exactly they would use the meeting and outcome statement in their own work. Others asked about potential openings for the new coalition to enter, and they were answered.

There was also an off-the-record session where allies spoke frankly about how to engage with their own agencies, how to avoid blockages, and how to move the work quickest in the region.

Since the meeting, the allies have been engaging actively with many participants from initial accounts, and there are already exciting regional and national developments, with more to come in the coming months and years.

2.5.7 LESSONS LEARNT

The process and development of the *Outcome statement* was inclusive of everyone and reflected the diverse constituent of Pacific feminist SRHR advocates and their call to action on issues faced throughout the region. Participants intervened that any programs involving their communities had to be initiated and implemented by their communities and chosen allies, working from a human rights and gender equality framework. ‘Nothing about us without us.’

The outcome statement echoed strength and solidarity throughout all levels of the development and dissemination of the statement.

The outcome statement was endorsed by over 50 individuals and organisations and is already being shared in local, national, regional and global spaces.

The Body mapping and timeline exercise was conducted on Day one of the meeting. The exercise allowed participants to reflect on their personal journeys, the

positive and negative impacts on their bodies, and the pains and pleasure. For many this was the first time for them to see their lives mapped out and for some, long silences of painful and happy memories. Each participant was later asked to burn their paper at a fire ceremony symbolising an acknowledgement of the past and a new journey to the future.

This process gave participants the safe space to embrace the diverse sexualities and bodies present in the room (lesbian, transgendered women) and identify the multiple identities individuals hold, the challenges, pleasures and pain that bodies go through. The strong analytical and interlinkage work afterward would NOT be possible without this initial personal bodily work, in a region where so many taboos and faith-based issues hinder even the most basic discussions of bodies, sexualities and SGBV, it is essential and non-negotiable in all SRHR work in the region;

For example, there were stories raised where participants told of bodily parts described only ever as 'fruit' in their societies, even by political leaders, health and other social workers, because of existing social taboos; This was challenged by others in the room to insist on correct naming, and they shared strategies for moving that type of work; Another then concretely linked this discussion to the rape of a very young girl, who had never even heard words to describe her own body when she had to tell others about the violence against her, and how frightening and embarrassing that experience had been, including having to tell male relatives;

Excerpts from the *Vagina monologues* were performed on the first night of the meeting during the welcome dinner. The participants' reactions varied as many felt initially uncomfortable and embarrassed as the word 'vagina' was used almost in every sentence of every monologue featured that night. They gradually became more engaged and excited by the process as the night went on.

Discussions following that night highlighted the negative connotations of the word 'vagina' and in fact any word naming women's bodily parts in the region, and how culture, religion and society have created and perpetrated such high levels of taboos on sexuality and the body, and especially women's bodies.

By the end of the meeting, the word 'vagina' was being spoken like any other part of the body, indeed most participants seemed to take particular delight in bringing the word into almost every discussion!

In the final evaluation circle, two thirds of the participants mentioned the Vagina

Monologues as a highly significant and indeed, transformative personal experience at the conference.

They also mentioned over and over again the *body mapping, life tapestry and fire ceremony and the personal sharing of stories* related to violence and overcoming SRHR issues in their lives. This is indicative of the power of creative and multi-modal expression in this work. They also speak directly to the need for feminist SRHR and gender equality interventions that push the boundaries of sexual expression and sexual rights.

Indeed, these reactions also put lie to the often quoted idea that it is extremely difficult or 'near impossible' to include strong focus on sexuality and gender in Pacific workshops. It's easy to do if it is done with particular care and attention, diverse organiser and facilitator knowledge and skills, and with diverse groups leading the process.

The Allies meeting scheduled on the last of the meeting highlighted the need for allies to be far more accountable and transparent to constituents that they work with or fund. The participants strongly questioned how and what would allies do to champion the urgent calls to action on SRHR in the Pacific region. The allies welcomed the challenges, and responded well. This needs to happen far more in Pacific meeting spaces, where hierarchical power imbalances between those in formal institutions and those in women's groups are reversed in creative ways, and open questioning is encouraged in friendly and creative ways.

A successful collaboration of ideas, strategies and workplan was designed by the end of this meeting. Many CSO groups find it difficult to work with the bureaucracy and formality of Pacific states and regional institutions. Meeting modes used too often are as 'experts' speaking *to* participants. This is an unhelpful model, especially in a region where power is already too invested in power of hierarchical social institutions, states, development sector, and external and internal technical and academic experts.

The ability of participants in this meeting to democratise space quickly and for best results in shared work was vital - It is possible if the groundwork is properly laid, committed and active advocates are the participants in the room; the organisation of the allies event is freely led by participants with ample time for prior collaboration and preparation, and if there is an expectation of shared decision-making built up

before the allies meeting commences.

A SRHR pacific online listserve was also created on 19 February 2013 and continues to provide a secure closed forum for diverse Pacific feminist and human rights CSOs, networks and advocates from across the Pacific region to share critical analysis, development of joint regional analysis, advocacy tools and campaigns, communications and networking, presence at key intergovernmental meetings, and other shared capacities and map advocacy responses to major regional and global SRHR agendas and issues.

We continue to build this work together, over time.

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