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The Pacific Society for Reproductive Health (PSRH) – twenty-years on.

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Benjamin Franklin has been quoted as saying that there are only two things certain in life – death and taxes.¹ But there is a third certainty – change. Much has changed over 20 years. For organisations to survive, they have to be relevant, sustainable and flexible. Inflexible organisations do not last long.

The PSRH therefore has to evolve to stay relevant and sustainable for its members, for reproductive health and women in the Pacific Islands. Strategies in governance, operations and implementations have been revised to stay abreast of changes in expectations, opportunities and challenges. The Society's revised vision is for *an improved workforce and country capacity that responds adequately to the reproductive health needs of Pacific communities and families.*

That was probably not the initial vision of the founders of PSRH when it was conceived by a regional group of reproductive health professionals who met at an educational meeting in 1993 in Suva Fiji. The meeting was funded by the Australian overseas aid agency and organised by the Fiji School of Medicine (FSM) and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). The outcome of the meeting was the belief that working together would provide strength and a platform from which to build supportive networks across the range of reproductive health providers in the Pacific and Pacific-rim countries. The initiative was nurtured and administered through RANZCOG, with leaders such as Dr Rajat Gyaneshwar and the late A/Prof Brian Spurrett, leading to the birth of the Society in 1995 under its former name, the South Pacific Regional Obstetrics and Gynaecology

Society (SPROGS). In 1997, the Society was renamed the PSRH; and in 1999, the PSRH Secretariat was relocated to the office of the Dean of FSM, Dr Wame Baravilala who was the first Secretary-General. In 2005, the Secretariat was relocated to the office of Dr Rufina Latu at the South Pacific Commission. In 2006, the Secretariat moved to the office of Dr Alec Ekeroma who had just formed the Pacific Women's Health Research Unit at the University of Auckland. The PSRH was registered as a Charitable Trust with the NZ Charities Commission in August 2008, and this has brought many benefits. In 2012, the Secretariat relocated to Dr Ekeroma's private practice at 525 Remuera Rd, Auckland.

Members of the PSRH are from all the Pacific Island states and territories including Australia and NZ. Membership of the Society is for life although members are invoiced for annual subscriptions if they reside in Australia and NZ and biennial subscriptions of Pacific members are due when they attend the biennial conferences. The PSRH is governed by a Board of nine members comprised of seven elected Trustees, the immediate past president, and a representative of RANZCOG.

The PSRH has had conferences in Port Vila Vanuatu (1995), Apia Samoa (1997), Suva Fiji (1999), Madang, Papua New Guinea (2001), Nadi Fiji (2003), Nadi Fiji (2005), Apia Samoa (2007), Auckland NZ (2009), Honiara Solomon Islands (2011), Apia Samoa (2013) and Suva Fiji (2015). The aims of the conferences were to provide a platform for the dissemination of Pacific relevant research evidence, to support our clinical

researchers and to aid the networking of ideas on what works and what doesn't. The conferences have grown in sophistication over the years with the last one hosting 400 participants and preceded by eight different skills workshops. The conferences and workshops have been well supported by international and national donor agencies, stakeholder organisations and Pacific Ministries of Health.

The Society's mission is to:

1. To improve reproductive health outcomes in the Pacific region through capacity building interventions and advocacy, so that Pacific families realise their full reproductive health potential and rights.
2. To provide and support professional development initiatives for Pacific reproductive health workers by working in partnership with governments, academic and professional institutions, agencies and non-governmental organisations.
3. To improve provide and support interventions to improve reproductive health outcomes.

Improving standards of care provision in all areas of reproductive health shall be done through advocacy and targeted action to support the Pacific workforce through training, research and networking projects and programmes.

PSRH's advocacy work include support for midwifery and specialist obstetrics and gynaecology (SOG) training. For example, PSRH in 2002 made a submission to RANZCOG to support the Pacific SOG workforce by providing a continuous professional development (CPD) programme contextualised for the Pacific setting. Those who join the CPD programme and are recognised by their countries as SOG are offered Associate Membership of RANZCOG. As of the end of 2015, more than 40 of the approximate 70 SOGs in the Pacific Islands were Associate Members of RANZCOG.

The PSRH made a significant contribution to the Open Enquiry of the NZ Parliamentarians' Group on Population and Development that published the *Making Maternal Health Report* in 2009,³ which was used by the NZ government to lobby

for increased awareness of maternal health in the Pacific.

Members of the Society appreciate the value of participating in the PSRH workshops and conferences with the 2015 conference in Suva hosting 400 nurses, midwives and doctors. The Society has also matured with the election of the first midwifery president in Kathy Gapirongo from the Solomon Islands. Having a senior Pacific midwife in the presidential role is a milestone reflective of the genuine respect and collaboration that exists between the midwifery and medical workforces within the Society.

The Society has innovated in the delivery of professional programmes for its members. Training workshops are conducted in conjunction with RANZCOG support throughout the region at the request of Pacific governments or educational institutions. Workshops in ultrasound scanning, research, clinical audit, basic surgical skills and colposcopy have been accredited by at least one qualifying authority in the Pacific and have had the support of RANZCOG. The Pacific Emergency Maternal and Neonatal (PEMNeT)² programme was developed specifically to acknowledge the low resource setting and the challenging geography of the Pacific. A Manual was authored by key midwives and SOG in the region and a Facilitators Guide was developed with the assistance of RANZCOG.⁴ The sustainability of the training programme is in its dissemination strategy of programme embedment in routine professional learning activities. A Facilitator's Guide was developed in collaboration with RANZCOG to assist trainers with programme facilitation and dissemination.

The PSRH has supported the development of national societies such as the midwifery societies of Fiji and the Solomon Islands and the Fiji Obstetrical and Gynaecological Society as a tangible way to improve professional standards in the Islands. PSRH also works collaboratively with other partners such as the Friends of Fiji, Send Hope Not Flowers and the Fiji School of Medicine to realise its goals. Through these collaborations, PSRH has funded research projects, infrastructural support and nursing scholarships. The PSRH Board has approved ten research awards, which will be offered from 2017 to incentivize reproductive

research capacity building in the region. To further support research capacity building efforts, the *Pacific Journal of Reproductive Health*, an independent publication of the Society was delivered of its first issue in June 2015.

PSRH has name recognition and is respected across the Pacific,⁵ operating as a driving force in reproductive health education and networking for over twenty years now. There is much to be done and as a society of proactive members, PSRH looks forward to embracing global health developments and empowerment of women that will bring stronger societies and better reproductive health outcomes to all Pacific nations.

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