STATEMENT

UPR Pre-session on Samoa — 53rd Session of the UPR Working Group

Geneva, 27th August 2026

Delivered by: Samoa Family Health Association (SFHA)

Speaker: Leiloa Asaasa-Ropati

Thank you, Chair. Excellencies, dear delegates, colleagues.

This statement is delivered on behalf of the Samoa Family Health Association, established in 1982 and the leading provider of sexual and reproductive health and rights services in Samoa and a Member Association of the International Planned Parenthood Federation.

We deliver family planning and reproductive health care through permanent clinics - 2 in Apia and 1 in Salelologa on Savai'i and through mobile clinics that reach rural communities and outer islands three times a week. SFHA contributes regularly to Samoa's national health plans and surveys, and has submitted a stakeholder report to this fourth cycle review.

This statement addresses two issues: access to sexual and reproductive health services for all, with a focus on adolescents and on rural and outer-island communities; **and** access to comprehensive sexuality education, delivered in Samoa as **Family Life Education**. For each, I will follow up on the third cycle recommendations, describe what has changed, and put forward our recommendations.

I. Access to sexual and reproductive health and rights for all

A. Follow-up to the third cycle review

In the third cycle, Samoa accepted recommendations to adopt a comprehensive sexual and reproductive health **policy** and comprehensive sexuality education for adolescents covering all aspects of prevention, to strengthen measures to reduce maternal mortality. Four years on, these commitments have not translated into policy change. The National Sexual and Reproductive Health Policy 2018–2023 was reviewed in 2025 but has not been updated or replaced.

B. Developments since the last review

Samoa is progressing on universal health coverage but regressing on sexual and reproductive health. Only 14% of women or their partners use any method of contraception. Unmet need for family planning stands at 42%, and only 32% of demand is satisfied by modern methods — against the Government's own Health Sector Plan target of 80& contraceptive prevalence by 2030. Maternal mortality was 101 per 100,000 births in 2023, and sexually transmitted infections are rising among young people. Remoteness drives commodity stock-outs, and stigma deters young people from seeking care. We are also seeing women withdraw from family planning following the introduction of one-off monetary incentives for newborns.

C. Recommendations

We recommend that the Government:

a. Expand rights-based adolescent and youth-centred health services across all health facilities and accessible regardless of where young people live.

b. We also recommend strengthening health worker training so providers can deliver non-judgemental, gender responsive care and improve access to contraception, STI prevention and counselling.

II. Access to comprehensive sexuality education or Family Life Education

A. Follow-up to the third cycle review

Samoa accepted a recommendation to revise the Family Life Education curriculum to align it with the United Nations International Technical Guidance on Sexuality Education. This is an area where we can report real progress, and we commend the Ministry of Education and Culture for it.

B. Developments since the last review

Family Life Education was integrated into the school curriculum in 2021. Thirty teachers are accredited as in-school facilitators, and 27 for the out-of-school programme which SFHA delivers, and the National University of Samoa now includes Family Life Education in its Bachelor of Education Program.

But implementation is fragile: funding constraints threaten the continuity and expansion of these programs, the curriculum does not include Primary schools, it is an optional subject for Secondaries, and trained teachers are still not confident to deliver as they are already overloaded with other subjects. The consequences fall on girls. Some 7.4% are married before the age of 18, the adolescent birth rate is 55 births per 1,000 women aged 15 to 19, and our own data for January to June this year show a 35% increase in pregnancies among girls still in school. These girls are often forced to drop out, denied their right to an education. So although FLE has been expanded, many young people still do not receive FLE for out of schools. Coverage remain uneven, particularly in rural and outer island communities. Some groups including young people with disabilities and out of school youths are still not consistently reached.

C. Recommendation

We recommend that the Government to:

a. Fully resource an age-appropriate, comprehensive and inclusive Family Life Education curriculum aligned with the UN International Technical Guidance on Sexuality Education, as part of the mandatory primary and secondary school curricula, or as a stand alone subject that teachers in the University level will take as a compulsory course, and for out-of-school youth, including ongoing training for facilitators, and implement a monitoring and evaluation framework to measure the effectiveness of these programmes.

b. We also recommend to develop and fully finance an inclusive, multi-stakeholder and multisectoral Sexual and Reproductive Health Policy that prioritises Family Life Education, service accessibility and behaviour change communication, especially in rural areas, outer islands and maritime communities.

We conclude with our two key recommendations:

- First, develop and fully fund a comprehensive National Sexual and Reproductive Health Policy that prioritises Family Life Education, Behaviour Change Communication, Youth Friendly services, and equitable access for rural and outer island communities.

- Secondly, Strengthen and institutionalise Family Life Education by making it a stand alone subject in schools, and accessible to out of school young people, while providing ongoing teacher training, monitoring and sustainable funding.

  These recommendations support Samoas commitment to Human Rights to ensuring no woman, girl or young person is left behind.

Thank you for your attention.