

13 February 2020

Department of Foreign Affairs and Trade
development.submissions@dfat.gov.au

Dear Minister Payne, Minister Hawke,

Re: International Consortium for Sexual and Reproductive Health and Rights Submission on Australia's new International Development Policy

We welcome the opportunity to engage in the consultation for Australia's new International Development Policy. This submission is on behalf of the International Consortium for Sexual and Reproductive Health and Rights (hereafter the Consortium).

The Consortium is a partnership of 11 non-governmental organisations (NGOs) and academic institutes based in Australia. Together, we draw on our collective experience and complementary expertise to champion universal access to sexual and reproductive health and rights (SRHR) as a key contributor to gender equality. Our members work in over 160 countries, bringing together diverse technical, policy, programmatic and research expertise. The Consortium has provided technical and advisory support to DFAT and the Australian Parliamentary Group for Population and Development since 2012 on a range of SRHR matters in foreign policy and development.

Collectively, we advocate for increased political and financial investment in SRHR – recognising that this is central to sustainable long-term achievements in global health and gender equality, as well as critical for regional prosperity and resilience.

The Consortium supports the Government's review of the International Development Policy. The review presents an opportunity to reflect on the focus and purpose of our development cooperation in the region, and explore potential avenues for improvement in effectiveness. Australian aid has been an essential backbone of the work conducted by many Consortium members within the region over many years. Thanks to Australian support, our organisations have been able to improve the lives of millions of women and girls.

Recommendations

Drawing on our collective expertise and experience, we present the following recommendations to guide the development of the new policy. We propose that the new International Development Policy ensures that Australia:

- 1. Continues to be a strong voice and global leader in championing sexual and reproductive health and rights (SRHR).**
- 2. Prioritises investment in SRHR programs as a core component of the Australian development and humanitarian program.**
- 3. Maintains its focus on gender equality and the empowerment of women and girls, recognising the importance of SRHR in realising gender equality in our region.**
- 4. Recognises the cross-sectoral power of SRHR to achieve a range of development outcomes and integrates sexual and reproductive health in non-health sector programs.**
- 5. Contributes to strong and resilient health systems in our region that enable the attainment of SRHR.**



What is SRHR and why is it an important part of the aid program?

SRHR encompasses all matters related to gender, puberty, relationships, sexual health, fertility and birth. It recognises the right of all people to have control over, and make informed decisions on, matters related to their bodies, sexuality and reproduction, free from coercion, discrimination and violence.

SRHR includes the rights of people to have access to safe and accessible sexual and reproductive health (SRH) information and services and to make decisions on the number, spacing and timing of their children. SRHR is crucial to promoting gender equality and empowering women and girls, which has been a core component of Australia's foreign policy, economic diplomacy and international development agenda.

Detailed recommendations and underlying rationale:

1: Continue to be a strong voice and global leader in championing SRHR

Australia has a global reputation as a leader in supporting the rights of women and girls, including reproductive autonomy, sexual rights and combatting sexual and gender-based violence. As organisations committed to advancing access to SRHR, we are proud of Australia's leadership and strong position on SRHR throughout its international engagement. This has been demonstrated in recent years through Australia's engagement on the United Nations Security Council, the Commission on the Status of Women, and the Human Rights Council and the commitment to the role of Ambassador for Women and Girls.

Promoting and advancing SRHR presents a critical opportunity for Australia to show leadership in ensuring no one is left behind in the progress towards the 2030 Agenda for Sustainable Development, and in the achievement of Universal Health Coverage (UHC). Australia's strong record on promoting SRHR and gender equality also provides an opportunity to leverage soft power in our region, particularly in spaces where SRHR is contested. By creating a bold strategic policy framework to drive this agenda and through supporting additional investments, Australia can strengthen its reputation as a global leader in SRHR. This is particularly important in an environment where sexual and reproductive rights are under threat globally, particularly in developing countries. Through continued leadership in championing SRHR, Australia can significantly improve the lives of women and girls across the Indo Pacific region.

2: Prioritise investment in SRHR as a core component of the Australian international development and humanitarian program

Access to sexual and reproductive health care and information saves lives. Unsafe sex, early pregnancy and unsafe abortion are significant causes of death and disability among women and girls in low and middle-income countries. Addressing the unmet need for modern contraception could prevent up to a third of maternal deaths¹. Cervical cancer is one of the most preventable and treatable forms of cancer if detected early and managed effectively, yet women continue to die in disproportionate numbers in developing countries², particularly in this region. Treatable sexually transmissible infections (STIs) are very common,³ however, due to stigma and lack of knowledge, most people will not receive treatment, increasing their risks of cancer, infertility and a lower quality of life. While many achievements have been realised in sexual and reproductive health in our region,

¹ WHO Health Topics > Millennium Development Goals (MDGs) > MDG 5: improve maternal health. Website: https://www.who.int/topics/millennium_development_goals/maternal_health/en/

² Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2018). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.fr/today>, accessed 05/10/2018

³ Ann M Starrs, Alex C Ezeh, Gary Barker, Alaka Basu, Jane T Bertrand, Robert Blum, Awa M Coll-Seck, Anand Grover, Laura Laski, Monica Roa, Zeba A Sathar, Lale Say, Gamal I Serour, Susheela Singh, Karin Stenberg, Marleen Temmerman, Ann Biddlecom, Anna Popinchalk, Cynthia Summers, Lori S Ashford, 2018:391, 'Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission', *The Lancet*, vol.391, pp.2642–92



sustained investments are needed in order to ensure the quality and sustainability of vital sexual and reproductive health interventions.

Despite some progress, a number of countries in the Indo-Pacific region continue to face increasing disparities relating to SRHR. To make progress towards sustainable development in our region, it is essential to prioritise sexual and reproductive rights for all, including vulnerable and marginalised groups. This includes young people, people living with disability, and people of diverse sexual orientations and gender identities.

During humanitarian crisis, the provision of sexual and reproductive health care for women and girls is life-saving, empowering and cost effective. Yet, SRHR in emergencies remains one of the most neglected and underfunded components of humanitarian response. Australia's development and humanitarian approach must recognise the needs of women and girls and other vulnerable and marginalised groups that are often ignored in humanitarian responses. Multi-sectoral approaches that place gender equality and inclusion at the centre of investment, design and delivery are therefore essential.

Investments in SRHR are highly cost effective. Every dollar invested in SRHR saves between \$4 and \$31 in other areas like education, public health, and water and sanitation. The Global Disease Control Priorities Project⁴ identified the provision of SRHR information and services as one of the most cost-effective health interventions. Reducing unintended pregnancies and sexually transmitted infections supports educational and employment opportunities for women and in turn, contributes to greater household and community income. Investing in SRHR services in low- and middle-income countries is associated with an average benefit-cost ratio of 8.7:1 for all social and economic benefits, and projected to rise to almost 39:1 by 2050.⁵

The Consortium urges the Government to ensure SRHR is a core component of the new International Development Policy. Recognising that SRHR is closely linked with Australia's global commitments within the region, we recommend that Australia commits to continued investment in SRHR programs, and prioritises the integration of SRHR within health and broader development programs. Further, as SRHR investments are preventative and health promotive, supporting the integration of SRHR as a core component of UHC national strategies, policies and programmes is aligned with Australia's interests in fostering healthy and resilient communities in the region.

3: Maintain a focus on gender equality and the empowerment of women and girls, recognising the importance of SRHR in realising gender equality in our region

SRHR is a critical step towards addressing pervasive gender inequalities and empowering women and girls. When women and girls have access to SRHR information and services, they are more able to make informed decisions in relation to their bodies, their health and wellbeing, and their relationships.

Access to contraception allows women and girls to plan their fertility and decide freely when and how often they get pregnant. There are 214 million women of reproductive age around the world who want to avoid pregnancy but not using a modern contraceptive method⁶. This means that millions of women and girls are unable control their fertility, impacting their ability to plan their future.

⁴ Black RE, Levin C, Walker N, Chou D, Liu L, Temmerman M. Reproductive, maternal, newborn, and child health: key messages from Disease Control Priorities, 3rd edition. *Lancet* 2016; 388: 2811–24.

⁵ Stenberg K, Axelson H, Sheehan P et al. Advancing social and economic development by investing in women's and children's health: a new Global Investment Framework. *Lancet* 2014, 383: 1333-1354

⁶ Ann M Starrs, Alex C Ezeh, Gary Barker, Alaka Basu, Jane T Bertrand, Robert Blum, Awa M Coll-Seck, Anand Grover, Laura Laski, Monica Roa, Zeba A Sathar, Lale Say, Gamal I Serour, Susheela Singh, Karin Stenberg, Marleen Temmerman, Ann Biddlecom, Anna Popinchalk, Cynthia Summers, Lori S Ashford, 2018:391, 'Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission', *The Lancet*, vol.391, pp.2642–92



Reducing unintended pregnancies, particularly among adolescents, supports educational and employment opportunities. Many adolescent girls who become pregnant have to leave school resulting in long-term implications for them as individuals, for their families and communities.

Access to contraception can help women and girls – especially those who have become mothers – to stay in school, become literate, learn a trade, start a business, or otherwise achieve their educational and employment goals. This in turn contributes to household and community income, and greater investment in education. Women who use contraception can have up to 40 per cent more family assets than those who do not.⁷

4: Recognise the cross-sectoral power of SRHR to achieve a range of development outcomes and integrate sexual and reproductive health in non-health sector programs

Universal access to SRHR is central to the realisation of a range of critical health and gender outcomes as described above, however the impacts are not only felt in the health sector.

Fulfilling SRHR needs accelerates progress towards the Sustainable Development Goals (SDGs) within the region particularly SDGs: 1 (alleviate poverty), 3 (healthy lives and well-being), and 5 (gender equality and women's empowerment), and will have positive flow-on impacts on SDG 4 (education).

Investments in education for example, can be undermined when young women are forced to drop out of school due to unplanned pregnancy or early marriage. Similarly, girls' education can be disrupted by regular absences due to poor water, sanitation and hygiene (WASH) facilities impacting on their ability to manage menstrual health. In this context, it is important that the WASH, education and health sectors collaborate to ensure that development interventions are as effective as possible.

Investing in SRHR is also a critical step towards achieving economic development and growth.

Poor sexual and reproductive health outcomes are associated with substantial negative economic consequences⁸. By reducing overall health system costs, and increasing workforce productivity and capacity, promoting SRHR is at the core of economic development. A number of countries, particularly in Asia, have demonstrated this 'demographic dividend' – whereby a growing workforce with fewer dependents can lead to significant economic growth, in some cases in just one generation⁹. The Indo-Pacific as a region has among the highest numbers of young people, which presents both a challenge and an opportunity to harness this demographic dividend and ensure young people are able to reach their full potential.

5: Contribute to strong and resilient health systems in our region that enable the attainment of SRHR

The Consortium acknowledges the Government's increased focus on the Pacific through the 'Pacific Step Up', and associated investments in infrastructure. **We emphasise however, that in scaling up interventions in infrastructure, critical investments in soft infrastructure – in particular health system strengthening – must not be forgotten.** In our region, and in the Pacific in particular, there is a need to build up the capacity of the health workforce and to strengthen health systems in order to adequately respond to the sexual and reproductive health needs of populations.

⁷ Gribble, J., Voss, M. Family Planning and Economic Well-Being: New Evidence From Bangladesh. Population Reference Bureau, (2009)

⁸ Sexual and reproductive health and rights – the key to gender equality and women's empowerment. (2015) IPPF. Vision 2020 report.

⁹ Bloom D, Williamson J. Demographic Transitions and Economic Miracles in Emerging Asia. World Bank Economic Review. 1998.12:419–55.



Investing in localised action for health and SRHR is crucial to ensure that services are responsive to the diverse contexts and needs. Supporting local and national partnerships strengthens local workforce capacity and health systems, enabling more meaningful and sustainable outcomes that are reflective of local health needs and preferences. In light of this, Australia's new International Development Policy should have a primary focus on supporting local organisations working on the ground to deliver SRHR information and services in the region, and foster collaboration between local actors and international development efforts.

Focusing on localisation is also critical in the context of increasing natural disasters and the effects of climate change and rising sea levels in the region. Countries in the Indo-Pacific are particularly vulnerable, and women and girls are disproportionately affected. Natural disasters not only damage infrastructure, but place a further burden on already weak health systems. Meeting the sexual and reproductive health needs of women and girls and other affected populations during disasters saves lives - and in the long term, helps entire communities become more resilient. Investment in voluntary, rights-based contraception also significantly reduces climate change vulnerability. This is identified as #7 on Project Drawdown's list of 100 diverse and cost-effective strategies to address climate change with a measurable impact¹⁰.

Conclusion

Promoting and prioritising SRHR within Australia's new International Development Policy will enable catalytic gains in economic development, support gender equality and women's empowerment, and will foster a stable, resilient and prosperous Indo-Pacific region.

Thank you for the opportunity to provide a submission on the new International Development Policy. The Consortium remains available to discuss our recommendations to strengthen our development program and deliver even greater impact across the region.

Yours sincerely,



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This submission is endorsed by the following members:

ASHM, Burnet Institute, Care Australia, Family Planning NSW, International Planned Parenthood Federation, International Women's Development Agency, Marie Stopes International Australia, Médecins Sans Frontières, Nossal Institute for Global Health, and Plan Australia.

¹⁰ <https://www.drawdown.org/solutions/women-and-girls/family-planning>

