

Submission of Family Planning NSW

Global Action Plan for Healthy Lives and Wellbeing

Comments in relation to:

- 1) Global Action Plan Draft Outline
- 2) Accelerator Discussion Paper 4: Determinants of Health

Submitted to SDG3_Secretariat@who.int
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Family Planning NSW welcomes this opportunity to make a submission the World Health Organization in relation to the Global Action Plan for Healthy Lives and Wellbeing. Please find attached comments in relation to:

- 1 Global Action Plan Draft Outline
- 2 Accelerator Discussion Paper 4: Determinants of Health

About us

Family Planning NSW is one of Australia's leading providers of reproductive and sexual health services. Internationally, we operate as Family Planning Australia. Since 1926 we have provided independent, not for profit clinical services and health information to men and women. Our work is underpinned by evidence and a strong commitment to sexual and reproductive health and rights.

We are accredited by the Department of Foreign Affairs and Trade to conduct development assistance in Pacific Island countries and territories including Papua New Guinea, Timor Leste, Fiji, Vanuatu, Tonga, Tuvalu, Samoa, the Solomon Islands and the Cook Islands.

1. Global Action Plan Draft Outline

What do you see as the key opportunities offered by the *Global Action Plan for Health Lives and Wellbeing for All?*

1.1 Commitment to strengthen their collaboration and advance collective action

Civil society organisations (CSOs) contribute on the ground expertise across a range of areas, from clinical to research. This expertise could be better utilised in planning for global health.

Family Planning NSW recommends increased opportunities for CSOs to engage in UN processes. For instance, the process by which CSOs are provided with ECOSOC status is lengthy and opaque.

1.2 Progress in health is also closely linked to the achievement of other SDGs

Family Planning NSW commends the WHO for acknowledging links across and between SDGs, and emphasises the important role that sexual and reproductive health and rights will play in attainment of all Sustainable Development Goals (SDG), including SDG 3.

Empowering women and their families to decide on the number, timing, and spacing of their children is not only a matter of health and human rights but also affects non-health sector issues. Family planning is vital to sustainable development including gender equality, education, climate change, justice and the economy.

1.3 Challenges and opportunities for collective action

Pacific Island countries and territories have significant healthcare needs, and yet are under-serviced and under-represented in relation to other regions. In particular, Pacific Island countries face:

- Unacceptably high rates of physical and sexual violence
- Women die of cervical cancer at up to 13 times the rate in Australia
- High rates of adolescent births
- Low use of contraception
- Unreliable supply of contraceptives
- Lack of training opportunities for clinicians
- Women reporting unsafe abortions.

It is important that Pacific voices be heard at international forums. While populations might be smaller, their need is just as great as larger countries in other parts of the world.

Climate change

Family Planning NSW concurs with these growing threats and highlights the role that the health system, through family planning, can play in supporting mitigation of and adaptation to climate change. The International Planned Parenthood Federation has identified that promoting SRHR enables women and girls to plan their families with autonomy and dignity¹. In turn, smaller and

¹ International Planned Parenthood Federation. Think sexual health isn't linked to climate change? Think again. 2019. [Updated 2019 Apr 29; cited 2019 May 30]. Available from: <https://www.ippf.org/sexual-health-climate-change>

healthier families in stronger economic positions are better able to engage with their communities and to adapt to crises. They also place less pressure on scarce resources such as food and water, and the promotion of women’s leadership builds resilience in communities facing the most severe effects of climate change.

Serious consideration as to the role family planning could play in climate change is vital given its potential impact. The Intergovernmental Panel on Climate Change estimates that addressing currently unmet family planning need could reduce CO2 emissions by as much as 30 per cent by 2100, at the same time as improving child and maternal health². Family planning is an appropriate and important strategy given that no single action will be enough to address this complex issue: we need to ‘link adaptation and mitigation with other societal objectives’³.

Unprecedented pushback against sexual and reproductive health and rights

Family Planning NSW adds to this list of threats and challenges a particular threat to one aspect of universal health care: sexual and reproductive health and rights. In 2018 a group of independent experts including Australia’s former Sex Discrimination Commissioner Elizabeth Broderick reported to the United Nations that “an unprecedented pushback has been progressing across regions by an alliance of conservative political ideologies and religious fundamentalisms” and noted the urgent need for action on women’s reproductive and sexual health rights, including access to contraception and abortion care⁴.

Concerted opposition to extension of the mandate of the Independent Expert on violence and discrimination on the basis of sexual orientation and gender identity during the Human Rights Council 41st session⁵ and the re-implementation and extension of the Mexico City rule⁶ are two examples of this threat. The named challenges will have significant consequences for the health of women and LGBTIQ communities and must be systematically opposed by all international human rights and development bodies.

1.3 Strengthening capacities to collect and use health data effectively

Robust data on sexual and reproductive health and rights (SRHR) is particularly challenging to obtain. Yet the data is urgently needed to identify areas of need, to hold governments to account, and to evaluate and improve service provision and access. For instance in Australia, the most recent

² Intergovernmental Panel on Climate Change. Climate change 2014: Impacts, adaptation and vulnerability. Part A: Global and sectoral aspects. [Internet] 2014. [Cited 2019 May 21]. Available from: https://www.ipcc.ch/site/assets/uploads/2018/02/WGIIAR5-PartA_FINAL.pdf p.740

³ Intergovernmental Panel on Climate Change. Climate Change 2014 Synthesis report summary for policymakers. [Internet]. 2014. [Cited 2019 May 28]. P.26. Available from: https://www.ipcc.ch/site/assets/uploads/2018/02/AR5_SYR_FINAL_SPM.pdf

⁴ Human Rights Council. Report of the Working Group on the issue of discrimination against women in law and in practice. [Internet]. 2018. [2018 Jul; cited 2019 May 28 May]. p.7. Available from: <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G18/132/85/PDF/G1813285.pdf?OpenElement>

⁵ ILGA. Defending the independent expert on protection against violence and discrimination based on sexual orientation and gender identity at the 71st session of the United Nations General Assembly. 2017. [cited 2019 June 27]. Available from: <https://ilga.org/defending-un-ie-sogi-unga71-ilga-arc-ishr-outright>

⁶ The IPPF has identified the impact of this rule: fewer people will be able to access healthcare, thus rates of sexually transmitted infections including HIV, unsafe abortion and preventable deaths may rise. IPPF. Policy briefing: the impact of the global gag rule. 2019. [Cited 2019 June 27]. Available from: <https://www.ippf.org/sites/default/files/2019-01/IPPF%20GGR%20Policy%20Briefing%20-%20January%202019.pdf>

national data we have for abortion rates relies upon data from 2003 and is based on a number of estimates and adjustments⁷.

The situation in Pacific Island countries is even more challenging, and research is required in the Pacific to enable a baseline of SRHR need, which can then help to define success and design programmes that can make a sustainable impact. The UNFPA has identified the need for improved monitoring of SRHR commitments, including the need for support of information and data collection and analysis [2]. More foundationally, available data on the Pacific does not consistently refer to the same region, countries and territories are commonly grouped under different names such as Oceania, East Asia and the Pacific, Western Pacific and the Asia-Pacific⁸.

⁷ Grayson N, Hargreaves J, Sullivan EA. Use of routinely collected national data sets for reporting on induced abortion in Australia. Sydney, NSW: AIHW National Perinatal Statistics Unit; 2005.

⁸ Shrestha R and Fifer D. Pacific data in multi-national development agency reports (with particular reference to data on women). [Internet] 2015. [Cited 2019 May 28]. The Pacific Women's Network. <https://www.pacificwomensnetwork.com/wp-content/uploads/2018/05/Missing-Data-Missing-Region-Missing-Women-Report.pdf>

2. Accelerator Discussion Paper 4: Determinants of Health

Regarding the paper, do you have suggestions for improvement, to further leverage the potential of closer collaboration and alignment between the 12 organizations?

1. Environmental determinants

As per above (*under 1.3*), Family Planning NSW highlights the role that the health system, through family planning, can play in supporting mitigation of and adaptation to climate change. The International Planned Parenthood Federation has identified that promoting SRHR enables women and girls to plan their families with autonomy and dignity⁹. In turn, smaller and healthier families in stronger economic positions are better able to engage with their communities and to adapt to crises. They also place less pressure on scarce resources such as food and water, and the promotion of women's leadership builds resilience in communities facing the most severe effects of climate change.

Serious consideration as to the role family planning could play in climate change is vital given its potential impact: the Intergovernmental Panel on Climate Change estimates that addressing currently unmet family planning need could reduce CO2 emissions by as much as 30 per cent by 2100, at the same time as improving child and maternal health¹⁰. Family planning is an appropriate and important strategy given that no single action will be enough to address this complex issue: we need to 'link adaptation and mitigation with other societal objectives'¹¹.

2. Structural determinants

Family Planning NSW calls for abortion to be consistently identified as a core element of universal healthcare, and barriers to accessing safe abortion care called out as discrimination. The United Nations Office of the High Commissioner on Human Rights has noted that criminalising health services that only women need (such as abortion) is a form of sex discrimination¹². The continued existence of discriminatory laws, such as those that criminalize on the basis of sexual orientation or gender identity can significantly affect health and access to health care.

⁹ International Planned Parenthood Federation. Think sexual health isn't linked to climate change? Think again. 2019. [Updated 2019 Apr 29; cited 2019 May 30]. Available from: <https://www.ippf.org/sexual-health-climate-change>

¹⁰ Intergovernmental Panel on Climate Change. Climate change 2014: Impacts, adaptation and vulnerability. Part A: Global and sectoral aspects. [Internet] 2014. [Cited 2019 May 21]. Available from: https://www.ipcc.ch/site/assets/uploads/2018/02/WGIIAR5-PartA_FINAL.pdf p.740

¹¹ Intergovernmental Panel on Climate Change. Climate Change 2014 Synthesis report summary for policymakers. [Internet]. 2014. [Cited 2019 May 28]. P.26. Available from: https://www.ipcc.ch/site/assets/uploads/2018/02/AR5_SYR_FINAL_SPM.pdf

¹² Information Series on Sexual and Reproductive Health and Rights: Abortion. OHCHR. [Internet]. [Cited 2019 May 28]. Available from: https://www.ohchr.org/Documents/Issues/Women/WRGS/SexualHealth/INFO_Abortion_WEB.pdf