

Senator the Hon Penny Wong and the Hon Pat Conroy
Parliament House
Canberra
ACT 2600

25 November 2022

Dear Minister Wong and Minister Conroy,

We welcome the opportunity to provide input to the current consultation process guiding a new Australian international development policy.

The International Planned Parenthood Federation (IPPF) is a global service provider and leading advocate for sexual and reproductive health and rights (SRHR) for all. As a locally owned, globally connected movement, IPPF works alongside national Member Associations and collaborative partners towards our vision for a world in which all people are free to make informed choices about their sexual and reproductive health, without discrimination.

IPPF is grateful to the Australian Government's ongoing support for our work. Australia is a significant and long-standing funding partner of IPPF's development and humanitarian programs globally, including in the Indo-Pacific region.

Drawing on our local experience and global expertise, we respectfully make the following recommendations to guide the development of Australia's new international development policy.

Recommendation 1 – Place a central role on advancing gender equality at all levels of investment and recognise SRHR within this.

Australia has long recognised the importance of integrating gender equality in the aid budget, as a critical component of economic and social development, along with the advancement of other critical areas such as peacebuilding. However, these investments have been on a significant downward trend in recent years, **with only 6.9% of the aid budget focusing on gender equality as the 'principal' investment objective**¹. Where gender equality has been included, it has largely been treated as an 'add-on' within the aid programme more broadly, a strategy which fails to acknowledge **the intersectional and cross-cutting nature of pervasive gender inequalities and power imbalances** extending across all areas of economic, social, and political life. Similarly, these systems of inequality cannot be separated from historical colonialism and neoliberal structures of development which have typically operated from a Western lens, often re-producing the unequal power relations that they seek to subvert.

IPPF therefore welcomes Australia's reinstatement of the *'80% performance target to ensure Australia's development investments effectively address gender equality'*, and the additional mandate that programmes over \$3 million must have a gender equality objective². We argue that for these investments to be effective, they must be met with a stronger focus on **integrating gender across the full spectrum of the aid portfolio and should include a focus on SRHR, recognising it is integral to the advancement of gender equality**. When people can make informed and empowered decisions in relation to their bodies, their health, their wellbeing, and their relationships, this directly supports gains towards gender equality.

A decolonising and feminist understanding of SRHR within this context is also in strong alignment with Australia's intention to shape our international engagement through a First Nations foreign policy, and

¹ Foreign Affairs, Defence and Trade Committee (2022). Foreign Affairs and Trade Portfolio, Question on Notice no. 82. Source: <https://www.aph.gov.au/api/qon/downloadestimatesquestions/EstimatesQuestion-CommitteeId5-EstimatesRoundId13-PortfolioId11-QuestionNumber82>

² DFAT (2022). Australian Official Development Assistance: Development Budget Summary 2022-23

Gender Equality, Disability and Social Inclusion (GEDSI) policy, built upon shared values of fairness and equality.

All of the above cannot be achieved solely through economic investment or by taking an 'individualistic' approach to gendered empowerment, as this often disregards the structural barriers that perpetuate the exclusion of women, girls, and gender diverse people across intersections of power, including race, sexual and gender identity, and disability. As women's, girls', and gender diverse peoples' freedoms come increasingly under threat, and other global actors retreat, now is the time for Australia to stand as a global leader in this space, by adopting an intersectional feminist lens to the new development policy. This must be inclusive of SRHR and place a central role on advancing gender equality across the entire foreign policy portfolio.

Recommendation 2 – Address crucial remaining gaps hindering the realisation of SRHR, and fully integrate SRHR into long-term COVID-19 recovery strategies.

Australia has long been a supporter and ally in meeting acute health needs of populations in our region. However, **the remaining gaps and inequalities that hinder the full realisation of good health, particularly relating to SRHR, cannot be overlooked.**

According to 2017 estimates, there were **132 million women of reproductive age (15-49) in the Indo-Pacific region alone with an unmet need for modern contraception** – that is, those who wish to avoid pregnancy but are not using an effective method of contraception.³ However, 2020 regional estimates released by UNFPA⁴ indicate that these numbers have likely risen by 40 percent as a result of service and supply chain disruptions caused by the COVID-19 pandemic. This is a worrying reality, given that research suggests that even a 10% decline in contraceptive use in low-lower-middle income countries would result in an additional 28,000 maternal deaths and 168,000 newborn deaths⁵.

High rates of sexual and gender-based violence, early and forced marriage, and adolescent pregnancies remain critical challenges in the region, and have only been exacerbated in recent years. Up to 80% of men in the Indo-Pacific admit to perpetrating physical and/or sexual violence against women and girls in their lifetime⁶. In East Timor, over half of all women who experience violence are girls younger than fifteen, and in Fiji one third are girls younger than sixteen⁶. In Afghanistan, 54% of young girls experience forced early marriage, while in Bangladesh one in three adolescents give birth before the age of 18⁷. Pervasive inequalities also remain within and between countries that create challenges to addressing high rates of **sexually transmissible infections (STIs), hepatitis and HIV**. In addition, specific groups such as **people living with disabilities, poor and rural communities, and people of diverse sexual orientation and gender identity** have distinct SRH needs that are often overlooked, which in turn increases their vulnerability.

Critical initiatives addressing these inequalities throughout the region must be scaled up. The Global Disease Control Priorities Project⁸ has identified that preventative, life course-focused interventions to meet the SRHR needs of populations as among the most cost-effective in the long-term. Investment in SRHR is a critical step in enabling all people to realise their right to the "highest attainable standard of physical and mental health⁹", along with freedom from discrimination and violence.

³ Guttmacher Institute, 2017. 'Adding It Up: Investing in Contraception and Maternal and Newborn Health in Asia'. *Fact sheet*. (December 2017). <https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017-asia>.

⁴ United Nations Population Fund Asia-Pacific, Delivering in a Pandemic: Annual Report 2020, United Nations Populations Fund. https://asiapacific.unfpa.org/sites/default/files/pub-pdf/unfpa_asia_pacific_annual_report_2020.pdf (2020)

⁵ Taylor Riley et al. 2020. 'Estimates of the Potential Impact of the COVID-19 Pandemic on Sexual and Reproductive Health In Low- and Middle-Income Countries'. Adding it Up Project, Guttmacher Institute.

⁶ Emma Fulu et al, 'Why do some men use violence against women and how can we prevent it? Quantitative findings from the United Nations multicountry study on men and violence in Asia and the Pacific' (United Nations Development Programme, United Nations Population Fund, UN Women and UN Volunteers, 2013)

⁷ Inter-Parliamentary Union (IPU) and World Health Organization (WHO), 2016, 'Child, early and forced marriage legislation in 37 Asia-Pacific countries'. <http://archive.ipu.org/pdf/publications/child-marriage-en.pdf>

⁸ 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.

⁹ Article 12.2, International Covenant on Economic, Social and Cultural Rights (ICESCR), 1966.

Recommendation 3 – Recognise SRHR as a key component in both climate resilience and adaptation strategies and as part of humanitarian preparedness and response.

The climate crisis is underpinned by grave injustice, with communities who have least contributed to it experiencing its worst impacts. Increasingly frequent environmental disasters and ongoing conflicts within the region have resulted in mass displacement. Women and girls are disproportionately affected in these situations, at risk of numerous health and psychosocial issues, including for those related to SRHR. They also face increased risks of contracting STIs and HIV, experiencing sexual and gender-based violence and unintended pregnancy, and often have limited access to health and support services.

Environmental changes such as drought, limited access to safe, clean water, air pollution and heat exposure present potentially life-threatening situations for women and girls, especially during pregnancy and childbirth, contributing to preterm birth, low birth weight and stillbirth¹⁰. Climate responses have often neglected the unique health needs of people who typically experience marginalisation during non-crisis times, such as those with diverse sexual orientations, gender identities and expressions, and sex characteristics.

Australia has continually played a global leadership role in humanitarian response, supporting SRHR in crisis settings in partnership with IPPF since 2007. Australia's support has helped provide essential lifesaving SRH services through emergency responses, enabled the integration of SRHR into national level disaster management policies, and contributed to building local, national, and regional capacity to respond to SRHR needs in humanitarian settings. However, humanitarian disasters are only increasing in frequency and severity as the impacts of the climate crisis become more pronounced, meaning further investments are critical to meeting ongoing SRHR needs of affected populations.

We urge SRHR to be fully integrated into Australia's investments for disaster preparedness, climate adaptation and resilience across the development – humanitarian nexus. Access to SRH services before, during, and after crises, saves lives. Beyond humanitarian efforts alone, ensuring SRHR is interwoven into adaptation and resilience efforts to the climate crisis is essential, and we urge the new policy to consider this holistically. This includes embedding a climate focus into all development and humanitarian programming.

Recommendation 4 – Reaffirm SRHR as a basic human right in global, regional, and local dialogues and forums.

IPPF remains unwavering in the position that sexual and reproductive rights are human rights. Over the past decade, Australia has been a quiet ally within the SRHR landscape, but **this stance must now be boldly affirmed.**

On the global stage, sexual and reproductive rights are becoming increasingly precarious and under threat. The overturning of *Roe versus Wade* in 2022 in the United States is just one example of an increasingly restrictive legislative environment for reproductive rights, with potential for a trickle-down effect to other nations where we are seeing democracy and human rights erode. Access to safe, legal abortion care continues to be highly restricted in many countries across the Indo-Pacific, leading to an ongoing high prevalence of unsafe abortion. For example, in the Philippines where abortion remains illegal under all circumstances, estimates published in 2013 suggest that each year around 1,000 Filipino women die from abortion complications, with tens of thousands more hospitalised due to complications from unsafe abortion.

Championing SRHR on the global stage is strongly aligned with Australia's intention to ground the new development policy in commitments to human rights, and GEDSI frameworks. This position also aligns with Australia's commitments in global fora, namely to the *International Conference on Population and Development (ICPD) Programme of Action*¹¹, and as a member state to the *Convention on the*

¹⁰ Ha, S. The Changing Climate and Pregnancy Health. *Curr Envir Health Rpt* 9, 263–275 (2022). <https://doi.org/10.1007/s40572-022-00345-9>

¹¹ Australia's commitment to ICPD Programme of Action and 2030 Agenda, 22 October 2019

<https://www.naibobisummiticpd.org/commitment/australia-s-commitment-icpd-programme-action-and-2030-agenda>

Elimination of All Forms of Discrimination Against Women (CEDAW), which broadly understands the role of SRHR in upholding human rights to right to life, liberty, and security of personhood, to adequate health and to non-discrimination. With this in mind, **we urge Australia to reaffirm its support for the advancement of SRHR as a basic human right, and an essential component of both health and gender programming.**

Recommendation 4 – Return to focus holistically on health and advancing universal health coverage, beyond the narrow remit of health security.

Over recent years, Australia has adopted the language of ‘health security’ to describe international development programs in the health sector, largely in response to the COVID-19 pandemic. Whilst boosting investment into prevention and control of communicable diseases, pandemics, and epidemics, this framing is **too narrow in scope, obscuring the myriad of other health challenges and priorities** among populations across the region, including SRHR.

A broader focus on the full spectrum of health system strengthening and integrated health service delivery will better prepare regional partners to support their own social development, and will enable gains towards universal health coverage (UHC), whereby every person has access to quality, affordable health services without the risk of financial hardship. UHC plays a pivotal role in achieving the Sustainable Development Goals (SDGs), particularly SDG 1 (alleviate poverty), 3 (health and well-being), and 5 (gender equality and women’s empowerment). UHC is therefore closely linked with the realisation of SRHR – an issue which intersects across all of these thematic areas. As such, **Australia should advocate for UHC policies and programming that recognise SRHR as an integral part of bolstering health systems and strengthening primary health care services.** To support this, Australia’s technical expertise and experience in service planning and delivery models, health workforce policies, and health information systems would be useful to draw on.

This should coincide with a move away from ‘short-term’ interventions, implied through health security framings, and into the realisation of pre-emptive, long-term solutions to health challenges within the region. Importantly, comprehensive, and integrated SRH services are health promotive, preventative, low-cost, and cost-effective. Preventative SRH services are a critical entry point to the primary healthcare system, and engaging women and girls through these routine services creates an opportunity to expand access to other health information and services. Australia’s technical expertise and experience in service planning and delivery models, health workforce policies, and health information systems will be critical in helping countries achieve UHC.

Australia’s new international development policy should include a central focus on health as a key development priority, focusing on long-term preventative solutions and health system strengthening. This must include explicit recognition and targeted investment into SRHR as a critical piece for advancing UHC and the SDGs.

Recommendation 5 – Place a greater emphasis on meeting the SRHR needs of young people, particularly adolescent girls.

The Indo-Pacific region is home to over half of the world’s youth population, and unprecedented numbers of young people in the region are entering reproductive age (15-49). This youth bulge presents a pivotal moment for investment in comprehensive SRHR, with the potential for long-term, generational change. However, the SRHR of young people continue to be overlooked across the Indo-Pacific. Entrenched social stigma which leaves many young people ashamed, or reluctant to seek SRH care. Current data on SRHR indicators relating to young people, including unmet need for contraception and adolescent fertility rates is limited, especially in the Pacific.

Investment in the SRHR of young people is therefore crucial. In particular, supporting adolescent girls is key, given that young girls face compounding inequities that currently limit their potential and lead them into cycles of early marriage, early pregnancy and negative SRH outcomes. **Young people need access to information in a range of formal and informal mediums, including comprehensive sexuality education. Increasingly, SRHR information and service provision through digital**

platforms, telehealth and social media is proving useful, and holds significant potential for young people across the Pacific – particularly for those not in school settings.

Access to SRHR information and services enables increasing numbers of young people to advance their educational opportunities, productively contribute to the labour force, and meaningfully participate in social, political, and economic life. At a macro level, this *demographic dividend* has proven potential for harnessing economic growth, prosperity, and resilience. By reducing overall health system costs and increasing workforce productivity and capacity of young people, promoting the SRHR of adolescents is at the core of socio-economic development.

To address this, **Australia must commit to targeted investments specifically for young people's SRHR with a focus on innovative approaches to reach this population group with information and health care.** Australia should also invest in **strengthening data** for adolescent SRHR in the region to enable and inform programming.

[Recommendation 6 – Invest in localised action for SRHR through a decolonisation lens to advance sustainable health and development outcomes.](#)

Local actors, including local civil society organisations, are key to understanding each unique local context, particularly in a region as geographically and culturally diverse as the Indo-Pacific. Not only are they trusted by their communities, and understand contextual challenges and systems of governance, but they are also often the only stakeholders with rural and remote reach to geographically isolated and remote communities. Despite this, in recent years there has been a strong reliance on large managing contractors and multilaterals for development and humanitarian programming in the region, meaning that these critical local partners are often bypassed, with their expertise overlooked and underutilised.

Localisation supports self-determination, and encourages the sustainable development of healthy, resilient communities with robust country-level systems and services. When it comes to the delivery of SRH services and health care more broadly, civil society groups regularly fulfil an important role as an extension partner to government health services, who are not able to cater to the needs of the entire population. Likewise, young people, marginalised and vulnerable groups including people of diverse sexual orientation and gender identities and people living with a disability often don't feel comfortable using government health services due to pervasive social stigma. Local actors are therefore essential alternative avenues to provide all people with SRHR information and services, in place of top-down approaches to development.

Australia should prioritise partnerships with a focus on promoting and leveraging the capacity of local SRHR actors, to ensure community needs and preferences are prioritised and respected. Local actors have invaluable experience in delivering context specific care to the most marginalised and under-served within their communities. Their skills and knowledge should be harnessed through partnerships to foster knowledge exchange within the development sector. **Prioritising localisation and decolonisation within the new aid policy is strongly aligned with a First Nations foreign policy approach and GEDSI framework.**

Thank you for your consideration of this submission.



Sincerely,
Phoebe Ryan
Chief, Australia and New Zealand Office
International Planned Parenthood Federation