

MSI Asia Pacific submission to the new International Development Policy

As an Australian based NGO accredited by the Australian Department of Foreign Affairs and Trade (DFAT) and an Australian NGO Cooperation Program (ANCP) partner, MSI Asia Pacific welcomes the opportunity to engage in the consultation process for a new Australian international development policy. It presents an opportunity to reflect on the focus and purpose of our development cooperation and explore where we can do better.

MSI Asia Pacific is a member of the MSI Reproductive Choices global partnership (MSI), whose members have been providing sexual and reproductive healthcare services for over 45 years. Our 9,000 team members worldwide work across 37 countries providing contraception, comprehensive abortion care, and maternal healthcare services wherever they're needed – from major cities to rural, hard-to-reach villages.

Since 1976, MSI has reached over 162 million people worldwide with life changing and lifesaving SRHR information and services, and each year we work harder to reach more people than before. Our vision is that by 2030, no abortion will be unsafe and every individual who wants access to contraception will have it.

MSI Asia Pacific has been working in partnership with the Australian Government to ensure access to quality, equitable sexual and reproductive health services in the Asia-Pacific region for over two decades. With Australian support, MSI has been able to improve the lives of millions of women and girls in a region that suffers some of the highest maternal mortality rates in the world.

In a context where reproductive rights are more at risk than ever before, we appreciate Australia's continued commitment to sexual and reproductive health in its international development and foreign policy agenda. This continued support remains critical to the realisation of gender equality and the achievement of the 2030 Agenda for Sustainable Development for Australia's development partners.

What is sexual and reproductive health?

The term 'sexual and reproductive health' can be defined as a person's right to a healthy body and the autonomy, education and healthcare to freely decide who to have sex with and how to avoid unintended pregnancy or sexually transmitted infections. Sexual and reproductive health is a human right and is an integral part of overall health and well-being. Access to sexual and reproductive health services enables people to exercise their sexual and reproductive rights. It can take the form of medical care related to the reproductive system, for example, to treat a sexually transmitted infection, or the facilitation of reproductive autonomy with the provision of contraception and abortion care. Sexual and reproductive rights are often the target of fierce debate and pushback, both globally and locally in different contexts. The term sexual and reproductive health and rights (SRHR) encompasses the concepts of both sexual and reproductive health and sexual and reproductive rights, ensuring everyone can have pleasurable and safe sexual experiences, free of coercion, discrimination or health risks.

Why are sexual and reproductive health and rights so important?

At the heart of people's human rights, freedom, and dignity is the ability to decide what happens to one's body. This means deciding if or when to have sex, and under what conditions, to make informed choices about contraceptive options and reproductive health care, and to live free from the fear of violence. Autonomy in sexual and reproductive decision-making - including the ability to choose if or when to become pregnant - is at the centre of an individual's ability to make other life decisions. If sexual and reproductive health needs and rights are not met, individuals face severe risks to their health and wellbeing. Their opportunities to obtain an education, participate in the work force, and gain financial security are also

undermined. Sexual and reproductive health and rights unlock the freedom and opportunities that stem from good health and access to education and employment. Whole families, communities and countries are enriched when couples can plan their families, and when women can contribute to the workforce.

Our submission provides an overview of the importance of SRHR to all elements of development, in particular health, education, gender equality, climate adaption and resilience and humanitarian response. Our submission is organised around the key questions highlighted in the terms of reference.

What key trends or challenges will shape Australia's engagement in our region and globally over the next five to 10 years? What risks and opportunities does this present for Australia's development assistance?

Key trend/challenge: the climate crisis

Sexual and Reproductive Health and Rights (SRHR) are vital for in addressing the climate crisis, especially as we are now living in the age of adaption. Reproductive choice is vital in building resilience and capacity to adapt to the climate crisis, and access to contraception and safe abortion services help communities adapt to the effects of climate change and build community resilience in the face of increased shocks. Family planning should always be voluntary and never used as a tool for coercive population control. Many of the people in the global south have contributed the least to the climate crisis but are now facing the brunt of the effects on their lives.

Key trend/ challenge: reaching gender equality and the empowerment of women and girls

SRHR enables people to plan their families, and in many cases this directly determines what other opportunities they can pursue and the entire course their life takes. It is often women who face the health implications of not having access to SRHR services, and in developing countries complications during pregnancy and childbirth are a leading cause of maternal death. 13% of maternal mortality is the direct result of complications from unsafe abortion, but most of these deaths are entirely preventable with access to contraception, safe abortion and quality post abortion care. By directly and indirectly preventing maternal death and disability, sexual and reproductive health saves lives and improves maternal health. However, the benefits of sexual and reproductive health extend far beyond this and ultimately contribute to more gender-equal societies. Reducing unintended pregnancies, particularly among adolescents, supports educational and employment opportunities for women, meaning SRHR are central to the achievement of gender equality and women's empowerment. The evidence shows a clear link between SRHR and education.

Key challenge: Universal health coverage, particularly Sexual and Reproductive Health and Rights

Sexual and reproductive health is an essential component of an individual's overall health and wellbeing, and a cornerstone of social development. As a vital element of international development efforts, it leads to better health and educational outcomes, and contributes to reducing inequality and breaking cycles of poverty. Countries will not meet international or national commitments, including the SDGs on poverty alleviation, health, education and gender equality, or Universal Health Coverage (UHC) by 2030 unless we invest in reproductive choice and focus on health and educational systems strengthening. The government should increase support for comprehensive SRHR programs delivered through the Australian development program and focus on health systems strengthening, health policy reform and other initiatives to support the UHC agenda

Key challenge/trend: High, and increasing rates of sexual and gender-based violence (SGBV)

Violence against women and girls was at epidemic proportions globally and has only worsened as a result of the covid-19 pandemic globally. SGBV inhibits women and girls from realising their full potential. All forms of violence against women and girls are barriers to gender equality and constitute a violation of their rights and fundamental freedoms. Experiences of violence can lead to long-term physical, mental and emotional health problems, and in extreme cases violence against women and girls can lead to death. The economic impacts of SGBV at a country-level are substantial, and include costs associated with the provision of health, social and

legal services as well as costs of lost productivity and earnings. Women often chose to disclose violence to SRHR service providers, so it is vital that these frontline staff are trained and able to respond appropriately.

Women’s Participation, Leadership and Sexual and Reproductive Health Rights:

Providing women with reproductive choice allows them to adopt leadership roles historically dominated by men. Women’s increased leadership and participation in community decision-making, gained through improved control over their fertility and lives, is vital for development and key to gender equality. As the predominant holder of household responsibilities, including caring responsibilities, growing food and collecting water and fuel wood, women are keenly aware of the local needs and therefore important stakeholders in development planning and implementation. This is particularly true for areas affected by climate change where communities have been shown to fare better during natural disasters when women have community leadership roles, including those in preparedness and reconstruction. The covid-19 pandemic has pushed women’s participation backwards, as they have taken up increased caring responsibilities, making investment in this area more important than ever.

Other key trends: The Digital Revolution and the Youth Bulge

Two other key trends that will shape the provision of healthcare services in our region in the next 10 years, are the rapidly evolving digital landscape, and the youth bulge in the Pacific. On technology, the widespread use of smart phones and access to social media and other means of communication has the potential to create disinformation in terms of health as was seen for example with myths and misconceptions about covid-19 and vaccinations spreading rapidly on Facebook in PNG. On the other hand, the evolving digital landscape is also presenting an opportunity to innovate and provide selfcare options that were never possible before. Covid-19 lockdowns accelerated many of these changes, with telehealth now a reality for many services including medical abortion. The Pacific has a very young population, and the resulting youth bulge presents both opportunities and challenges. For example, if these young people are provided with the health, SRHR and financial support to complete their education, it is possible to realise a demographic dividend, which results in increased economic growth.

What development capabilities will Australia need to respond to these challenges?

The climate crisis

With the increase in frequency of natural disasters and extreme weather events, climate change and the negative consequences as a result are becoming more relevant in the Indo-Pacific region. Women and girls are disproportionately affected by these events and experience higher fatality and morbidity rates.¹ The fulfilment of SRHR for women and girls can create more economically and socially resilient communities that can better adapt to climate change. A focus on women and girls, specifically their reproductive health as part of mainstream climate change adaptation programming can contribute to more resilient and adaptive communities.

Reaching gender equality and the empowerment of women and girls

Every year, millions of girls worldwide drop out of school or are excluded due to teenage pregnancy. Access to adolescent friendly SRHR helps girls to stay in school, complete their education, and pursue a career. Each additional year of education can increase a woman’s earnings by up to 20% which would contribute to closing the gender pay gap and could boost global GDP by \$28 trillion by 2025. Women who use contraception can have up to 40% more family assets than those who do not. This in turn contributes to household and community income, and greater investment in education. Finally, access to SRHR allows countries to harness the opportunities afforded by the demographic dividend, whereby a growing workforce with fewer

dependents can lead to huge economic growth, in some cases over just one generation. In this way SRHR contributes to greater prosperity, stronger economies, and reduced levels of poverty, both at the individual and country level. Enabling individual reproductive choice benefits families, their communities and future generations.

Universal health coverage, particularly Sexual and Reproductive Health and Rights

As governments across low- and middle-income countries develop universal health coverage plans, policymakers have the chance to design policies that deliver on sexual and reproductive health care from the beginning. Governments should include comprehensive sexual and reproductive health interventions in their universal health coverage packages, and work with international partners to bolster sustainable financing for these efforts. Increasing support for comprehensive sexual and reproductive health programs delivered through the Australian development program is a critical element of the Universal Health coverage agenda and must be prioritised.

How can Australia best utilise its national strengths to enhance the impact of our development program and address multidimensional vulnerabilities?

Australia can best utilise its national strengths to enhance the impact of our development program by fostering mutually beneficial relationships with the Pacific and Asia diaspora within Australia, and First Nations Peoples across the region, and leveraging these relationships to build contextual and technical expertise both within Australia and with development partners.

How should the new policy reflect the Government's commitments to build stronger and more meaningful partnerships in our region, founded on mutual trust and respect and shared values of fairness and equality?

Meaningful partnership is based on trust and a shared sense of risks and benefit. The government could demonstrate its commitment to build stronger and more meaningful partnerships, by focusing on long-term development outcomes. This requires long-term funding commitments,

Key recommendations within SRHR programs

Contraception - Access to contraception (also referred to as Family Planning) is a central component of SRHR as it gives people autonomy over their reproductive system with the ability to decide if, or when, they would like to become pregnant. By offering a choice of contraception methods, people are able to make informed decisions about their future fertility. But not everyone who wants contraception is able to access it. Currently, across low- and middle-income countries, there are 257 million people with an unmet need for contraception. This lack of access is having a devastating impact on the lives and futures of individuals and their families and communities.

***Recommendation:** Fund programs which provide a wide variety of family planning methods and address the unmet need for contraception*

Safe abortion - No form of contraception is 100% effective, meaning that abortion will always be an essential and potentially lifesaving healthcare service. Millions of people decide to have an abortion every year, however laws that govern abortion access vary from country to country.

***Recommendation:** Ensure that women's access to safe abortion is not only supported by policy, but that it is de-stigmatised, adequately funded, and easy to access.*

Societal stigma - Societal stigma around sexual and reproductive health and rights is one of the ways a person's access can be restricted. Harmful cultural norms- such as beliefs that only some people should access sexual and reproductive health services - can perpetuate stigma, driving misinformation and in some cases, fear, shame, and intimidation among people seeking healthcare. Stigma can also impact the willingness of providers to offer services, and can prevent groups, such as adolescents, from being able to access information on the options available to them.

***Recommendation:** Focus on addressing and removing the stigma that surrounds SRHR, and work towards normalising these as essential healthcare services.*

increased risk appetite (on DFAT's part), There is a need for long-term time horizons to support both regional partnerships and the localisation agenda. We need to prioritise the building of genuine relationships grounded in mutual respect, a shared understanding of development issues, and a focus on localisation.

What lessons from Australia's past development efforts should inform the policy? What is Australia seen to be doing comparatively well?

Previous efforts to frame outcomes in the Australian aid program to focus on women and girls should continue. It is not only an effective mechanism for prioritising an underserved group, but it has also proven to be a successful approach to alleviate poverty, address gender equality and enhance women's participation and leadership. Values of universalism and human rights encompass the rights of women and girls, who deserve to grow up and live in a world where they are equal. Strengthening the outcomes for women and girls in the Australian aid program is in line with the agenda to advance human rights, promote sustainable development and address climate change. By prioritising women and girls in the Australian aid program, and doing this through a rights-based framework, Australia and continue to be a global leader in this space.

How should the performance and delivery systems be designed to promote transparency and accountability, as well as effectiveness and learning in Australia's development assistance?

Greater effectiveness could be achieved by focusing on long-term outcomes. 5-10 year time horizons for planning and funding would rather than annual cycles would make a big difference. There could be a greater focus on learning, and this could be reflected in budgets relating to research and evaluation. In this context, the managing contractor model should also be given scrutiny in consideration of the additional costs it generates. Increased transparency and value for money could be achieved by moving away from International Development Contractors as implementing partners. Investment in family planning offers excellent value for money and DFAT's investments with MSI AP and its partners have had demonstrated impact and return on investment in the region.

How should the new policy address the role of ODA and non-ODA in supporting the development of our regional partners?

Severe and sudden ODA budget cuts reduces the impact and effectiveness of Australia's development program and effects our reputation with partner Governments. We recommend improving the long-term planning and sustainability of Australia's development program with transparent, consistent and predictable investments that provide an ability to build on success.

Conclusion

[We call on Australia to increase political support and financial investment in SRHR – recognising that this is central to sustainable long-term achievements in development.](#)

Promoting and prioritising SRHR within Australia's new International Development Policy would enable catalytic gains in the broader health of populations across the region, help to address the backwards trajectory of gender equality resulting from the covid-19 pandemic, and support climate change adaptation and resilience.

Thank you for the opportunity to provide a submission on the new international development policy. MSI Asia Pacific endorses submissions from the Australian Council for International Development, the International Sexual and Reproductive Health and Rights Consortium and the Australian Feminist Foreign Policy Coalition. We remain available to discuss these recommendations or provide further information as needed.

Yours sincerely,

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