

Gender Equality, Disability and Social Inclusion Branch  
Department of Foreign Affairs and Trade  
RG Casey Building, John McEwen Crescent  
Barton, ACT 0221  
Australia

14<sup>th</sup> September 2023

Dear Gender Equality, Disability and Social Inclusion Branch,

We welcome the opportunity to provide input to the consultation on Australia's new International Gender Equality Strategy.

The International Planned Parenthood Federation (IPPF) is a global service provider and leading advocate for sexual and reproductive health and rights (SRHR). As a locally owned, globally connected civil society 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 Gender Equality Strategy.

**1. Australia should affirm its position as a strong leader and champion of sexual and reproductive health and rights as integral to the achievement of gender equality.**

**To advance international gender equality objectives, Australia should prioritise sexual and reproductive health and rights (SRHR) within the new International Gender Equality strategy**, taking a multi-pronged approach that champions strengthened policy and legislative frameworks, along with equitable access to appropriate and reliable information, services, and systems both in stable times and during crises.

Recognised as a critical indicator in the United Nations Sustainable Development Goals, SRHR is essential to reducing negative gendered health outcomes such as risks of unintended pregnancy, unsafe abortions and sexual and gender-based violence. For communities affected by the climate events and conflict, SRHR is even more critical to addressing gender inequality and building resilience, with a disproportionate impact of violence, disruption, and displacement on those who are disempowered by gender norms. By committing to strengthening support for SRHR, Australia can play an important role in helping to alleviate the societal and cultural barriers that contribute to a widening global gender gap, exemplified by heightening poverty rates, and increasing health disparities between the global North and South<sup>i</sup>.

Achieving sexual and reproductive *health* relies on realizing sexual and reproductive *rights*, which are based on the rights of all individuals to have their bodily autonomy respected, freely define their sexuality, have sexual and reproductive choice, decide whether, when and whom to marry and have access to information, resources, services, and support to achieve their rights; free from discrimination, coercion, exploitation, and violence<sup>ii</sup>. As sexual and reproductive rights become increasingly threatened on the global stage, Australia must stand as a strong leader for SRHR recognising it as fundamental to all other efforts towards gender equality.

***1.1 Advance Universal Health Coverage (UHC) as a gender equality priority, fully integrating sexual and reproductive health and rights.***

**Universal Health Coverage (UHC) is essential to achieving broader gender equality**, enabling women, girls, and people of diverse sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC) to enjoy good health, and to participate fully in all aspects of social, economic, and political life. Despite being a core pillar of UHC, the sexual and reproductive health needs of populations are often under-prioritised within national health systems due to unequal gender norms and bias.

Globally, there are approximately 218 million women in low- middle-income countries with an unmet need for modern contraception<sup>iii</sup>, including 140 million women and girls in the Indo Pacific region alone<sup>iv</sup>. For example, recent research in Papua New Guinea (PNG) indicates that, on average, 32% of women aged 15-49 in the country wish to avoid or delay pregnancy but are not using an effective method of contraception, contributing to among the highest national maternal mortality ratios (MMR) globally of 171 per 100,000 live births<sup>v</sup>.

Similarly, cervical cancer is a leading cause of cancer-related death among women in the Pacific, despite being highly preventable and treatable. Melanesian countries have the highest incidence rate of cervical cancer in the region, with 27.7 cases per 100,000 women of reproductive age, almost 5 times the incidence rate in Australia. The burden of poor sexual and reproductive health is felt disproportionately by women, young people, people of diverse SOGIESC, and people facing intersecting barriers to comprehensive SRH services, including those from marginalised or poor communities, and those living in remote areas. Without access to SRH information, resources and services, other investments in gender equality will be undermined.

***Australia should prioritise Universal Health Coverage (UHC) within the new International Gender Equality strategy, in recognition that poor health outcomes directly undermine all other efforts for gender equality. In particular, the gendered repercussions of unequal access to sexual and reproductive health services should be fully acknowledged, and responded to, within strategies for UHC and gender.***

**1.2 Boldly support the adoption of policy and legislative frameworks to advance, promote, and protect sexual and reproductive health and rights for all.**

**Restrictions on reproductive rights are often a pre-cursor to broader attacks on the rights of women, girls, and people with diverse SOGIESC.** In recent years, we have witnessed the heightened efforts of anti-gender, anti-LGBTQI+, conservative, and nationalist groups to restrict sexual and reproductive rights gain strong momentum, through rollbacks on abortion rights, LGBTQI+ rights, and young people’s access to comprehensive sexuality education across the globe.

As other global actors retreat now is the time for Australia to take bold action as a progressive voice and ally for SRHR. Australia should stand as a proud defender of SRHR, recognising it as pivotal to the achievement of international commitments under the *Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)*, the *International Conference on Population and Development (ICPD) Programme of Action*<sup>vi</sup>, and the *Commission on the Status of Women (CSW)*.

Australia should promote the development of inclusive, well-informed policy and legislative frameworks by encouraging greater participation of civil society within international and regional multilateral fora. Civil society providers and human rights defenders are often at the frontlines in defence of SRHR, leveraging their knowledge, skills, and local networks to advocate for policy change and build and shape social movements to defend these critical rights. Although pivotal to the broader social and legislative change, their perspectives are often ill-represented at the global level, further contributing to a lack of cohesion within gender and SRHR movements.

Creating space for more diverse voices within international dialogue will better enable the global community to take proactive, coordinated action to promote and protect the sexual and reproductive rights of all people, particularly those often sidelined. This resonates strongly with Australia’s commitment to prioritise listening-first diplomacy through the forthcoming First Nations Foreign Policy.

***Australia must take bold, affirmative action to uphold, promote and protect the sexual and reproductive rights of all people, as central to gender equality. This includes defending and protecting SRHR on the global stage and leveraging the expertise of human rights and feminist institutions to advance gender equality priorities within global and regional fora, along with national policy and legislative frameworks.***

**1.3 Ensure DFAT Development Partnership Plans include gender equality objectives and outcomes, including sexual and reproductive health and rights.**

As Australia prepares to implement a new performance delivery framework for the aid portfolio, including the development of regional and national Development Partnership Plans, it is essential that **SRHR indicators be explicitly included to advance gender equality.**

Credible and up-to-date evidence is essential for the design, implementation and monitoring of effective and efficient development and humanitarian programming, that is contextually appropriate and responsive to community needs. Despite this, a persistent and significant lack of data remains on critical SRHR indicators within the region, particularly across the Pacific. Current data on SRHR indicators relating to young people, including unmet need for contraception and adolescent fertility rates, is limited. This is compounded by the prioritisation of short-term funding arrangements within the sector, leaving local partners ill-equipped to develop comprehensive, long-term strategies to address these critical issues. Australia has a key role to play in advancing innovative funding mechanisms for SRHR at national level to alleviate inequity in SRH service access in the region. This includes encouraging governments to strengthen their domestic financing in SRHR<sup>vii</sup>.

Prioritising the measurement of SRHR indicators within Australia's aid portfolio and partnerships will enable national and local partners to better monitor and identify gender-responsive, evidence-informed solutions to local development challenges. Additionally, this will better support Australian investments within the region, ensuring that priorities can be better identified and acted upon.

***Australia should ensure that DFAT Development Partnership Plans include SRHR indicators as part of gender equality objectives. This will better enable Australia and regional partners to deliver on long-term gender equality objectives and ensure that gender is meaningfully incorporated within bi-lateral development strategies.***

## 2. Australia should adopt a gender-transformative, decolonising approach across all programming

IPPF 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 objective<sup>viii</sup>. We argue that for these investments to be effective, they must be met with a gender-transformative, decolonising approach that recognises the cross-cutting nature of gender across the entire aid portfolio.

This cannot be achieved solely through economic investment or by taking an 'individualistic' approach to gender equality, as this often disregards the structural barriers that perpetuate the exclusion of women, girls, and people of diverse SOGIESC across intersections of power, including race, sexual and gender identity, and disability. As such, **Australia should apply an intersectional feminist lens to the International Gender Equality strategy**. This must be inclusive of SRHR and place a central role on advancing gender equality across the entire development and foreign policy portfolio.

### ***2.1 Prioritise genuine partnerships with local civil society, feminist organisations, and sexual and reproductive health providers to inform gender responsive programming.***

IPPF applauds Australia's focus on localisation within Australia's new International Development policy. We recommend that for this approach to be truly decolonising and inclusive, **a gender-responsive approach to localisation must also be a driving component of the new International Gender Equality strategy**.

Applying a decolonising, feminist approach aligns strongly with Australia's commitments to draw upon indigenous knowledges and solutions for aid delivery. To challenge deeply rooted patriarchal, and colonial power structures as a **gender equality priority**, it is essential that local SRHR, feminist and women's organisations not only participate in decision-making processes but can take meaningful ownership of development and humanitarian programming, to drive broader societal change. Importantly, local actors often hold strong links in the community, have established coordination mechanisms with others in the sector, and have deep understanding of contextual challenges, and how best to navigate systems of governance to drive gender equality efforts in the community.

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, civil society groups fulfil an important role as an extension to government health services. They are a critical component of broader health system strengthening, that recognises the preferences, needs, and priorities of local communities. They are often the touchpoint for women, young people, and LGBTQI+ people and other marginalised groups who may be otherwise reluctant to access government services due to institutional stigma.

***Australia should prioritise partnerships to leverage the capacity of local civil society and SRHR actors, who are best placed to ensure community needs and preferences are prioritised and respected. Meaningfully harnessing local skills and knowledge to foster knowledge exchange within the development sector promotes genuine partnership-building, and sustainable development solutions.***

### ***2.2 Strengthen the integration of sexual and reproductive health and rights within climate adaptation, disaster resilience building and emergency response programming.***

IPPF welcomes Australia's commitment to progressing climate resilience and disaster preparedness with a focus on gender, inclusion, and localisation within the new International Development Policy. For this to address the cross-cutting nature of gendered power imbalance within humanitarian settings, SRHR must be more strongly integrated within Australia's climate adaptation, disaster resilience and emergency response programming.

SRHR is often under-funded and de-prioritised within climate adaptation and humanitarian preparedness and response efforts, disproportionately impacting on women, girls, and people with diverse SOGIESC who are in dire need of services, and whose health, rights, and security is often threatened.

Within crisis settings, the risk of sexual and gender-based violence, exploitation, and abuse is often heightened whilst legal protections and social support networks may become fractured or weakened<sup>ix</sup>. Similarly, the risk of contracting STIs and HIV, experiencing unintended pregnancy and maternal illness, along with maternal mortality, is heightened due to limited access to lifesaving healthcare, contaminated water supplies, and environmental hazards and changing climate.

Despite the significant impact on their lives, women, girls, and people of diverse SOGIESC are often excluded from disaster risk reduction, and emergency response decision-making processes due to discriminatory practices that treat gender issues as peripheral to traditional crisis preparedness and response efforts. As environmental disasters and conflicts within the region become increasingly frequent, it is critical SRHR is fully integrated into preparedness and response planning.

***Australia should adopt gender-responsive and inclusive approaches to climate adaptation, and humanitarian preparedness and response strategies. IPPF urges that increased support for the participation of women, people of diverse SOGIESC, and youth in decision making processes should be prioritised, with a particular focus on integrating SRHR into disaster preparedness, response, and recovery.***

### ***2.3 Ensure programming to address sexual and gender- based violence takes a rights-based approach and includes access to sexual and reproductive health services.***

**Sexual and gender-based violence (SGBV) is a human rights and gender equality priority as well as a health priority<sup>x</sup>.** In support of the right to life a life free from violence, IPPF advocates a human rights-based, client-centred, ‘do-no-harm’ approach to providing healthcare and supporting all survivors affected by SGBV<sup>xi</sup>.

The COVID-19 pandemic has seen significant increases in intimate partner violence globally<sup>xii</sup>, while in the Indo-Pacific region increasing rates of early and forced marriage coupled with limited access to adolescent SRHR and reproductive coercion have led to increases in adolescent pregnancies and remain critical challenges. Up to 68% of women in the region report having experienced physical or sexual violence by an intimate partner<sup>xiii</sup>. In Indonesia, an estimated 16% of girls are married before the age of 18, and in PNG, Nauru, Marshall Islands and Solomon Islands over 25% of girls, too, experience early marriage.

Programming to address SGBV as a human rights and gender equality issue must also address health sector strengthening. In the Pacific region, where almost 40% to 50% of women have reported experiencing intimate partner violence (compared to 30% globally), survivors do not often report seeking help from health services<sup>xiv</sup>. This is reflected in the Health Facility Readiness and Service Availability Assessments (HFRSAA) from 8 countries that found that less than 4% of health facilities in any country meet the criteria for SGBV service readiness<sup>xv</sup>.

Sexual and reproductive health and rights must be strongly embedded in efforts to prevent and respond to violence against women and girls. Essential to this is providing survivors of violence with access to survivor centred multisectoral referral mechanisms that includes clinical, psychosocial and protection services. Where the health sector has an important role in providing not only first-line clinical support to survivors of violence but to also ensure that there are adequate referral pathways for all SRH services, including for contraception, abortion care, and STI/HIV testing and treatment.

### **3. Australia should increase investment in targeted tools and interventions to advance sexual and reproductive rights health and rights and drive gender equality.**

The Indo-Pacific region is highly diverse, with changing demographic trends, rapid movement of people, and increasing climate events, necessitating stronger investment in targeted approaches to aid delivery.

In particular, the Indo-Pacific Region is home to approximately 60% of the world’s youth population, equating to more the 700 million young people aged between 15-24 years old<sup>xvi</sup>. However, their unique SRHR needs continue to be largely overlooked. Similarly, women, adolescent girls, people of diverse SOGIESC, displaced populations and those living remotely may face compounding barriers to accessing traditional SRH care – requiring the implementation of innovative approaches to ensure their SRH needs are met.

**Australia should increase investments in innovative, and targeted, tools and interventions to advance SRHR and drive gender equality in the region.** Australia has the necessary tools, and expertise, to support countries to better meet the SRHR needs of priority population groups in the region and should leverage these as a critical enabler for to advance gender equality.

#### ***3.1 Support a shift in gender norms and improve the sexual and reproductive health outcomes for young people through the acceleration of Comprehensive Sexuality Education (CSE).***

**Investment in Comprehensive Sexuality Education (CSE)<sup>xvii</sup> for young people is central to the achievement of gender equality,** providing credible, reliable information and services to protect their rights throughout their life course and thereby enabling greater participation in educational, economic, and political opportunities.

The heightened promotion of abstinence-only education and increasing restrictions on access to SRH information for young people in the region, risks the spread of harmful misinformation which can poorly impact young people's health and futures, and in some cases lead to death. Importantly, abstinence-only education has been proved to be ineffective in delaying adolescent sexual debut, create feelings of shame around sexuality and sexual relationships, and fails to prepare young people to avoid unintended pregnancy and STIs<sup>xviii</sup>.

CSE can shift attitudes towards sexuality and gender norms by promoting consent, reproductive choice, and empowering young people to develop social and sexual relationships based upon respect. As a rights-based approach, CSE presents critical opportunities to eliminate harmful prejudices based upon sexual orientation, gender identity, expression, and sexual characteristics, and to foster greater and inclusion of marginalised communities, including indigenous populations in knowledge creation, sharing and decision-making processes on the delivery of culturally informed youth sexual education<sup>xix,xx</sup>.

***Australia should promote CSE for young people within the new International Gender Equality strategy, through both formal and informal means – including through digital technologies. CSE should follow a rights-based approach, to enable young people to feel empowered to exercise their fundamental rights and to make vital decisions about their health.***

### ***3.2 Increase investment in digital health interventions to support gender inclusive access to sexual and reproductive health information and services.***

**Innovative digital health interventions (DHIs), along with home-based, and self-care models, represent enormous potential** for access to critical SRHR information and services among underserved and marginalised populations, particularly where clinical care may be otherwise inaccessible or unavailable.

DHIs are preventative, cost-effective and can serve as critical entry points to the primary healthcare system, increasing access to health information and treatment that is inclusive, confidential, and convenient. This is particularly important for gender equality and social inclusion, given that women, young people, people with diverse SOGIESC, and survivors of SGBV may be discouraged, or unable, to access routine SRH services due to pervasive social stigma or concerns for personal safety. Similarly, those living in geographically isolated and remote areas, or in humanitarian settings, may face physical and financial barriers to clinical services which may be disrupted, or costly and time-consuming to access<sup>xxi</sup>.

To promote equal access and avoid exacerbating inequities for populations with limited access to digital devices and the internet (including women, people with low literacy levels, or people with a disability<sup>xxii</sup>), DHIs should be designed with a human-centred approach, integrating with existing community services and alternative methods such as toll-free hotlines– enabling greater choice and access. This is particularly crucial in the Asia-Pacific region, where stark gendered disparities in access to digital devices and ICT tools remain<sup>xxiii</sup>. To meaningfully address gendered inequalities, it is essential that DHI investments use gender-inclusive language and content, are context-specific and utilise accessibility features that improve user experiences for groups such as the LGBTQ+ community, those with disabilities, and indigenous populations<sup>xxiv</sup>.

Australia's technical expertise in service planning and delivery, health workforce policies, and health information systems will be critical in helping regional partners transition to hybrid models. Increased investment in DHI infrastructure will support Australia's broader diplomatic and development priorities, particularly the commitment to internet connectivity, digital inclusion, and strengthened public services in the Pacific<sup>11</sup>.

***Australia should commit to increasing investment in DHI technology to close SRHR gaps in the region, necessary to achieve gender equality objectives.***

Thank you for the opportunity to provide input to the strategy.

Kind Regards,



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