

International Sexual and Reproductive Health and Rights (SRHR) Consortium: Submission on Australia's new International Development Policy

The International Consortium for Sexual and Reproductive Health and Rights (hereafter the Consortium) welcomes the opportunity to engage in the consultation for Australia's new International Development Policy. The Consortium is a partnership of 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.

This review presents an opportunity to reflect on the focus and purpose of our development cooperation in the region. We call for Australia to **increase political and financial investment in SRHR – recognising that this is central to sustainable long-term achievements in global health and gender equality.**

What is SRHR?

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 the rights of women and girls, which has been a core component of Australia's international development agenda and a central commitment of the Albanese Government.

Headline Recommendations

We urge the new International Development Policy to:

1. Build on our national strength as a strong voice and global leader in championing SRHR
2. Invest in SRHR as a critical opportunity to address the key trends that will shape Australia's region over the coming decade
3. Adopt a rights-based approach to public health and health systems strengthening
4. Prioritise SRHR as part of a feminist approach to international development
5. Invest in local capabilities and partnerships to support sustainable progress on health and SRHR

We have elaborated on these recommendations in detail below.

1. Build on our national strength as a strong voice and global leader in championing SRHR

Australia has a global reputation as a leader in supporting 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 International Conference on Population and Development (ICPD), the Commission on the Status of Women (CSW), and the Human Rights Council and the commitment to the role of Ambassador for Women and Girls. For example, Australia has been one of the most consistent defenders of SRHR in Agreed Conclusions negotiations at the annual CSW, and this support has been critical to secure ongoing references to SRHR in the face of concerted efforts to undermine these rights.

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). By creating a bold strategic policy framework to drive this agenda and supporting additional investments, Australia can strengthen its reputation as a global leader in SRHR.



Recently, SRHR, women’s rights, and the rights of LGBTQIA+ people have been increasingly threatened through global pushback and attacks. Indeed, “gender and sexuality are the bread and butter of fundamentalist and fascist agendas.”ⁱ SRHR are often the first rights targeted through this backlash, where nationalistic ideals are used to subjugate women and control their sexual and reproductive rights in service of populist – and often ethno-purist – aims.ⁱⁱ Over half the world’s population are now living under far-right governments, and anti-rights actors are increasing their efforts to influence UN and other multilateral spaces.ⁱⁱⁱ This threat is set to increase as actors are emboldened by recent developments in the US. In this context, Australia’s support for SRHR as part of a broader commitment to women’s and LGBTQIA+ people’s rights is critical. Through affirmative leadership in championing SRHR in global fora, Australia can help protect the rights and lives of women, girls, and LGBTQIA+ populations across the Indo-Pacific region.

Australia should explicitly articulate its position as a champion of SRHR. This needs to include a firm stance against backsliding in global forums and consistent efforts to advance normative language around SRHR.

2. Invest in SRHR as a critical opportunity to address the key trends that will shape the Indo-Pacific region over the coming decade

Sexual and reproductive health is a key aspect of health and wellbeing. Access to comprehensive and accurate information and high quality sexual and reproductive health services 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 deaths^{iv}. 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 Global South countries^v, particularly in this region. Treatable sexually transmissible infections (STIs) are very common^{vi}, however, due to stigma and lack of knowledge, most people will not access testing or treatment, increasing their risks of cancer, infertility, and a lower quality of life.

Despite some progress, a number of countries in the Indo-Pacific region continue to face increasing disparities relating to SRHR. Concerted effort will be required to reverse this trend and increase access to SRH care for all, including for marginalised groups such as young people, people living with disability, and LGBTQIA+ people. While many achievements have been realised in SRH in our region, sustained investments are needed in order to ensure the quality and sustainability of vital SRHR interventions. This includes supporting programs that enable access to modern contraception, abortion and post abortion care, diagnosis and treatment of cervical cancer, support to sexual and gender-based violence (SGBV) survivors, STI and HIV testing and treatment, and quality antenatal, delivery and post-natal care.

Much of our region is facing a steep economic recovery following the COVID-19 pandemic, as government revenue drops while demand for health services increases. **In this context, SRHR is a critical lever given investments in SRHR are highly cost effective and catalytic.** The Global Disease Control Priorities Project^{vii} identified the provision of SRHR information and services as one of the most cost-effective health interventions. Every dollar invested in SRHR saves between \$4 and \$31 across other areas like education, public health, and water and sanitation. Ensuring the SRHR of communities are upheld helps reduce unintended pregnancies and sexually transmitted infections, supports greater educational and employment opportunities for women and girls, and in turn, contributes to greater household and community income.

Australia should prioritise investment in SRHR programs as a core component of international development. Greater commitment must also be made to reversing health disparities in the Indo-Pacific by focusing on SRHR for all, including marginalised groups such as young people, people living with disability, and LGBTQIA+ people.

Climate change is a global challenge which will shape our region over the next decade. Climate change and conflict are leading to an increase in protracted and sudden onset humanitarian crises globally, particularly in our region. During humanitarian crisis, the provision of SRH care for women and girls is lifesaving, empowering, and cost effective. Yet, SRHR in emergencies remains one of the most



neglected and underfunded components of humanitarian response. Australia's humanitarian portfolio must continue to recognise SRHR as a critical priority across its humanitarian preparedness and response efforts. As part of this, integrated approaches that place SRHR, gender and inclusion at the centre of investment, design and delivery are essential.

Incorporation of SRHR into climate change mitigation strategies have often emphasised the use of contraception as a form of population control, placing little focus on expanding reproductive choice or addressing the structural inequalities which underpin climate-related impacts. This is both unjust and harmful, by placing responsibility on tackling the climate crisis on those who are least responsible for contributing to it. **Instead, in the face of the climate crisis, SRHR must be recognised as a critical element for supporting community adaptation and resilience.** Greater access to SRH services and information is a crucial tenet in building resilient communities that can adapt to climate shocks and challenges, with agency over their health and wellbeing.

Australia must recognise SRHR as an important element of climate change adaptation and resilience and acknowledge the intersections of SRHR and climate. Ensuring climate investments are gender responsive and inclusive of women, young people and other marginalised groups should be prioritised within this.

The Indo-Pacific 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 can reach their full potential. Poor SRH outcomes are associated with substantial negative economic consequences^{viii}. By reducing overall health system costs, and increasing workforce productivity and capacity, promoting **SRHR is at the core of socio-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 generation^{ix}.

Reducing unintended pregnancies, particularly among adolescents, supports educational and employment opportunities. Many adolescent girls who become pregnant are forced to leave school, resulting in long-term implications for them as individuals, for their families and communities. 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 way, it is important that the WASH, education, and health sectors collaborate to ensure that their development interventions are as effective as possible. Efforts to improve access to essential SRH services for young people must be coupled with a heightened focus on delivering comprehensive sexuality education (CSE) through formal and informal means, as well as creating an enabling environment for girls to be able to continue their education. CSE is an essential component in ensuring young people have access to necessary information and advice to make informed decisions on their SRHR with dignity, free from coercion or discrimination.

To better meet the SRHR needs of young people and harness the demographic dividend across the Indo-Pacific, Australia must ensure that young people are prioritised across all SRHR and broader development programming, with dedicated effort to enable youth-centred designs that meets their needs and interests. WASH, education, gender, and health sectors should collaborate to ensure that SRHR needs are addressed, and development interventions can be as effective as possible.

3. A rights-based approach to public health and health systems strengthening

Recently, Australia adopted the term 'health security' to describe international development programs in the health sector. This language came to the fore under *Partnerships for Recovery* strategy in response to the COVID-19 pandemic. However, health security framings that focus primarily on the prevention and control of communicable diseases, pandemics, and epidemics inadvertently neglect other critical areas of public health. These areas include SRHR, maternal and child health, non-communicable diseases (NCDs), nutrition, and mental health, areas which disproportionately affect women, and which are already highly under prioritised in the region. **Moving away from the framing of health security to a more holistic,**



rights-based approach to public health is critical to ensure the prioritisation of all areas of health care, including SRHR.

In recognition of the vital importance of meeting public health concerns in the Indo-Pacific region, not covered by health security frameworks, the Consortium strongly recommends a return to 'global health' or 'public health' terminology in the new international development policy to enable focus on the full spectrum of health priorities and needs across the region.

When considering global health, **the importance of 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 bolster health and data systems in order to adequately respond to the SRH needs of populations. This is integral to mitigate the impact of future health crises as they arise, ensuring in-country health systems are resilient and prepared. Investing holistically in health system strengthening is aligned with UHC, enabling self-determination and the building of capable societies.

Australia should commit to strengthening all levels of the healthcare system from preventative primary care up to curative tertiary care. This must include a focus on building the capacity of the health workforce and strengthening health systems to adequately respond to the SRHR needs of populations.

4. SRHR as part of a feminist approach to international development

Fulfilling women's rights, including bodily autonomy and SRHR, is a critical part of a feminist approach to international development. When people 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. There are now 257 million women of reproductive age around the world who want to avoid pregnancy but are not using a modern contraceptive method, a figure which has significantly increased against previous years^x. Ensuring access to this essential human right would save lives, and enable millions of people to control their fertility, have bodily autonomy, and plan for their future.

Further, adopting a feminist approach to international development would enable Australia to help transform the systems of power that uphold and perpetuate inequality and marginalisation. At an interpersonal level, understanding the gendered power dynamics within relationships is critical to help illuminate the ways that increasing access to SRHR might put women at risk of harm, as their independence is increased, and they gain greater access to economic opportunities.^{xi} Working with local partners to understand these gendered power dynamics is critical to begin the process of transforming them. At an international level, a feminist approach would require understanding the way that nationalism and authoritarianism are deployed to subjugate women and control their SRHR and ensuring that initiatives to promote democracy and counter authoritarianism are delivered in partnership with locally led feminist civil society.^{xii}

Australia should adopt an intersectional feminist approach to international development, with a focus on transforming underlying systems of structural inequalities. This approach must recognise the importance of SRHR in realising gender equality and global health and commit to a rights-based approach to SRHR which emphasises bodily autonomy and choice.

5: Invest in local capabilities and partnerships to support sustainable progress on health and SRHR

Investing in localised action for health and SRHR is crucial to ensure that services are responsive to the diverse contexts and needs within the region. 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. It is also often most effective, given that local actors are embedded and trusted by their own communities. This in turn can support progress towards a decolonisation effort and start to shift harmful colonialist power structures.



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 extremely important in the context of the climate crisis, as well as supporting a First Nations approach to foreign policy and working through a decolonisation lens.**

Australia should focus on supporting and increasing investment in local civil society organisations working in SRHR, fostering collaboration between local actors and regional partners, and placing greater emphasis on investing in local partnerships.

Conclusion

Promoting and prioritising SRHR within Australia's new International Development Policy will enable catalytic gains in the broader health of populations across the region, move the needle towards gender equality, and support climate change adaptation and resilience. In turn, this will foster a peaceful, stable, 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 impacts across the region.

Please feel free to contact Kelly Durrant or Andrea Boudville as co-chairs of the ISRHR Consortium in 2022.



Kelly Durrant
External Relations Director
MSI Asia Pacific
kelly.durrant@MSIChoices.org.au



Andrea Boudville
Senior Technical Advisor
Nossal Institute for Global Health
andrea.boudville@unimelb.edu.au

Consortium Members

ASHM, Burnet Institute, Family Planning New South Wales, International Planned Parenthood Federation (IPPF), International Women's Development Agency (IWDA), Médecins Sans Frontières (MSF), MSI Asia Pacific, The Nossal Institute for Global Health, Plan International Australia, Save the Children Australia.

ⁱ Naureen Shameem, "Rights at Risk: Time for Action. Observatory on the Universality of Rights Trends Report" (AWID, OURS, 2021), https://www.oursplatform.org/wp-content/uploads/RightAtRisk_TimeForAction_June2021.pdf.

ⁱⁱ Jennifer Thomson, "Gender and Nationalism," *Nationalities Papers* 48, no. 1 (2020): 3–11, <https://doi.org/doi:10.1017/nps.2019.98>.

ⁱⁱⁱ Shameem, "Rights at Risk: Time for Action. Observatory on the Universality of Rights Trends Report."

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

^v 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

^{vi} 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

^{vii} 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.

^{viii} Sexual and reproductive health and rights – the key to gender equality and women's empowerment. (2015) *IPPF. Vision 2020 report*.

^{ix} Bloom D, Williamson J. Demographic Transitions and Economic Miracles in Emerging Asia. *World Bank Economic Review*. 1998. 12:419–55.

^x UNFPA, State of World Population Report, 2022. <https://www.unfpa.org/swp2022>

^{xi} Sharon Smee, Joanne Crawford, and Amanda Scothern, "Do No Harm: Understanding Interactions between Women's Economic Security and Violence against Women in the Pacific to Inform Policy and Practice That Advances Human Security" (IWDA, n.d.), <https://iwda.org.au/assets/files/Do-No-Harm-Policy-Brief-IWDA-1.pdf>.

^{xii} Thomson, "Gender and Nationalism." *Nationalities Papers*, 48(1), 3-11. doi:10.1017/nps.2019.98

