Joint Submission to AusAID Aid Effectiveness Review

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Sexual and reproductive health and rights are central to development. The achievement of every MDG is contributed to by sexual and reproductive health and rights. This is so because sexuality and reproduction lie at the core of what it means to be a human being. The phrase sexual and reproductive health and rights (SRHR) signifies that sexuality and reproduction are integral to one another but also separate: people engage in sexual activity for a range of reasons that are not reproductive. SRHR includes several key areas, including sexuality and relationships education, sexual orientation, gender identity, contraception and family planning, maternal and newborn health, gender-based violence, sexually transmissible infections, and HIV and AIDS. SRHR are an integral part of Australia's human rights framework.

This submission highlights that to be effective and to achieve the MDGs, the Australian aid programme must invest more SRHR as central development issues.

The key points of this submission are:

1. Sexual and reproductive health and rights (SRHR) significantly contribute to the achievement of every MDG. The Australian aid program must invest more in these central development issues.
2. Investing in SRHR has considerable health and broader development benefits. Family planning is a 'best buy' in global health and development, and when provided with a package of maternal and child health (MCH) interventions is more cost effective than providing MCH alone.
3. Women and girls do not die simply due to weak health systems, they die because of multiple interacting issues, from cultural and gender norms to poverty and political neglect. AusAID must therefore support both partner government health systems and community based action and approaches.
4. The international development community knows what to do to improve women's and girls' reproductive health. We now need long-term resources and commitment.
5. Comprehensive approaches must include empowering women and engaging men in transformative processes.
6. Australia has an important role to play, particularly in the Pacific, but currently does not invest enough in SRHR. AusAID should commit at least 15% of its health funding to family planning.
7. Australia needs clear policies to guide investments in sexual and reproductive health, including maternal and child health.
8. Efficiency and effectiveness could be expanded by greater integration of HIV activities into SRHR activities, and vice versa.
9. Commitments, expenditure and results against commitments must be disaggregated by sub-sector, and made publicly available in a timely manner.
10. Common indicators should be used, taking the MDG indicators for MDG5 as a starting point.

1. The Structure of Australian's Aid Programme

1.1 Sectoral

Investing in Women's and Girls' Reproductive Health: The Situation

- Globally, an estimated 215 million women who want to avoid a pregnancy are not using an effective method of contraception.[i]
- Only one half of the 123 million women who give birth each year get the antenatal, delivery and newborn care that they need.[ii]
- Some 1.5 billion young people are now becoming sexually active[iii] but do not get the information and services they need to practice safer sex. As a result 16 million adolescent girls become mothers every year[iv], reducing their educational and economic opportunities, and carrying serious health risks.
- Over 350,000 women die every year due to complications in pregnancy and childbirth, while ten million more endure ongoing illness and disability.[v]
- Every year 20 million women have unsafe abortions, resulting in 8.5 million women requiring care for the subsequent health complications: 3 million of these women do not receive this care.[vi]
- One in three women is beaten, coerced into sex or otherwise abused in her lifetime.[vii]
- Young people between the ages of 15-24 years account for half of all new HIV cases globally.

The individual women and their families that these statistics represent were finally paid due attention at the UN MDG Summit in 2010. The Global Strategy for Women's and Children's Health was released, under which Australia has made commitments. Consistent with the Global Strategy, this submission refers to 'women's reproductive health' rather than 'maternal health'. This is because the term maternal implies that the focus is on women who are mothers or pregnant. Yet many women would prefer to delay getting pregnant until they have finished their education or earned enough money to give their families opportunities. Women want to be able to choose when, and even if, to have children. It may seem like semantics, but many women and girls die trying to *avoid* becoming mothers.

Women and girls do not die simply due to weak health systems and poor services. Women and girls die because they are not able to exercise choice about when to have sex or become pregnant. They die because they are poor, have limited educational opportunities, experience early marriage and pregnancy, are inadequately nourished, suffer violence, and face insurmountable barriers to quality sexual and reproductive health information and services. Women and girls die because of a lack of dialogue amongst communities and policy makers. Their deaths are a symptom of overwhelming political neglect.

Investing in Women's and Girls' Reproductive Health: We Know What to Do

As a global community, we have at our disposal proven interventions to promote and protect the health of women and girls, and that of their partners and families.

Addressing the interacting issues that lead to poor health and death requires **interventions with a range of stakeholders**, including poor and remote communities, civil society, policymakers, recipient and donor governments, multilateral agencies and the private sector. NGOs and other civil society

organisations are well placed to support these initiatives, and can complement health systems strengthening efforts.

We need **comprehensive and integrated approaches**. Responsive health and education systems are crucial. These must provide sexuality and relationships education, nutritional support for women, girls and their families, family planning and contraception, testing and treatment for sexually transmissible infections (STIs, including HIV) and infertility, antenatal care, skilled attendance at birth, emergency obstetric care, post-natal care, safe abortion and post-abortion care, and screening and services for violence against women. The Australian aid programme has placed significant emphasis on health systems strengthening yet this has not always translated into improvements in services for ordinary people. Effectiveness will be enhanced through simultaneous bottom-up approaches, working with communities and NGOs, implemented in complement to top-down approaches.

Women's empowerment is key to a comprehensive approach to improving women's health, including their reproductive health. Education must be a key component of any empowerment strategy. Examining gender relations and gender equality cannot be relegated to the position of a 'cross-cutting issue', often receiving rudimentary add-on status in programme design and implementation. In order to be effective, gender analysis must be a meaningful, core component of any development intervention.

Engaging men in gender transformative programmes will empower women (and improve men's health). Entrenched beliefs about women's role in society and gender norms require transformation. Research has shown that working with men to foster gender egalitarian attitudes can decrease men's discriminatory beliefs of women, leading to gender equality. Gender transformative programmes can also reduce STI presence amongst men, as well as increase condom use, both of which benefit their partner's/partners' health.[viii]

Communities are central to effective responses, and must be engaged to support and advocate for the sexual and reproductive rights and health of women and girls. The right of adolescent girls to sexual and reproductive health information and services must be specifically targeted in all community activities.

Long term and sustained commitment is required. The Government's current five-year commitment aligns with the remainder of the MDG period but commitment beyond this is needed. As recent history has shown there is no quick fix to women's and girls' reproductive health. Funding commitments need to be long-term and predictable, in order to achieve the necessary economic, social and political transformations.

Investing in Women's and Girls' Reproductive Health Reaps Significant Benefits

Investing in women's reproductive health and their children's health has direct health benefits:

- 70% of maternal deaths would be prevented
- 44% of newborn deaths would be averted
- unintended pregnancies would drop from 75 million to 22 million/year
- unsafe abortions would decline by 73% (assuming no change in abortion laws).[ix]

These health benefits add up to far-reaching development benefits:

- Women and girls are empowered, and their economic and political opportunities expanded, when they can action their choices about pregnancy and childbirth.

- Women and girls make great use of health services in relation to pregnancy, childbirth and child health. Broader health systems will benefit from investment in women's and girls' health.
- The world-renowned Matlab study showed that providing a package of reproductive and child health interventions led to families having a more valuable home, greater home access to water, and improved child and women's health.[x]
- Young women expand their educational and employment opportunities when they are able to use contraception to prevent unwanted pregnancies.
- Meeting unmet need for family planning would reduce carbon emmissions by 8-15%, an equivalent reduction to stopping all deforestation today.[xi]

Expanding evidence-based interventions to increase access to family planning in communities is achievable and affordable. Family planning's low cost and far-reaching benefits, mean it is a 'best buy' in global health and development[xii].

- Meeting the need for contraception in the developing world will cost an average of US$1.20 per person per year, or US$8 per woman.
- If all unmet need for family planning were met, an estimated US$5.1 billion would be saved on maternal and newborn care alone.[xiii]
- The cost of providing modern family planning and maternal and newborn health services is only US$4.50 per capita per year.
- Investing in a comprehensive women's reproductive health package that includes family planning as well as maternal and newborn care is *more* cost effective than providing maternal and newborn care alone.[xiv]

1.2 Geographic

Australia has an important role to play as a global donor and increased funding in Africa can complement the activities of other donors in African countries. At the same time, Australia has a particular obligation in supporting Pacific neighbours to develop. As few other donors are active in the Pacific region, Australia and New Zealand are viewed as the key donors in the Pacific. Similarly Australia has an important role to play in Asia, despite the perception that some of the Asian countries have emerged from poverty and no longer require assistance.

Asia and the Pacific region experience 44% of all maternal deaths and have 55% of the unmet need for family planning. See below for further statistics. Yet there is a 25% funding gap in the region for sexual and reproductive health needs. Disturbingly, 70% of national expenditure on sexual and reproductive health is from out-of-pocket expenditure.[xv]

Australia's contribution to sexual and reproductive health is only approximately 5% of all health funding, compared to the global donor average of over 7%. This global average itself is below what is needed.

Asia and the Pacific need US$7 billion more funding for sexual and reproductive health by 2010, and another US$1.3 billion on top of that by 2015.[xvi] This is from donors alone. Australia must invest much more in SRHR, and should allocate at least 15% of its AusAID health budget to family planning information and services.

1.3 Funding NGOs

The Australian aid should provide much more funding for NGOs, particularly in the area of sexual and reproductive health. Unlike governments and multilateral agencies, NGOs reach the most marginlised and neglected. NGOs are flexible and adaptable in their approaches, with a deep commitment to active and robust engagement with communities, and to community empowerment. NGOs are uniquely placed to

undertake service provision and advocacy, including on subjects that are sometimes sensitive, such as sexual and reproductive health.

The recent evaluation of AusAID's engagement with civil society, by the Office of Development Effectiveness, suggests that AusAID's approach to civil society tends to be ad hoc and 'scatter gun'. A more strategic approach is needed, recognizing the vital role of civil society in development, and systematically providing support in areas of comparative advantage. This includes supporting outcomes-focused partnerships which maximise the unique capacities and roles that NGOs play.

2. Performance: lessons learned and achievements

2.1 The revision of the Australian Family Planning Guidelines was a significant achievement for the aid programme. This progress must be protected and fully implemented.

2.2 Australia has led the way in signing-up to partnerships with other public and private development entities, building on donor coordination and commitments made under the Paris Declaration. These partnerships include the:

- International Alliance for Reproductive, Maternal and Newborn Health
- Maternal, Newborn and Child Health Network for Asia and Pacific
- International Health Partnership and Related Initiatives (IHP+), including the 'Taskforce on Innovative Financing for Health Systems'.

These are significant investments in time and commitment.

2.3 Outside of the aid programme, it can be difficult to assess exactly what Australia's role in these partnerships is and what results are desired. Also challenging is discerning whether funding commitments made under one partnership are the same as funding made under another. Similarly, it is hard to ascertain what is new funding and what is already committed. A simple way to improve this would be to publish on the AusAID website, in a timely manner, funding commitments made and action against desired results. This will increase transparency and accountability.

3. Efficiency and Effectiveness

3.1 Policies

Policy Frameworks

New policies are urgently needed to provide the intellectual substance behind the aid programme's increased focus on, and funding for, sexual and reproductive health, including women's and girls' reproductive health, family planning and maternal and child health. Policies are also needed for young people, incorporating their pressing sexual and reproductive health needs. (See below for statistics on this.)

The new UK Maternal and Child Health Policy and Results Framework is a well-researched document. Building on Australian's membership of the International Alliance on Reproductive, Maternal and Child Health, AusAID could use the UK's new MCH policy as a draft framework for AusAID. There are some areas that require improvement and geographical focus would be somewhat different, but it provides a solid beginning. AusAID should take the UK's lead in the drafting of this policy by ensuring a highly consultative process with civil society, multilaterals, governments and other crucial stakeholders in the development of an AusAID Policy.

Integrating HIV into Sexual and Reproductive Health Programmes

To increase efficiency and effectiveness, now is a good time to review AusAID's approach to HIV and AIDS in the Pacific, before the post-2013 Regional Strategy is devised. Similarly, AusAID's approach to HIV globally may benefit from a review. Research shows that integrating HIV into SRHR, and vice versa, can reap greater benefits than funding HIV-only activities. Expected benefits of greater integration can include: improved utlisation of key HIV and SRHR services; better access to tailored SRHR services for people living with HIV; reduced HIV-related stigma and discrimination; greater support for dual protection against STIs, including HIV, and unwanted pregnancy; improved quality of care; and enhanced effectiveness and efficiency.[xvii] The aid programme is missing out on potential efficiencies and expanded impact.

Teenagers in Vanuatu reported that they currently receive more information on STIs/HIV than they do on contraception, yet information on contraception is relevant and important to them. This shows that their need for information on contraception is not being met and they would like an increase in this sort of information.[xviii] The same study found that reproductive health supplies are unreliable, particularly outside urban areas.

Statistics across the Pacific highlight this lack of information and services. Teenage fertility is amongst the highest in the world: for example Marshall Islands has a rate of 138 births per 1,000 women aged 15-19 years and the Solomon Islands 67 (Australia is concerned about their rate of 18.4). Research shows, on average, one in four sexually active young people in the Pacific have an STI, with chlamydia prevalence in youth of up to 40% - again, amongst the highest in the world.[xix]

Meanwhile, regional programmes such as the Adolescent Health and Development programme languish with little funding and political support. Effectiveness and efficiency will be enhanced by funding activities that address broad sexual and reproductive health needs, and that include HIV.

3.2 Systems

Investing in family planning and women's empowerment programmes can have a positive effect on the internal functioning of the aid programme. Funding programs in family planning and women's empowerment can bridge silos that develop within large aid programmes such as AusAID because SRHR issues are integrally linked to many other sectoral areas (financial literacy, micro-credit, education, climate change). For example, the SPRINT project (sexual and reproductive health in humanitarian emergencies) has brought together the health team and the humanitarian team. AusAID staff have commented on how they do not ordinarily interact to the extent that the SPRINT project has enabled them to do and the SPRINT programme forged fruitful connections. These connections facilitate cross-fertilisation of ideas and learning within the agency, as well as building more holistic programmes – recognising that the beneficiaries of aid do not compartmentalise their lives into 'health', 'infrastructure', 'employment', etc. They live their lives in a fluid manner and the more an aid programme can represent that, the greater its impact.

4. Evaluation and Review, Management of Fraud and Risk

Everybody counts but not everybody is counted. To ensure we can collectively assess the impact of Australian aid programme interventions and target future interventions, programmes must have common indicators. Progress against these common performance indicators must be published, aggregated across countries, programmes and implementing partners. For SRHR interventions, these indicators should use the

MDG5 target indicators (5.1 – 5.6), and be reported disaggregated by age, income and marital status. Additional indicators could also include:

- % adolescents, by sex, who receive information about contraception
- % adolescents, by sex, who report being able to access contraception
- % women (and men where applicable) reporting satisfaction with the quality of care received (reported by type of care).

The increase in budget support, basket funding and other aid modalities has decreased the ability to track funds at the sub-sector level. To ensure transparency and measure effectiveness, it is vital that systems are in place to track sub-sector spending, such as SRHR, particularly when recipient governments have weak systems. Funding to global alliances and partnerships also needs to be carefully tracked and reported on. Consistent with Australia's commitment to the International Aid Transparency Initiative, this information should be made publically available, in a timely manner.

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[xii] DfID, 2010, *Choices for Women: planned pregnancies, safe births and healthy newborns – The UK's Framework for Results*, DfID: London.
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[xiv] Singh S, Darroch J, Ashford L, Vlassoff M. Adding it up: The costs and benefits of investing in family planning and maternal and newborn health. New York: Guttmacher Institute and UNFPA, 2009.
[xv] Asia Pacific Alliance, 2010, *Making Sexual and Reproductive Rights Count: Asia and Pacific Resource Flows Project*, Asia Pacific Alliance: Bangkok.
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[xvii] WHO, UNFPA, UNAIDS, IPPF, 2005, *Sexual and Reproductive Health and HIV/AIDS: A Framework for Priority Linkages*.
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[xix] Secretariat of the Pacific Community, press release Sept. 2010: http://tiny.cc/oryme