

AusAID Aid Effectiveness Review

Submission from International Planned Parenthood Federation (IPPF)

1 February 2011

The International Planned Parenthood Federation (IPPF) is the world's leading NGO sexual and reproductive health provider and advocate for sexual and reproductive health and rights (SRHR) for all. On these issues we act as a centre of knowledge and expertise. We are a worldwide movement of 153 national organizations in 174 countries working with and for communities and individuals; especially working to meet the needs of the poor, marginalized, socially excluded and/or under-served.

IPPF welcomes this opportunity to contribute to the AusAID Aid Effectiveness Review and is pleased that the panel are actively seeking input and feedback from stakeholders, particularly NGOs. We commend the timing of the review which will help ensure that the increases foreseen for the aid programme will benefit from and be guided by the review recommendations.

1. Sectoral focus of the Australian Aid programme

1a Sexual and reproductive health and rights (SRHR) including family planning

IPPF greatly welcomes Australia's commitment to improving women's health as demonstrated by the recently announced AUD\$1.6 billion spending commitment for women's health and involvement as a founding member of the new Alliance for Reproductive, Maternal and Newborn Health established in collaboration with the United States Agency for International Development (USAID), the UK Department for International Development (DFID) and the Bill and Melinda Gates Foundation. IPPF also congratulates AusAID for having recognised the importance of family planning to development goals and provided family planning funding when reproductive health was not included as part of the MDGs and much of the world did not prioritise family planning funding.

MDG 5, 'to improve maternal health', and particularly target 5b to 'achieve universal access to reproductive health', is the most off-track of all the MDGs. Reproductive health was omitted from the first seven years of the MDGs despite acknowledgement that it is one of the lynchpins of the MDGs, particularly MDGs 3, 4, 5 and 6. Universal access to reproductive health is the key to reducing maternal mortality; preventing unwanted pregnancies; curbing the spread of sexually transmitted infections, including HIV, and AIDS; empowering women and girls to exercise their sexual and reproductive rights and reducing poverty. However, evidence shows that progress towards MDG 5 has been slow and uneven.

Family planning is one of the most cost effective public health interventions available today. However, 215 million women still do not have access to family planningⁱ, resulting in an estimated 76 million unintended pregnancies and 50 million unsafe abortions, all of which contribute to more than 350,000 mostly preventable maternal deaths every year. In addition, countries with the greatest burden of HIV also have high levels of unmet need for family planning, and in the absence of HIV, 18 per cent of maternal deaths could have been prevented.¹

The economic growth case for a comprehensive approach to voluntary family planning is well documented by the World Bank and other internationally-recognized economists. Investments made in health and education combined with female emancipation can help create a virtuous cycle where families with fewer children invest more in the education of their daughters, which in turn creates further economic growth opportunities through greater female participation in the workforce, and more gender-responsive policies as women are better represented in parliament. An emphasis on ensuring women's sexual and reproductive health is essential to their economic engagement given that these morbidities account for 32 per cent of the global disease burden among women of reproductive age.ⁱⁱ

¹ Hogan MC et al, Maternal mortality for 181 countries, 1980-2009: a systematic analysis of progress towards MDG 5, The Lancet, 2010.

Empowering women and men to take personal control over their fertility and choose the number and spacing of their children is, in itself, a powerful development tool in the fight to halve poverty by 2015. The demographic transition of Brazil in the last 50 years has led to up to a half a per cent increase in national economic growth each year.ⁱⁱⁱ In Bangladesh an investment of US\$50 million in family planning annually will meet demand while saving US\$327 million expenditure on meeting the other MDGs.^{iv} In a report undertaken by the Human Development Research Centre, meeting the demand for family planning in Bangladesh would contribute nearly US\$900 million² to the national economy in increased output.^v

IPPF recommends that AusAID, through its advocacy and funding, becomes a champion for voluntary comprehensive family planning services³ as the means to facilitate demographic transition in developing countries. Failure by the international community to achieve universal access to a package of high impact SRH services focussed on family planning will have a detrimental effect on human well-being, long-term economic growth and environmental sustainability globally. Those already struggling to survive, particularly women and children will bear the brunt of these detrimental effects.

IPPF recommends that AusAID Ministers take political ownership and leadership for family planning by strengthening international commitment to integrate family planning into development and health sector planning and funding mechanisms. IPPF will be pleased to provide more details, including how such a strategy can be developed into an ambitious and compelling development story for developed and developing regions of the world.

AusAID should ensure that SRHR programmes are evidence based and take account of the following important components:

Young People and comprehensive sexuality education:

Over 1.75 billion members of the world's population are between the ages of 10 and 25, just entering reproductive age, signifying the largest cohort of adolescents in human history.^{vi} In 2005, 62 per cent of Africa's overall population was below the age of 25^{vii} and south Asia currently has the biggest generation of adolescents to date. We know that countries with high youth bulges⁴ are primarily in the developing world, where youth unemployment rates are generally three to five times that of adults. We also know that the unmet need for family planning among young people is twice that among adults.^{viii} Only 17 per cent of sexually active young people use contraceptives and young people between 15 and 24 years account for 50 per cent of all new HIV infections.^{ix} In addition, complications related to pregnancy and childbirth are the number one killer of adolescent girls in developing countries.^x Investing in young people now and providing comprehensive sexuality education and family planning services would greatly assist young people to delay early childbearing, to better plan and space their families, thereby reducing maternal mortality, and contributing to a reduction in the prevalence of HIV and AIDS. The multiplier effect of investment in young people's sexual and reproductive health and education in terms of health in later years, and participation in the economy cannot be underestimated. Comprehensive family planning is critical to sustainable, resilient development and can simultaneously boost economic growth by creating a demographic dividend.

² Based on the research which notes "estimates of the economic value of the loss of time by suffers" at Thaka61,353 million using an exchange rate of Thaka69.07 to US\$1. Sufferers are noted as people who have experienced a shortage, stock out or irregular supply of contraceptive pills, contraceptive injectables or condoms.

³ The term 'comprehensive family planning services' is used to mean family planning and other reproductive health services as defined in the International Conference on Population and Development Programme of Action (1994). It is also recognized that family planning is more readily accessed when combined with other primary health and welfare services, and when human rights are respected more broadly. This includes ensuring that individuals are empowered to exercise their sexual rights as articulated in IPPF's Declaration of Sexual Rights. It is important to include access to safe and legal abortion services as part of a comprehensive approach.

⁴ Countries in which young adults made up a large proportion of the adult population — 40 percent or more.

Unfortunately many young people are not able to access services due to stigma and discrimination. In order to address this it is imperative that service provision is youth friendly and offers a comprehensive package of services⁵. This is also relevant for young people living with HIV and those with disabilities.

Unsafe abortion is a major public health issue:

Unsafe abortion is responsible for about 15 per cent of global maternal mortality.^{xi} Approximately 44 per cent of these deaths occur in Africa^{xii} and more than one third in South Asia, where it is estimated that 37 per cent of all maternal deaths result from unsafe abortion.⁶

Out of 46 million abortions performed annually, 20 million are estimated to be unsafe and virtually all are in the developing world.^{xiii} More than 5 million of these result in medical complications so serious that they require hospitalisation while millions more never receive the medical assistance they require and lead lives impoverished by illness and disability. In addition to the health consequences, unsafe abortions impose a significant economic cost on both the individual and society through the cost to women in terms of lost income and the use of scarce health resources for treating unsafe abortion complications that could have been prevented. New research estimates that the total cost of unsafe abortion to the developing world lies between US\$375 and US\$838 million.^{xiv}

For these reasons, the provision of safe abortion in countries where it is legal was included in the package of essential interventions and services committed to under the General Secretary's Global Strategy for Women's and Children's Health initiative.

IPPF is pleased that Australia amended its Family Planning Guidelines in 2009 and eased restrictions on funding for abortion services and activities. **IPPF recommends that AusAID further confronts and addresses the critical public health issues caused by unsafe abortion.** This would include more support for the provision of safe abortion services and funding for advocacy initiatives for the liberalisation of restrictive national legislation and regulations that prevent access to comprehensive post abortion care and safe abortion and contribute to maternal ill health.

IPPF applauds the leading role which Australia has played in the fight against HIV/AIDS in the Asia Pacific region, particularly through its engagement with the Asia Pacific Leadership Forum on HIV/AIDS, the work of Australia's HIV Ambassador, key alliances with the Global Fund to Fight AIDS, Tuberculosis and Malaria and UNAIDS and its frontline research, publications and policy development. Integrated HIV and SRH service provision is a key contributor to the three pillars of sustainable development

Australia's own national HIV public health and human rights response has been internationally recognised for its effectiveness. **AusAID should continue to play a leading role in the HIV/AIDS response in the region and use its expertise and domestic achievements to influence the international dialogue and response. A key component of this is the importance of integrating HIV and SRH service provision to increase access to services, reduce stigma and pool resources for cost effectiveness.**

1b Emergency, Humanitarian and Refugee Programmes

Australia has shown strong leadership in its emergency, humanitarian and refugee funding by supporting innovative evidence based approaches. By ensuring that aid interventions are soundly backed by evidence and research, the potential for positive impact is increased. This approach is demonstrated, for example,

⁵ These services should include sexual and reproductive health counselling, contraceptive counselling and provision (including emergency contraception), sexually transmitted infection and HIV prevention, counselling and testing, treatment and care, antenatal and post-natal care, sexual abuse counselling, relationship counselling, and safe abortion and abortion-related services.

⁶ IPPF South Asia region <http://www.ippfsar.org/en/What-we-do/Strategic+plan/abortion+saro.htm>

in the support provided to the of the SPRINT Initiative⁷ which draws on research collected by the University of New South Wales. **AusAID should continue to draw on evidence based research to inform programming and expand this approach to other programmes funded by AusAID.**

The AusAID *Humanitarian Action Policy* recognises the functional links between humanitarian activities and broader aid policies and programmes. Through ensuring a continuum between humanitarian and development programmes, interventions are more coherent and effective, benefiting those most in need. **As AusAID increases its funding and scope, it should expand and broaden this integrated approach.**

IPPF has been impressed by AusAID's management of its emergency and humanitarian work, particularly regarding cross-sectional collaboration, knowledge sharing and geographic and thematic linkages between the various AusAID teams. **This approach is to be commended and should remain firmly in place as the AusAID structure expands. AusAID would benefit from applying this approach to other funding streams.**

Problems related to sexual and reproductive health (SRH) are the leading cause of women's death and ill health globally. In a crisis, these needs and vulnerabilities increase, at the same time as access to services decreases. While essential sectors such as water, sanitation and nutrition have made substantial progress over recent decades, health (especially sexual and reproductive health) and empowerment of women and girls in humanitarian settings remain an area of greatest humanitarian need. This is illustrated by the fact that 8 of the 10 countries with the highest maternal mortality ratios in the world are also affected by insecurity and conflict. Women, children and young people make up 75–85 per cent of the estimated 65 million people who have been forcibly displaced from their homes by conflict or natural disasters. They are at increased risk of rape, sexually transmitted infections, unintended pregnancies, unsafe abortion, and maternal ill health and death⁸. They need and have a right to SRH care.

AusAID's support has been central to the growing inclusion of SRH in emergency interventions and has played a pioneering role in supporting this area of work. **IPPF recommends that AusAID strengthens the financial and political support provided and plays a leadership role in advocating to other donors for increased prioritisation of the inclusion of SRHR in emergency responses.**

1. Geographic focus of the Australian Aid programme

AusAID should continue to place major importance on the Pacific region and South East Asia in its Aid programming. Of the twenty four OECD DAC members, only four, including Australia, are from the Asia-Pacific region and therefore the geographical focus of many of the DAC members is not concentrated in the Pacific region or south-east Asia. AusAID should ensure that this geographical focus remains a key part of the Aid portfolio and should also play a leadership role with other DAC members to highlight the issues prevalent in the region and the need for a collective response. Small Island States are particularly and frequently forgotten, despite their fragility and vulnerability in relation to the three pillars of sustainable development. Australia has much experience of working in this region where its work is often an example of aid at its best, focussed on ownership and sustainability, and AusAID should continue to put this knowledge to effective use.

The Asia Pacific region is particularly susceptible to the negative impact of natural disasters which are set to worsen as climate change progresses. IPPF encourages AusAID to continue placing importance on the emergency and humanitarian support provided to this region.

⁷ The SPRINT Initiative increases access to SRH information and services for populations surviving crisis and living in post-crisis situations. The Initiative is run in collaboration by IPPF, UNFPA, the University of New South Wales (UNSW) and the Australian Reproductive Health Alliance (ARHA).

⁸ Coghlan B, et al. Mortality in the Democratic Republic of Congo: a nationwide survey. *Lancet* 2006

Australia should further expand its geographic coverage for greater impact. As the size of the aid budget increases, Australia should expand its coverage to play a stronger global role, without reducing its commitment to the Pacific and South East Asia. In particular, Australia should increase its aid programme in South Asia and sub-Saharan Africa, the two regions with the highest levels of maternal and child mortality. It is greatly encouraging to see Australia committed to taking a leading global role which it has the history and earned respect to play.

Australia should utilise the Commonwealth structure to address development needs. Approximately 60 per cent of all maternal deaths and 40 per cent of infant deaths occur in Commonwealth countries, twelve in particular⁹. In many of these countries, little improvement has been seen in the last ten years¹⁰. Many Commonwealth countries are also disproportionately affected by HIV and 60 per cent of people living with HIV globally are based in Commonwealth countries. This represents a particularly heavy burden given that only 30 per cent of the world's population are based in these countries.^{xv}

Through the medium of the Commonwealth institutions and the Commonwealth Heads of Government meetings (CHOGMs), Australia could utilise this long-standing political mechanism to influence the development priorities and focus of the Commonwealth group, for example at the upcoming CHOGM meeting to be held in October 2011 in Perth. The shared language and commonalities between political systems would make the transfer of expertise gained in one country to another easier to achieve.

2. Focus on low and middle-income countries

It is now estimated that three-quarters of the world's poor (or approximately 1.3 billion people) live in middle-income countries.¹¹ In addition, some of the highest levels of maternal mortality exist in middle-income countries such as India and Nigeria.

The greatest inequality between rich and poor is often found in middle-income countries and more unequal countries have worse social indicators, a poorer human development record, and higher degrees of economic insecurity and anxiety.^{xvi} In the anticipated increase and expansion of Australian aid, **AusAID should ensure that working with poor and vulnerable populations in middle-income countries is included in aid programming.**

3. Different types of funding and role of NGOs/CSOs

IPPF welcomes AusAID's current system of providing unrestricted core funding to trusted NGOs and other partner organisations that have robust oversight systems in place. Unrestricted funding allows organisations to use funds where they are most needed, to build locally owned and governed organisations providing services through local staff and leadership. Unrestricted funding allows organisations to have maximum flexibility and minimum administration costs, thereby ensuring aid is directed where it is most needed with greater cost effectiveness. **We would recommend that AusAID continues to provide, where appropriate, unrestricted funding, rather than moving to project-based funding, as some donors have done in recent years.**

It is important that AusAID supports meaningful civil society engagement at the global, regional, national and community level. When local civil society increases its capacities and networks, communities become stronger and more resilient.¹² The importance of civil society's role in development needs to be reflected more in AusAID's approach to demonstrate the unique role played by civil society in service delivery, especially in areas where governments cannot or will not work in reaching poor, marginalised, under-

⁹ Bangladesh, Cameroon, India, Lesotho, Kenya, Malawi, Mozambique, Nigeria, Sierra Leone, Tanzania, Uganda, and Zambia.

¹⁰ Commonwealth Secretariat, January 2011.

¹¹ Institute of Development Studies (September 2010) *Global Poverty and the New Bottom Billion: What if Three-Quarters of the World's Poor Live in Middle-Income Countries?*

¹² Hillary Clinton, (November 2010) *Leading Through Civilian Power. Redefining American Diplomacy and Development*. Foreign Affairs Volume 89/6

served and vulnerable groups. Additionally, civil society plays a crucial watchdog role, holding governments to account for the promises they make

It is important that AusAID can ensure value for money, strong performance and results and cost-effective use of resources channelled through multilateral funding. AusAID should benefit from existing donor networks to share knowledge and best practice related to multilateral funding (such as the DFID multilateral aid review). **In addition, AusAID should use its influence with multilateral organisations, such as the World Bank and the Global Fund, to ensure they contribute to important health priorities, including voluntary family planning as part of a comprehensive, integrated package of sexual and reproductive health services.**

4. Performance of the aid programme and lessons learned including efficiency and effectiveness

AusAID's performance has been strong in the following areas:

- **Building partnerships with other donors to strengthen impact and aid harmonisation.** Examples include the recently formed Alliance for Reproductive, Maternal and Newborn Health, and involvement in the Taskforce on Innovative Financing for Health Systems, and the Maternal, Newborn and Child Health Network for Asia and Pacific.
- **Prioritising geographical areas where Australia has experience and knowledge** of best practice such as the Pacific and South East Asia. This has benefited these regions politically and technically.
- Under the SPRINT Initiative, **AusAID has demonstrated cross-team and inter-departmental working and collaboration** which has led to greater coherence, integration and understanding of the programme within AusAID. This offers a successful model for joined up action which could be replicated. In addition, AusAID has favoured an evidence based approach to funding of this programme.
- **Providing unrestricted funding** to strong and well governed organisations to allow for aid to be targeted where it is most needed and for administration costs to be reduced.

AusAID should consider the following opportunities:

- **Ensure cross-team collaboration and inter-working** among all departments in AusAID to improve the links between sectoral and geographic programming. For example, with MCH funding, the various geographic teams should liaise clearly with health thematic teams.
- **Staff turnover within AusAID could be reduced.** This would increase institutional knowledge of funded programmes as well as thematic and/or geographic technical expertise. This would also provide continuity for funded organisations dealing with AusAID.
- **Use evidence based research to inform programme design and funding allocations.** This should be applied to all aid programming and will help bolster effectiveness.
- The revision of the Australian Family Planning Guidelines was greatly welcomed by the SRH community as a sign that Australia is able to apply the same public health measures to aid funding as those applied to its domestic setting. **It is important that these revisions are guarded and not overturned.**
- **Use instruments that help deliver results, but also promote coherence and well joined-up responses.** As Ausaid develops its thinking and approach to performance based funding, it should ensure that a rights based approach remains central to the delivery of its aid programmes.

- Australia's aid programme enhances the global image of Australia and view of Australians as good global citizens. **AusAID could do more to convince the Australian taxpayer that as well as contributing to progress in developing countries, aid expenditure has a positive impact for Australia which benefits and supports Australia's diplomatic and foreign affairs initiatives.**

We remain available for further consultation should this be helpful.

Thank you for providing us with the opportunity to contribute to this important review.



Dr. Gill Greer
Director-General

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