



Sexual and Reproductive Health and the Millennium Development Goals in the Australian Aid Program – the Way Forward

*Report of Roundtable Discussions
by the Parliamentary Group
on Population and Development*

*Parliament House, Canberra,
14 August and 11 September 2006*

May 2007



“One of the goals of our Parliamentary Group on Population and Development is to make sure that Australia is one of the leading contributors of the world in terms of supporting in every sense populations’ reproductive health in the region, and we still have a way to go.”

*— Dr Sharman Stone,
14 August 2006*



Photo: Steven Nowakowski

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Senators and Members of Parliament in attendance, 14 August 2006

Senator Lyn Allison*
Senator Anne McEwen
Senator Claire Moore
Senator Kerry Nettle
Senator Judith Troeth*
Senator Ruth Webber

Ann Corcoran MP*
Kelly Hoare MP*
Duncan Kerr MP
Bob McMullan MP*
Dr Sharman Stone MP**

Senators and Members of Parliament in attendance, 11 September 2006

Senator Lyn Allison
Senator Trish Crossin
Senator Anne McEwen*
Senator Claire Moore*
Senator Kerry Nettle*
Senator Marise Payne

Senator Judith Troeth*
Senator Ruth Webber*
Ann Corcoran MP
Dr Sharman Stone MP**
Kelly Hoare MP*
Kay Hull MP

* session chair

** Roundtable chair

Foreword

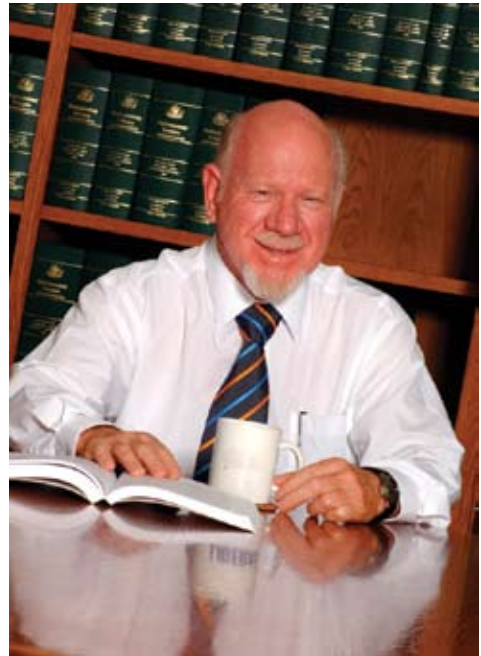
**Dr Mal Washer, Chair,
Parliamentary Group on Population and Development**

In 2000, 189 governments including our own committed to halving world poverty by 2015 by meeting the Millennium Development Goals (MDGs).

We are already half way through the period we set ourselves. Tragically, indications are that collectively we will not meet the target. Lack of access to sexual and reproductive health (SRH) information and services continues to be a major impediment to the attainment of the MDGs.

The Australian Parliamentary Group on Population and Development (PGPD) hosted two Roundtable Discussions in the Federal Parliament in 2006 to find out what opportunities we have to make a real difference in our region.

The PGPD seeks to galvanise a broad base of coordinated support for the Asia-Pacific region in population health and in particular SRH. We work closely with other parliamentarians nationally and internationally. As this report illustrates, compelling evidence exists that SRH is an issue too important to be left on the margins any longer. There is scope for it to become a core and integrated foundation for strengthening regional health systems



and national development strategies including responses to HIV/AIDS.

Improvements in SRH will deliver multiple dividends for individuals who are able to realise their rights, for communities, for our partner countries and for our region. We can argue convincingly that sustainable development, strong civil society, a productive economy, regional security, social development and poverty alleviation all depend on securing better sexual and reproductive health outcomes in our region.



Photo: Donna Gibbons

The discussions, conducted in the Federal Parliament on 14 August and 11 September 2006 were timely, approaching the mid-way point for the achievement of the MDGs and following the release of the Government White Paper on Overseas Aid *Australian Aid: Promoting Growth and Stability* in April 2006. In this we committed to focus on the health needs of women, in particular their sexual and reproductive health, and children. We wanted to explore in greater detail the relationship between the MDGs and SRH with recognised experts in our region.

This report presents a summary of the recommendations made to us, some of which will help address the key challenges and opportunities for populations in our region through our aid program.

We endorse one of the major outcomes of these discussions which was that by putting investments in sexual and reproductive health, including HIV/

AIDS, at the heart of our aid program we can remove impediments to poverty alleviation.

As parliamentarians we can help improve the lives of the poor in our region by focusing our attention on these issues. We are aware that Australia has some way to go in meeting best practice standards for SRH, particularly with regard to our support for access to safe abortion, but we are encouraged that our aid program is starting to address some of these concerns.

We have a unique opportunity to learn from other regions, to properly resource SRH services and programs and to have pride in promoting Australian efforts in meeting commitments already made including the International Conference on Population and Development (ICPD) and the 2005 UN World Summit.

Dr Mal Washer

Executive Summary

The Roundtable Discussions provided an opportunity for many of us interested in sexual and reproductive health activities in Australia's aid program to learn more about these issues in our region and what can be done about them.

In considering the way forward we asked that recommendations made to us by presenters and through submissions be incorporated into this report. We have identified some key issues for further action by the Australian Parliamentary Group on Population and Development.

We heard about the drastic decline in global funding for family planning in all population assistance from 55 per cent in 1995 to 9 per cent in 2004. This has created huge numbers of identifiable victims who are overwhelmingly poor women in poor countries.

We learned also that our own contributions to family planning funding have drastically declined over the past ten years. The result is increasing numbers of unwanted pregnancies, rising rates of unsafe abortion, increased risks to the lives of women and children and high maternal deaths in our region.

Some of these deaths could be avoided by providing information about unsafe abortion and by supporting abortion in countries where it is legal,

both activities currently prohibited by our Family Planning Guidelines. Abolishing these Guidelines will also ensure better public health outcomes – in countries where abortion is safe, legal and accessible, abortion rates are far lower than in those countries where it is not. Evidence about the economic cost of unsafe abortion was alarming and convinced us that we could no longer leave this issue out of a comprehensive approach to SRH in our aid program if we are to meet the MDGs and improve population health in our region.

It is estimated that ensuring universal access to family planning alone would reduce maternal deaths globally by 20 to 35 per cent and child deaths by 20 per cent so **greater funding for family planning** is a key priority for us.

The Economic and Social Commission of Asia and the Pacific (ESCAP) 2007 report, *Surging Ahead in Uncertain Times*, identifies that the death of a mother increases 3-10 times the chance that her children below the age of 10 will die within two years. The survey states that in some countries in our region one in every 10 girls dies before reaching the age of one, and one in every 50 women dies during pregnancy and delivery. This compares poorly to Australia where it is estimated less than one in 10,000 women dies giving

birth. These are shocking statistics and so we will make every effort to ensure that **reducing maternal and child mortality** remains a focus of our PGPD activities.

Given the feminisation of HIV/AIDS there is an urgent need for much stronger links between HIV/AIDS and sexual and reproductive health and rights in policies, programmes and services which address gender inequalities, gender-based violence and abuse. We endorse this policy and will work with other parliamentarians around the region and the globe to **address the disproportionate effect of HIV/AIDS on women and girls.**

We heard that slower population growth results in less pressure on scarce natural resources and helps preserve our environment. We also heard that **environmental sustainability is impossible without family planning.**

We understood that **investing in sexual and reproductive health services** will be repaid over and over again in savings on other health and social services as fertility rates decline and social welfare improves.

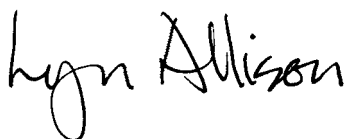
Those savings could go a long way to boost economic growth, improve gender equality, reduce poverty, and help to fight the economic and social devastation of HIV/AIDS. **The economic benefits of investment in sexual and reproductive health** is not well understood but as parliamentarians we can assist in getting this message heard.

We learned about the economic losses to our region because of gender gaps in education, violence against women and poor reproductive health outcomes. Clearly **greater investment in girls' education** is one of the keys to ensuring greater economic benefits as well providing the benefits of gender empowerment.

In total, inequality and discrimination against women costs Asia-Pacific economies almost US\$80 billion a year due to restrictions in access to employment and education.

Australian NGOs are already working in our region and we were impressed by the depth of knowledge and experience demonstrated in their presentations.

We are committed to **developing Australian expertise** and knowledge to assist our country partners. We are strongly of the opinion that real benefit is realised when parliamentarians are able to receive and exchange information about SRH from national and international experts. We look forward to being able to promote our leadership in the region on SRH and to ensuring the economic and social benefits of gender empowerment.



Lyn Allison (Vice-Chair)



Claire Moore (Vice-Chair)

Key recommendations

1) *Abolish the AusAID Family Planning Guidelines*

Comprehensive sexual and reproductive health programming should be actively pursued in the aid program as it is now encapsulated in the White Paper. However, Australia places restrictions on the use of aid funds in this area. Our Family Planning Guidelines limit contraceptive choice and ban access to information and services about abortion. Unsafe abortion is responsible for 13 per cent of all maternal deaths globally – many in our region. These restrictions deny women the same access to reproductive health choices, education and services we give ourselves, even in countries when it is legal to do so. Currently if a woman is dying or injured from accessing unsafe abortion only then can she be treated or given information. Many that do survive are permanently injured adding to the cycle of poverty and ill health. This is cruel and illogical. As a signatory to ICPD (1994) and CEDAW (1979) we are contravening our international commitments. The ICPD states: “in circumstances where abortion is not against the law, health systems should train and equip health service providers and should take other measures to ensure that such abortion is safe and accessible” (8.25). We recommend adopting guidelines such as those of the World Health Organisation, used by most other donors, to guide our reproductive health activities. Excessive bureaucratic requirements on monitoring and reporting have meant women’s reproductive health has been singled out for unjustifiable scrutiny for too long.

2) *Enhance integration of sexual and reproductive health and HIV/AIDS*

There is overwhelming evidence that better integration of HIV/AIDS programs into SRH programs brings multiple dividends. Conversely, *not* delivering HIV/AIDS information and services as part of a comprehensive reproductive health package undermines health systems, doubles resource spending, harms individual coping mechanisms and compromises aid effectiveness and efficiency. The PGPD recommends that integrated sexual and reproductive health services, including responses to HIV/AIDS and sexually transmitted infections (STIs), be a central tenet of our aid program’s support for health systems strengthening.

3) Strengthen systems support for sexual and reproductive health

Some of the institutional systems delivering our aid program hinder implementation, monitoring and evaluation of activities in the sexual and reproductive health sector. We recommend improving Australian and regional capacity and mainstreaming sexual and reproductive health expertise so that better reporting, monitoring and evaluation systems are in place. It is important to take up the suggestion of AusAID Deputy Director General Annmaree O’Keefe to have “indicators built into each of the programs” to demonstrate the benefits of quality SRH programs and to better code and track expenditure. We stand by the 2006 Bangkok Declaration in which Asia Pacific parliamentarians, including three PGPD members, committed to advocate for at least 10 per cent of our aid budget for sexual and reproductive health programs, to assist Australia to catch up on its many international commitments in this area.



Photo: Steven Nowakowski

The Millennium Development Goals

Sexual and reproductive health is critical to poverty reduction.

The MDGs cannot be achieved unless attention is given to addressing the key components of a comprehensive sexual and reproductive health program. Following are each of the MDGs with some of the key points that were emphasised to us by the experts in their presentations. They demonstrate the wide-ranging impact of sexual and reproductive health in helping to achieve the MDGs.



Photo: Steven Nowakowski

Millennium Development Goal 1: *Eradicate extreme poverty*



Photo: Steven Nowakowski

Family Planning

- Population trends impact directly on poverty.
- The supply of safe and affordable contraceptives allows individuals to choose smaller families with wider birth intervals. This relieves demographic pressure, enhancing opportunities for poverty alleviation and food security.

Gender-based violence

- Gender-based violence (GBV) imposes huge social and economic costs on individuals and communities. The morbidity or ill

health associated with violence can perpetuate poverty and place an enormous burden on already over-stretched health systems.

- Preventing GBV can enhance the abilities of women, especially when they are heads of households, to address poverty and food insecurity. Treatment, care and support for survivors will help alleviate their experience of poverty and hunger.
- Poverty and hunger exacerbate sexual and reproductive ill health. Vulnerable women who use sex as a commodity to trade are more vulnerable to gender-based

violence, STIs and unwanted pregnancy.

- Sexual violence against women is particularly prevalent in times of conflict and fragility and is used as a deliberate weapon of war.

Maternal Mortality and Morbidity

- A woman's ability to participate in economic spheres and enhance her livelihood strategies, is severely constrained by ill health or morbidity associated with her reproductive role.
- Unsupported pregnancies, including lack of access to antenatal or postnatal care, complications of pregnancy and lack of skilled attendance at delivery contribute to morbidity and subsequently chronic poverty. Maternal mortality exacerbates the vicious cycle of poverty.

Sexually Transmitted Infections and HIV/AIDS

- Morbidity and the prohibitive costs of disease management, severely constrains the participation of men and women in the economy.
- Ensuring access to effective prevention and affordable treatment services will reduce the burden of disease, relieve resource pressure and enhance opportunities for food security.

Unsafe abortion

- Unsafe abortion results in high incidences of morbidity and mortality amongst women in their most economically productive years.
- Women who experience secondary infertility as a result of unsafe abortion or STIs are often divorced, leaving them more vulnerable to poverty and hunger.

"High fertility outpaces economic and development gains, and stalls poverty reduction efforts. Thailand is an example of what happens when development and family planning are taken seriously. Twenty years ago, the Philippines and Thailand were neck and neck and the Philippines now is in spiralling poverty. Nothing has been done to address the contraceptive rates, and the Philippines government does not provide family planning.

East Timor, our very near neighbour, has the highest fertility rate in the world. How on earth is that country going to be able to feed, clothe, educate and employ all of those children? Services become overstretched and the governments just are not able to meet the needs."

— Julie Mundy
Marie Stopes International

Millennium Development Goal 2: *Achieve universal primary education*

Family Planning

- Access to safe and reliable contraception can have multiple dividends for achieving universal primary education.
- Fewer children results in less pressure on service providers and fewer costs for families, who may subsequently be able to afford to give all children, in particular girls, access to school.
- Family planning services delay pregnancy preventing high drop out rates amongst girls.

Gender-based violence

- Many girls are prevented from participating in education because of the direct experience, or a perceived threat, of GBV.
- Creating an enabling environment by addressing issues of GBV is essential to ensure girls' access to education.

Maternal Mortality and Morbidity

- The burden of care in families where mothers are disabled or have died as a result of pregnancy related complications are often borne by the girl child.



Photo: Steven Nowakowski

- Helping women to stay strong through good nutrition throughout pregnancy and delivery will help ensure all girls achieve access to primary education.

Sexually Transmitted Infections and HIV/AIDS

- The burden of illness or death associated with infection may mean children become caregivers or income earners and subsequently miss out on education.
- Intra-household resources for education may be diverted to disease management.

- Reducing the incidence of infection and ensuring care and support for those living with disease will enhance the ability of children and adolescents to achieve primary education.

Unsafe abortion

- Lack of access to safe abortion in the case of unplanned or unwanted pregnancies can result in girls failing to complete secondary education.
- Accessing unsafe services may result in morbidity and subsequently limit access to education opportunities.

"The other very important point is the symbiotic relationship between health and education. While we are focusing today in this forum on women's health, I want to—more than reassure you—point out very strongly that we are also developing a policy on education, and a very key, important part of that policy is going to be increasing the access for the education of the girl child. I think all of us in this room understand the importance of any success in reproductive and sexual health also rests very much on how successful we have been in terms of strengthening education for the girl child in a broader sense."

— Annmaree O'Keefe
Deputy Director General, AusAID



Photo: Steven Nowakowski

Millennium Development Goal 3: *Promote gender equality and empower women*



Family Planning

- Unless women can control their fertility they have little power over their lives.
- Providing contraceptive services provides empowerment and equality.

Gender-based violence

- Domestic violence, female genital mutilation, rape and sexual abuse coupled with a lack of services to manage the consequences of violence constrains gender equality.

- Lack of services and lack of access to compensation undermines gender equality.

Maternal Mortality and Morbidity

- Supporting women to fulfil their reproductive roles in a healthy way is an essential element of gender equality.
- Healthier pregnancies and deliveries will impact directly on women's ability to access education and income generation opportunities, key elements of the gender empowerment equation.

Sexually Transmitted Infections and HIV/AIDS

- The economic, social and political costs of infection and or lack of access to services for treatment and subsequent social exclusion are major barriers to the attainment of gender equality and empowerment.
- The increasing feminisation of HIV/AIDS is undermining efforts in other sectors to empower women through access to education or income generation.
- Empowering women is essential to prevent and/or manage future infections. For example, by enabling women to negotiate condom use.

Unsafe abortion

- A woman's ability to terminate an unwanted pregnancy and to avoid the morbidity and mortality associated with unsafe abortion is her fundamental human right and a cornerstone of empowerment.

"Development is a step-by-step process. It takes time and it needs to be relevant and acceptable and informed by the people where you are working.

"Some of the women in Papua New Guinea put themselves at risk if they stand out and talk about gender violence.

"One female doctor there—who has been an advocate for a long time—has been harangued in meetings when she has raised the issue of gender equality and gender violence.

"It takes time, slowly working through with people and building up their understanding of the impact of it, and getting them to inform us about how we should approach it. In Papua New Guinea they advise it has to be a male and female issue.

"It is the same with a lot of these issues about gender equality: many men are not getting equitable access to services either. We need to look at it from a family point of view, and from a male and female point of view, and try in both cases to do no harm."

—Dr Maxine Whittaker
JTA International

Millennium Development Goal 4: *Reduce child mortality*



Photo: Steven Nowakowski

Family Planning

- Delaying the onset of first pregnancy and facilitating wider birth spacing through use of contraceptives directly impacts on good neonatal and child health outcomes.
- Reducing mortality through good nutrition, and lower incidence of diarrhoeal disease through prolonged breast feeding, will be more likely if women delay additional pregnancies.

Gender-based violence

- Reducing sexual and gender violence against children reduces child mortality. Violence and associated mortality occurs throughout childhood, before birth in the case of sex selection, immediately after birth in the case of female infanticide. Rape and sexual abuse, particularly in crisis situations, impact directly on child mortality. Violence against women hinders a mother's ability to nurture and care for her children.



Photo courtesy/ Save the Children

"We work in the Sayaboury province in Laos. It is very remote, on the border with Thailand.

"When we started there in 1992 there were very few health centres. We have built 67 health service centres over the past 14 years and we have developed maternal child health centres at seven of the 10 district hospitals.

"Antenatal care has increased significantly, from about 30 per cent to 77 per cent in a little under seven years. By 2003, you can see an absolute decrease in infant mortality. In Sayaboury province, it is 21 per 1,000. The national average is 82 per 1,000.

"Another important indicator, which I think really speaks volumes, is the fact that the national life expectancy is 55 years but in Sayaboury province it is now 71. Remember that 14 years ago this was one of the poorest provinces and had some of the worst data, so it is a really impressive outcome.

"There has been a significant increase in the contraceptive prevalence rate in the province. We are getting really good family planning in the province now. Interestingly, people are saying: 'Oh, no, we are only having two or three children.' It used to be many more."

— Karen Hill
Save the Children Australia

Maternal Mortality and Morbidity

- Maternal morbidity and mortality is an important determinant of child health and survival. Ensuring access to safe delivery and pre-and post-natal care will reduce child mortality.

Sexually Transmitted Infections and HIV/AIDS

- Preventing mother to child transmission of STIs and HIV/AIDS will reduce child mortality. Treatment, care and support for children and/or their parents affected by STIs and HIV will reduce child mortality.

Unsafe abortion

- Access to safe abortion helps avoid neonatal death in subsequent pregnancies and deliveries. Access to safe abortion for adolescents reduces their morbidity and mortality from unwanted pregnancies or unsafe abortion. Access to safe abortion will also mean a reduction in child mortality for child mothers and their children where girls are too young to safely sustain pregnancies.

Millennium Development Goal 5: *Improve maternal health*



Photo: Steven Nowakowski

Family Planning

- Unplanned pregnancies are associated with high risks for women's health, particularly in the post-natal period. Meeting the unmet need for contraceptives to prevent unwanted pregnancies improves maternal health. Access to family planning services reduces recourse to unsafe abortion and the associated health risks to women.

Gender-based violence

- Pregnant women are more likely to experience GBV. Prioritising GBV services for pregnant women will improve maternal health. Investigating and addressing the trend of violence against pregnant women is essential to achieving sustainable improvements in maternal health.

Maternal Mortality and Morbidity

- Access to safe and affordable services throughout the course of

pregnancy and delivery, including ante-natal, safe delivery and post-natal support, will directly impact on maternal health. Early identification of complications and skilled attendance at delivery to manage obstetric complications will greatly enhance maternal health and reduce morbidity.

Sexually Transmitted Infections and HIV/AIDS

- Pregnant women are more vulnerable to infection. Prioritising access to prevention methods and strategies will improve maternal health. Delivering STI/HIV services as part of a comprehensive ante-natal package will increase accessibility. Screening pregnant women for infections will allow them to better manage their pregnancies and subsequent deliveries to maximise their own, and their children's, health outcomes.

Unsafe abortion

- Unsafe abortion is one of the leading causes of maternal mortality and morbidity. Unsafe abortion is the most easily preventable and treatable cause of maternal mortality and morbidity. Achieving access to safe abortion is central to improvements in maternal health.

"One-third of women's premature death, illness and disability is caused by the complications of high-risk pregnancy, unsafe abortion and sexually transmitted infections.

"Greater investments in contraceptive services would reduce maternal morbidity and mortality by preventing pregnancies that come too early or too late in a woman's life or that are too closely spaced together.

"Maternal mortality and morbidity mostly affect women in the prime of life when they are reaching peak household and economic productivity.

"For an infant whose mother dies in childbirth, the chances of survival are extremely poor. Averting unintended pregnancies will, of course, also reduce the incidence of unsafe abortions, which are estimated at some 19 million per year worldwide. Unsafe abortions account for 13 per cent of maternal mortality worldwide.

"An estimated 200 million women seek to avoid pregnancy but have no access to contraceptive services. To provide these services, donor countries would need to provide just \$1.3 billion a year, equivalent to four days of US spending on the war in Iraq and presence in Afghanistan."

— Dr Sharon Camp
Guttmacher Institute

Millennium Development Goal 6: *Combat HIV/AIDS, malaria and other diseases*



Photo: Steven Nowakowski

Family Planning

- Pregnancy reduces a woman's immunity to malaria and HIV. Thus, avoiding pregnancy through use of family planning will help combat these diseases.
- Promoting methods of family planning such as the male and female condom which also offer protection from HIV, helps combat STIs directly and indirectly by reducing the stigma of accessing STI services.

Gender-based violence

- GBV fuels the spread of HIV and other diseases.

- Reducing the incidence of GBV and providing services to the survivors of GBV, such as access to prophylactic anti-retrovirals (ARVs) and emergency contraception, will help combat the spread of HIV/AIDS.

Maternal Mortality and Morbidity

- Women are more vulnerable to infection during pregnancy and the post-partum period. Comprehensive ante-natal screening to determine HIV status is essential to timely delivery of an ARV regimen and surgical delivery

to enhance maternal health outcomes and prevent mother to child transmission of HIV. Prioritising prevention in and treatment of pregnant women with malaria will facilitate treatment of anaemia. In turn, this will avoid the necessity for blood transfusions and the associated risks of unsafe blood products.



Photo: Steven Nowakowski

Sexually Transmitted Infections and HIV/AIDS

- Identifying STIs and providing access to treatment and services can significantly reduce the incidence of HIV/AIDS.

Unsafe abortion

- Unsafe abortion fuels the spread of HIV/AIDS as a result of operative and post operative infection from contaminated instruments and blood products. Reducing the incidence of unsafe abortion will help significantly in combating HIV/AIDS.

“HIV, if it is not taken into account in some way, has the capacity to undermine many of the development gains that have been made in other forms of programming.

*“Inequality fuels the spread and the impacts of HIV and AIDS. Gender inequality in particular contributes to the vulnerability of everybody but **most specifically women and children.** Within that context, realising sexual and reproductive health rights is key—it is a critical element of addressing women’s inequality.*

“In communities where sexual and reproductive health rights are attained, improved livelihoods of women have a ripple effect in improving wellbeing for communities and societies as a whole.

“We are very keen to ensure that the MDGs address women’s vulnerability to HIV as part of a broad strategy of ensuring their sexual and reproductive rights.”

—Bridgette Thorold
Oxfam Australia

Millennium Development Goal 7: *Ensure environmental sustainability*



Photo: Steven Nowakowski

Family planning

- In any nation with a rapidly growing population it is impossible to reverse the loss of environmental resources. Any improvement in environmental practices is rapidly overtaken by the increased demands made on the environment by growing numbers.
- Slower population growth delivers a “demographic dividend” in the form of lower dependency ratios and less pressure on scarce natural resources.
- By slowing population growth in rural areas, family planning also slows the drift to urban areas, where access to safe water,

sanitation, health and education infrastructure must be provided to keep up with growth.

Gender-based violence

- In agricultural and industrial societies, violence against women is generally part of a larger picture of oppression. It is often accompanied by lack of access to family planning, large families and lack of education of the female child. In such circumstances violence hinders women’s participation in environmental management. Their access to farm land, crops and animal husbandry is limited as is their learning about new or efficient practices and technologies.

Maternal Mortality and Morbidity

- Healthy mothers can better contribute to sustainable resource management and conservation.
- Globally, more than half a million women die during childbirth or from complications of pregnancy. This leaves a devastating void in families, communities and entire regions. Other family members may be forced to adopt more environmentally destructive practices to cope with household and livelihood management.

“Agricultural and water sanitation programs benefit from steadying population numbers rather than increases leading to recurrence of soil depletion, deforestation and water pollution.”

— Alice Oppen
Women’s Plans Foundation

terracing, and asset stripping as the household attempts to cope with the illness of the head.

- The epidemic may influence the natural capital of a community through reductions in the available human resources (labour and knowledge) to invest in preservation and conservation. Moreover, the presence and frequency of widespread illness and death may make individuals and communities reluctant to invest in conservation and preservation of natural capital such as biodiversity, community water and land resources that require long investment periods.

Sexually Transmitted Infections and HIV/AIDS

- HIV/AIDS affects all spheres of human activity and behaviour, including the environment. Because most of the hardest-hit countries are still overwhelmingly rural, the epidemic threatens rural development. Communities are deprived of able-bodied people with expertise, such that children and grandparents are left to work the land.
- Lack of available labour within the household can lead to declines in soil fertility, neglect of on-farm conservation practices such as

Unsafe abortion

- In rich nations, the death rate from abortion is less than one per 100,000, making it as safe as a penicillin injection. In developing countries where abortion is illegal or highly restricted, the risk of death from an unsafe abortion is several hundred times higher. A large number of deaths and disabilities of women in their prime will adversely affect all aspects of family and community life, including the ability to maintain sustainable environmental practices, to teach children well and to share the work.

Conclusion

The submissions to the Roundtables were convincing: there needs to be greater attention to SRH if the MDGs are to be met. Meeting the MDGs is an achievable task. With political will and our clear commitment the PGPD looks forward to measuring our progress over the seven years leading up to the 2015 MDG deadline. To achieve this we need to overcome the following constraints:

Lack of information

The design and implementation of comprehensive SRH programs in the region is held back by a lack of evidence-based data. This includes demographic, epidemiological, social and cultural factors affecting SRH. Monitoring and evaluation of activities is needed to identify best practice and to be replicated in future programs. The research needs to be carefully coordinated and disseminated.

Under investment

There is under investment in information, education and communication on SRH in the region as well as a dearth of data on human resource capacity and service delivery capacity. This is a chicken-or-egg situation because the lack of service providers and a perception of weak capacity by many potential providers results in under investment in the sector. Strategic investment in regionally-specific new technologies for SRH, in particular microbicides,

female condoms, prophylactic ARVs and vaccines, is also needed.

Inadequate regional response

Opportunities for a comprehensive strategic regional response to SRH and securing the dividends of such an approach could be better exploited. Regional purchasing, storage and distribution of commodities would result in economies of scale. Regional coordination on information, education and communication (IEC) and training activities, more pilot projects and documentation of best practice approaches would subsequently increase efficiency and effectiveness in the sector. Resource support to advocacy would assist the establishment of strategic partnerships, information dissemination and better coordination.

Marginalisation of SRH

SRH is not widely understood to be integral to sustainable development and poverty reduction by many development experts/organisations. The gender dimension of SRH increases its marginalisation within development planning. Direct spending on SRH in Australia's Overseas Development Assistance budget for 2005/06 was less than 5 per cent, with much of that spending dedicated to HIV/AIDS programs not integrated with SRH service delivery or training.

Presenters and abstracts

**Dr Sharon Camp,
Guttmacher Institute
(US)**

**– Benefits of Investing
in Sexual and
Reproductive Health**



Photos: Donna Gibbons

In addition to improved health, SRH services contribute to economic growth, society and gender equity and democratic governance. To better appreciate the substantial returns on SRH investments, policy makers need both a fuller accounting of these broad benefits than has been available to date and more complete information about costs.

**Julie Mundy, Marie
Stopes International**

**– SRH in Crises and
Fragile States**



Crises: SRH is often overlooked after crises. It is as much a right as security, shelter, food, water and sanitation. Relief responses need to be planned and implemented properly to ensure SRH is not made worse by inappropriate responses.

Fragile states: Without addressing SRH in fragile states, little will be done to reduce poverty and regional stability will remain elusive. The Asia-Pacific region has high fertility rates and population pressure will increase pressure on finite land resources, the provision of services and infrastructure, including health and education, water supply and access to employment.

**Dr Anna Whelan,
University of New
South Wales**

**– Value Adding in SRH
in the Asia-Pacific
Region**



Australian expertise in evidence-informed SRH policy and in building the capacity for human resources in health could be further utilised to improve SRH in the Asia-Pacific region. One of the major impediments to sustainable implementation of policies is inadequate investment in human resources in SRH, with many countries having insufficient numbers of skilled staff, inappropriate location or skill mix of staff, limited training, poor coordination between various levels of care as well as scarcity of transport, equipment and supplies.

**Dr Elizabeth Bennett,
Key Centre for
Women's Health in
Society**

**– Sexual and
Reproductive Rights
in the Australian Aid
Program: Absence and Opportunity**



Sexual and reproductive health (SRH) underpins economic and social development, but the US government, the Vatican and the G-7 group of developing nations resisted the inclusion of SRH-related targets in the Millennium Development Goals. The lack of targets for sexual and reproductive health hampers long term engagement and progress in the region.

**Bridget Haire,
Australian
Federation of AIDS
Organizations**

**- Female Controlled
HIV Prevention in the
region**

The feminization of the AIDS epidemic means that new approaches to HIV prevention need to be developed. The need for female controlled methods of HIV prevention has been well documented and there are three HIV prevention technologies currently in development that would not require partner negotiation: microbicides, anti-retroviral drugs taken prior to HIV exposure and vaccines.



Photos: Donna Gibbons

**Annmaree O'Keefe,
Deputy Director-
General, AusAID**

- Opening statement

The White Paper on Australia's overseas aid program, published in April, placed gender equity as one of the three overarching principles for the way Australia must implement its aid program. It was followed, in August, by a new health policy, which highlights Australia's commitment to the International Conference on Population and Development in the area of sexual and reproductive health. It is essential that work in women's and children's health is not seen in isolation from the rest of the health system. There is a symbiotic relationship between health and education. In Papua New Guinea sexual violence and the very low status of women are two of the main drivers of the HIV/AIDS epidemic. HIV has demonstrated that to ignore gender issues leads to significant, damaging economic and social consequences.



**Karen Hill, Save the
Children Australia**

**- Maternal and Child
Health**

Programs in the Asia-Pacific region: SCA's work on maternal and child health programs in the Asia Pacific region, such as its 14-year primary health care project in Sayaboury Province, Lao, has resulted in significant improvements in infant mortality, under-five mortality, and maternal mortality. These were achieved by improved nutrition through promoting breast-feeding, empowering women by providing them with improved access and control over their reproductive health, and improved health status.



**Anne Marie
Tyndeskov
Voetmann,
Department of
Foreign Affairs of
Denmark**

**- The Promotion of
Sexual and Reproductive Health
and Rights**

There is a need for more political and financial support for SRH to realise the Cairo agenda and reach the MDGs. The new Danish Strategy on SRH Rights, published in May 2006, aims to ensure that the goals of the International Conference on Population and Development in Cairo in 1994 are integrated into the objectives, plans, strategies and indicators for the



achievement of the MDGs. If families have fewer children, they have a healthier economy and more resources for the family. Children are more likely to get education, have more to eat and have better health. All these outcomes feed back into strengthening SRH, and a virtuous circle is established. Globally, reducing population growth means less pressure on resources and the environment. The marginalisation, violence and oppression women experience is not only a rights violation but also deprives women of the opportunity to contribute actively to development. In Africa, south of the Sahara, about 60 per cent of the health burden is due to sexual and reproductive ill health. Hopefully Australia will be among partners that will ensure greater support for SRH and less opposition to it.

**Dr Maxine Whittaker,
JTA International**

**– Awareness to
Implementation**

Sexual and reproductive ill-health is a major disease burden especially in the developing world. Access to SRH and related services is a human right. The types of services and interventions that need to be provided are known, but there are significant access gaps. The cost of providing these services are also known, are cost effective and affordable. Transforming SRHR into realities for many men and women remains a big step requiring political will, national and international financing, monitoring and evaluation and equal participation for citizens.



**Dr Wendy Holmes,
Burnet Institute**

**– Integration of HIV
and Sexual and
Reproductive Health
Services**

It is important to integrate the prevention and management of sexually transmitted infections (STIs), including HIV infection, with reproductive, maternal and newborn health services. This strategy is particularly important in preventing HIV infection in children, but progress towards integration has been slow. The strategies have been based on experience in African countries and there is a need to address the specific needs of Asia-Pacific region. There is a need to return to the concepts of comprehensive primary health care with a 'supermarket' approach offering wide range of services.



**Bridgette Thorold
Oxfam Australia**

**– HIV/AIDS Program
in Integrated
Development**

Oxfam's programs focus on strengthening work of communities to prevent new infections and provide care for and promote rights of those who are living with and affected by HIV and AIDS. SRH is a crucial component of women's equality and prerequisite for achievement of all MDGs. Giving women a greater role in decision making will make them less vulnerable to infection.



**Ms Kelsey Powell,
Sexual Health and
Family Planning
Australia (SHFPA)
and Alice Oppen,
Women's Plans
Foundation**

**- Family Planning in
the Aid Program**

While there are clear links between family planning, lowered fertility rates and poverty reduction, recent estimates suggest that there is a US\$700 million shortfall in funding for condoms and other contraceptives in the developing world. United Nations Population Fund estimates that there are currently 200 million women worldwide with an unmet need for contraception.



Photos: Donna Gibbons



**Dr Suzanne Belton,
Charles Darwin
University**

**- Post Abortion
Care and Family
Planning: Rights and
Recommendations**



At least 13 per cent of maternal mortality is attributable to unsafe abortion, possibly 25 per cent. In order to achieve MDG 5 (Improve Maternal Health), we need to rethink how to reduce the harm from unwanted pregnancy. Post abortion care (PAC) is important, it reduces maternal morbidity and mortality. So is providing family planning counselling before a woman leaves the facility.

**Ms Jenny Goldie,
Australian
Reproductive Health
Alliance**

**- Men as Partners in
Reproductive Health**

If men are to exercise their reproductive rights and responsibilities, they, as much as women, need access to information, counselling and services. For too long men's role has been seen as marginal to women's health. Yet in the Asia-Pacific region, men are the main policy makers, household heads, and religious and community leaders. Thus when men are involved in matters of sexual and reproductive health, such programs are more likely to be effective



List of abbreviations

ARHA	Australian Reproductive Health Alliance
ARV	Anti retro-viral
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
ESCAP	Economic and Social Commission of Asia and the Pacific
GBV	Gender-based violence
HIV/AIDS	Human immunodeficiency virus/acquired immunodeficiency syndrome
IEC	Information, education and communication
ICPD	International Conference on Population and Development
MDG	Millennium Development Goal
NGO	Non-government organisation
PAC	Post abortion care
PGPD	Parliamentary Group on Population and Development
SCA	Save the Children Australia
SHFPA	Sexual Health and Family Planning Australia
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health rights
STI	Sexually transmitted infection
UNFPA	United Nations Population Fund



The Australian Reproductive Health Alliance gratefully acknowledges the financial assistance of AusAID in the conduct of the 2006 Roundtable Discussions of the Parliamentary Group on Population and Development, *Sexual and Reproductive Health in Australia's Aid Program – the Way Forward*, and in the publication of this report.