

Analytical Reports for the White Paper on Australia's aid program¹

HIV/AIDS in the Asia Pacific Region

Overall impression and summary of the analytical report

The report covers many of the large issues related to HIV. The HIV/AIDS thematic area is large, encompassing epidemiology, pathology, society and culture, gender, physiology, geography, migration, non-state actors, pharmaceuticals and many others. The paper had a limited scope, which was to

...explore how stronger partnerships can be built between governments, the business community, donors, HIV/AIDS groups and civil society. The report will highlight how to strengthen Australia's leadership in the sector and how to mainstream HIV/AIDS interventions across the aid program.

Given these limits, from a SRH perspective, the analytical paper gives a good, broad coverage to many of the more challenging issues facing HIV interventions today. While repeatedly identifying a need for the integration of SRH and HIV programs and activities, the paper does comment that research is needed to better understand the links between the two complementary issues.

Understanding and articulation of the issues and impacts is good – although the focus is primarily on economic development challenges. The document is strong in identifying the varied impacts: social, economic, and developmental that the pandemic poses. While some discussion is specifically related to PNG and the Pacific, it does identify the Pacific and South East Asia as areas of increasing threat and prevalence.

Specific comments in the report of interest

The advisor tasked with the compilation of the report commented that chapter 3 of the report (pp 19-47) is the “key chapter” and highlights the future priorities of the aid program from a HIV/AIDS perspective.

1. Highlights “leadership” to support attitudinal change and that leaders “are persuaded that the long term benefits of engaging in the fight against the epidemic outweigh the short term costs and political liabilities associated with what may be perceived as an unpopular cause” (p23)
2. Additionally, “Australia should support the development of regional parliamentary groups on HIV/AIDS and related issues such as sexual and reproductive health” (p24)

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3. Indicates where heterosexual/sexually driven epidemics exists “such as in PNG and the Pacific, aspects of HIV prevention should be integrated with sexual and reproductive health services and programs to address gender violence and sexual coercion” (p29). There is no mention about how the broader ranges of SRH services could be used by “minority” or “marginalised” groups.
4. Highlights the need for the “youth bulge” to be given formal education in “HIV, drug use and sexual health education”, that “teachers are trained in HIV and sexual education methodologies” and “that there is access to accurate and appropriate teaching resources” (p29).
5. Comments are made on the limitations of community mobilisation due to single party political systems, limits on civil society activity and in the Pacific and PNG centrality of “the church sector, which is likely to remain central to the community response” (p30).
6. Highlights the key position of Australia to “progress the development of policies that will reduce the impact of HIV and drug epidemics in Asia by integrating responses to HIV and drug use with broader development goals and processes” (p31). Reading this statement as a reference to the MDGs and global efforts to arrest the pandemic gives a broad entry point and intervention strategy for policy, aid and development.
7. On building health system capacity in resource poor settings, the paper says “new models that integrate HIV and TB services should be developed , and the service delivery implications of the relationship between HIV, TB and reproductive health services needs to be better understood” (p36). This is an important statement highlighting the somewhat underutilised nexus between HIV and SRH programs.
8. On the roll-out of antiretroviral therapies (ART) and health system capacities “models for primary care provision, in which integrated services offer HIV testing, reproductive health services (including STI testing and treatment), ART, and TB testing and treatment are required” (p37).
9. Under the title of Gender and feminisation the paper comments that responding to the feminisation of the epidemic in the Asia-Pacific region is a key medium term strategy. Further it states that dealing with this issue “involves considering the social roles played by men and women that influence HIV risk behaviour, the role of women as carers, and the factors that contribute to the vulnerability of women and girls to poor sexual and reproductive health outcomes” (p39). It further notes that the ABC (Abstinence, Be faithful and use Condoms) model is limited in protecting women from HIV/AIDS unless “broader contextual issues are also addressed”. Women are less likely to be able to negotiate if they have sex, let alone negotiate for safe sex. This would involve understanding the socio-cultural contexts, gender based differences in society, addressing masculinity and socially dictated roles and behaviours.
10. As part of a strategy to address and understand the gendered dimensions of vulnerability and infection, attitudes need to be addressed more broadly in the community through incorporating “gender issues in leadership initiatives and by

supporting advocacy by women on sexual and reproductive rights, including by women living with HIV/AIDS” and “promotion of gender equality through reforms to laws and social policies can provide an environment that supports improvement in sexual health for women and girls”(p40). One policy omission is that the advocacy needs to sensitise and target men who are vital to any efforts to initiate broad social change.

11. The report calls for the support of “research into the links between gender based violence, HIV vulnerability and sexual and reproductive health outcomes”(p40).
12. Of great note “integrating HIV services with sexual and reproductive health services should aim to achieve higher levels of uptake of prevention and testing services by women and girls. Investing in girls’ education helps address key factors contributing to the feminisation of HIV – early marriage, economic dependency and limited knowledge of HIV/AIDS. Educated girls tend to marry later and are less likely to be economically dependent” (p41).
13. A priority for research, among many epidemiological and developmental issues is “Asian and Pacific experiences of feminisation and gender impacts” (p44)

Conclusion

While the analytical paper discussed here clearly indicates a need for better links between SRH and HIV, the challenge for us is that this paper is still a draft. The issues raised in this paper potentially may not make it to the final White Paper presented to the Minister for Foreign Affairs in December 2005. The core group undertaking the compilation of the White Paper are economists, and the social analysis, medical links and nuances in this draft analytical paper may not seem to be important in redefining Australia’s overseas aid program for the next ten years.

The following will be needed to ensure that the SRH – HIV links present in this paper are included in the final paper:

- Public statements indicating our support for the draft paper and the links it makes between SRH and HIV,
- Ongoing advocacy with people involved in the analytical and White Paper process to re-iterate our support for the conceptual links and policy framework in the current draft,
- Comments on past poor efforts by the government in achieving the 4% of all overseas aid towards SRH programs only. Current accounting in AusAID includes HIV and SRH programs when tallying up the 4% nominal target. This is regardless of whether the HIV program has a direct relationship to any SRH activity. SRH programs accounted for only 2.7% of all overseas aid in 2003,
- Further comments to be made on the fact that the goal (subject to conditionality) of \$4 billion for Australia’s overseas aid budget by 2010 made at the recent UN World Summit by John Howard is still only 0.36% of Gross National Income (GNI). The current fiscal year, funding is 0.28% of GNI. We shall continue to urge the government to increase their aid commitments in line with the internationally accepted target of 0.7% of GNI.

Asia, Pacific, Papua New Guinea and Indonesia

These thematic/analytical papers have finally been released to the public. The following is an analysis of the major issues that cross cut all four papers. These papers are predominately concerned with the economics of growth, sustainable development, governance and security. The assumption from all papers is that these are the key areas that need to be addressed, and as a result, benefits will flow on to other areas.

The following table indicates key ICPD areas and if there is a mention of these in the text of the analytical papers; either as an area of concern or an area where intervention is needed.

	Asia	Pacific	PNG	Indonesia
Sexual or Reproductive Health	✘	✘	✘	✘
Maternal health	✓	✘	✘	✓
Population pressures	✓	✓	✓	✘
Gender	✘	✘	✘	✘
Health system strengthening	✓	✘	✓	✘
Basic health and education	✓	✓	✓	✓
Violence against women	✘	✓	✓	✘
HIV	✓	✓	✓	✓
ICPD/MDG concerns or indicators	✘	✓	✘	✘
Women's Human Rights	✘	✘	✘	✘
Decentralisation	-	-	✓	✓
Data Collection	✓	✓	✓	✘

While all papers identify poor basic health care, education, and HIV as threats to development and social stability, no concrete links are made to gender disparities, human rights or how addressing these is a sound basis for sustainable economic development. None of the papers mention the human rights of women or gender inequalities.

HIV is mentioned as a looming threat for development. While the PNG and Asia papers refer to the HIV thematic paper, of particular note for PNG and Indonesia is the strengthening of partnerships with other agencies working on HIV like the Global Fund, the World Bank and the Asian Development Bank. Australia's proposed approach to HIV as spelt out in the HIV analytical paper, which includes numerous strong references to the positive nature of sexual and reproductive health activities and interventions need to be included as part of any increasing engagement at this multilateral level.

Both the PNG and Indonesia papers highlight the issue of decentralisation as having benefits, namely the avoidance of large scale corruption. The Indonesia paper recommends further decentralisation activities. While this may appear to be an appropriate response, the collection of basic data (such as contraceptive use from local health clinics) in a decentralised system often does not find its way back to the main statistics office or government ministry. This leaves holes in knowledge about priority funding needs within already 'fragile' health systems, frequently subject to external donor pressures as well.

Population pressures and the “youth bulge” are mentioned in three of the four papers. The issue is discussed in reference to the economic or security threats this poses; a drain on GDP, low skills, disaffected youth and unemployment. The PNG paper comments that this group needs education, which will develop a strong human capital base to drive economic growth. No mention of the reproductive health needs is made. If the reproductive health needs of this group are not addressed, the high rates of STIs, including HIV, high fertility rates and ongoing rapid population growth cannot be reduced.

The Millennium Development Goals (MDGs) are mentioned the Pacific paper only. Not as goals and targets that the aid program should be based on, but as an indicator of failing social development. While these papers were developed prior to the outcome of the 2005 UN World Summit, they clearly do not support the central role that the MDGs have been given in setting international development priorities and modalities for developed nations to assist in tackling the most extreme forms of poverty.

Overall comments on four geographic analyses

In comparison to the HIV analytical paper, these papers do not provide the necessary level of analysis on how ICPD issues, gender disparities and human rights can be addressed in the aid program. With the exception of the Pacific paper, they lack social analysis and focus almost solely on economics. Australia has skills and a “comparative advantage” in many areas: social development, capacity building, rights and development, gender mainstreaming, gender budgeting, etc. These areas have not been highlighted for attention in the design of regional and country papers that will form the basis for the aid program over the next ten years. Action is needed to ensure that the goal of “mainstreaming HIV” from the HIV analytical paper and the associated social and SRH aspects are clearly integrated into Australia’s entire aid program.

Comments on specific papers

Asia

On *health system development* for “failing health systems” where funding to basic health care is below the minimum needed, increasing Australia’s engagement by scaling up assistance “would help address currently neglected and under-funded priorities including maternal mortality and child health care in Asia”. (p 21)

Comments to utilise “women as agents of social change” (p25 and p31) in relation to building better governance and accountability, ignores the fact that massive gender inequalities exist. Without addressing these, broad based sustainable economic growth cannot occur.

Papua New Guinea

Comments are made on the role of Churches and Faith Based Organisations (FBOs) in delivering over 40 percent of the primary health and basic education services in the country. The paper also notes that in some areas, mining companies perform a similar role for their communities. This is cast in a negative light as FBOs have some resource limitations, but no recommendation is made to strengthen state (local) health systems so that over time the heavy reliance on FBOs for basic service delivery is reduced. Where

FBOs are involved in the delivery of HIV / STI education or treatment, a concern in the nascent heterosexual HIV epidemic in PNG, some agencies do not provide or educate on the use of condoms – the main weapon in the fight.

Pacific

While the Pacific paper makes good reference to the problems of rapid population growth, it does not articulate approaches to addressing this problem (such as better basic education and SRH services).