

COMMENT ON DRAFT INTERNATIONAL HEALTH STRATEGY - AUSAID

The Australian Reproductive Health Alliance (ARHA) appreciates the opportunity to provide comment on the draft International Health Strategy for AusAID. For the past ten years ARHA has been actively involved in promoting sexual and reproductive health and rights consistent with the International Conference on Population and Development (ICPD) Program of Action, delivering family planning projects in Pacific Islands Countries and acting as the Secretariat to the Australian All Party Parliamentary Group on Population and Development.

Introduction

ARHA supports the overall direction and emphasis of the policy including continuing and expanding a focus on women's and children's health consistent with ICPD principles and policies. Meeting these needs will depend on harnessing political will and power bases both within Australia and in our region by key decision makers. These are critical in addressing patterns of low priority and resources to current population health and other health policies and practices. Political will is the key ingredient to ensuring that access to power and the distribution of power and resources within and between countries actually happens in a pro-poor and equitable way.

Key points on Population Health issues

- Maternal mortality rates (MMR) in the Asia/Pacific region remain high, as do total fertility rates (TFR) so a focus on reproductive health (RH) is important. Given that the largest cohort of young people ever are about to enter their reproductive years and many are located in the Asia Pacific region it is however essential that **young people's** needs become a priority and this is not mentioned specifically.

- Strengthening health systems is also supported though this is a long term strategy. Current needs and supplies still need to be met - perhaps in the interim through **greater use of NGOs** and **strengthening existing RH projects and mechanisms**.
- Better recognition and articulation of the linkages between sexual and reproductive health, HIV/AIDS, and gender equity will show improve health outcomes and provide **cost savings** in service delivery and education. Also the gendered dimensions of HIV in our region could be mentioned.
- Promotion and integration of the Health Policy through existing country programs will deliver a co-ordinated ‘systems’ approach to improved health outcomes. Existing mechanisms are in place which can also be strengthened to provide interim responses to current needs (NGO’s, multilateral organisations, Australian and international NGOs, projects etc). For example IPPF and MSI already has systems and services in partner countries, UNFPA already does emergency and humanitarian relief; greater support to these organisations would have an immediate impact on women, children and youth health. It is important that the focus on strengthening health systems **does not mean existing initiatives are ‘dropped’** and resources re-directed until this is achieved.
- Investment in **better data** to establish demand and inform policy would assist in the supply and demand side of health services. Understanding the demand side involves analysing questions of income inequality, the financing of health services, equity in access, and the effects of poverty on the capacity of people to pay for services. There is widespread recognition that our statistical data on women, children and youth specific needs is very poor.

- Whilst people continue to be unable to access services (most often because of cost) concentrating on improving services and supplies may produce little in terms of improving health outcomes. Every year more than 150 million individuals in 44 million households face **financial catastrophe** as a direct result of having to pay for health care.
- There is a danger that the International Health policy could be ‘sidelined’ in terms of its integration and consideration within the broader aid policy framework so the **economic benefits of investment in health** and its relationship to good governance, environment and security issues may need to be emphasised.
- The proposed health policy maintains the focus of previous health policies on women and children, yet a review of the services currently provided through the East Timor program shows minimal investment in health services for women and children. Issues of governance and infrastructure have been the predominate area of investment for AusAid in Timor; despite its broader commitment to women and children’s health and the need for these services given the **extraordinarily high MMRs** and **expertise in our region** available to assist.
- Australia’s ODA expenditure peaked at 0.32% in 1995-96. Even if this amount was doubled this will still fall short of the target of 0.7% and of Australia’s commitment to spending on RH at ICPD, reaffirmed by the Prime Minister 10 year later. **A target** for well documented and easily attributed spending on RH specifically would be welcome. This should be significantly more than 4% of ODA to make up for past low RH expenditure.
- Ill health prevents people from fulfilling their potential as human beings, and causes poverty. However, whether addressing the needs of disadvantaged people includes promoting health depends on the nature

of the aid program. Currently the Australian aid program concentrates on governance, globalisation, human capital, security and sustainable resource management. Human rights in general and the right to health in particular are not key themes, despite the Foreign Minister outlining six principles in 1998 for **supporting human rights** through the aid program.

- Despite respect for the right to health contained in the 6 principles, Australia has **restrictive policies with respect to reproductive health**. For example, AusAID partner organisations are prohibited to use funds for “activities that involve abortion training or services, or research, trials or activities which directly involve abortion drugs”. This policy is more restrictive than domestic policies, and seeks to influence practice and values in recipient countries in ways that contravene international human rights.
- Social and political dimensions - Parliamentarians and their existing relationships in our region could be used to assist in partnership initiatives, policy development and mentoring to assist in developing more equitable power structures and enhancing political will.



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