

## ARHA SUBMISSION FOR ACFID FORUM IN RELATION TO THE AUSTRALIAN GOVERNMENT'S WHITE PAPER ON THE AUSTRALIAN AID PROGRAM<sup>1</sup>

The Australian Reproductive Health Alliance (ARHA) is a Canberra based advocacy NGO. We work to ensure that the targets and goals of the 1994 Cairo Plan of Action on Population and Development are incorporated nationally and internationally into programs and policies.

### 1. **Sexual and Reproductive Health (S&RH) is a major factor in poverty reduction yet funding for reproductive health, services, research and supplies has been dropping.**

*‘The Millennium Development Goals, particularly the eradication of poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed. And that means stronger efforts to promote women’s rights and greater investment in education and health, including reproductive health and family planning’.*

*Kofi Annan, UN Secretary-General UNESCAP 2002.*

Internationally recognised benchmarks for contributions to S&RH have been 4% of 0.7% GNI since 1994. In the Australian aid program, even with a GNI of 0.25, expenditure on S&RH was less than 1.5% in 02/03. Yet funding Reproductive Health and Population programs yields high economic and social benefits. Providing basic maternal and new born health services in developing countries costs an average of US\$3 per capita per year. The total cost of saving a mother’s or infant’s life when complications arise is about US\$230.

Spending on S&RH and Population can also help improve security and provide needed stability in fragile states. We currently have the largest cohort of young people ever in our region about to enter their reproductive years with few S&RH resources for them to be able to control their own fertility or to prevent HIV/AIDS infection. In East Timor the maternal mortality rate and fertility rate is one of the highest rates in the world. Papua New Guinea is not far behind. Worldwide, at least two-thirds of all *reported* STP’s including HIV/AIDS occur among men and women under the age of 25.

### 2. **Better linkages between S&RH and HIV/AIDS programs**

S&RH services including family planning are among the most important elements of the global effort to contain the HIV/AIDS pandemic. Through a well established infrastructure they help provide the supplies, education and information that are known to be effective in preventing the spread of infection. The overwhelming majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding. Poor S&RH and greater vulnerability to HIV infection also share common roots, including poverty and discrimination based on gender. But most policies and programs for HIV and S&RH do not take account of these commonalities.

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<sup>1</sup> Matt Sammels – principal author

HIV/AIDS and S&R ill health account for more than a quarter of the global burden of disease and the separation of HIV/AIDS and S&RH policies programmes and services undermines efforts to effectively address both.

A recent Parliamentary Group on Population, Development and Reproductive Health report from the United Kingdom stresses that there is a “necessity for strong linkages between S&RH services and services to overcome HIV/AIDS...[I]t is clear the fight against HIV/AIDS and the efforts to reduce maternal and infant mortality have been severely weakened by the failure to recognise or develop beneficial linkages”.

### **3. Lack of gender analysis or policy statements about gender in the aid program; mainstreaming has not worked**

In the HIV/AIDS international strategy paper, *Meeting the Challenge*, statements about the gender dimensions of the virus are one of very few acknowledgments of gender made in the aid program in recent years. Yet HIV/AIDS in our region now has a young woman’s face and the pandemic is set to disproportionately impact this group. This is not only because of the different physiologies of women and men, which make women more susceptible but the social differences that exist.

Major structural and economic imbalances exist between men and women. Societies (and aid programs) need to address poverty and the roots of gender inequities including the unequal access of girls and women to resources, formal education, economic opportunities and legal support.

Poverty makes it difficult to learn about HIV/AIDS, to purchase condoms or to learn about and access family planning methods. Girls who have completed at least primary school are more able to negotiate some aspects of safer sex and are less likely to be subjected to violence. Aid policies need to be explicit about gender dimensions and not assume that gender considerations are ‘mainstreamed’.

### **4. If HIV/AIDS now has a young woman’s face, this has great significance for our region.**

In the HIV/AIDS strategy paper *Meeting the Challenge*, the feminisation of the pandemic is noted. The paper does not indicate specifically how gender based barriers and discrimination will be challenged or addressed and is primarily focused on causes and ranges of treatments available.

We note that AusAID has appointed an advisor to mainstream HIV/AIDS awareness and programs into all aspects of our overseas aid program. The gender dimensions of the pandemic should be a core focus with appropriate policy implementation to support it.

### **5. Reproductive rights**

*“In most countries, the neglect of women’s reproductive rights severely limits their opportunities in public and private life, including opportunities for education and economic and political empowerment. The*

*ability of women to control their own fertility forms an important basis for enjoyment of other rights.”  
Beijing Platform for Action 97.*

Knowledge of and ability to access family planning methods is essential to ensure that women can participate as they choose in the development of nations. Women bear the majority of the burden for raising children and maintaining the household. When women and men can choose the timing of their children, women have so many other choices. Women can choose to obtain an education and participate broadly in the social and economic development of their nation.

The provision of education, access and support on family planning methods for all is essential, not only for achieving the goals of the ICPD, but to help realise the MDG's.