

Advancing Sexual and Reproductive Health and Rights for All

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A joint position paper by the International Consortium for Sexual and Reproductive Health and Rights to guide Australia's Foreign Policy

The International Sexual and Reproductive Health and Rights Consortium is a partnership of Australia's leading non-government organisations that together champion universal access to SRHR as a key contributor to gender equality.

Australia is committed to being a global champion for gender equality. Human rights, including sexual and reproductive health and rights (SRHR), must be central to this vision. A foreign policy and aid strategy that prioritises these rights enhances Australia's leadership, benefiting the lives of millions and contributing to a better future for all.

At the heart of people's human rights, freedom, and dignity is the ability to decide what happens to one's body. This means deciding if or when to have sex, and under what conditions; to make informed choices about contraceptive options and reproductive health care; and to live free from the fear of violence.

When these rights are violated, women and girls around the world face severe risks to their health and wellbeing. Complications during pregnancy and childbirth are a leading cause of maternal death,¹ and many of these deaths are entirely preventable.² The violation of these rights also directly undermines their opportunities to obtain an education, participate in the workforce, and gain financial security.

Championing SRHR is therefore central to the achievement of gender equality and women's empowerment. These rights unlock the freedom and opportunities that stem from good health and access to education and employment. Whole families, communities and countries are enriched when parents can provide more for their children, and when women can fairly contribute their skills to the workforce.

A foreign policy vision committed to promoting gender equality must be equally committed to promoting sexual and reproductive health and rights.

The SRHR Consortium therefore calls on all Australian parties to:

- **Prioritise** the promotion of gender equality and human rights globally;
- **Champion** sexual and reproductive rights as a core part of this agenda; and
- **Invest** in the provision of sexual and reproductive health information and services.

¹ World Health Organization (WHO), 2018. '10 leading causes of death in females'. http://www.who.int/gho/women_and_health/mortality/situation_trends_causes_death/en/

² WHO, 2018. 'Maternal Mortality: Key Facts'. <http://www.who.int/mediacentre/factsheets/fs348/en/>.



Why SRHR matters

1. SRHR saves lives

Thanks to the enormous efforts of governments, non-governmental organisations, businesses and individuals, the number of women dying from complications related to pregnancy and childbirth has dropped by 45 per cent since 1990.³

Southern Asia and Eastern Asia have made the greatest progress in reducing the maternal mortality ratio with reductions of 64 and 65 per cent respectively.⁴

Since 2010, new HIV infections have declined by about 11 per cent among adults and 47 per cent among children.⁵

In 2016, around 76% of pregnant women living with HIV had access to antiretroviral medicines to prevent transmission of HIV to their babies.⁶ The Asia Pacific region has also succeeded in reducing new HIV infections by 13 per cent since 2010.⁷

2. SRHR is in high demand

Contraceptive use almost doubled in the world between 1970 and 2015, from 36 per cent in 1970 to 64 per cent in 2015; and our region has followed a similar trajectory.⁸

Correspondingly, global fertility has declined from an average of 4.5 children per woman in 1970, to 2.5 today. However, the Pacific region is the exception to this trend, with recent data suggesting stagnant or increasing fertility rates, particularly amongst adolescent women.⁹

Globally, 214 million women would like to delay, space or avoid pregnancy but are not using modern contraception,¹⁰ indicating substantial remaining unmet demand. Two-thirds of these women are in the Asia Pacific region.

3. SRHR enriches families, communities, and countries

The benefits of improved access to sexual and reproductive health care

extend far beyond health.¹¹ Reducing unintended pregnancies, particularly among adolescents, supports educational and employment opportunities for women. This in turn contributes to household and community income, and greater investment in education. Women who use contraception can have up to 40 per cent more family assets than those who do not.¹²

Similarly, both private and public sector employers benefit from a workforce that is able to access family planning services, through lower medical costs, lower employee turnover and increased productivity. A number of countries, particularly in Asia, have demonstrated this ‘demographic dividend’ – whereby a growing workforce with fewer dependents can lead to huge economic growth, in some cases over just one generation.¹³

³United Nations, 2015. ‘The Millennium Development Goals Report 2015’, pg. 38. [http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20\(July%201\).pdf](http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20(July%201).pdf).

⁴Ibid.

⁵UNAIDS, 2018. ‘Fact sheet - Latest statistics on the status of the AIDS epidemic’. <http://www.unaids.org/en/resources/fact-sheet>.

⁶Ibid.

⁷Avert, 2016. ‘HIV and AIDS in Asia & the Pacific Regional Overview’. <https://www.avert.org/professionals/hiv-around-world/asia-pacificAsia%20Pacific/overview>.

⁸United Nations, 2015. ‘Trends in Contraceptive Use Worldwide’. <http://www.un.org/en/development/desa/population/publications/pdf/family/trendsContraceptiveUse2015Report.pdf>.

⁹Based on UNFPA data shared with key partners.

¹⁰Guttmacher Institute, 2017. ‘Adding It Up: Investing in Contraception and Maternal and Newborn Health’. Fact Sheet, December 2017. <https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017>.

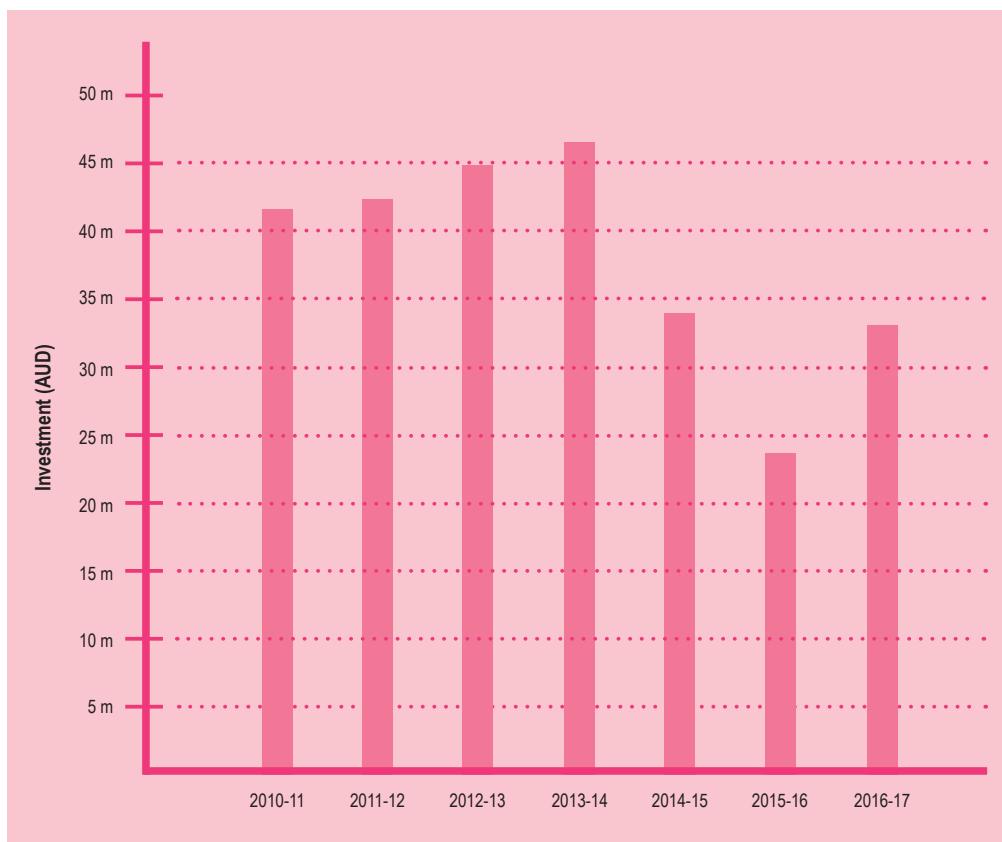
¹¹United Nations Population Fund (UNFPA), 2017. ‘State of World Population’. https://www.unfpa.org/sites/default/files/sowp/downloads/UNFPA_PUB_2017_EN_SWOP.pdf.

¹²Gribble, J., Voss, M., 2009. ‘Family planning and economic well-being: New evidence from Bangladesh’. *Population Reference Bureau*.

¹³Bloom, D., Williamson J 1998. ‘Demographic Transitions and Economic Miracles in Emerging Asia’. *World Bank Economic Review*, vol. 12, pp. 419–55.

Figure 1. Australian Development Assistance for Family Planning 2010 - 2017

(Figures compiled using the 2012 London Family Planning Summit methodology)



Notes: Data supplied by DFAT through official records and financial statements. Drawing on these figures, Australia's funding for family planning in 2016-17 (AU \$32.98 million) equated to roughly **0.8%** of the total aid budget (AU \$4.03 billion).

Our remaining challenge

Despite significant progress, Australia can and must do more to overcome remaining challenges for SRHR. Substantial **inequalities persist** between countries as well as within countries. The sexual and reproductive rights of vulnerable and marginalised groups continue to be jeopardised, including young people, people living with disability, and people of diverse sexual orientations and gender identities.

Each year in the **Asia Pacific region**, 90,000 women die from complications of birth, abortion, or miscarriage, comprising just under one third of the global total. Moreover, 1.5 million babies die in the first month of life, accounting

for over half of the global total. Adequate medical care could prevent most of these deaths.¹⁴

There are still 132 million women in the Asia Pacific region who would like to delay pregnancy but are not using modern contraception.¹⁵ **This unmet need is highest in the poorest countries.** In our region, women in Afghanistan, Timor Leste and Papua New Guinea are among the least likely to be using the contraception they want, and are more likely to risk their lives giving birth without trained medical assistance.¹⁶

Adolescent girls typically have less access to SRHR information

and services than older women or boys their own age because of discriminatory policies, judgmental service providers, or prevailing attitudes about what is acceptable for girls.

This inequality is amplified between the rich and poor and between rural and urban environments. As a result, 95 per cent of the world's births to adolescents occur in developing countries.¹⁷

Yet, **limited data exists** to guide decision-making and monitor progress towards improved outcomes for adolescents, particularly those who are unmarried or below 15 years.¹⁸

¹⁴ Guttmacher Institute, 2017. 'Adding It Up: Investing in Contraception and Maternal and Newborn Health in Asia'. Fact sheet. (December 2017). <https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017-asia>.

¹⁵ Ibid.

¹⁶ UNFPA, 2017. 'Worlds Apart: Reproductive Health and Rights in an Age of Inequality'. State of World Population Report, 2017.

¹⁷ UNFPA, 2017. 'Motherhood in Childhood: Facing the challenge of adolescent pregnancy'. <https://www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP2013.pdf>.

¹⁸ Kennedy E, Gray N, Azzopardi P and Creati M (2011) Adolescent fertility and family planning in East Asia and the Pacific: a review of DHS reports, *Reproductive Health* 2011, 8:11 <http://www.reproductive-health-journal.com/content/8/1/11>.

Fulfilling our vision

The Sustainable Development Goals Agenda commits to reducing the maternal mortality ratio by 70 per cent in developing countries.¹⁹ To achieve this vision, the global community needs to collectively double our current commitments to reproductive health services.²⁰

The Guttmacher Institute calculates²¹ that if we fully invested in contraceptive services and maternal and newborn healthcare in our region, we could:

- **Drive down maternal and newborn mortality** by about three quarters.
- **Reduce the number of unintended pregnancies, unplanned births, and abortions** by about three quarters.

The long-term benefits of meeting these health needs include: improvements in women's educational attainment, labour force participation, productivity, and earnings; as well as increases in household savings and assets.

Investing in reproductive health care has also been calculated to bring substantial savings in public spending. A large body of work has calculated that for every dollar invested in family planning, the community could save between \$4 and \$31 in other areas like education, public health, and water and sanitation.²² Investing in family planning and girls' education are also ranked among the most effective solutions to reducing global greenhouse gas emissions and mitigating environmental degradation.²³



Recommendations

1. **Prioritise the promotion of gender equality and human rights globally;**
2. **Champion sexual and reproductive health and rights as a core part of Australia's agenda to promote gender equality; and**
3. **Invest in the provision of sexual and reproductive health information and services to effective organisations.**

Specifically:

- Australia should uphold its previous commitment at the 2012 Family Planning Summit to **invest at least AU \$50 million per year** in contraception and contraception-related information and services.
- Australia's funding should **support organisations working on the ground** to deliver sexual and reproductive health services. Investments have a profound and sustainable impact when they support organisations with intricate knowledge of the socio-cultural context and attitudes towards gender equality, and hold existing relationships with the community.
- Australia's focus should **address the most under-served in our region**, recognising the inequalities between and within countries. The UNFPA has found SRHR needs to be 'high' in Pakistan, India, Bangladesh, Nepal, Cambodia, Lao PDR, Philippines, Timor Leste and Papua New Guinea; and 'highest' in Afghanistan. Available data from the Pacific also indicates high need and worsening trends in some countries, including increasing maternal mortality in Solomon Islands and increasing adolescent fertility rates in over half of Pacific Island nations.

¹⁹ The current maternal mortality ratio is 239 deaths per 100,000 live births. Sustainable Development Goal 3.1 aims to reduce this to 70 deaths per 100,000 live births.
²⁰ Darroch et al, 2017.

²¹ Ibid.

²² Population Action International, 2013. 'The Economics of Birth Control'; The Bill and Melinda Gates Foundation, 2015. 'No Time to Lose: Fulfilling Our Family Planning Promise to 120 Million Women'. The Copenhagen Consensus has also calculated a return on investment of \$120.

²³ Marie Stopes International Australia, 2017. 'Climate Change Solutions: Empowering Women and Girls through Reproductive Choice'. <https://www.mariestopessinternational.org.au/wp-content/uploads/2018/04/climate-change.pdf>; Project Drawdown, 2018. 'Summary of Solutions by Overall Rank'. <http://www.drawdown.org/solutions-summary-by-rank>.

