

International Sexual and Reproductive Health and Rights Consortium

ASHM Health, Burnet Institute, Family Planning Australia, IPPF, IWDA, MSF,
MSI Asia Pacific, Nossal Institute, Plan Australia, Save the Children.

Joint Standing Committee on Foreign Affairs, Defence and Trade

PO Box 6021

Parliament House

Canberra ACT 2600

Submitted via email at jscfadt@aph.gov.au

Friday 5 July 2024

Dear Committee Secretary,

On behalf of the *International Sexual and Reproductive Health and Rights Consortium* we are pleased to provide a response to the Foreign Affairs and Aid Subcommittee of the Joint Standing Committee on Foreign Affairs, Defence and Trade inquiry into *Australia's response to the priorities of Pacific Island countries and the Pacific Region*.

Our Consortium is a partnership of 10 non-government organisations and academic institutes. Our members work in over 160 countries, bringing together diverse technical, policy, programmatic, and research expertise. Together, we draw on our collective strengths to advance sexual and reproductive health and rights (SRHR).

Sexual and reproductive health and rights (SRHR) are integral to the lives of all individuals, the structure and wellbeing of all communities, the expression of culture, the realisation of development and the achievement of prosperity. We appreciate existing Australian Government investment in SRHR and welcome any opportunities to discuss the benefits of increased investment in coming years.

Please find attached our submission on the *Australia's response to the priorities of Pacific Island countries and the Pacific Region*. Should you wish to discuss this further, you are welcome to contact us at bonney.corbin@msichoices.org.au and zeshi.fisher@burnet.edu.au.

Sincerely,

Bonney Corbin and Zeshi Fisher

Consortium Co-Chairs

Cc. The Hon. Penny Wong, Minister for Foreign Affairs

The Hon. Katy Gallagher, Minister for Women

The Hon. Ged Kearney, Assistant Minister for Health

The Joint Standing Committee on Foreign Affairs, Defence and Trade inquiry into Australia's response to the priorities of Pacific Island countries and the Pacific region.

Consultation Submission from the International Sexual and Reproductive Health and Rights Consortium.

June 2024

Executive Summary

Australian Government development assistance must reflect that sexual and reproductive health and rights (SRHR) are integral to the people's lives, the structure and wellbeing of communities, the expression of culture, the realisation of development and the achievement of prosperity in Pacific Island countries and the Pacific region. Our recommendations for the committee are as follows:

- 1. Prioritise SRHR, to maintain human rights and achieve gender equity, as well as to achieve universal access to healthcare and education with a focus on adolescents and young people.***
- 2. Resource community-led research and evidence generation by collectively establishing a regional research agenda on SRHR.***
- 3. Resource Pacific governments and development partners, including those with expertise in SRHR, gender equity, disability, and people with diverse SOGIESC¹, to lead decision-making on structural reforms towards universal education and health.***
- 4. Evaluate SRHR access and impacts within the PALM Scheme, to identify future opportunities for SRHR investment that will benefit regional economic integration and mobility.***
- 5. Develop a Departmental SRHR policy initiative to build resilience to climate change and assist Pacific nations in adapting to its impacts, as well as to support Pacific nations during disasters and national emergencies, including pandemics.***
- 6. Mobilise regional education partnerships for tertiary training institutions that support pre-service and in-service SRHR specialist training for Pacific Islander doctors, nurses, midwives and health educators.***
- 7. Encourage High Commissions' awareness of SRHR, such as facilitating collaborative discussions between NGO service providers and Departments of Health about SRHR policy and investing in and evaluating community-based SRHR initiatives.***
- 8. Ensure a Departmental presence at the National Women's Health Advisory Council, in a role that can mobilise regional opportunities for collaboration in policy and practice.***

The significance of SRHR in achieving key aspirations outlined in the *2050 Strategy for the Blue Pacific*² cannot be understated. Countries will not meet national or international commitments, including the Sustainable Development Goals, unless there is adequate and sustained investment in SRHR.

¹ SOGIESC: sexual orientation, gender identity, gender expression, and/or sex characteristics that differ from dominant norms. This includes LGBTQIA+ people, intersex people, and anyone else who identifies outside of the traditional binary categories of male and female.

² Pacific Islands Forum Secretariat (2022). 2050 Strategy for the Blue Pacific Continent. <https://forumsec.org/2050>

Background

On Wednesday, 15 May 2024, under its resolution of appointment, the Joint Standing Committee on Foreign Affairs, Defence and Trade resolved to have the Foreign Affairs and Aid Subcommittee conduct an inquiry into *Australia's response to the priorities of Pacific Island countries and the Pacific Region*.³

This submission is written in direct response to the Terms of Reference, from the perspective of a collection of international sexual and reproductive health organisations. We consent to this submission being published online, and we can be available for any hearings or subsequent consultation activities.

We support submissions by our partner associations and affiliates, including the Pacific Islands Association of Non-Government Organisations and the Australian Council for International Development.

The International Sexual and Reproductive Rights Consortium

The Consortium is a partnership of 10 non-government organisations and academic institutes. Our members work in over 160 countries, bringing together diverse technical, policy, programmatic, and research expertise. We draw on our collective strengths to advance SRHR. The consortium has provided technical and advisory support to DFAT and the Australian Parliamentary Group for Population and Development since 2012.

Consultation Response

Drawing on our collective experience and evidence, the following submission responds to selected items under points 1-4 as outlined in the Inquiry Terms of Reference, in line with key concerns and aspirations for Pacific nations, as collectively determined by and agreed upon by Pacific leaders, outlined in the *2050 Strategy for the Blue Pacific*.

1. Identify the key priorities for Pacific Island countries and the Pacific region

(a) Evaluate the key concerns and aspirations of Pacific nations regarding their economic, environmental, and social development.

(b) Examine the role and capability of Pacific regional architecture and agencies, including in the delivery of the 2050 Strategy for the Blue Pacific, and the contributions of external partners to regional development and stability.

Recommendation 1a: Prioritise SRHR to maintain human rights and achieve gender equity.

In the Pacific region, human rights are a key concern, challenged by the limited commitment by some governments to address human rights, gender equality, and social inclusion. SRHR, as fundamental human rights, encompasses all matters related to gender, puberty, relationships, sexual health, fertility, and birth. SRHR includes the right of all people to experience reproductive autonomy, to have control over and make informed decisions on matters related to their bodies, sexuality, and reproduction free from coercion, discrimination,

³ Inquiry homepage at:

https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Foreign_Affairs_Defence_and_Trade/PacificPriorities

and violence. At its core, SRHR also includes the right of equality and non-discrimination, and the right of people to have access to safe sexual and reproductive health (SRH) information and services.

SRHR is essential for advancing gender equality and the two are mutually reinforcing. SRHR underpins progress and achievement against the *global gender gap index*⁴ under all sub-indexes of economic participation and opportunity, education attainment, health and survival, and political empowerment for women, girls, and gender-diverse people. The prevention of gender-based violence is centrally dependent on the right to bodily autonomy and freedom from violence in all forms. Rates of sexual and gender-based violence are disproportionately high in the Pacific, with 79 per cent of women in Tonga, 76 per cent in Samoa, 73 per cent in Kiribati, 72 per cent in Fiji and Vanuatu, and 64 per cent in the Solomon Islands experiencing some form of physical and/or sexual violence in their lifetime⁵ compared to the global average of 30 per cent.⁶

Political instability, conflict, and emergency settings exacerbate threats to human rights and especially the rights and safety of young people, and populations with diverse sexual orientation, gender identity, gender expression, and/or sex characteristics (SOGIESC). The risk is heightened with current environmental and economic pressures in the region and attention and investment directed to averting emerging crises.

Recommendation 1b: Prioritise SRHR to achieve universal access to healthcare and education with a focus on adolescents and young people.

Ensuring access to health services is not only a moral imperative but also a strategic imperative for the Pacific region, with health supporting the achievement of broader economic, social, and environmental goals. Health and wellbeing cannot be isolated from SRHR. In the Pacific region, 540 women die from complications related to pregnancy and childbirth every year⁷ and most of these deaths are preventable.⁸ Complications of unsafe abortion accounts for approximately 8 percent of all maternal deaths⁹ and these can be avoided with access to education, contraception, and quality abortion and postabortion care services. In the Pacific region the social, legal, and policy environment results in 1 in 3 abortions being unsafe.¹⁰

One third of the population in the region are 10-24 years of age, yet young people experience very high unmet need for SRH services and SRHR education, contributing to a high burden of poor health outcomes, and lost opportunities.¹¹

In the Asia Pacific Region, 1 in 6 girls commence childbearing by age 18, with over a quarter of births unintended. Investments in education undermined when girls' and young women's education is interrupted by unplanned pregnancy or early marriage. School attendance is affected by inadequate access to menstrual products and water, sanitation, and hygiene

⁴World Economic Forum (2024). Global Gender Gap Report 2024. <https://www.weforum.org/publications/global-gender-gap-report-2024/>

⁵ Fiji Women's Crisis Centre (2013). Somebody's Life, Everybody's Business! National Research on Women's Health and Life Experiences in Fiji, p.142.

⁶ WHO (2024) Violence Against Women: <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>

⁷ WHO (2023). Trends in Maternal Mortality 2000-2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. <https://www.who.int/publications/i/item/9789240068759>

⁸ Vallely, L. et al. (2022) [https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065\(22\)00268-1/fulltext](https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065(22)00268-1/fulltext)

⁹ Say, L., et al. (2014). Global causes of maternal death: a WHO systematic analysis. The Lancet Global Health, 2(6),e323-e333. DOI:10.1016/S2214-109X(14)70227-X

¹⁰ Burry, K., et al. (2022). Illegal abortion and reproductive injustice in the Pacific Islands: A qualitative analysis of court data. Developing World Bioethics, 23(2), 166-175. DOI: 10.1111/dewb.12352

¹¹ United Nations Population Fund. My Body is My Body, My Life is My Life: Sexual and reproductive health and rights of young people in Asia and the Pacific, UNFPA, Bangkok, 2021.

facilities to manage menstrual health at school. Poor educational attainment is linked to long-term impacts on health and wellbeing, for female students this also includes a lifelong deficit in earnings¹² and perpetuates cycles of gender inequality and poverty.

SRHR access means that women and girls can play more active and meaningful leadership roles in economic, environmental and social development and responses in their communities and country, thus sustaining and rebuilding safe and gender equitable health and social systems. Their education and employment in turn contributes to household and community income, and greater investment in education.

Recommendation 2: Resource community-led research and evidence generation by collectively establishing a regional research agenda, linking to national research on SRHR.

The SRHR evidence base in the Pacific must be enhanced from within Pacific Island countries. The *Strategy for the Blue Pacific* emphasises learning from each other, drawing on scientifically based research and traditional knowledge for evidence-based decision-making. The effective use of evidence enables the design and development of targeted and culturally appropriate programs that deliver maximum impact. Greater understanding and support for necessarily explorative approaches to information gathering and programming, particularly in complex environments and complex issues such as SRHR will enable meaningful engagement and responsive program design.

Advocating for establishing and strengthening national research agendas is needed to ensure alignment with national priorities. Adequately investing in capacity-building of communities (including youth and marginalised groups), government, and health service staff in effective data gathering and research practices is a powerful contribution to building independence in understanding population issues, identifying solutions and in effectively managing health and other services.

Recommendation 3: Resource Pacific governments and development partners, including those with expertise in SRHR, gender equity, disability, and diverse SOGIESC, to lead decision-making on structural reforms towards universal education and healthcare.

The Australian Government should work through existing regional architecture in the Pacific and support civil space and civil society actors in the Pacific who are best placed to identify their needs, interventions, and approaches. This is in line with the OECD Development Assistance Committee (DAC) Recommendation on *Enabling Civil Society in Development Cooperation and Humanitarian Assistance*.¹³

As noted in the *Australian International Development Policy*, improving the integration of development with other tools of statecraft, including through whole-of-government governance structures will help deliver quality, effectiveness, and transparency.

Pacific governments and Pacific development partners should be supported by Australia to include diverse Civil Society Organisations (CSOs) —including those representing people with diverse sexual orientation, gender identity, gender expression and sex characteristics, and other marginalised communities and those with experience and expertise in SRHR and gender

¹² UNFPA (2022). State of World Population report 2022: Seeing the unseen - The case for action in the neglected crisis of unintended pregnancy. <https://esaro.unfpa.org/en/publications/seeing-unseen>

¹³ OECD (2021). DAC Recommendation on Enabling Civil Society in Development Co-operation and Humanitarian Assistance. <https://legalinstruments.oecd.org/en/instruments/OECD-LEGAL-5021>

issues—in economic, environmental, and social development decision-making. This would amplify the importance of mainstreaming SRHR to address key development challenges and in achieving cross-sectoral priorities.

There is a need for effective, long-term development partnerships that are not only responsive to Pacific voices and needs, but that are Pacific-led, inclusive, and empowering. This will be a critical determinant of the Pacific's ability to manage future crises and strategic competition, as well as realising solidarity and spiritual integrity alongside partners and throughout the development process.

Responses within the region will need to be reflective and able to transform systems of power that uphold and perpetuate inequality and marginalisation. In practice, this means rethinking the norms, structures, and power dynamics that influence relationships at the individual, family, and community level and extending this power analysis to national, regional, and international levels. Over time, this will determine the quality of Australia's relationships within the region and the role that Australia plays within it.

2. Assess Australia's engagement in the Pacific and alignment of initiatives and policies with the identified priorities of Pacific Island nations.

(a) Evaluate Australia's current efforts in supporting the Pacific in areas such as trade, investment, infrastructure development, security and capacity building that enhance Australia's position as a partner of choice for the Pacific family.

(b) Identify opportunities for enhanced regional economic integration and mobility.

Recommendation 4: Evaluate SRHR access and impacts within the PALM Scheme, to identify future opportunities for SRHR investment that will benefit regional economic integration and mobility.

The Pacific Australia Labour Mobility (PALM) Scheme and other opportunities for labour mobility - continue to benefit the region economically through remittances and skills development. However, the PALM scheme has highlighted the lack of access to SRHR information and services, including how difficult it is to navigate private insurance.

There is a lack of effective and holistic support systems or mechanisms that are culturally appropriate and can meet the specific needs of women workers, along with anecdotal evidence of sexual and gender-based violence. Employers are responsible for worker welfare under the deed of agreement which complicates survivor support mechanisms and can create barriers to health equity and access. Health policy barriers mean that private health insurers continue to delay access to maternity care during the first 12 months of arrival, limiting pregnancy care and abortion access for people on temporary visas.

The continued success and long-term sustainability of labour mobility schemes must be underwritten by commensurate Government investment in wraparound mechanisms.¹⁴

14 Kanan, L., and Putt, J. (2023), Safety and Wellbeing in Australia's Pacific Labour Mobility Scheme Research Report, Australian National University, at <https://openresearch-repository.anu.edu.au/server/api/core/bitstreams/c9762a09-97df-4f7a-8741-ae85c3978c9d/content>

3. Assess Climate Change Mitigation and Adaptation responses in the Pacific.

(a) Evaluate Australia's climate support and initiatives aimed at mitigating climate change and assisting Pacific nations in adapting to its impacts.

(b) Evaluate Australia's role in supporting Pacific nations during natural disasters and national emergencies, including pandemics.

Recommendation 5a: Develop a Departmental SRHR policy initiative to build resilience to climate change and assist Pacific nations in adapting to its impacts.

Climate change is a global issue which will shape our region through an increase in protracted and sudden onset humanitarian crises, extreme weather events, increasing land, water, and food insecurity, migration, and other environmental, social, and economic impacts.

Historically, the incorporation of SRHR into climate change mitigation strategies have emphasised the use of contraception as a form of population control, placing little focus on expanding reproductive choice or addressing the structural inequalities which underpin climate-related impacts. In this way, both the responsibility on tackling the climate crisis is unjustly placed on those who are least responsible for it and the very same populations experience heightened gendered impacts.

Individual and community resilience to the immediate and long-term effects of climate change is contingent on universal access to health information and services and agency over health and wellbeing. SRHR and gender responsiveness must be recognised as key strategies for strengthening climate change adaptation responses in the Pacific.

In 2020, research on gender-based violence and environmental linkages¹⁵ found gender-based violence increases during disasters and extreme climate events. This is supported by additional research suggesting this relationship is related to factors such as economic instability, food insecurity, mental stress, loss of control, disrupted infrastructure (including health and judicial services), increased exposure to men, and exacerbated gender inequalities.¹⁶

Recommendation 5b: Develop a Departmental SRHR policy initiative to support Pacific nations during disasters and national emergencies, including pandemics.

During a crisis, the provision of SRHR health care is lifesaving, empowering, and cost-effective. Despite this, it remains one of the most neglected and underfunded components of humanitarian response.¹⁷

Women and girls are disproportionately affected by humanitarian crises, experiencing higher levels of violence, early and forced marriage¹⁸ and unintended pregnancy, along with increased risk of maternal illness, injury, and death due to limited access to lifesaving health care. Women, girls, and young people are often excluded from decision-making processes during crisis due to deeply engrained discriminatory practices at the organisational, cultural, social, financial, and political levels.

¹⁵ Castaneda, C., et al (2020). Gender-based violence and environment linkages: the violence of inequality. IUCN Global Programme on Governance and Rights (GPGR). <https://www.iucn.org/resources/publication/gender-based-violence-and-environment-linkages>

¹⁶ van Daalen, R., et al. (2022). Extreme events and gender-based violence: a mixed-methods systematic review. *Lancet Planet Health*, 6(6): 504-523. DOI:10.1016/S2542-5196(22)00088-2

¹⁷ ISHR Consortium (2018). SRHR in emergencies: Brief.

¹⁸ United Nations Children's Fund (2023). Is an end to Child Marriage within reach? Latest trends and future prospects. <https://data.unicef.org/resources/is-an-end-to-child-marriage-within-reach/>

The Australian government should prioritise the delivery of gender-responsive and inclusive humanitarian aid. This must recognise the vital role of SRHR service delivery within humanitarian response and should protect and promote the inclusion of SRHR within disaster preparedness planning. At a minimum, there should be uptake of the Minimum Initial Service Package (MISP) for reproductive health in crisis settings across the full suite of Australia's disaster response mechanisms focusing on health, gender, and protection.

Marginalised and vulnerable groups face additional risks and are often excluded from disaster preparedness and response programs. These groups include adolescent girls, unaccompanied minors, ethnic and religious minorities groups, people of diverse sexual orientation or gender identify, people living with disabilities, people living with HIV, and people engaged in sex work.

In vulnerable settings, higher rates of sexual violence, limited access to contraception, and limited decision-making power regarding sexual relations mean many women and girls can experience unplanned pregnancies and unsafe abortions. Without adequate healthcare, preventable and treatable conditions can be life-threatening. Sixty per cent of preventable maternal deaths occur in countries that host fragile, conflict-affected and vulnerable settings.¹⁹

4. Strengthen People-to-People Links and Partnerships including through well designed development programs.

(a) Explore opportunities to enhance people-to-people links, cultural exchanges, and educational partnerships between Australia and the Pacific to maximise local and community development outcomes.

(b) Assess the effectiveness of Australia's aid programs and partnerships in promoting genuine community development, good governance, and capacity building for partners in the region.

(c) Consider ways in which the Australian community can be more engaged with and have a better understanding of Australia's international relations and in particular the official aid and development program in the region.

Recommendation 6: Mobilise regional education partnerships for tertiary training institutions that support pre-service and in-service SRHR specialist training for Pacific Islander doctors, nurses, midwives and health educators.

Australia should provide resourcing and facilitate access to support greater participation of civil society within international and regional multilateral fora. This resonates strongly with Australia's commitment to prioritise listening-first diplomacy through the commitment to First Nations Foreign Policy, by bolstering the voices of those who have historically been side-lined in international discourse.

We need to take courageous steps towards meaningful relationship-building at every level and this process needs adequate financing and long-term vision. Partnerships must be shaped by cultural values, respect, and a shift in power. They must go beyond localisation to decolonisation—in practice this means understanding the power dynamics between Australia and its development partners (across both government and civil society) and seeking to rebalance these relationships through valuing local approaches and knowledge.

¹⁹ WHO (2024). Accessing essential health services in fragile, conflict-affected and vulnerable settings. <https://www.who.int/activities/accessing-essential-health-services-in-fragile-conflict-affected-and-vulnerable-settings>

Continuing to establish and strengthen partnerships in education is an essential strategy to ensure local clinicians and educators are skilled and empowered to provide sexual and reproductive health services, information and education programs in clinics, schools and community settings to support improvements in health and social outcomes.

Recommendation 7: Encourage High Commissions' awareness of SRHR, such as facilitating collaborative discussions between NGO service providers and Departments of Health about SRHR policy and investing in and evaluating community-based SRHR initiatives.

Quality partnerships and local leadership throughout the development and implementation of SRHR policy, programs and practice have the potential to transform program effectiveness and sustainable change on key issues that are embedded in culture and reliant on civil society and community engagement. However, there is no one-size-fits-all approach, and DFAT should be guided by local actors in how it goes about supporting greater local delivery and ownership of gender equality and SRHR efforts, including by seeking and acting on their advice about changes to DFAT's own systems and compliance mechanisms. To support regional decolonisation, we should engage in shared learning of experience in reconciliation and decolonisation across the region.

Recommendation 8: Ensure a Departmental presence at the National Women's Health Advisory Council, in a role that can mobilise regional opportunities for collaboration in policy and practice.

Australia has several domestic initiatives on SRHR that could be linked with overseas development initiatives. For example, the National Women's Health Advisory Council, chaired by the Assistant Minister for Health, has been instrumental in domestic SRHR reforms yet has no formal link to impact within SRHR in Australia's development assistance program.²⁰ The Council includes membership of peaks, including the Multicultural Centre for Women's Health and the National Aboriginal Community Controlled Health Organisation. It would be a useful starting point for domestic engagement as its collaborations extend to many research initiatives, practice and product reforms and collaborative partnership opportunities.

Further information

For further information please contact the ISRHR Co-chairs Bonney Corbin
and Zeshi Fisher

²⁰ The Australian Government National Women's Health Advisory Council at <https://www.health.gov.au/committees-and-groups/national-womens-health-advisory-council>