

Communiqué to the Prime Minister and the Parliament

Women's Plans Foundation Roundtable

July 27, 2011, Level 29, Chifley Tower, Chifley Square, Sydney

*The case for family planning starts with human rights
and flowers with women's empowerment.*

This Roundtable found causal links between issues of family planning, women's enablement, population size, food security and climate change. While we need to embrace many measures to manage human impact, our principal recommendation is both cost effective and respectful of human rights.

Family planning in overseas aid is crucial in Australia's response to Millennium Development Goal 5.



Patron: Her Excellency Ms Quentin Bryce AC, Governor-General of the Commonwealth of Australia

Trustees: Carolyn Blanden; Dr. Ellie Freedman; Elizabeth Lloyd, Secretary;

Alice Oppen OAM, Chairman; Helen Sheffer, Treasurer; Zeny Edwards.

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Communiqué

The WPF Roundtable combined experts in overseas program delivery, medical research and practice, Christian and Muslim attitudes, women in economic enterprise, pharmaceutical and financial corporations and climate change. Our conclusion is that women's capacity to manage fertility is critical as it:

- 🌐 prevents maternal and infant deaths,
- 🌐 improves reproductive health,
- 🌐 improves gender equity, empowering women,
- 🌐 develops economic and social resilience,
- 🌐 stabilises human population growth,
- 🌐 minimises climate change.

How can we help?

Non-government organisations, as AusAID recognises, play an important role. Women's Plans Foundation raises funds and appreciation of what family planning can contribute to the economic and social security of our neighbours in the Asia Pacific region. This Foundation donates to NGOs accredited by AusAID to fund access to family planning. Reports show that thousands of couples are being reached, increasingly with longer term methods. NGOs are helping governments to reach Millennium Development Goal 5, and are engaging community support for Australia's contribution to the health, stability, economic and environmental well-being of our region.

Where can Australia make the greatest, most cost effective difference?

In Papua New Guinea contraceptive prevalence is 18%, half the health services are delivered by non-government sources, many by churches which do not include contraceptive access. 87% of the population lives in remote rural conditions, with difficult topography and hundreds of different languages.

NGOs delivering health programs affirm that demand for family planning outpaces supply, particularly in PNG. Motorbikes and helicopters are reaching remote areas in six provinces to date. Family planning specialists pass on knowledge and training to local people; women are often the backbone of health service delivery. Developments in contraceptive technology will mean that local women may be trained to provide long acting reversible contraceptives once approved by the PNG government, with some added health benefits, such as preventing anemia. Where families can space births, health costs reduce, and healthy children and mothers result, with education, food security and social stability improving. Not surprisingly, the return on investment in family planning is economic growth.

For the AusAID Review

With regard to the findings in the AusAID Roundtable paper of March 2011 and the Independent Review of Aid Effectiveness of July 6, 2011, this WPF Roundtable recommends that AusAID reporting include a line item on contraception, giving funding and/or the number of couples reached with modern methods of contraception. Funding worldwide reaches a reducing proportion of women as childbearing population rises; family planning needs to be a priority in areas of rapid population growth in developing countries.

Let's talk within religions and cultures:

Mention of contraception has traditionally been omitted to avoid opposition from Roman Catholic and fundamentalist hierarchies in Christianity and Islam. It is noteworthy that rates of contraceptive use are very much the same for women across religious and non-religious

categories where there is access. In countries such as the Philippines and PNG where governments have followed the Vatican prohibition of contraceptives, consultation with in-country local religious leaders can bring much needed relief for people in poverty. Progress needs to occur to prevent women from dying from pregnancies they fear by men they cannot deny.

There is widespread support for contraception in Australia, and Parliamentarians are in step with the majority in their electorates when supporting family planning. In Australia some theologians are exploring doctrinal teachings to identify where patriarchal power has served men better than women. Faith communities can be challenged with the outcomes of their actions (eg the resurgence of a fundamentalist movement in the U.S. to block funding to UNFPA and IPPF, resulting in a rise in terminations due to the absence of contraception). Voluntary family planning is a human rights model preferable to both the Chinese model of compulsory restriction on childbearing and the traditional practice of childbearing by default.

The global context

Australia's place is in Southeast Asia, where we do more than alleviate poverty when we share medical technology to save the lives of women and children, ensuring their more valued position in communities and their capacity to plan for the future. Whether we do this as faith-based sharing with our neighbours or because the well-being of our neighbours impacts on Australia, all reasons lead towards increased funding and support for family planning as an integral part of overseas development aid.

The WPF Roundtable recommends

- ✪ That the Prime Minister, the Minister for Foreign Affairs and Parliamentarians support AusAID to continue and increase funding for inclusion of family planning as a key measure in reproductive and maternal health programs.
- ✪ That the Prime Minister, the Minister for Foreign Affairs and Parliamentarians recommend that family planning become an identified expenditure in budgets and reports.
- ✪ That consideration be given to the GAVI model, combining government and private support in concerted effort, to deliver health education and access to family planning, enabling women to develop, share and contribute.

Roundtable participants: ✪ Reverend Judith Atkinson, U.K., currently with NSW Government on policy development; ✪ Dr. Deborah Bateson, Medical Director FPNSW; ✪ Professor Richard Broinowski, former Ambassador, author and commentator; ✪ Ms Jennifer Brown; ✪ Mr Stuart Cameron, UBS; ✪ Mr Tim Costello AO, CEO World Vision, Baptist Minister, Chairman Community Council for Australia; ✪ Zeny Edwards PhD, architectural historian, past President The National Trust, Trustee of WPF; ✪ Dr Ellie Freedman, Medical Examiner Sexual Assault at RNSH, Trustee of WPF; ✪ Ms Naomi Knight, Deloitte, formerly CEO of SHFPA; ✪ Mrs Liz Lloyd, lawyer, Trustee of WPF; ✪ Mrs. Alice Oppen OAM, Trustee of WPF; ✪ Ms Deborah Raphael, IPPF liaison; ✪ Ms Lynn Sartori, Director Scientific Affairs, Merck Serono; ✪ Ms Siobhan Sellick, Executive Director Ernst & Young; ✪ Mrs Helen Sheffer, Trustee of WPF; ✪ Ms Liz Sime, MSIA Regional Director; ✪ Ms Susan Stratigos, Chair ARHA, formerly in United Nations Division for the Advancement of Women; ✪ Ms Ros Strong, Chair Sydney Community Foundation, past President Unifem (now UN Women); ✪ Dr Edith Weisberg, Director of Research FPNSW and Senior Clinical Lecturer University of Sydney Medical School.



Facts and Figures



- In Southeast Asia, only 47% of married women aged 15–49 use modern contraceptives though many more want to delay or avoid pregnancy.
- 40% of pregnancies in the region are unintended—about one-half of those are in Southeast Asia.
- In 2008, the women in the region not using family planning had 85% of all unintended pregnancies.
- The national average of women using contraceptives in the U. S. is 69%. 68% of Catholic women in the U.S. use contraceptives.
- For every \$1.00 spent on reproductive health, \$1.40 is saved in maternal and infant health costs. [Guttmacher Institute for this and above]
- Investment in family planning has brought economic benefit in developing countries compared with those that have not provided family planning.
- The global population is expected rise by 2 billion to 9 or 10 billion -- by which time we need to reduce greenhouse gas emissions -- while producing more food on less arable land per person.



- A controversial cost-benefit analysis found that family planning is the most cost effective investment in stabilising carbon emissions. For every unit spent on contraception, it costs twice as much for investment in tree planting, nearly four times as much in wind power, nearly eight times as much in solar energy. [Optimum Population Trust]



- What are the costs of remediation for coal mining and power generation? Can any nation calculate costs for the hazards of nuclear power after Japan's experience?



- If we meet the need for modern family planning in the Asia Pacific region, unintended pregnancies will drop by 74%, from 32 million to 8.5 million a year.
- Refugee numbers are growing; now 42 Million refugees seek resettlement. 80% of these are in holding camps in countries with their own poverty.
- How much funding world wide goes to family planning health services? Clue 1, Less than 5% of health funding goes to reproductive health services, including AIDS and gender equity. Clue 2, 70% of maternal and child health spending goes to children, 30% for mothers -- how much will go towards family planning?



- Research and development on microbicides and long term contraceptives promise methods more suitable for remote rural regions. [Population Council]