



Public Health Association of Australia:

Policy-at-a-glance – Women’s Health in Overseas Aid Programs Policy

Key message: PHAA recommends -

1. One of the fundamental principles guiding activities in all sectors of the Australian development assistance program is the principle of gender equity, and therefore all development policies of AusAID should reflect this principle;
2. AusAID’s gender policy should be developed, and take into account specific actions to implement: gender sensitive health care worker and manager training, accessible and appropriate health infrastructure, gender sensitive data collection and analysis, and intersectoral collaboration for social sector activities to ensure that the full spectrum of social determinants of women’s health are addressed; and
3. AusAID should monitor and evaluate the implementation of the gender and health policies and report on these to Parliament.

Summary: The health of women in developing countries can only be improved through addressing the social determinants of health and providing improved women’s access to appropriate quality health care. Women need to be empowered through education, better employment opportunities and greater participation in decision making.

Australian aid programs need to reflect the needs identified by women and should address a range of factors impacting on health outcomes. This policy seeks to outline a series of principles and tangible actions designed to achieve these goals.

Audience: The Australian Government, policy makers and program managers.

Responsibility: PHAA’s International Health Special Interest Group (SIG)

Date policy adopted: September 2009

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WOMEN'S HEALTH IN OVERSEAS AID PROGRAMS POLICY

The Public Health Association of Australia notes:

1. The health of women in development settings is severely undermined by social, economic, legal and political inequities (see also PHAA Health Inequities Policy).
2. Several international conventions and policies, to which most countries, including Australia, have been signatories, have identified gender equity and health as being major development concerns. These include the Millennium Development Goals (MDG), the Convention for the Elimination of Discrimination Against Women (CEDAW), the Beijing Platform of Action and the International Conference on Population and Development declaration. AusAID's Health policy entitled "Helping health systems work" (August 2006) acknowledges women's health and maternal health as important assistance prioritiesⁱ.
3. Two thirds of the 799 million people in the world who are illiterate are womenⁱⁱ. This illiteracy greatly reduces employment opportunities for women and contributes towards sustaining their low economic and social status. These high levels of illiteracy and low literacy, coupled with limited access to information inhibits women in developing countries from articulating their needs and asserting their basic health requirements. This makes it difficult for women to fully participate in and resolve their health problems and conditions that affect their health.
4. Maternal health problems remain a major cause of death and illness for women and relatedly of infants. Factors that contribute towards this are lack of access to quality reproductive health services. The World Health Organisationⁱⁱⁱ estimates that more than one quarter of all adult women in developing countries suffer from pregnancy related health problems (see also PHAA Sustainable Population Policy).
5. Violence against women is an issue throughout the world including in development settings. The lack of power within the home, social status due to low levels of education, employment and ownership of assets all make women particularly vulnerable to domestic violence^{iv}. In times of war and complex humanitarian situations, women are at high risk of violence. Poverty and unstable political situations increases women's and girl children's susceptibility to engage in high risk occupations and work – including commercial sex work, and to becoming trafficked.
6. Women now account for almost half of the cases of HIV and are at higher risk than men of contracting the disease through safe sex^v. Prostitution, interpersonal violence and unsafe injecting drug use practices are major factors in the spread of HIV.
7. PHAA congratulates AusAID on the policy document: "Gender Equality in Australia's aid program – why and how?" of March 2007. PHAA notes that

AusAID will need to follow this excellent policy document up to ensure they monitor resources being allocated to women's aid and gender issues, including the involvement of men.

The Public Health Association of Australia affirms that:

8. One of the fundamental principles guiding activities in all sectors of the Australian development assistance program is the principle of gender equity, and therefore all development policies of AusAID should reflect this principle.

The Public Health Association of Australia believes that:

9. The health of women in developing countries can only be improved through addressing the social determinants of health and providing improved women's access to appropriate quality health care. Access to basic education for girl children and women should be a priority in development assistance programs. Women need to be empowered through education, better employment opportunities and greater participation in decision making. Development programs in the education sector should increase access, promote equity and improve the quality and relevance of education and training for girl children and women.
10. Good governance plays a crucial role in enhancing the effectiveness of aid and in ensuring women's access to health services. It is a foundation for addressing the social determinants of health especially for women.
11. Factors that constrain as well as facilitate women's access to and use of primary and secondary health care need to be examined and addressed.
12. Australian aid programs need to reflect the needs identified by women and should address: counselling, access to women centred reproductive services and methods, women friendly health infrastructure, health care workers trained in gender sensitive practice, a choice of service delivery points, women's role as care givers and heads of households, and their role as primary prevention agents in communities and homes.
13. Gender sensitive indicators should be an integral part of all monitoring and evaluation systems in order to provide a basis for further planning and development of services.

The Public Health Association of Australia resolves that:

14. The PHAA writes to AusAID and the responsible Minister and members of Parliament to advocate for this policy.
15. That AusAID's gender policy should be developed, and take into account specific actions to implement : gender sensitive health care worker and manager training, accessible and appropriate health infrastructure, gender sensitive data collection and analysis, and intersectoral collaboration for social sector activities to ensure that the full spectrum of social determinants of women's health are addressed.
16. AusAID should monitor and evaluate the implementation of the gender and health policies and report on these to Parliament as part of the CEDAW and MDG reporting framework.

ADOPTED 2006, REVISED AND RE-ENDORSED IN 2009

First adopted 2006 at the Annual General Meeting of the Public Health Association of Australia. Revised and re-endorsed in 2009.

REFERENCES

ⁱ AusAID 2006 Helping health systems work: a policy for Australian development assistance in health Canberra: Australian Government

ⁱⁱ Family Care International Fact sheet “Achieve universal primary education” Downloaded 22/07/06

ⁱⁱⁱ UN Statistics Division www.unstats.un.org Downloaded July 2006

^{iv} International Centre for Research for Women www.icrw.org Downloaded July 2006

^v UN Statistics Division www.unstats.un.org Downloaded July 2006