Public Health Association
AUSTRALIA

Women's Health in Overseas Aid Programs

Policy Position Statement

Key messages:

The health of women in lower- and middle-income countries can only be improved through addressing the social determinants of health and providing improved access to quality health care. Women need to be empowered through education, employment opportunities and greater participation in decision making. Australian aid programs should reflect the needs identified by women and address a range of factors impacting health outcomes.

Key policy positions:

1. Renewed commitment to, and resourcing of, gender mainstreaming and equality is required across all Department of Foreign Affairs and Trade (DFAT) policies and programs.
2. Specific actions include gender sensitive health professional training, including men in achieving gender equality, accessible and appropriate health infrastructure, women's sexual and reproductive health and rights, gender sensitive data collection, and inter-sectoral collaboration.
3. Monitoring and evaluation of the implementation of gender policies, and reports to Parliament are required.

Audience: Federal Governments, DFAT, policy makers and program managers.

Responsibility: PHAA International Health Special Interest Group

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Policy Position Statement

PHAA affirms the following principles:

1. Two of the fundamental principles guiding activities of the Australian development assistance program are the principles of gender equity and women's empowerment; development policies of DFAT should reflect these principles.
2. Emphasis must be placed on providing holistic, effective and equitable sexual and reproductive health services for women and girls within the DFAT humanitarian aid framework.
3. The investment in education, with a special focus on girls, and the promotion of improved health outcomes for women through quality maternal and child health and family planning services must be outlined in Australia's aid policy.

PHAA notes the following evidence:

4. The health of women in lower-middle and low-income countries is severely undermined by social, economic, legal and political inequities. Several international conventions and policies have identified gender equality as a major development issue. These include – the UN Women's Strategic Plan 2022-2025, Sustainable Development Goals (SDGs), the *Convention on the Elimination of Discrimination against Women* (CEDAW), the *Beijing Platform of Action, UN Security Council resolution 1325 on women, peace, and security*,[1] and the *International Conference on Population and Development declaration*.[2]
5. Gender inequality in education impacts both health and economic growth and child mortality rates. Illiteracy reduces employment opportunities and contributes towards sustaining the low status of women, which inhibits women in low- and middle-income countries from asserting their basic health needs.[3] Although literacy rates have increased on a global level over the past 50 years, most of the world's 754 million illiterate adults are women.[4]
6. The COVID -19 pandemic intensified barriers to education for girls. School closures, increased caregiving responsibilities, and limited access to remote learning disrupted education across low- and middle-income settings. An estimated 11 million adolescent girls and young women were at risk of long-term school exclusion, with likely impacts on health, economic independence, and participation in decision-making.[5] Since the pandemic, crisis situations around the world, such as armed conflict, political instability, and natural disasters, continue to put women and girls at a disproportionate risk for disrupted education. UNICEF estimates that girls in countries affected by conflict are twice as likely to be out of school compared to girls in peaceful countries.[6] Recent reductions in international funding, and defunding of multilateral organisations are likely to disproportionally affect women[7].
7. Women's lack of access to and control over resources limits their economic autonomy and increases their vulnerability. Women often work in employment with low or no cash returns, and undertake unpaid domestic tasks. Further, existing statutory and customary laws limit women's access to land and property rights in half of all lower-middle and low-income countries. Specifically, one third of

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lower-middle and low-income countries do not guarantee women inheritance rights, and one half of counties have discriminatory customary practices against women. A significant proportion of married women have no say in how their earnings are spent and do not participate in household decision-making. Furthermore, older women in high income countries are more vulnerable to poverty when compared to men.[8]

8. Maternal health complications remain a major cause of death and illness for women. Every day, approximately 712 women die globally from preventable causes related to pregnancy and childbirth with over 90% of maternal deaths occurring in the world's low-income countries. The SDGs aim to reduce global maternal mortality to less than 70 maternal deaths per 100,000 live births by 2030. Currently, the maternal mortality rate in the low-income countries is 313 maternal deaths per 100,000 live births.[9,10]

9. An estimated 257 million women in low- and middle-income countries do not use a modern method of contraception but would like to prevent pregnancy. Globally, this results in 121 million unintended pregnancies, with 60% leading to abortion. Of all pregnancies that lead to abortion, 45% are unsafe and life-threatening.[11] Globally, the use of contraceptives has nearly doubled since 1990, with 77% of reproductive-aged women's needs adequately met by modern contraceptive methods. However, in low- and middle-income countries, as low as 56% of women have their family planning needs met by the same contraceptive methods.[12]

10. Lack of access to sexual and reproductive health services disproportionately impacts impoverished and uneducated women and adolescent girls and contributes to maternal mortality and morbidity. "Traditional" or "moral" values are sometimes used to deny women's sexual and reproductive health services.[8]

11. Globally women continue to experience a wide range of sexual violence, coercion and deprivation of protections, which is a gross violation of their human rights, threatening their social and economic well-being, particularly in times of war and complex humanitarian situations.[8] Poverty and unstable political situations increase women's and adolescent girls' vulnerability to being trafficked and to engage in high-risk occupations, including commercial sex work.[12-14]

12. Female Genital Mutilation (FGM), one of the most harmful cultural practices against women. Although in decline, it is still practised in a number of countries, and measuring it is a challenge due to the sensitivity of the topic and cultural and societal barriers. Today, it is estimated that more than 230 million girls and women have been subjected to FGM in 30 countries.[15]

13. Human Immunodeficiency Virus (HIV) and sexual and reproductive health are intimately related. The majority of HIV-positive adults are women, and women and girls accounted for 44% of new HIV cases in 2023 globaly.[16] An estimated 1.3 million women and girls living with HIV become pregnant every year, which risks perinatal transmission of HIV to the foetus through pregnancy, labour, delivery, and breastfeeding without antiretroviral intervention.[17]

14. The diverse contexts encompassing gender inequity globally necessitate social protection systems capable of supporting each country's specific needs.[18] Australia has reaffirmed its commitment to supporting women and girls through its foreign policy initiative to support gender and its impact on economic growth, security, peace, and stability.[3] This is important because health needs increase with age, and globally older women remain disproportionately affected by poverty.[18]

15. DFAT's International Development Policy aims to build an aid program that is effective in promoting

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economic growth, human development, and poverty reduction. DFAT's strategy will support initiatives which promote gender equality and empowerment of women and girls and will invest in health - particularly health systems - so that women, men and children can access better health and live productive lives.[3]

16. Further affirmative action is evident in the strategic goals of the Government's aid policy titled *Australia's International Gender Equality Strategy*, to promote gender equality and women's empowerment through the enhancement of women's voices in decision-making, leadership, and peace-building; encouragement of women's economic empowerment; peace building; ensuring educational opportunities and health; and ending sex and gender-based violence against women and girls.[3]

17. Implementing the actions of this policy would contribute towards the achievement of UN Sustainable Development Goals 3 – Good Health and Wellbeing and Goal 5 – Gender Equality.

PHAA seeks the following actions:

18. The health of women in developing countries can only be improved through addressing the social determinants of health and providing improved access for all women to appropriate, quality health care. Access to basic education for girls and women should continue to be a priority in development assistance programs.

19. Investments in women's and girls' education and health yield some of the highest returns of all development investments, including reduced rates of maternal mortality, better educated and healthier children and increased household incomes.[19, 20] Decreases in international donor funding to these programs present a significant risk to current progress, and the Australian government should seek to increase investment to prevent regression in these key areas.

20. Australian aid programs must reflect needs identified by women and should address:
    - access to women-centred sexual and reproductive health services and methods;
    - women- friendly health infrastructure;
    - health care workers trained in gender sensitive practices;
    - women's role as caregivers and heads of households;
    - the role of women as agents of primary prevention;
    - enhancing women's voice in decision-making, leadership, and peace-building;
    - Promoting women's economic empowerment; and
    - ending violence against women and girls.

PHAA resolves to:

21. PHAA will advocate for gender and health to be adequately addressed in aid programmes.

22. Encourage DFAT's gender equality and women's empowerment policies to continue to prioritise:
    - human rights as an underpinning principle;
    - gender sensitive training for healthcare workers and programme managers;
    - women's sexual and reproductive health and rights;

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- gender sensitive data collection and analysis;
- inter-sectoral collaboration; and
- women's empowerment in trade, investment, and economic diplomacy policies.

23. Urge DFAT to continue to monitor, evaluate and report on the implementation of gender, empowerment and health policies to Parliament as part of the CEDAW and SDG reporting framework.

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