

Sexual and Reproductive Rights in the Australian Aid Program: Absence and Opportunity

Elizabeth Bennett

Key Centre for Women's Health in Society (WHO Collaborating Centre in Women's Health), School of Population Health, Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne

The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences

Beijing Platform for Action, 1995

Sexual and reproductive rights

Sexual and reproductive health underpins economic and social development. The 1994 International Conference on Population and Development (ICPD) in Cairo and the 1995 Fourth World Conference for Women in Beijing provided the first international consensus regarding the place of sexual and reproductive health as fundamental to social and economic development. While human rights were elaborated in the 1948 Universal Declaration of Human Rights, it was not until the late 1990s that attention was given to social, cultural and economic rights (Hunt, 2006). The right "of everyone to the highest attainable standard of physical and mental health" (United Nations, 2003) includes perspectives not only of health care, but also the social determinants of health, which include, for example, entitlements to services and information, and freedom from violence and discrimination (United Nations, 2003). The ICPD identified reproductive rights as human rights that framed access to reproductive health, poverty alleviation, gender equality and protection of the environment.

The call to action that is the Millennium Declaration, as well as its eight Millennium Development Goals (MDGs) and indicators, have diluted this rights focus. Sexual and reproductive health is explicitly addressed in: MDG 3, promote gender equity and empowerment; MDG 5, improve maternal health; and MDG6, combat HIV/AIDS, malaria and other diseases. However, entitlements to these are not identified. Instead, there has been resistance to their inclusion, in particular with regard to the right to abortion and to sexuality and contraception education, by the Vatican, the Bush government, and the G-77 group of developing nations (see, for example, Crosette,

2004; Vick, 2004). Women's movements have critiqued the MDGs for their paternalistic approach, reduction of the Beijing and Cairo agreements, and for their inadequate quantitative indicators that are unable to measure concepts such as empowerment and equality (Obando, 2003).

Australia, rights and development assistance

Australia is the only OECD country without constitutional guarantees of human rights, and, in the new century, has been reluctant to take part in some UN efforts to enforce human rights. Elizabeth Reid (2004) points out that Australia did not sign the 2000 Optional Protocol of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which would have obliged it to allow complaints from individuals, and in 2002, with the United States, voted against the appointment of a UN Special Rapporteur on the Right to Health. However, Australia is signatory to each of the international human rights instruments, and so, is obliged to respect the right to health in Australia and in other countries, and, if it is able, to prevent violations by third parties (Reid, 2004).

It is therefore not entirely surprising that the White Paper on Australia's overseas aid program fails to engage rights sufficiently, much less utilise a rights framework. The Australian values that underpin the document are identified as compassion, generosity, the fair go for those worse off than ourselves, cultural diversity, practicality, innovativeness, results orientation, tolerance, mateship and supporting people's self-reliance (Australia, 2006a). Despite that embedded in this list is the claim that: "We are a country founded on individual rights and equality of opportunity" (Australia 2006a:5), the concept is not explicitly pursued.

In order to achieve the objective of assisting developing countries to reduce poverty and achieve sustainable development, in line with Australia's national interests, the White Paper identifies "Australia's strong and unstinting commitment to the global effort to achieve the MDGs" (Australia, 2006a:20). The four themes of the program (accelerating economic growth, fostering functioning and effective states, investing in people, and promoting regional stability and cooperation) articulate with the harmonisation agendas of multilateral and other bilateral development partners, and engage a complex and globalising world in new ways. The White Paper acknowledges a concern to achieve gender equality, including equitable access to economic resources, participation and leadership, elimination of discrimination and women's human rights. Further, it acknowledges, within the theme of fostering functioning and effective states, that law, order and stability provides for the protection and advancement of human rights. However, the identified strategies that address the needs of women and children – "a focus on maternal health, sexual and reproductive health, access to safe and effective contraception based on informed choice, nutrition and education for girls, and programs to combat gender-based violence and improved sanitation..." using "those measures proven to have the greatest impact" (Australia, 2006:49) - while they reflect the MDGs, are not located in the imperatives of a sexual and reproductive rights framework.

The newly-released Health Policy (Australia, 2006b) gives more detail about how a whole-of-government approach will be used to meet the directions identified by the White Paper. The focuses of the Health Policy are: strengthening health system fundamentals; addressing the priority needs of women; supporting country-specific priorities to address high-burden health problems; and ensuring systems can reduce regional vulnerability to HIV/AIDS and emerging infectious diseases. The second focus, addressing the priority needs of women and children, emphasises the reduction of maternal mortality via a functioning health system, core interventions, improved nutrition, access to sexual and reproductive health education and to safe and effective contraception. It also identifies the need for attention to other areas of sexual and reproductive health, sexually transmitted infections, sexual and reproductive disabilities such as obstetric fistulae, chronic disease, mental illness and gender-based violence. Further, the Health Policy commits Australia to gender analysis in development and monitoring of its programs. Hence, the sector-wide and whole-of-government approaches advocated by the Policy arguably facilitate the ICPD-defined rights of access to reproductive health, poverty alleviation, gender equality and protection of the environment. However, rights are never mentioned, and the Health Policy does not at any point, engage the entitlements and obligations inherent in a rights framework.

Without real and sustained policy commitment, sexual and reproductive rights is merely a toothless ideology that inspires academics and fires up non-government organisations. Without a sexual and reproductive rights framework, development and bilateral aid, no matter how contemporary their focus and no matter how aligned their intentions, remain free of obligation to those who most need such a framework.

Australia's commitment to the implementation of the MDGs and its obligations under international human rights law oblige a long-term engagement with sexual and reproductive rights that is not evident in the White Paper or the Health Policy. It is not too late to engage this approach. Use of advisory resources, policy dialogues and development of the Health Thematic Network potentially provide opportunities to: (1) develop the debates surrounding rights, health and development; and (2) to work towards the adoption of a sexual and reproductive rights framework in planning, implementation, monitoring and evaluation. Paul Hunt, the Special Rapporteur on the Right to Health, considers that sexual and reproductive rights are poorly conceptualised in terms of their meanings and inter-relationships (United Nations, 2004). Vigorous debate might inform the transformed aid program in fresh ways.

A rights framework ensures that development plans, policies and processes are embedded in the standards and principles of the international human rights system and defines objectives as legally enforceable entitlements, or rights. This approach, which utilises a full range of civil, economic, social and cultural rights, ensures the following: express links to rights; empowerment; accountability; participation; inclusion of vulnerable groups and non-discrimination (United Nations, 2006). A rights approach does not present an alternative to the strategies identified in the White Paper and health Policy, but a complement. I make a plea not merely for the adoption of a rights focus in terms of sexual and reproductive health, but for an overarching rights framework that obliges donors to adopt the principles and guarantees recipient states, communities and individuals the promises of the Cairo and Beijing agreements.

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