

Fragile States and Sexual and Reproductive Health

Overview

Without addressing sexual and reproductive health (SRH) needs within fragile states, little will be done to reduce poverty and regional stability will remain illusive. Greater political leadership and investment is needed for sexual and reproductive health rights to be addressed and unless greater attention and resources are devoted towards addressing sexual and reproductive health within fragile states, many of the Millennium Development Goals (MDGs) will not be achieved.

Fragile states are often defined as those that are unable or unwilling to provide core functions – security, governance and public services – to the majority of their people. They can be roughly divided into; those in conflict, those in transition from conflict to peace, those experiencing prolonged political crises and those states which are relatively stable but which have chronically poor capacity and governance. It is important to note however, that states move in and out of fragility and that whilst a state may not be classified as fragile it may still prove a difficult operating environment. In addition, whilst some regions within countries may be more difficult to work in (because of civil war or lack of recognised central authority) the country as a whole might not be deemed fragile. Some examples of fragile states within the Asia Pacific region include Myanmar, East Timor, Cambodia, Papua New Guinea (PNG) and the Solomon Islands.

Fragile States, Development and Security

Fragile states account for a disproportionate number of the poor worldwide and because poverty is so widespread within these states, they have the potential to destabilise regional and global security. It is clear that special attention must be paid to fragile states and there is a growing international focus on raising the development effectiveness in these difficult environments.

The White Paper: Australian Aid, Promoting Growth and Stability, emphasises the importance of sound governance and stability and highlights the fact that aid is most effective in countries with better policies and better institutional settings, where it can lead to higher growth and quicker progress towards achieving the MDGs. The links between security, instability, crisis and development are increasingly recognised by the international community. In his report *In larger freedom: towards development, security and human rights for all*, Kofi Annan outlines these links and stresses that in states which are fragile, the right to security, development and justice is not guaranteed.¹

The MDGs form a centrepiece for the world's security agenda, as reducing poverty is critical to reducing the number of conflicts and state failures². However, without focusing on SRH, it will be impossible to significantly reduce poverty and promote growth and stability. The recent Millennium Project report recognises the importance of sexual and reproductive health information and services to achieving the MDGs. This report has identified the expansion of SRH services as one of the quick win solutions to implement immediately:

¹ Report of the UN High level panel on Threats, Challenges and Change. December 2004.

² Investing in Development: A Practical Plan to Achieve the Millennium Development Goals. The UN Millennium Project, New York 2005.

“Expand access to sexual and reproductive health services, including family planning and contraceptive information and services, and close funding gaps for supplies and logistics”³.

SRHR within Fragile States

Sexual and reproductive health rights (SRHR) are basic human rights located in various international agreements and as such it is expected that governments party to these agreements both ensure the availability of SRH services and remove barriers to SRH care. However, in fragile states, SRHR can be controversial, especially where they may threaten traditional beliefs and practices, governments, and other power relations and structures within a country. Equally, in states experiencing civil or political conflict, health care can be one of the most immediately affected social services. In the Solomon Islands conflict in 2000, for example, health personnel were sent home from government clinics and no services were provided for an extended period.

Challenges Faced Working within Fragile States

The White Paper’s recognition for the need to focus on maternal health, SRH and access to safe and effective contraception is a significant step towards reducing poverty and promoting regional stability.⁴ The MDGs will be most difficult to achieve in fragile states, which account for nearly 30% of people living on less than \$1 per day. Fragile states are home to about 15% of the world’s population and contain approximately:

- one third of those living in absolute poverty in the world;
- a third of total maternal deaths each year in developing countries;
- nearly half of the children dying before their fifth birthday each year in developing countries;
- a third of those living with HIV/AIDS in developing countries, and
- one in three people living in fragile states is undernourished, and this proportion is twice as high as in other developing countries⁵.

Despite these alarming statistics, fragile states receive less aid than other developing countries. It is not easy for development agencies to engage with these states, and consequently many donors choose not to operate in fragile states at all or choose to bypass state systems when providing development assistance to the health sector, which further undermines weak state capacity. The latter approach can be especially true in conflict and post-conflict settings when assistance is often provided through humanitarian work and individual projects – resulting in a large number of aid actors and delivery systems which persist beyond the emergency period. More work needs to be done from the outset of any emergency and within fragile states to link humanitarian assistance to longer term recovery, development and system strengthening and greater emphasis needs to be placed on tackling structural causes of state failure and developing comprehensive approaches to tackle poverty. In addition, what aid does go into fragile states may focus exclusively on security and governance, neglecting the all important social sector, the absence of which can undermine civil stability.

Population Pressure and National Stability

Population dynamics, including growth rates, age structure, fertility, mortality and migration influence every aspect of human, social and economic development and of itself can greatly

³ Ibid.

⁴ The White Paper: Australian Aid, Promoting Growth and Stability P 49

⁵ Achieving the Health Millennium Development Goals in Fragile States. A High-Level Forum on the Health Millennium Development Goals. Abuja. December 2004.

contribute to a nation's stability or otherwise. Pressure for land due to high population growth rates and density has been a direct cause of conflict in many countries worldwide, including the Asia Pacific. In many countries, high fertility continues to outpace economic and development gains and stall poverty reduction efforts. More than half of the world's young people live in Asia and the Pacific and with such a large percentage of young people, the region will continue to grow for years to come⁶.

On average, Pacific Island women give birth to four or more children during their reproductive years⁷. Continued high population growth across Melanesia is driven by moderately high fertility rates and declining mortality, which is of particular relevance to Papua New Guinea, Solomon Islands and Vanuatu. At the rate of recent population growth, the region's population is expected to double in size in 28 years⁸. The obvious implications of this growth are growing and sustained pressure on finite land resources, the provision of services and infrastructure, including health and education, water supply and access to employment. The UN report on collective security has recognised that "environmental stress, caused by large populations and shortages of land and other natural resources, can contribute to civil violence"⁹. As population pressures grow, so to do disputes over access to key resources and the frequency of violent conflicts and regional instability increases.

Population pressure within countries with high population growth rates, such as Vanuatu and Fiji also leads to deteriorating service delivery standards. The resulting breakdowns in sexual and reproductive health services not only have a significant human cost, but represent a catalyst for national instability. In Fiji, sustained emigration following the political developments of the past decade has resulted in a steady drain of skilled professionals, further undermining national capacity.

Delivery of Aid to Fragile States

As greater international efforts are made to address the needs of fragile states, aid is increasingly linked with diplomacy and security measures, which raise questions for the neutrality and impartiality of some aid operations. It is essential that increasing policy coherence does not undermine or diminish development action, and that donor responses do not isolate governance and security from support for social services, including health.

Capacity constraints in fragile states can result in aid being counterproductive or harmful, reducing growth and increasing poverty. One way of potentially alleviating these constraints is the provision of aid via non-government channels, such as NGOs, the private sector or independent service authorities. It is crucial to recognise that there is no single model for working within fragile state settings and humanitarian and development actors need to be responsive to individual contexts. A variety of actors - civil society, the public and private sector - need to be involved in the strengthening of states, all have a role to play.

Marie Stopes International Australia has experience working within several fragile states across the Asia Pacific region, including Timor-Leste, Cambodia, Myanmar and Papua New Guinea. Working in partnership with local organisations, Marie Stopes collaborates with national governments, local and national health services and local communities, helping build local and national capacity and ensuring women have access to the reproductive services we take for granted in Australia.

6 UNFPA Overview: Asia and the Pacific

7 Current Pacific population dynamics and recent trends. Dr Gerald Haberkorn, SPC Demography/Population programme, July 2004

8 Ibid

9 Un Report: Collective Security. A more Secure World: Our Shared Responsibility. Report of the High-level Panel on Threats, Challenges and Change

Mainstreaming sexual and reproductive health rights into development efforts reinforces the links between development, security and human rights. When women are denied their right to reproductive health, families are unable to escape the poverty cycle, pressure on natural resources and the capacity essential services, including health deteriorate. These factors are all recognised as important catalysts of conflict. Demographic factors play a significant role in national and regional instability and are worthy of serious consideration by national security policymakers. A range of policies promoting informed choice and quality reproductive health care among populations in developing countries, along with recognition of the need to address social services, including SRH as part of any aid package to fragile states, will encourage greater political stability in fragile states and enhance regional and global security.