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### **Submission by Save the Children Australia**

#### **Roundtable discussion on Sexual and Reproductive Health and the Millennium Development Goals.**

Save the Children Australia is pleased to be invited to provide this submission on the importance of Sexual and Reproductive Health and its integral links with other MDGs.

In accordance with the Convention on the Rights of the Child, Save the Children Australia believes every child has the right to access health care and that governments are obliged to take steps to combat disease and malnutrition, reduce child mortality and improve sexual and reproductive health services.

Maternal and Child Health and Child Survival is the WHO/UNICEF regional strategy for Asia and the Pacific to reduce maternal and child mortality (MDG's 4 and 5) and is one of the most neglected health issues in low-income countries. Without healthy populations the country as a whole cannot grow, with illness linked to reduced productivity, resulting in reduced livelihood security.

This submission reflects SCA's own experience in delivering MCH and other related reproductive health initiatives in its programs across the Asia-Pacific region. We have focused in particular, on some achievements and lessons learned in MCH delivery within our Lao PDR Primary Health Care Project to demonstrate contribution to other MDGs and to support considerations for future sexual and reproductive health programming.

Please do not hesitate to contact me should you require any further clarification on the details contained in the attached submission.

Yours sincerely

Karen Hill  
General Manger, Development.

**Attachment:** Policy and Practice: District Health Programs and Health Sector Reform

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## Background

With their physical and mental health often a pre-requisite for children to enjoy their other rights, SCA has focused significant resources on improving access to quality healthcare and has more than two decades of experience in implementing health projects in the Asia Pacific region. Our projects not only focus on reducing the incidence of preventable diseases and deaths by improving nutrition, increasing the capacity of local health workers and improving local health infrastructure but also seek to build the capacity of local training institutions and Ministry of Health staff and provide technical advice and a framework for building effective integrated health systems. In this way, we ensure our health programs are sustainable and can eventually be managed and implemented by the governments of these developing countries.

SCA has managed and operated a decade long Maternal Child Health (MCH) projects in Vanuatu, Cambodia and Lao PDR. These are integrated health programs that include components in primary health care, basic health services, reproductive health initiatives, nutrition, immunisation, prevention and cure of tuberculosis and health education and promotion. In Papua New Guinea we operate an STI clinics and reproductive health programs. In the Solomon Islands we undertake awareness raising around sexual and reproductive health as well providing an extensive peer education and condom distribution program targeted at young people.

Our health work across the region, has incorporated a strong focus on sexual and reproductive health. Our AusAID funded Primary Health Care Project in Lao PDR, in particular, has achieved significant results for women's reproductive and children's health in the target province. Due to its highly successful outcomes, it is offered here a case study.

## Achieving MDG's in Lao PDR.

SCA has been working with the Sayaboury Provincial Health Department since 1992. Sayaboury is a remote mountainous province of the Lao People's Democratic Republic on the western side of the Mekong River with a long border with Thailand.

Save the Children Australia (SCA) commenced its health assistance project in the context of inadequate health service infrastructure, difficult transport and communications, isolated and under-trained health staff, and poor population health indicators. In addition to a barely functioning public health system, the province suffered from low rates of access to clean water and sanitation and extensive areas of unstable food security.

Over this 14 year timeframe, the Project has achieved **Millennium Development Goals 4 and 5 within Sayaboury Province**. When the project started, Sayaboury Province had the worst health indicators in the country. Yet by 2003 the infant mortality rate in the province was only 24 deaths per 1000 live births compared with a national figure of 80 per 1000. The under-five mortality rate is less than 40 per 1000 compared with a national figure of 110 per 1000. The maternal mortality rate in Sayaboury province is 110 per 100,000 live births compared with the national figure of 530 per 100,000. The project is now regarded as a model by the Ministry of Health in the Lao PDR for maternal and child health and primary health care replication.

**The following key health indicators were reported by the PMT in 2003:**

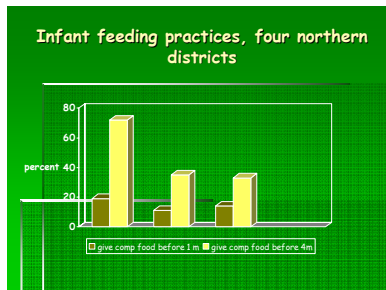
	Sayaboury	National (2001)
Crude birth rate	23/1000	34/1000
Infant Mortality Rate	23/1000 live births	82/1000
Child mortality rate	29/1000 live births	107/1000
Crude death rate	3.3/1000	6.3/1000
Life expectancy	71 years	55 years
Maternal mortality ration	110/100,000 live births	530/100,000

**Relationship to Other MDGs**

The achievement of MDG 4 and MDG 5 have a significant relationship with progress towards MDGs 1, 3 and 6 as follows.

**MDG1: Eradicate extreme poverty and hunger.**

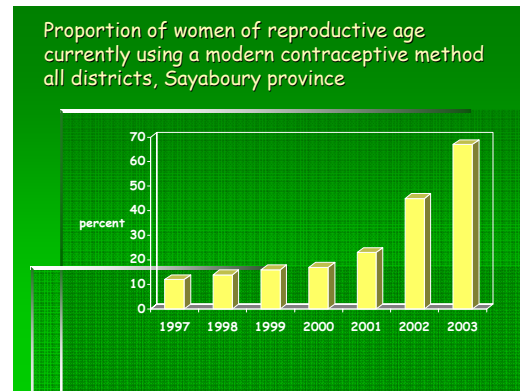
In addition to providing communities in Lao with improved reproductive health choices, the program has linked maternal health with nutrition programs, impacting directly on improving malnutrition rates among children. The following summary from the Project Evaluation Report<sup>1</sup> confirms this relationship. “WHO has estimated that more than 50% of child deaths from common communicable diseases are caused by under-nutrition. Given that Lao PDR has one of the highest malnutrition rates in Asia, it is essential that PHC programs address undernourishment. A number of studies have indicated that malnutrition in the Lao PDR is mainly caused by poor infant feeding practices rather than an absolute lack of food. The Sayaboury PHC program has vigorously promoted exclusive breast-feeding until 6 months and nutritious complementary foods. The figures below show that a decreased proportion of mothers give complementary food to their infants before the age of 4 months; however, there remains about 10% of mothers who give such food in the first month of life. In addition, data from pilot growth monitoring in 50 villages demonstrated significant improvements in nutritional status as a result of nutrition education.



<sup>1</sup> Independent Evaluation Report on Sayaboury PHC Project conducted on behalf of SCA by Dr Mike Toole, Feb 2004.

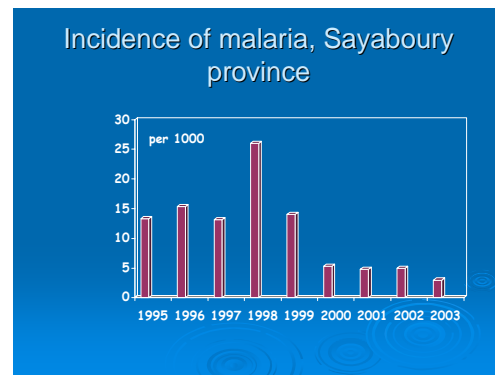
**MDG 3: Promote Gender Equality and Empower Women.**

By using MCH as an entry point for comprehensive primary health care reform, the program has made a significant contribution towards empowering women by providing them with improved access and control over their reproductive health. It has also directly impacted on the overall health status of women, improving their livelihood options and outcomes.



**MDG 6: Combat HIV/AIDS, Malaria and other Diseases.**

The PHC Evaluation Report noted a strong correlation between program inputs and activities and improvement in health status. This was demonstrated by “trends in healthy behaviours and care-seeking practices assessed by the serial population surveys in the northern districts. For example, the 1994 survey found that 97% of households have at least one impregnated bed net compared with 77% in 1999. This is a major reason why malaria incidence rates have declined”



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## **Lessons Learned**

SCA considers that the achievements and lessons learned from this maternal and child health/primary health care program can usefully inform future planning and prioritisation around sexual and reproductive health programs.

**1. Long term commitment required by the implementing and funding agencies.** These impressive health figures have been achieved with a modest investment of around US\$4.3 million over the 14 year period. SCA believes that the key to the programs success is the long term nature of the investment. All project activities have been implemented by government staff, with technical and resource support from SCA. Developing this effective partnership with government agencies requires this type of long term approach.

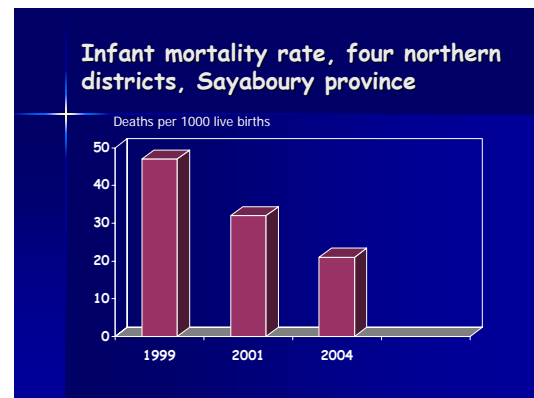
**2. Introduction of a comprehensive Primary Health Care approach for sustainable reform.**

Reforms in sexual and reproductive health have been achieved in the context of broader systematic reform of the health care system, building a solid local management structure. Maternal and child health services were used as an entry point for strengthening other primary health care services such as communicable disease control, health education and nutrition promotion. This has supported the contribution of reproductive health initiatives to broader reforms across other millennium goals.

**3. Demonstrable outcomes in MCH/Reproductive Health are achievable within the Australian Aid Program.**

The tables below, taken from the 2004 Project Evaluation Report demonstrates significant achievements in the reduction of infant mortality over the Project timeframe.

In addition to direct health interventions, the provincial health department has invested significantly in the development of a database for monitoring and evaluation. This has allowed the collection of routine health information and serial population surveys to be conducted every three years. This investment in information management, not only supports broader health interventions and planning but also provides tangible results for the Government of Lao PDR and the Government of Australia to see the results of their investment.



The outcomes of the Lao PHC Project were recognised by the Australian Government in the recent White Paper on the Overseas Aid Program which noted that the project “dramatically reduced the maternal mortality ratio between 1998 and 2003”.<sup>2</sup>

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<sup>2</sup> Australia AID: Promoting Growth and Stability p. 48