

## 2. Introduction

The Irish Family Planning Association (IFPA) is Ireland's leading sexual and reproductive health charity. Since 1969, the IFPA has a proud tradition of promoting and protecting individual basic human rights in reproductive and sexual health, relationships and sexuality. The IFPA is the Irish collaborating partner of UNFPA, the United Nations Population Fund.

As an organisation with over 40 years' experience of working on sexual and reproductive health and rights issues in Ireland and in the development context, the IFPA welcomes the opportunity to engage with the Department of Foreign Affairs in relation to the review of the White Paper on Irish Aid.

The IFPA was founded in the context of the ban on contraception in Ireland by a group of volunteers who were deeply concerned by the personal, social, economic, cultural and political effects of that prohibition. Lack of access to sexual and reproductive health services, including contraception, acted as powerful barriers to sustainable development, poverty reduction and gender equality in Ireland, as they continue to do in developing countries. Conversely, the impact of the availability of contraception on Ireland's economic, social and political development since the late 1970s has been significant. It has resulted in smaller family sizes, women's and children's improved health and nutrition, and women's increased role in education, the workforce, community development and in the public services and political spheres—all of which have played an important role in Ireland's development and in the reduction of poverty.

These changes would not have been possible without voluntary access to affordable, accessible, appropriate quality contraceptive supplies and services, which has given women and couples greater control over reproduction and greater ability to decide on the number and spacing of their children.

**The central message of this submission** is that the development priorities of sustainable development, poverty reduction, gender equality and women's empowerment and fulfilment of human rights that Irish Aid espouses cannot be achieved without attention to sexual and reproductive health, services and rights. Ireland's own experience is testament to this.

**The central recommendation** is that Irish Aid as a matter of priority develop a comprehensive strategy to mainstream the principles, goals and aims of the Cairo Declaration and Programme of Action in relation to sexual and reproductive health and rights across its policies and programmes. Such a strategy should specify the actions to be taken to address the high levels of maternal mortality, the unmet need for contraception and other reproductive and sexual health supplies, information and services as priority health and human rights issues. It should include an effective monitoring framework with clear indicators, realistic targets and timeframes.

### 3. Progress since 2006

#### 3.1 Policy Level

##### *Progress*

There is a strong focus in the White Paper on women's health and on maternal and reproductive health, the need to strengthen healthcare systems, and on HIV and AIDS and the link with poverty. However, the White Paper is weak in its analytical and operational approach to sexual and reproductive rights and health and development. Sexual and reproductive health and rights are addressed to a limited degree and within the traditional "silos" of women's health and maternal mortality.

While there is no single sexual and reproductive health and rights policy, the government has consistently supported family planning in political statements and Irish Aid policy documents.

Ireland hosted a high-level event on maternal health at the UN Commission on the Status of Women in 2010. This event highlighted maternal health as a human rights issue. Irish Aid's September 2010 report on the Millennium Development Goals reiterated Ireland's commitment to the International Conference on Population Development (ICPD) process and universal access to reproductive health, and its continued support of UNFPA as a key element of its maternal health policy response and explicit commitment to ensuring access to contraception. Ireland has co-sponsored a number of resolutions on aspects of sexual and reproductive health and rights at the United Nations.

Ireland made a statement to the Commission on Population and Development in 2011 that outlined Ireland's general approach on sexual and reproductive health, rights and services as a key development priority and an intrinsic element of the wider empowerment of women, as well as reiterating its commitment to the ICPD and the ICPD Programme of Action. The statement also clarified Ireland's position in relation to the ICPD, which addresses a wide range of issues relating to sexual and reproductive health, including that of abortion: "the ICPD Programme of Action underlines two important principles in this regard; first, that abortion should never be used as a method of family planning and second, that the availability or otherwise of abortion is a matter for decision by national governments in accordance with their national legislative frameworks. Ireland is fully committed to upholding these principles".

Irish Aid has repeatedly restated the urgency of addressing maternal mortality as a health and human rights priority and has highlighted the need to make greater progress in relation to MDG 5b, "achieve, by 2015, universal access to reproductive health." Ireland has consistently supported references to gender equality, gender mainstreaming and sexual and reproductive health and rights and services in relevant UN negotiations.

A number of Irish Aid policy documents, such as the Humanitarian Relief Policy, include references to the importance of addressing gender equality and the needs of women and girls. The Health Policy includes sexual and reproductive health and rights among the

strategic focus issues under a number of objectives. The Health Policy also, critically, recognises that, "CSOs often have comparative advantage over the government in reaching geographically remote communities and marginalised groups. As one example, 57% of all sexual and reproductive health services in developing countries are provided by CSOs and they have also assumed an increasingly important role in prevention, treatment and care and support for HIV/AIDS. Community based CSOs can be powerful agents for change ...."

The initiation of an Annual Gender Monitoring Report is significant in increasing transparency and clarity in relation to Irish Aid's operational approach and its spending on gender work.

Ireland has provided funding to the *United Nations Population Fund (UNFPA)* covering a range of programmes, including Trust Funds for Global Reproductive Health Commodities Security, Maternal Health, and Obstetric Fistula, as well as core funding. Core funding to UNFPA was reduced in 2009 by from 4.5 million euro to 3 million euro; other funding to UNFPA was cut completely. The level of funding has remained consistent since 2009, and in 2011, a one-off additional tranche of one million euro was allocated to UNFPA's Maternal Health Trust Fund.

Irish Aid provides funding and support at country level through partner governments and civil society organisations to deliver reproductive health care and promote sexual and reproductive health and rights. Other positive examples of funding include funding of the Lesotho Planned Parenthood Association and the Family Guidance Association of Ethiopia (FGAE). Irish Aid supports, through its civil society programme, "Investing in Bolivia's Most Vulnerable Youth," which is run by the Centro de Investigación, Educación y Servicios (CIES). CIES delivers sexual and reproductive health services to marginalised young people—including at-risk adolescents—through a rights-based outreach.

Under the Joint UN Programme to reduce Maternal and Newborn Mortality, supported by Irish Aid and other international donors, six UN agencies in conjunction with the Tanzanian government, are working to improve maternal health.

## Concerns

Ireland's support for policies addressing the underlying causes of maternal death, ill-health and disability—including unmet needs for contraception and emergency obstetric care, along with adolescent pregnancy, unsafe abortion and lack of reproductive health supplies and information has been evident at a number of intergovernmental forums. However, Ireland has at times taken positions that are aligned with some countries with poor human rights records that do not share Ireland's rights-based approaches to gender equality, reproductive health and sexual rights.

Since publication of the White Paper on Irish Aid in 2006, and despite the progress made in Irish Aid's work on sexual and reproductive rights and health, no comprehensive sexual and reproductive health and rights policy or strategy has been developed. While the Health Policy, for example, includes many strategies to advance sexual and reproductive health and services, the section on performance management is weak, and includes no indicators, targets or timeframes. Consequently, there is little transparency about Irish Aid's aims and goals in this regard. Reporting on Irish Aid's programmes and policy on sexual and reproductive health and rights is not sufficiently disaggregated from reporting on health systems more broadly, and data from the bilateral programmes, where spending on sexual and reproductive rights and health and services tends to be masked within health sector spending, is particularly difficult to obtain.

The absence of a clearly articulated policy, and a strategy and monitoring framework, including measurable indicators and other mechanisms to identify the impact of policy is a major weakness. The IFPA is concerned that, while some excellent work on SRHR and SRHS is carried out and supported by Irish Aid in the priority aid countries, adequate policy guidance and accountability mechanisms are still lacking. Ireland's National Action Plan to implement United Nations Security Council Resolution 1325 is an encouraging advance model of an Action Plan with a clear rights-based, gender sensitive analysis and a strong and realistic monitoring framework.

There is a lack of clarity on the levels of Irish Aid funding for sexual and reproductive rights and health generally, and to programmes aimed at addressing the unmet need for contraception in particular. This is linked to the aid modalities introduced by the Paris Declaration, and the disbursement of funding through sector-wide approaches and general budget support. Current reporting procedures do not disaggregate family planning and reproductive health expenditure within health spending.

The IFPA echoes the concerns expressed in the Dóchas submission about the disproportionate reductions in overseas development assistance since 2008, the slow progress in reaching the UN target of 0.7% of Gross National Income on overseas development assistance (ODA), and the lack of clarity as to the rationale for the allocation of cuts.

**We support the call by Dóchas** for a multi-year framework for ODA which outlines the annual targets for ODA that would enable Ireland to reach the 0.7% target by 2015.

**We support the call by the Women's Human Rights Alliance** for increased funding for gender equality and women's empowerment and for gender mainstreaming.

## 4. Changing Context

More than half of women in developing countries want to avoid a pregnancy or space or limit future pregnancies. Over 40% of all pregnancies worldwide are unintended. At least 215 million women in developing countries have an unmet need for family planning—i.e., they are sexually active and wish to avoid pregnancy, but are not using a modern form of contraception. The actual level of unmet need is far higher, as most research excludes unmarried women and girls, who tend not to be asked about their reproductive and/or sexual behaviours.

More than 15 million girls and adolescent women, aged between 10 and 19 years, become mothers each year. In sub-Saharan Africa, over half of adolescents have a child, and pregnancy-related complications are the most common cause of death among 15- to 19-year-old females. Yet young people are among the groups most likely to have an unmet need for family planning.

In the coming decades, the number of adolescents in the world is expected to increase dramatically. The result will be the largest ever group of young people in history becoming sexually active and therefore having a need for modern forms of contraception. Because of the anticipated increase in the number of women of reproductive age and the number of women who wish to have smaller families, the need for contraception will also increase.

Today's population of 7 billion people is growing and will continue to grow—how much and how quickly depends to a large degree on reductions in fertility. The most recent data suggest that the population will reach 9 billion by 2050, and 10 billion by 2100. These projections assume that fertility will go down in the least-developed countries, which is contingent on an expansion of access to voluntary means of family planning in those countries.

Among European policymakers, the dialogue on the role that reproductive health, including voluntary family planning, plays in global poverty reduction is insufficient. At the same time, however, due in large part to the global financial crisis, funding for family planning programs has drastically diminished—from 55% of total assistance for population programs in 1995 to only 4% in 2009—and job losses and reduced wages translate to greater financial barriers for women and adolescents. According to UNFPA, current population assistance contributions will only cover approximately 11% of the estimated costs needed for family planning (including maternal health direct costs, as well as programs and systems-related costs).

Ireland is a signatory of the major international conventions, agreements, laws and declarations, which enshrine sexual and reproductive health and rights, including the: Universal Declaration of Human Rights; International Covenant on Economic, Social and Cultural Rights; International Covenant on Civil and Political Rights; Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); Convention on the Rights of the Child; International Conference on Population & Development (ICPD) Programme of Action; 1995 UN Women's Conference in Beijing Platform for Action; Millennium declaration and Millennium Development Goals.

Sexual and reproductive health and rights have long been recognised as development priorities in their own right and are indispensable to the achievement of other development outcomes. The need to move beyond the rhetorical level and institutionalise sexual and reproductive health and rights as a policy priority through the development of effective accountability mechanisms and dedicated funding streams is increasingly recognised.

The central concepts and language of the core human rights frameworks that focus on gender issues—including CEDAW, the Beijing Declaration and Platform for Action (BPFA), and the Cairo International Declaration and Programme of Action (ICPD) International—and, in particular, sexual and reproductive health and rights, are increasingly under attack at UN forums. This is of particular concern in the context of the 20-year reviews of the major UN conferences of the 1990s: Rio+20 in 2012, Cairo+20 in 2014, and Beijing+20 in 2015.

In the context of the Future EU Development Framework and the post-MDG framework, concerns arise that human rights-based approach to poverty eradication, which includes addressing the unmet need for family planning, will be insufficiently addressed.

## 5. Key issues

**The IFPA has a number of recommendations for the integration of sexual and reproductive health and rights across key areas of Irish Aid's programme, all of which would make important contributions to the reduction of poverty, the reduction of rates of maternal mortality and to gender equality and to gender equality and women's empowerment.**

Universal access to reproductive health is the key to reducing maternal mortality; preventing unwanted pregnancies; curbing the spread of STIs, including HIV/AIDS; empowering women and girls; and contributing to a more sustainable world for all people.

Investments in and access to reproductive health are essential to breaking the cycle of poverty and freeing national and household resources for investments in health, nutrition and education, and promoting sustainable and inclusive growth.

### 5.1 Human Rights

Human rights is one of the cross-cutting issues prioritised in the White Paper. Sexual and reproductive rights are enshrined in a number of international treaties, covenants, policy declarations and action plans (see section 4.3 above). Human rights based approaches to development must ensure that women, men and adolescents understand and can claim their rights and hold the state and other national and international duty-bearers accountable for the fulfilment of rights through accessible, inclusive and non-discriminatory initiatives.

This requires policymakers to address economic, social, cultural and political forces which may impede people's access to sexual and reproductive health services and supplies. It also requires that maternal mortality be addressed as a human right issue and that the root causes of maternal mortality, including lack of access to modern forms of contraception, lack of appropriate health care, unsafe abortion and gender inequality, be addressed. The ICPD states that where permitted by national law, abortion must be safe and whether or not abortion is legal, women must have access to quality services for the management of the complications following abortion and to post-abortion care including contraceptive information and services.

#### **We recommend that Irish Aid:**

- i. Promote the fulfilment of sexual and reproductive human rights, consistently with the ICPD, through its policies, country programmes and its role at the multi-lateral level.
- ii. Support and promote rights-based initiatives to address the root causes of maternal mortality, and other initiatives aimed at the full implementation of the principles, aims and goals of the ICPD, including by supporting human rights CSOs.
- iii. Support the integration into development programmes of the sexual and reproductive health and rights of young people, lesbian, gay, bisexual and transgender (LGBT)

persons, rural women, people with disabilities, people living with HIV and AIDS, people from ethnic minorities and other vulnerable and marginalised groups, including by supporting rights-based CSOs.

- iv. Support CSO and other initiatives to tackle the pervasive gender inequality that impedes women and girls from having the power or resources to protect themselves from unwanted sex, forced child marriage and sexually transmitted infections including HIV.

## 5.2 Gender Equality

Gender norms in relation to sexuality and reproduction, in tandem with lack of appropriate, affordable, accessible and high quality health care and service are related to: high maternal mortality levels; serious health problems, such as obstetric fistula; disproportionate burden of care and domestic work on women with large families; persistent poverty; child malnutrition; vulnerability to gender based violence and sexual assault and abuse; financial dependence on abusive spouses and vulnerability to continuing domestic abuse of women in violent relationships; stigma against young and unmarried women who become pregnant; norms based on ideas of male superiority and female dependence, which are linked to inequalities in decision making and in the distribution of resources within the family and society as a whole.

Transforming the condition and position of women in developing countries and addressing women's practical and strategic gender needs and interests (including participation in education and training, community and political decision-making and income-generating opportunities) require attention to women's sexual and reproductive health and rights.

### We recommend that Irish Aid

- i. Mainstream sexual and reproductive health and rights into a revised gender equality policy.
- ii. Use the level of unmet need for contraception as a key indicator in assessing progress on gender equality in programme countries; implement initiatives to address the need.
- iii. Develop effective and consistent mechanisms to ensure meaningful dialogue with Irish civil society organisations on gender equality and women's human rights issues and concerns.
- iv. Consult with and be informed by the views of women's human rights organisations in each of the programme countries in the preparation, design and delivery and monitoring of policies and programmes towards gender equality and women's empowerment.
- v. Continue to provide core funding to UNFPA *at least* at the current level.



### 5.3 HIV/AIDS

Gender inequality, discrimination on grounds of sexual orientation and poverty are factors of key importance. Due to social, cultural and physiological factors, women and girls run a greater risk of being infected with HIV. HIV is transmitted primarily via sexual contact, often within marriage. For many women it is impossible to demand condom use on the part of their long-term partner. Poverty, lack of education, inadequate access to sexuality education, contraception and healthcare, and also sex-related violence are some of the reasons why HIV affects women to an even greater extent.

#### **We recommend that Irish Aid**

- i. Integrate poverty, gender and equality perspectives into efforts aimed at checking the HIV pandemic.
- ii. Ensure that all programmes aimed at hindering the HIV pandemic include comprehensive sexuality education and awareness raising regarding the rights of young people, lesbian, gay, bisexual and transgender (LGBT) persons, people with disabilities, rural women, people living with HIV and AIDS, people from ethnic minorities and other vulnerable and marginalised groups
- iii. Dedicate greater resources to addressing the role of men in HIV prevention.

### 5.4 Fragility

Integrating SRHR into humanitarian policy and programmes from the very beginning is considered best practice because it is a predictable, cost effective, relatively simple way of saving women and children's lives. Lack of reproductive health supplies puts women at serious risk of maternal death, disability, fistula, infections, unwanted pregnancy, sexually transmitted infections leading to infertility and HIV/AIDS. Beyond saving lives, integrated SRHR policies alleviate suffering and respect the dignity of those affected by crisis, all of which constitute Irish Aid's policy goal for humanitarian assistance.

Women and girls in crisis situations have specific health needs related to their sexual and reproductive health. They require ongoing access to sexual and reproductive health services, a reliable supply of contraceptives to avoid unwanted pregnancies, unsafe abortions and adolescent pregnancies, as well as appropriate sanitary supplies during menstruation. Pregnant women require basic health supplies and obstetric care. Medical treatment is critical for cases of sexual assault and must include care for physical injuries, timely access to emergency contraception to prevent unwanted pregnancies and post exposure prophylaxis to prevent transmission of HIV. These interventions require trained health care workers, drugs, supplies and equipment.

When crises arise, gender norms can operate to further disadvantage women, in particular in relation to sexual exploitation and assault and gender based violence, and in relation to interrupted reproductive health supplies. Women are more vulnerable to sexual and domestic violence. Women and girls may turn to sex work in order to provide for their families.

Irish Aid's Humanitarian Policy has a weak analysis of gender, based on *different*, rather than *gendered* needs of women and men, and lacks adequate strategies to address the particular reproductive and sexual health needs in crisis situations. Ireland's National Action Plan to implement United Nations Security Council Resolution 1325 includes in its monitoring framework a key strategies and commitments that must be mainstreamed into Irish Aid's humanitarian response strategies.

**We recommend that in relation to emergency response, Irish Aid:**

- i. Recognise that women and girls require reproductive and sexual health services and supplies regardless of the nature of the humanitarian crisis.
- ii. Include integration of medical care, drugs (including emergency contraception), supplies and equipment for victims of sexual violence as part of the standard *health package* utilised in emergency situations. Integrate reproductive health supplies into basic emergency health kits and ensure that plans are in place so that supplies reach those in need.
- iii. Support systems which maximise accessibility of sexual and reproductive health services to all sectors of the population, including groups whose sexual and reproductive health and rights are often denied—young people, lesbian, gay, bisexual and transgender (LGBT) persons, rural women, people with disabilities, people living with HIV and AIDS, people from ethnic minorities, and other vulnerable and marginalised groups.
- iv. Implement and mainstream the commitment in the UNSCR 1325 NAP to *support the capacity building of partners on developing and implementing gender-based violence (GBV) programming, including adopting and implementing in their programme accepted guidelines on preventing and responding to GBV and sexual exploitation and assault (SEA) and addressing women's sexual and reproductive health.*
- v. Fulfil the indicator for the UNSCR 1325 NAP that *all relevant organisations, including CSOs, supported by the Irish state have guidelines and policies in place on preventing and responding effectively to GBV and SEA and addressing sexual and reproductive health* and mainstream this approach across all areas of Irish Aid support to CSOs.

## **5.5 Climate Change**

Emphasis on climate change as a critical development issue has grown since the publication of the White Paper. Climate change cannot be seen in isolation from other development issues. Supporting the goal of increased investment in rights based voluntary family planning and sexual and reproductive health programmes also has an impact on population dynamics.

Smaller family size can help stabilise rural areas, slow urban migration and balance natural resource use with the needs of the population. The provision of contraceptive supplies to women *who currently express the need for modern contraception* could reduce emissions by

an estimated 1.4 – 2.5 billion tons of carbon per year by 2050 (16-29% of the reduction needed to stabilize emissions).

About half that reduction could be achieved through the expanded access to family planning services to all women in developing countries who wish to have access to modern forms of contraception, but whose need is currently unmet.

**We recommend that Irish Aid**

Recognise addressing the unmet need for contraception as a significant strategy in the response to climate change.

## 6. Ways of Working

### 6.1 Aid Effectiveness

We welcome the broadening of the focus from aid effectiveness to development effectiveness in the *Busan Partnership for Effective Development Cooperation*. We also welcome the commitment in the *EU Agenda for Change* to the eradication of poverty, the focus on coordinated EU action and the declared support for inclusive growth, social inclusion and human development, in particular social protection, health and education.

The role of civil society is critical in ensuring the promotion and fulfilment of sexual and reproductive health and rights and the provision of sexual and reproductive health services. However, the aid modalities of the Paris Declaration can mitigate against the development of accessible funding mechanisms for CSOs. The IFPA shares the concerns of many organisations that the space for human rights based CSOs to engage in policy dialogue is shrinking.

#### **We recommend that Irish Aid**

- i. Use partnerships, including multi-lateral partnerships to work for a strong focus on poverty eradication and sustainable development as primary goals, rather than emphasising an economic growth driven model in intergovernmental forums on the future of development.
- ii. Promote rights-based approaches to development and “inclusive growth” that are coherent with a human rights-based approach to sexual and reproductive health and rights.
- iii. Ensure that its country programmes support and facilitate the role of CSOs in partner countries, in particular those that advocate for the implementation of human rights, including sexual and reproductive health and rights, and CSOs that deliver sexual and reproductive health services.
- iv. Develop more transparent and accessible funding mechanisms for civil society.

### 6.2 Policy Coherence

Aid on its own will not deliver development: policies on trade and climate change and the activities of transnational corporations all impact on people in developing countries. Policy coherence must continue to remain central to the White Paper, and the lack of a clearly articulated policy in relation to policy coherence must be addressed.

## **We recommend that Irish Aid**

Promote the centrality of women's human rights, gender equality and sexual and reproductive health and rights in the articulation and implementation of all domestic and EU policies that impact on people in developing countries.

### **6.3 Working with Multilateral Organisations**

The inadequate international policy dialogue in relation to the sexual and reproductive health services, the unmet need for contraception in particular, and the increasing attacks on the notions of sexual and reproductive health and rights as human rights and the lack of progress in addressing the sexual and reproductive health needs and rights of marginalised groups, such as young people, lesbian, gay, bisexual and transgender (LGBT) persons, rural women, people with disabilities, people living with HIV and AIDS, people from ethnic minorities and other vulnerable and marginalised groups, are of major concern.

## **We recommend that Irish Aid**

- i. Use its voice to more strongly and consistently promote sexual and reproductive health and rights within intergovernmental forums.
- ii. Use the opportunity of the 2013 Irish Presidency of the EU to take a leadership role as a champion of SRHR within EU and UN, with strong statements flagging Ireland's commitment to addressing the root causes of maternal mortality/health, including the unmet need for contraception, sexuality education, unsafe abortion through a comprehensive rights based approach.

### **6.3 Programme Countries**

Irish Aid should continue to support health sector strengthening, with a particular focus on sexual and reproductive health rights and services.

## **We recommend that Irish Aid**

- i. Prioritise sexual and reproductive health and rights and services in its programmes, with a particular focus on addressing the root causes of maternal mortality, meeting the unmet need for contraception, supporting the development of comprehensive sexuality education programmes and HIV prevention in its programme countries.
- ii. In its engagement with local and national government and with other donor partners, support and highlight the work of community based and other CSOs that deliver non-discriminatory, rights based sexual and reproductive health services and that meet the needs of marginalised groups.
- iii. Establish or strengthen appropriate funding mechanisms and supports for such CSOs and for CSOs that engage in advocacy with their own governments in relation to sexual and reproductive health rights.

## 6.4 Results and Accountability

### We recommend that Irish Aid

- i. Develop stronger systems of accountability for the implementation of policy and the evaluation of results and impacts.
- ii. Put in place a strategy to mainstream sexual and reproductive health and rights across all relevant programme areas and policy priorities.
- iii. Develop a monitoring framework to address sexual and reproductive health rights within Irish Aid, including a set of clear indicators, implementable actions and realistic timeframes.
- iv. Ensure that all CSOs that receive funding from Irish Aid for initiatives related to humanitarian relief, gender equality and women's health have sexual and reproductive health and rights policies in place; support CSOs to develop such policies.
- v. Improve reporting on Irish Aid's spending on health and population assistance by providing disaggregated statistics on funding for sexual and reproductive health services, supplies and research.
- vi. Strengthen the Annual Gender Monitoring Report by including a stronger thematic focus and more disaggregated and detailed information in relation to spending on sexual and reproductive health and rights.