June 2017

Re: Family Planning 2020 Summit in London

Dear Minister Bishop:

We are writing in advance of Australia’s participation in the Family Planning 2020 Summit (FP2020) in London on July 11, 2017.

Australia has long shown a commitment to sexual and reproductive health, including in humanitarian settings. We appreciate your stated goal of ensuring that 80 percent of Australia’s aid budget address “gender equality and women’s issues and their empowerment.”

However, Australia has fallen far short of the pledges it made in the 2012 London Summit on Family Planning to double funding for family planning services to $A53 million a year,¹ and to spend an additional $58 million over five years as part of a $1.6 billion investment over five years in maternal, reproductive and child health. We are concerned that there has been a drastic decline in family planning assistance from $46 million in FY2014 to $24 million in FY2016 “using the international methodology agreed at the 2012 London Family Planning Summit.”²

Investments in family planning are lifesaving. Every day, over 800 women and girls around the world die from preventable causes related to pregnancy or childbirth. Complications from pregnancy and childbirth are the second leading cause of death for adolescents ages 15 to 19 globally. And the World Health Organization estimates that at least 22,000 women die from abortion-related complications each year.

Of the estimated 225 million women with unmet family planning needs, a significant proportion are actively displaced because of armed conflict or natural disaster. Humanitarian interventions have often overlooked access to sexual and reproductive health services.

For example, a May 2017 Human Rights Watch report, “No Control, No Choice: Lack of Access to Reproductive Healthcare in Sudan’s Rebel-Held Southern Kordofan,” documents how women and girls cannot get contraception and have little access to health care if they face complications during pregnancy and childbirth. The little data that exists suggests that maternal mortality is significantly higher in these conflict-affected areas in comparison to other parts of Sudan that have seen a marked decline in maternal deaths.

The health risks associated with pregnancy and childbirth are heightened in humanitarian crises, and providing sexual and reproductive health services is empowering and saves lives. Despite the challenging context, a growing body of evidence shows that provision of family planning in crisis settings is both feasible and cost-effective and is a key element for meeting national family planning and development goals.

The Family Planning Summit on July 11 provides an opportunity for Australia to assert its leadership on women’s sexual and reproductive health and help meet the FP2020 goal of providing 120 million women with family planning.

Human Rights Watch urges Australia to provide:

- Increased and multi-year financial support for sexual and reproductive health in line with previous pledges;
- Ministerial-level attendance at the summit;
- Political support, including through public statements, for comprehensive sexual and reproductive health services, including access to safe and legal abortion; and
- Political support, including through public statements, for expanded attention and focus to sexual and reproductive health services in humanitarian settings.

We would also like to reference our February 24 letter on the expanded US Mexico City Policy, or “Global Gag Rule,” and urge Australia to:

- Conduct an assessment of the impact of how these restrictions and resulting cuts to any partner organizations or priority partner countries may affect Australia’s longstanding investments into global health, including family planning, HIV/AIDS, malaria, TB, and maternal and child health;
- Share these impacts with the US government, particularly any information available in advance of a 6-month review the State Department is conducting by November 15, 2017; and
- Support partners affected by the policy, including by ensuring they understand what is permitted or not as there is general confusion and lack of clarity that could undermine health programs and advocacy. We have
attached a Human Rights Watch explanatory question and answer document and we are happy to share translations in several other languages if useful.

Thank you for your attention and we would happy to discuss these issues further.

Sincerely,

Elaine Pearson  
Australia Director

Nisha Varia  
Women’s Rights Advocacy Director

CC Concetta Fierravanti-Wells, Minister for International Development  
Sharman Stone, Ambassador for Women & Girls