

As written



**ICPD+5**

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**NATIONAL STATEMENT  
GOVERNMENT OF AUSTRALIA**

Australians are fortunate to live in a relatively affluent country. But it is no accident that we are also one of world's healthiest countries, and Australians, generally, are getting healthier.

The national government plays a leadership role in financing health care for Australians and in the development of national health care policies. Australia has a balanced and sustainable system of health care funding and provision, which relies on both government and the private sector.

Preventive health, medical research and evidence-based funding are vital parts of Australia's health care policies.

Australia also takes very seriously women and their childrens' health. For example, in the last three years a special national strategy has significantly lifted immunisation rates amongst children.

Australia's health promotion efforts also have been successful in reducing the spread of HIV/AIDS and risk behaviours such as smoking, and in reducing mortality and morbidity in nationally agreed health priority areas.

We have also worked hard to implement the goals of Cairo through our development cooperation program, the overriding goal of which is poverty alleviation:

- Health and basic education are priority sectors in the aid program, and gender equity and the principles of environmentally sustainable development cut across all our programs.
- Our gender and development policy and accompanying guidelines emphasise the responsibilities of men as well as women in achieving equity.
- Our new health sector policy aims to improve basic health through integrated approaches that give priority to womens and childrens health (copies of our health and gender policies available to delegations at this forum)

Our aid expenditure in the health sector has grown significantly. Total spending in this sector this year is around \$A158 million

Family planning policies are based on the principle that individuals should decide freely the number and spacing of their children and have the information and the means to exercise this choice

Australia is implacably opposed to coercion. The principles of voluntarism and quality of care are built into all of our international population activities and we specifically test to ensure these principles are observed

We also recognise the importance of the cultural, familial and religious context in which reproductive health programs occur. It is mandatory for our planning to take account of these factors and to ensure community and stakeholder involvement and cultural sensitivity

- Our aid program has also increased its focus on basic education, with spending this year likely to be around \$A48 million

Basic education includes a focus on improving girls' education opportunities and female literacy

There is more to be done, of course, by all of us to turn the Cairo vision into reality:

- Maternal mortality, while declining, remains unacceptably high at over half a million deaths a year.
- Gender equity is a central principle of ICPD, and a challenge for all of us. As UNFPA's background paper for the meeting notes, integrating a gender perspective into health programs is a benchmark for the achievement of Cairo's goals. In Australia, we have made considerable headway in ensuring gender issues are taken into account in all our aid activities. It is, however, a very complex task, with which we must all continue to grapple.
- Developing holistic approaches to health delivery, which make reproductive health a central part, is a task which requires good teamwork and strong leadership as well as a shared vision.
- Without continuing strong global commitment, ICPD's goals will remain elusive. This forum can play an important role in renewing that commitment;

Not only by giving attention to resource flows

But also to ensuring we get the most out of the resources available, through adopting the most effective policies and practices to overcome constraints

- The financial crisis in Asia is placing new strains on the region
  - We recognise the difficulty for countries in the midst of the crisis to maintain social sector spending. We commend those regional governments that have continued to give high priority to health and education services
- Partnerships with civil society have strengthened, though coordination remains a **problem**
- Partnerships with the private sector are still very much in their infancy.
  - We readily acknowledge, however, the generous contributions of the Turner, Hewlett and Packard foundations in supporting the goals of the Cairo ICPD

ICPD has required changes of UNFPA, to make its programs more relevant to the needs of women and men, and more central to health sector development. As well, much more is being asked of UNFPA in terms of performance management, accountability and program effectiveness.

- UNFPA's task includes showing leadership in global efforts to improve reproductive health, particularly articulating and disseminating the lessons we have learnt. This is a clear area where an effective multilateral organisation can utilise the

skills and experience and global reach of the UN system to accelerate the pace of change.

- While recognising how daunting the challenge is, we look to UNFPA to provide quality programs as well as the practical coordination – with other key UN agencies – which is so essential for effective country level responses.

We are involved in a process we hope will lead us to new insights and commitment. We reaffirm the Cairo principles and look to this meeting to lay the groundwork for practical, affordable future actions that will bring the ICPD goals closer to reality.