



Dear Human Rights Sub-Committee,

Thank you for the opportunity to contribute to the upcoming hearing for the inquiry into women and girls in the Pacific. This submission relates to our recent work on the implementation of women's health rights in the Pacific and aims to inform the Committee prior to its public hearing. We confirm that we are happy for this submission to be made publicly available.

Our work in this area seeks to improve the health of women and girls worldwide, including in the Pacific through the development of the United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) Implementation Map on Women's Health. The Map is a unique tool that measures government responses to CEDAW recommendations on women's health across 30 countries in the Asia-Pacific region. It is a collaboration between The George Institute for Global Health and the University of New South Wales Australian Human Rights Institute and is led by Dr Janani Shanthosh.

By collating all health-related recommendations and analysing the extent of their implementation, as reported by participating governments, the CEDAW Implementation Map provides regional insights into how governments are acting or failing to act in meeting their obligations to alleviate health inequities experienced by women. This tool is particularly valuable as there has been no systematic analysis of the effectiveness of the review system in motivating government action to improve women's health throughout the Convention's 42-year history.

This work provides the United Nations CEDAW Committee, governments, researchers and civil society organisations with:

- a bank of laws, policies and programs that can act as a guide for designing effective legislation in other countries;
- an up-to-date analysis of the strengths, weaknesses and implementation gaps specific to the Asia-Pacific region; and
- authoritative guidance on how areas of action and inaction related to the CEDAW review system contribute to health inequities and influence progress towards achieving the Sustainable Development Goals.

Below, we summarise key findings from our research which relate to (1), (2) and (5) of the submission terms of reference.

The role of Pacific Island civil society groups play in responding practically to domestic, family and sexual violence, and other human rights issues such as gender equality

Each CEDAW review cycle, hundreds of nongovernmental organisations and service providers send submissions and shadow reports on government actions to the CEDAW Committee. The CEDAW Implementation Map analysed these reports to get a clearer picture of how these actions are impacting women on the ground.

Civil society organisations shared concerns about the nature and extent of implementation of programs and policies implemented by governments in the Asia-Pacific region. Firstly, they raised concerns in relation to promoting women's empowerment and agency. In Fiji for example, violence against women campaigns such as the Zero Tolerance Violence Free Communities focus on mediation, reconciliation and neglect an appropriate focus on prosecution for violence as per domestic violence legislation. In Sri Lanka, a programme by the Family Health Bureau to promote family planning and reproductive health education reinforces potentially harmful patriarchal definitions of family. Secondly, civil society organisations highlighted the need for adequate resourcing. In Laos, Family and Children's Service Centres provide immediate means of redress and protection for women and girls who are victims of violence. However, these Centres are severely under-resourced.

Finally, concerns were raised that some programs did not incorporate the needs of women subject to intersectional, multiple or cumulative discrimination. For example, women who are migrants, live rurally and are from low socio-economic groups may experience disadvantages associated with all three stratifiers. In Myanmar, hospital-based 'One-Stop Crisis Management Centres' provide integrated health services such as medical services, legal advice and shelters. However, most shelters provide only short-term relief, and are often inaccessible to women with disabilities. In Thailand, despite the enactment of the Gender Equality Act in 2015, the situation faced by lesbians, bisexual women, transgender and intersex persons is characterised by invisibility and silencing and underscored by unreported cases of violence and abuse.

The key figures and groups which advance the human rights of women and girls in the Pacific context

The George Institute for Global Health and the Australian Human Rights Institute have established a Health and Human Rights Program dedicated to advancing the human rights of women and girls, including those in the Pacific context. Through our ongoing work, including the CEDAW Implementation Map, this program prioritises applied research, the provision of technical assistance to governments and communities as well as the co-production of human rights solutions. In collaboration with other established research programs, including The George Institute's Global Women's Health Program, we promote a life-course approach to addressing women's health issues. This approach recognises women's and girls' health and wellbeing from birth to death as interconnected periods, in which early health-related markers can be indicators for health outcomes later in life.

The findings emerging from the CEDAW Implementation Map reveal that civil society groups within the Pacific play a critical role in advancing the health rights of women and girls by contributing to CEDAW reviews. The CEDAW Implementation Map contains data on all organisations that

contributed to CEDAW reviews in the last review cycle. These organisations include Cook Islands National Council of Women, Fiji NGO Coalition on CEDAW, Samoa Umbrella Organisation for NGOs, Tuvalu National Council of Women and Disability Promotion and Advocacy Association Vanuatu. It is important to note that some countries within in the Pacific context including Kiribati, the Solomon Islands, Marshall Islands, Nauru and Micronesia had no civil society organisations reporting to the CEDAW Committee. A consequence of this gap is that the CEDAW Committee lacks information and data from local organisations on how women are experiencing health inequalities in their local communities. Given the limited resources of these countries compared to high income countries, this presents a key opportunity for Australia to support local capacity building and resource provision to enable civil society organisations working to advance the human rights of women and girls to contribute to CEDAW reviews.

Any related matters

The CEDAW Implementation Map reveals that 30% of countries in the Asia-Pacific region are experiencing an ongoing humanitarian crisis based on the INFORM Index for Risk Management. These countries collectively received 194 health-related recommendations from the CEDAW Committee (of a total of 606) and fully implemented 40% compared to 34% in countries not experiencing a crisis. Countries not experiencing a crisis were more likely to refuse to implement recommendations and did so for 13% of recommendations, compared to 6% in crisis countries. These findings, reported in [The Guardian Australia](#), indicates that Australia would benefit from mutual learning between countries across the Pacific in resourcing, designing and consulting with women meaningfully to improve women's health. Despite having ratified CEDAW, 61% of recommendations were either unacknowledged or not implemented. Australia fully implemented only 25% of its health-related CEDAW recommendations, lagging behind many other countries within the region.

Recommendations

CEDAW reviews have the potential to assist at-risk countries in effectively and expeditiously developing strategies to protect and advance women's health. Thus far, they have resulted in a number of women's health initiatives, including legislation criminalising violence, community programs providing health care, legal assistance and crisis accommodation, mandatory training of judges on gender-based violence, and establishing independent national human rights institutions to safeguard women's rights – including health-related rights.

Working together on an equal basis to improve women's health must be an essential component of Australia strategy to strengthen and Step Up engagement with our Pacific family. In order to achieve this aim, it is critical that Australia leads by example in fully implementing all health-related CEDAW recommendations, address civil society concerns across the region in relation to community agency, the under-resourcing of services and intersectionality and continues to engage with data-driven research such as The CEDAW Implementation Map to ensure an evidence-based, systematic approach to improving the health of women and girls in the Pacific.

We recommend that Australia:

1. Address civil society's concerns regarding the design and implementation of initiatives introduced in response to CEDAW Committee recommendations.
2. Work to ensure programs to promote women's empowerment and agency are adequately resourced and meet the needs of women facing intersectional discrimination.
3. Address, through effective processes of follow-up and engagement with our data-driven research, the high proportion of CEDAW Committee recommendations that remain unacknowledged or not implemented by countries, in particular in relation to law reform, access to justice, and health systems strengthening initiatives.

We thank you for the opportunity to contribute our work to this investigation, and hope the findings of the CEDAW Implementation Map in the attached report will be useful to the Minister for Foreign Affairs and Minister for Women, Senator the Hon Marise Payne and the Joint Standing Committee on Foreign Affairs, Defence and Trade – Human Rights Sub-Committee in their inquiry into the human rights of women and girls in the Pacific.

For further information on the CEDAW Implementation Map or any of its findings please contact Dr Janani Shanthosh.

Regards,

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