Population, Culture and Climate Change

THE NEED FOR FAMILY PLANNING

FAMILY PLANNING IS CRUCIAL IN AUSTRALIA’S RESPONSE TO MILLENNIUM DEVELOPMENT GOALS
AusAID RESPONSE TO OUR COMMUNIQUÉ

Following this Roundtable’s Communiqué to the Prime Minister and Parliament, the Assistant Director General of AusAID, Jenny Da Rin, replied, responding to each of our recommendations at the request of the Minister for Foreign Affairs, the Hon Kevin Rudd MP:

“I congratulate the Women’s Plans Foundation for convening the roundtable on 27 July 2011. The focus of the roundtable is very much in keeping with the objectives of Australia’s aid program…. Family planning is a proven, highly cost effective strategy for reducing maternal deaths and is an important component of Australia’s international health programs. In recognition of this, Australia is increasing aid program spending on family planning. In 2011 AusAID spent around $40 million on activities with family planning as a major component. This is approximately $30 million more than the previous year.”

While highly appreciative of AusAID’s increased spending last year in the maternal health sector which includes family planning, this Roundtable continues its recommendations (1) that funding continue to increase and (2) that actual funding for this “major component” be specified in the budget and accounting. What proportion is “major”? For the 2012 budget, is spending on family planning growing as an amount and as a proportion of the maternal health budget?

AusAID has already entered into the sort of partnerships advanced in our third recommendation: “Australia works through public-private global health partnerships such as the GAVI Alliance and the Alliance for Reproductive, Maternal, and Newborn Health, and supports partner governments, international agencies and non-government organisations to ensure universal access to cost-effective life-saving interventions for women and children. Thank you for bringing the Women’s Plans Foundation Roundtable communiqué to the Government’s attention.”

We in Australia are fortunate to have AusAID developing and recommending strategies which go to the heart of the region’s problems. Members of this Roundtable value opportunities to make recommendations to Government Departments and support strategies to enable fruitful and equitable overseas development.
Women’s Plans Foundation Roundtable 2011

The case for family planning starts with human rights, flowers with women’s empowerment and reaches fruition with climate levelling.

This Roundtable found causal links between issues of family planning, women’s enablement, population size, food security and climate change. While we need to embrace many measures to manage human impact, our principal recommendation of family planning is both cost effective and respectful of human rights.

The human family

The WPF Roundtable combined experts in overseas program delivery, medical research and practice, Christian and Muslim influence, education, women in enterprise, pharmaceutical and financial corporations, energy risk and climate change. Our conclusion is that women’s capacity to manage fertility is critical as it:

- improves reproductive health and survival
- improves gender equity, empowering women
- develops economic and social resilience
- stabilises human population growth
- minimises environmental damage and climate change

On July 27th the WPF Roundtable recommended:

That the Prime Minister, the Minister for Foreign Affairs and Parliamentarians support AusAID to continue and increase funding for inclusion of family planning as a key measure in reproductive and maternal health programs.

That the Prime Minister, the Minister for Foreign Affairs and Parliamentarians recommend that family planning become an identified expenditure in budgets and reports.

That consideration be given to the GAVI model, combining government and private support in concerted effort, to deliver health education and access to family planning, enabling women to develop, share and contribute.
Since the innovative uses of rubber (condoms) and hormones (the Pill), some populations in the world have stabilised by spacing births and choosing family size, improving survival rates of the babies born and reducing maternal mortality. Yet many parts of the world still use relatively primitive methods of contraception, some of which are potentially dangerous. While the perfect contraceptive has yet to be developed, research is advancing towards safer and longer lasting methods more suitable for remote regions in developing countries, such as an external gel or ring lasting for a year.

Local political commitment for community-based services is needed in order to generate self-sustaining programs for women and men. Solutions thus are not imposed on local populations but develop out of needs and with commitment. Community people trained as health workers can sustain services in remote areas. Beneficial results include older age at first pregnancy and reduction of the burden of excessive childbearing, with greatly improved survival rates.

Over the coming decades, the need for family planning will increase because of the expected rise in the number of women and men of reproductive age. Yet funding for family planning services and supplies has not risen commensurately. Indeed, aid for family planning as a proportion of total aid to health declined sharply between 2000 and 2008, from 8.2% to 3.2%. For sexual and reproductive health, there is a funding gap for what is needed of $11 billion, with multilateral funding from the World Bank and the Asian Development Bank declining. The Republic of Korea, Thailand, China and India have begun to increase their contributions, though their share of support remains lower than Australia, Japan and New Zealand. Increasing world unrest has resulted in the contraction of family planning, which has not been seen as core. Below is a U.N. chart highlighting the fall in donor assistance for contraceptives.
A higher rate of deaths results from inadequate spacing between births, with the optimum gap 2 to 3 years. Expanding access to family planning would offset the cost of improved maternal and newborn care.

In the graph on the left, the left column shows current levels of care at $11.8 B; the centre projects maternal and newborn care expanded to meet need would cost $26.1 B, whereas with family planning added, the costing comes down to $24.6 B. The graph on the right shows that maternal deaths would decline by 71% if combined family planning and maternal health care needs were met.

A recent innovation is the SPRINT initiative for reproductive health services in emergency and crisis situations. Funded by AusAID, the initiative has trained over 4,000 health and defence, government and non-government workers. This program provides life-saving measures and commodities and it is hoped that family planning in crisis situations will be continued after the emergency.

Optimum reproductive health has multiple and interdependent benefits

“If we empower women to make choices about their fertility by educating them and making contraception freely available, as well as educating men about the benefits of reduced family size, population reduction will follow with subsequent less use of resources and reduction of carbon emissions.”

Dr Edith Weisberg

Women’s Plans Foundation Roundtable 2011
Where can Australia make the greatest and most cost effective difference?

Marie Stopes International Australia (MSIA), having doubled the delivery of its services in the last four years, sees the potential for increasing in scale. In 2010 MSI enabled prevention of 4.8 million unwanted pregnancies, 1.35 million unsafe terminations and 13.5 million maternal deaths, bringing cost savings to health care systems of over U.S.$645 million. In MSI clients alone, 2 million women this year initiated a long acting method of contraception. In a measure called “Couple Years Protection”, CYP, MSI provided 1,661,799 Couple Years Protection and estimated the cost at U.S.$6.50 per couple per year. viii

In Papua New Guinea, a country with a high birth rate and many geographical, cultural and religious barriers, contraceptive use is only 18%, and women there are 80 times more likely to die in childbirth than women in Australia. Half the health services are delivered by non-government sources, many by churches which do not include contraceptive access. It is impossible to work in a community without the agreement of the local church. One third of all PNG Government Health posts do not function, due to staffing difficulties and lack of supplies. 87% of the population lives in remote rural conditions, with difficult topography, and there are more than five hundred different languages spoken. ix

Demand for family planning outpaces supply. Motorbikes and helicopters are reaching remote areas in six provinces to date, and it would be possible to reach the whole of PNG if funding were available. The best model is for family planning specialists to pass on knowledge and training to local people; women are often the backbone of health service delivery and it is neither necessary nor practical to require that only doctors can provide family planning insertions. Developments in contraceptive technology will mean that local women may be trained to provide long acting reversible contraceptives such as implants, once they have been approved by the PNG government. Importantly there are some added health benefits with hormonal implants, such as preventing excessive bleeding, thus reducing anaemia, a factor in maternal deaths. Where families can space births, health costs reduce, children and mothers are more likely to be healthy, participation in education increases and food security improves. Not surprisingly, the return on investment in family planning is economic growth.
Another international NGO, International Planned Parenthood Federation (IPPF), has been working globally to increase access to sexual and reproductive health (SRH) services including family planning since 1952. In 2010, approximately 33 million clients worldwide received a total of over 88 million SRH services including family planning. Approximately 50% of the services provided were contraceptive services. The IPPF model is to work through local grassroots organisations which are supported to provide services and advocate for improved access to SRH. Currently, there are 153 member associations (MAs) within IPPF in six regions around the world – Africa, Middle East, Asia-Pacific, South Asia, Europe and Western Hemisphere regions.

IPPF’s strategic plan is to increase services targeted mainly towards the poor, marginalised, socially-excluded and underserved populations, including young people. This strategy is paying off, and annual data shows that in 2010 approximately 72% of its clients were from this demographic and 35% of the total Sexual Reproductive Health services including Family Planning are accessed by people under 25 years.

IPPF has Member Associations (MA) globally and in the East & South East Asia and Oceania Region (ESEAOR). In the East & South East Asia and Oceania Region, 9.7 million clients are served, out of a global total of 33.2 million. In the ESEAOR region, 22 countries are MAs, with 4 collaborating partners.

However, just providing services is not enough to increase uptake of modern family planning methods. Apart from service provision, IPPF MAs are heavily involved in information, education and communication activities especially among adolescents and young people. In 2010 more than 90% of MAs globally conducted sexuality information and education for these young people with the goal of creating awareness of their sexual and reproductive rights. IPPF has worked along with UNESCO, UNFPA, UNICEF, Population Council and others on developing a comprehensive approach to sexuality education. Another strategy that can make a difference is to encourage national governments to adopt this curriculum within their national school programs.¹
Benefits of family planning

Women have the right to:
- Fertility management
- Access to information and services about their reproductive health
- Choice of appropriate contraception from a range of available methods
- Involvement of partners in family planning discussions
- Have children only when by choice

Ways to increase access to family planning:
- Provision of contraception services
- Funding for local appropriate services
- Trained local healthcare workers in fertility management and maternity care
- Access to adequately trained referral services
- Availability of supplies of a variety of contraceptive methods through local clinics

Benefits resulting from family planning:
- Reduced maternal ill health and mortality
- Reduced infant mortality
- Reduction in number of children per family
- Improved financial position of family
- Education for children, including girls
- Improved nutrition for all family members
- Economic empowerment of women
- Improved gender equity
- Better educated population
- Slowing of population growth
- Slowing of resource use
- Decrease in greenhouse gas production
- Slowing of global warming

Women’s contribution

Women deal with most of the problems caused by global changes. These are the problems without borders: poverty; refugee situations due to war, civil conflict and natural disaster; climate change; famine and overpopulation; HIV/AIDS, violence against women.

Ways of strengthening women’s abilities to respond to these pressures can make significant, very practical differences internationally and within Australia. Women need to be able to sit at the table, with resolve to achieve proportional representation at the highest levels of decision-making. UN Women (formerly UNIFEM) has demonstrated through innovative and catalytic programs in more than 100 countries since the late 1970s the truth of Kofi Annan’s 2005 IWD Statement:

...study after study has demonstrated that there is no tool for development more effective than the empowerment of women. No other policy is as likely to raise economic productivity, or to reduce infant and maternal mortality. No other policy is as sure to improve nutrition and promote health — including the prevention of HIV/AIDS. No other policy is as powerful in increasing the chances of education for the next generation....

Given that women make up the vast majority of the more than 1 billion people living on less than a dollar a day, and will reinvest 90% of their income into their families and communities (compared with men investing just 30 to 40%), investing in women’s development is key to achieving the Millennium Development Goals (MDGs).

Women’s status affects the health, nutrition and schooling of their children and...
In Kenya, Gorety Awinja, 20, cuddles her 18 month old daughter. The wailing child is hungry, but her mother is seven months pregnant, unable to find work; so there is no food. Neither Gorety nor her husband has a steady job. By the time their firstborn celebrates her second birthday, her younger sibling will be four months old, and Gorety could be pregnant again. The family will have grown, but its finances are most unlikely to have improved. Gorety and her husband are proving sociologists right; the poorer a family is in these parts of the world, the likelier it is to be huge. Fifty-five percent of women in Kenya do not use contraceptives, and the poor of the poor are most affected. According to the United Nations Population Fund (UNFPA), lack of family planning, coupled with low education levels, have led to a population boom that is set to hit the 40 million mark two months from now. That is bad news for a country grappling with a staggering economy and overwhelming levels of poverty.

Planning Minister Wycliffe Oparanya says there is a need to press for reproductive health rights that include the right to freely and responsibly determine the number, spacing and timing of children without coercion, discrimination and violence. “Unfortunately, while the right to sexual and reproductive health has been proclaimed, it is far from being universally respected.... One in four married women in Kenya has an unmet need for family planning, a figure that has not reduced in more than a decade,” the Minister says.

National Coordination Agency for Population and Development (NCAPD) has long-term plans that include educating women on how to access sufficient education for them to plan their families properly. Statistics from the Population Reference Bureau show that some girls get married when they are as young as 15. Their young age and minimal education are a hindrance when making decisions on family planning and reproductive health. Among poor families is also a tendency to get more children to counter high mortality rates. “We have parents who cannot afford to raise many children giving birth at a fast pace because they are scared that some will die,” the NCAPD boss says. Prof Sambili argues that family planning is the missing link in the achievement of Millennium Development Goals, and that a multi-sectoral approach is needed to remedy the situation at the community level. 

Women’s economic empowerment is increasingly receiving attention by the United Nations, the corporate and business sector, and international financial institutions. The World Economic Forum reports that across 134 countries, greater gender equality correlates positively with GNP per capita. A study of Fortune 500 companies found that those with three or more women board members outperformed others by 53%. And in all countries where women have access to good education, good jobs, land and other

*Each year a girl spends at school reduces by 23% the likelihood of a woman under the age of 18 having a child.*
assets, there is stronger growth, lower maternal mortality, improved child nutrition, greater food security and less risk of HIV.

As The Economist declared in April 2006, “Forget China, India and the internet: economic growth is driven by women”. The Economist goes on to say that the increase in female employment has accounted for a big chunk of global growth in recent decades. GDP growth can come from 3 sources: employing more people; using more capital per worker; or an increase in productivity of labour and capital due to new technology. Since 1970 women have filled two new jobs for every one taken by a man… the employment of extra women has not only added more to GDP than new jobs for men but has also chipped in more than either capital investment or increased productivity. Women who earn their own income are more able to challenge the way household decisions are made, demand the right to be free of violence and participate in the political arena. The 2011 State of the World’s Agriculture Report (SOFA) tell us:

The agricultural sector of developing countries is underperforming, in large part because women farmers are denied equal access to resources including education, land, technology, seed, fertilizers and credit. As a result, while they are as productive as men farmers, their yields are on average 20 to 30% lower. If the gender gap in access to resources was closed, the resulting increase in agricultural production in developing countries would lift 100 to 150 million children, women and men out of hunger. It has been calculated that agricultural productivity in sub-Saharan Africa could increase by up to 20% if women’s access to resources such as land, seed and fertilizer were equal to that of men."11

The Asia-Pacific region is losing more than $40 billion per year because of women’s limited access to employment, and $16-$30 billion because of gender gaps in education – figures that far exceed the $13 billion global cost estimate for gender equality measures.

Engaging women and women’s rights fully in peace and post-conflict processes is vital. Fragile states tend to have high gender disparities and a low human development rank with high maternal mortality, high rates of illiteracy among adult women and markedly lower incomes from women than men. Situations of conflict have disproportionate impacts on women and children. A focus on gender equality is important not only because of the increased vulnerability but also because of the role that women can play in economic development and in the creation of peace and stability that is sustained.

Flagship UNIFEM/UN Women programs show what can be done. UN Women Australia had a small program to support Afghan women lawyers to come through our IDP Peace Scholarship Program and study at Australian universities. Now one of the first Peace Scholars, Nasima Rahmani, who returned to Afghanistan 3 years ago, is engaged in increasing opportunities for Afghan young women to study at the undergraduate level in a private university established by the head of the Afghan Human Rights Commission. She is doing this after first spending 5 weeks creating and then managing a program of para-legal training for women in women’s centres in rural and regional Afghanistan."12
Culture and religion are inextricably linked. Religions are diverse and include both conservative and patriarchal interpretations as well as embracing liberating dynamics. Cultures develop strictures and taboos about intimate concerns of sexual relationship and fertility, and religious traditions have often fostered ambiguous messages about women’s self-determination. Long ago, patriarchal systems in cultures became incorporated into the power structure of religious organisations, and in some cultures religion and local structure have reinforced each other, particularly in regarding women as subordinate to men – very much as vessels for child-bearing.

Indeed, until the 1500s, violence against wives and daughters was accepted and legal in Europe; permission by the English church for women to learn to read the newly translated Bible began the slow transition to the call for rights we hear today. The fight for gender equality is not over as long as men exclude women from positions of authority, and while women are dying of pregnancies they could not avoid.

Centuries of the spread of western culture, through missionaries, colonisation, aid, trade and tourism, have brought multiple cultural forces to bear on people in developing countries. Religions teach of a larger framework of justice and love, and of charity and forbearance from violence. They offer a much needed network of belonging for migrating people, especially in urban areas.

Whether or not we support faiths such as Judaism, Christianity, Islam, Hinduism and Buddhism, there is an urgent need to share understanding and compassion across cultures, knowing that societies are constrained by the poverty of the poorest. Aid, whether seen as charity or as secular alleviation of poverty, constructs a larger neighbourhood in which we are all better able to live with equity, decency and respect for others.
Much overseas aid has been delivered by faith-based and faith-related aid organisations, which are generous and active in delivering services. Religious organisations’ generosity has made a huge difference in the world, reaching many people in poverty with education and medical aid. AusAID stipulates that organisations delivering their funding must not proselytise, and there is further defining needed of the interface between religious doctrine in regard to women and contraception. Donors might well ask themselves whether aid organisations forbid family planning or lobby to restrict government funding to organisations’ work in that area.

Inclusion of contraception in overseas aid programs has often been obscured to avoid opposition from Roman Catholic and conservative pressures both in Christianity and Islam. Yet “health policy should not serve as a proxy for religious dogma”, a Guttmacher policy analyst, instancing that in the U.S. 68% of Catholic women use a highly effective method of family planning, with 2% using interrupted sex; 73% of Protestants use a highly effective method. Worldwide rates of contraceptive use are very much the same for women across religious and non-religious categories where there is access. In countries such as the Philippines which have followed conservative Vatican teaching and other opposition to contraceptives, consultation with in-country local religious leaders can bring much needed relief for people in poverty while legislatures struggle with human rights health issues. Culture, religion, lack of access to contraceptives and lack of education conspire to make it difficult for women to say ‘no’ and avoid unwanted pregnancy.

There is widespread support for contraception in Australia, and Parliamentarians are in step with the majority in their electorates when supporting family planning. In Australia some theologians are exploring doctrinal teachings to identify exactly where patriarchal power is serving men better than women. Faith communities can be challenged with the outcomes of their actions (eg the resurgence of a fundamentalist movement in the U.S. to block funding to UNFPA and IPPF, resulted in a rise of terminations due to the absence of contraception). Voluntary family planning is a human rights response preferable to both the extreme (now modified) Chinese model of compulsory restriction on childbearing and the traditional practice of childbearing by default. Some Muslim countries, such as Indonesia, require of Muslims that they be able to provide for the children they bear, a value system which could be adopted widely elsewhere as long as contraception is available.

Until last century, replacement breeding was important for human survival in a life before penicillin, immunisation and interventional medicine. Contraception is no less marvelous than many health advances which benefit and respect human life by optimising health.
Human existence on earth has often depended on maximum procreation to replace losses to disease, war and natural calamity. The global climate has warmed and cooled, but generally has maintained a balance which supports us mammals. Now, however, scientists have examined much evidence clearly indicating that the activities of the human population, multiplied by the impact of the great increase in population, have tipped the balance so that it will not rebalance unless we decrease our effects.

Ian Dunlop from Safe Climate Australia provides us with these vivid pictures of the progression of global warming:

With the perspective of time, it is evident that we need to re-enter the safe climate zone.

Some people cannot believe their way of life can possibly be threatened. There is a determined belief that current problems must be able to be solved by technology as has happened before, yet crises are intensifying and interacting: food security (famine); water security (drought and contamination); arable land (deforestation, erosion, salinity); energy generation (oil scarcity, conflict; coal emissions; nuclear disasters). While some scientists now are discouraged that their clear warning messages to the public are being disregarded by people who have no intention of changing, at least until others do first, others are persisting, researching both the climate risks and alternative energy solutions.

Slowing the rate of population increase is not sufficient to reduce impact on the planet. Each year a population the size of Germany is added. Yet by the time the world reaches 9 billion, it will be impossible to reach carbon emission targets without reducing the global population. Family planning...
is the most effective way to reduce the likelihood of catastrophic global warming, according to Optimum Population Trust, a UK organisation backed by Sir David Attenborough. The Trust estimates that 80 million pregnancies a year would not have occurred had there been access to contraceptives. Their cost benefit analysis found that family planning is a more cost effective investment than the very necessary investment in changing methods of energy generation and use. Renewable energy paths must be explored, along with the essential of accessible family planning.xxvi

There seems to be a taboo on discussing that there could be too many of us. Yet the world’s population has quadrupled since 1900. One billion people on earth struggle to survive on less than $1 a day; they use very little carbon now but aspire to equity with our quality of life. There are 42 million refugees awaiting resettlement, the number increasing as both human population and the seas rise. Even poverty produces carbon emissions when people’s land use is driven to deforestation, to feed their families.

Given the great benefits family planning brings to women’s health and enablement, improving societies and helping to manage human impacts on our environmental support system, why in the world isn’t family planning receiving more attention and funding?

In the long run, family planning is the most effective way of managing the impact of human development on the planet.

Roundtable participants

The Rev’d Judith Atkinson U.K., currently with N.S.W. Government on policy development  Dr Deborah Bateson Medical Director FPNSW Carolyn Blanden educator, school principal, and Trustee of WPF  Professor Richard Broinowski
Ms Jennifer Brown  The Rev’d Dr Stephen Burns
Research Fellow, Charles Sturt University  Mr Stuart Cameron UBS  Dr Ellie Freedman Medical Examiner
Mr Tim Costello AO CEO World Vision, Baptist Minister, Chairman Community Council for Australia  Zeny Edwards PhD architectural historian, past President The National Trust, Trustee of WPF
Ms Jennifer Brown  The Rev’d Dr Stephen Burns
Sexual Assault at RNSH, Trustee of WPF  Therani Jegatheeswaran Deloitte  Ms Naomi Knight Deloitte, former CEO of SHFPA  Mrs Liz Lloyd lawyer, Trustee of WPF  Mrs Alice Oppen OAM Trustee of WPF
Ms Deborah Raphael IPPF liaison  Ms Lynn Sartori Director Scientific Affairs, Merck Serono
Ms Siobhan Sellick Executive Director, Ernst & Young  Mrs Helen Sheffer Trustee of WPF
Ms Liz Sime MSIA Regional Director  Ms Susan Stratigos Chair ARHA, formerly in U.N.
Division for the Advancement of Women  Ms Ros Strong Chair Sydney Community Foundation, past President Unifem (now UN Women)  Dr Edith Weisberg
Director of Research FPNSW and Senior Clinical Lecturer University of Sydney Medical School

July 27 / October 2, 2011

Women’s Plans Foundation Roundtable 2011
Endnotes


ii UNFPA State of the World Report, quoted by Liz Sime, Regional Director, MSIA.


v Segment of wallchart “World Contraceptive USE 2011”, downloadable from Department of Economic and Social Affairs, United Nations.


vii The Minimum Initial Service Package for Reproductive Health, Anna Whelan, Regional Director East South East Asia Oceania Region, International Planned Parenthood Federation, September, 2011.

viii 2010 Annual Report, Marie Stopes International Australia.

ix Liz Sime, Regional Director, Marie Stopes International Australia.

x Anna Whelan, Regional Director ESEAOR IPPF, September 2011.

xi Compiled by Edith Weisberg, Deborah Bateson and Ellie Freedman for the WPF Roundtable, September 2011.


xiv Noeleen Heyzer, Former Executive Director of UNIFEM.

xv Siobhan Sellick, Executive Director of Taxation, Ernst & Young, Sydney.


xvii Rosalind Strong, past President UNIFEM Australia (now UN Women Australia). presentation to the WPF Roundtable, July 2011.

xviii The Daily Star (Lebanon), in IPPF’s NewsNewsNews, 2.9.11.


xxi Nicholas Kristof & Sheryl Wudunn develop this argument, with examples, in Half the Sky: How to Change the World (Alfred A. Knopf, United States, 2009).

xxii James Hanson, Storms of my Grandchildren (Bloomsbury USA, 2009), pp. 171, 276.

xxiii Ian T. Dunlop, Director Australia 21, Member Club of Rome, Chairman, safe Climate Australia, Deputy Convener, Australian Association for the Study of Peak Oil in his Power Point presentation to the Sydney Lyceum Club, February 10, 2011.

xxiv James Hanson, Storms of my Grandchildren, Ibid.

xxv One example: Tony Mohr, Climate Change Program Manager, writes regularly in Habitat, the Australian Conservation Foundation periodical.

Sharon Camp, CEO of the Guttmacher Institute, in July 2011 endorsed this Roundtable’s purpose as “tremendously important and particularly timely as we approach a global population of seven billion later this year. In bringing together the perspectives of experts in varying fields, they have ensured that it will be a rich discussion. We wish the Foundation every success and look forward to seeing their conclusions.”

The Roundtable was convened by Women’s Plans Foundation

Women’s Plans Foundation
Patron Her Excellency Ms Quentin Bryce AC 
Governor General of the Commonwealth of Australia