



## Women's Sexual and Reproductive Health Coalition

### Policy recommendations for the 2022 Election

1. **Remove barriers to contraceptive access** by providing free contraception to women under 25 years and incentivising primary care practitioner training in contraceptive service provision
2. **Ensure availability of essential sexual and reproductive health services (particularly for rural and regional Australian women)** through regional level planning, training and accountability for abortion access via publicly funded community and hospital-based services
3. **Expand the health workforce** by enabling nurses and midwives to work to their full scope of practice in contraception and abortion care, with appropriate remuneration and training opportunities
4. **Monitor progress in the implementation of the National Women's Health Strategy** by developing a set of agreed upon key performance indicators and reporting progress against these on an annual basis

The SPHERE Women's Sexual and Reproductive Health Coalition was formed in April 2020 to advocate for equitable, accessible, and high quality sexual and reproductive health care for women in Australia. The Coalition is led by the National Health and Medical Research Council funded SPHERE Centre of Research Excellence at Monash University and comprises clinician experts and consumers, representatives from peak bodies and key stakeholder organisations and eminent Australian and international researchers. The Coalition meets to discuss ways to address critical clinical, health service and workforce issues by developing evidence-informed consensus statements and policy and practice recommendations. Our four key policy recommendations for the forthcoming election are as follows:

#### **1. Remove barriers to contraceptive access by providing free contraception to women under 25 years and incentivising primary care practitioner training in contraceptive service provision**

The uptake of effective contraception, including long-acting reversible contraception ((LARC) such as intrauterine devices and implants)) and emergency contraception, is relatively low in Australia, particularly amongst young women. Barriers include lack of access to services and high costs. Making contraception free for young people, as has recently occurred in [France](#), and incentivising and ensuring access to primary care practitioner training in contraceptive service provision particularly LARC insertion (including for general practitioners, practice nurses and community pharmacists), would significantly increase access, support pregnancy planning, optimise health outcomes, and contribute to achieving the goals of the National Women's Health Strategy 2020-2030.

The Coalition therefore makes the following recommendations:

- *Provide contraception services, including medical appointments, associated tests and contraceptive prescriptions, free of charge for young women under 25 years*
- *Make available and accessible contraception training (particularly LARC insertion) for primary care practitioners and incentivise this training*

#### **2. Ensure availability of essential sexual and reproductive health services (particularly for rural and regional Australian women) through regional level planning, training and accountability for abortion access via publicly funded community and hospital-based services**

Access to abortion empowers women and supports them to choose the number and timing of births. Abortion is a reproductive right and it is critical that it be readily accessible and affordable to all women. Improving access to abortion services is therefore a priority of the National Women's Health Strategy 2020-2030. However, access remains highly inequitable in Australia, with limited availability and inconsistent access to medical and surgical abortion services, and few publicly funded options available in most states. Obtaining an abortion is especially difficult for women in [rural and remote areas](#) where services are not available, are very expensive or women are required to travel great distances. All



services that receive public funding (including hospital services, primary care and community-based services) have a [duty of care](#) to provide medical and surgical abortion care.

The Coalition therefore makes the following recommendations:

- *All health services that receive public funding (including hospital services, primary care and community-based services) have a duty of care to provide accessible abortion services.*
- *Major regional and tertiary hospital services must provide comprehensive abortion care and abortion training for hospital-based health professionals and students*
- *Primary Health Networks should develop an integrated regional approach to abortion care that involves: identifying gaps in local service provision; commissioning services to fill those gaps; building and maintaining strong collaborative links and referral pathways; public funding of ancillary costs of abortion care, such as travel and accommodation costs where access to abortion services is not available locally; and working collaboratively with ACCHOs to meet the needs of Aboriginal and Torres Strait Islander people.*

### **3. Expand the health workforce by enabling nurses and midwives to work to their full scope of practice in contraception and abortion care, with appropriate remuneration and training opportunities**

The low number of health practitioners able to provide long-acting reversible contraception and medical abortions in Australia is a major barrier to women accessing timely and safe contraception and abortion care. The number and distribution of health practitioners could be increased by task-sharing contraception and medical abortion provision with appropriately trained Registered Nurses, Nurse Practitioners and Registered Midwives. Aboriginal and Torres Strait Islander Health Practitioners and Workers also have much to contribute in relation to women's health, and further focus on their training needs and involvement in this area is required.

The Coalition therefore makes the following recommendations:

- *Nurses and midwives should be able to work to their full scope of practice in contraception and abortion care with appropriate remuneration via MBS items or other sustainable funding mechanisms.*
- *There is a need for increased training opportunities for nurses and midwives to support streamlined, efficient task-sharing models of contraception and abortion care*

### **4. Monitor progress in the implementation of the National Women's Health Strategy by developing a set of agreed upon key performance indicators and reporting progress against these on an annual basis**

The National Women's Health Strategy 2020-2030 outlines a national approach to improving health outcomes for women and girls in Australia, including increasing access to sexual and reproductive health information and services. However, it is unclear what progress has been made in women's health since the preceding strategy nor how the impact of the current strategy will be measured. There is a need for a [transparent implementation and monitoring plan](#) for reporting progress, a clear evaluation plan to measure impact, clarity on the level and nature of funding being made, and stronger communication and engagement with consumers and stakeholders.

The Coalition therefore makes the following recommendations:

- *Develop and make publicly available 1) An implementation plan outlining how key outcomes in the strategy will be achieved, associated timeframes, a detailed budget to support the achievement of outcomes, and currently funded projects and plans for future projects, and 2) A set of key performance indicators (KPIs) for monitoring and reporting against the implementation of the Strategy and approaches to data collection for this purpose*
- *Publish an annual progress report, reporting at both state/territory and national levels on outcomes and KPIs*

*Note: The Coalition uses women as an inclusive and broad term that refers to and acknowledges the diversity in needs and experiences of all people who may access and use abortion and women's sexual and reproductive health services including other people who do not identify as women but can experience pregnancy and abortion and may need to access these.*