

The Women's Health Services Network advice to the Department of Health regarding the VAGO report on Supporting Sexual and Reproductive Health



Background

The Women's Health Services Network welcomes the opportunity to provide advice to the Department of Health regarding the implementation of the Victorian Auditor-General's Office (VAGO) report on [Supporting Sexual and Reproductive Health, May 2023](#).

The Victorian Women's Health Services are feminist pro-choice organisations that bring an evidence-based understanding of the Victorian sexual and reproductive health service system. During the past 30 years, the Women's Health Services have played a critical leadership and partnership role in supporting sexual and reproductive health needs assessments, training, and capacity building. Our sector leads regional sexual and reproductive health strategies, integrated health promotion planning and delivery, and place-based approaches to ensure that women and girls' sexual and reproductive health needs are addressed within their local communities.

Our sector is particularly skilled at navigating complex service systems and building partnerships to improve access to services for women, and providing advice on state-wide policy, advocacy, and law reform initiatives to advance women's sexual and reproductive health rights. Through decades of direct work with women and communities at local and state-wide levels, our sector has a highly developed understanding of sexual and reproductive health access issues across Victoria.

Our sector advocates for sustainable investment in primary prevention and health promotion initiatives that work to improve sexual and reproductive health outcomes for communities by redressing the social, cultural, and economic drivers of sexual and reproductive health inequities. Such initiatives include sexuality and relationships education programs on respectful relationships, violence against women, gender, sexuality, sex (inclusive of pleasure and consent), and sexual and reproductive health rights (inclusive of contraception and abortion).

The network welcomes the opportunity to work with the Department to redesign a sexual and reproductive health service system that is patient-centred, culturally safe and accessible to Victorian women and gender-diverse people.

Increasing access to publicly funded sexual and reproductive health services

The VAGO report concluded that there are areas in Victoria where women and gender-diverse people cannot readily access sexual and reproductive health services, which is particularly evident in relation to abortion services. Access to services is highly inequitable, leading to health and social inequities and contributing to gender inequality. The VAGO report provides an opportunity for the Department to review whether all publicly funded services are safe, effective, timely and affordable, including abortion healthcare.

A prohibitive factor impeding access to sexual and reproductive health services in Victoria is cost. This reflects the limited role of the public hospital system in sexual and reproductive health provision in many parts of Victoria. The time-sensitive nature of contraception and abortion services also pushes those able to afford it into the private system.

In Victoria, most abortions are performed by private providers (GPs, private clinics, or specialists) and most abortion seekers also need to pay for blood tests and ultrasound scans. Surgical abortions under 12 weeks' gestation in the private abortion system range from \$500-\$700, and medical

abortion services, and provision across the hospital system is limited, inconsistent, often ad hoc, has strict access criteria (including Medicare eligibility), gestational limits, or has significant wait times - leading to further barriers to abortion access.

For Victorian women and gender-diverse people seeking to prevent pregnancies with the most effective hormonal IUD devices, insertions generally cost \$400-\$600 in private clinics under sedation, or \$100-\$400 in general practice. Low cost long-acting reversible contraception services are uncommon, and thus often have significant wait times.

Geographic isolation is another key barrier to access. People living in regional and rural areas have poorer sexual and reproductive health outcomes, including higher rates of unplanned pregnancies and higher rates of sexual transmissible infections. These outcomes are due to a lack of local services, high costs and misinformation, exacerbated by the uneven distribution of the healthcare workforce in rural areas. In Victoria, most private surgical abortion options are in metropolitan Melbourne, with few public hospitals providing abortions for large geographical areas – complicating access to this essential service.

Informed by this need, the Women's Health Services Network recommends that the Department consider the following policy levers to increase abortion healthcare access and equity across Victoria:

- Include the provision of surgical abortion in the Statement of Priorities for all publicly funded hospitals
- Provide additional funding to public hospitals, community health and sexual and reproductive health hubs to commence or expand provision, including medication abortion in rural and remote locations
- Require religious public hospitals to provide evidence-base information and direct referrals pathways to contraception and abortion services
- Provide subsidised abortion access to women and gender-diverse people with financial barriers, including those not eligible for Medicare, to redress financial barriers from accessing abortion healthcare.

Australia's federalised health system means that there are several changes required at a Commonwealth level to increase equitable and accessible services in Victoria. The Department plays a critical role in advocating for:

- Changes to the Medicare Benefits Scheme to support longer time for medication abortion appointments
- Free medication abortion and contraception to be included on the Pharmaceutical Benefits Scheme
- Maintenance of telehealth exemptions for sexual and reproductive health services.

These policy reforms, alongside the recommendations of the VAGO report, are needed to create a publicly accessible and integrated sexual and reproductive health service system.

[Recommendations associated with implementing the VAGO report](#)

The VAGO report made three recommendations to the Department.

Recommendation one: The VAGO report recommends to the Department that it undertakes a comprehensive and up-to-date sexual and reproductive health service demand and gap analysis for the whole of Victoria, including documenting a complete list of providers and identifying and analysing the demand for the various categories of services across the state.

To implement this recommendation, the department can access a list of public healthcare providers from 1800MyOptions, which has a comprehensive list of Victorian contraception, pregnancy options including abortion, and sexual health services. MSI Health has a list of public and private practitioners who are registered to prescribe medication abortion services. With the Therapeutic Goods Administration (TGA) lifting restrictions on how mifepristone and misoprostol is prescribed from 1 August 2023, healthcare practitioners will no longer have to register with MSI Health. Indeed, while the changes to the TGA are an important step in making abortion healthcare more accessible, this change alone is unlikely to increase access if other barriers to service provision are not addressed. Barriers include training, fewer local hospitals as backup should patients need emergency care following a medical abortion, less remuneration compared to the provision of other healthcare services, and a decreased understanding of abortion healthcare. The database of providers that 1800MyOptions and MSI Health can provide a comprehensive list of public providers, and private medication abortion prescribers, which can be used to understand service gaps in metropolitan Melbourne and regional and rural Victoria.

The Department has the opportunity to undertake a comprehensive sexual and reproductive health service demand and gap analysis of Victoria using data sets that were not included in the VAGO report to inform service system redesign. The sector welcomes the opportunity to brief the Executive Director of Women's Health and other relevant staff on data sets from the [Victorian Women's Health Atlas](#). The Atlas provides a local government and regional analysis of where women are seeking services - including medication abortion and long-acting reversible contraceptives – comparative to where these services are accessed. These data sets show where there is no or limited access to services throughout Victoria. This data can be used with other information (such as an access matrix discussed below) to inform where new sexual and reproductive health hubs should be located. An analysis of these data sets also provides important opportunities to align other state government initiatives and reforms, including the new comprehensive women's health clinics to ensure equity of access to clinical service provision for Victorian women and gender-diverse people.

Recommendation two: VAGO recommends that the Department develop relevant outcome performance measures for 1800MyOptions and the hubs to monitor and report on their achievement of objectives to increase Victorian women's access to sexual and reproductive health services and focus on the needs of priority groups in accessing sexual and reproductive health information and services.

The Women's Health Services Network recommends that the Department co-design an 'access matrix', which would establish minimum standards for accessibility of public abortion services. An access matrix provides a structured way of ranking service access based on a set criterion associated with cost, frequency of services, choice of procedure, medical complexity including gestation, access and referral pathways, cultural safety, social work support, and the ability to provide services to patients who are not eligible for Medicare. This access matrix is a critical tool to understand service gaps across the state and would assist the Department to determine thresholds for accessibility as part of services' performance measures. This tool can also assist in driving increased service

provision and can ensure that services meet performance measures associated with culturally safe, disability and LGBTIQ+ accessible service provision to increase access for priority groups. The Women's Health Services, as pro-choice organisations, have the practice expertise and experience to assist the Department in co-designing an access matrix.

The hubs provide a range of sexual and reproductive health services, including contraception, medication abortion, referral for surgical termination of pregnancy and sexual health testing and treatment. To ensure equitable access to all priority populations as outlined in the state plan, it is necessary that hubs are provided with consistent demographic questions to collect data regarding gender, sexuality, age, Aboriginality, language spoken, disability, and refugee and asylum seeker status. This is one way of ensuring that the hubs are meeting the needs of priority populations.

The Department has an important opportunity to design outcome performance measures that are tailored to the specific needs of priority populations. Research shows that:

- Migrant and refugee women are at greater risk of suffering poorer maternal and child health outcomes, are less likely to have information and familiarity with contraceptive methods and are at greater risk of sexually transmissible infections (STIs) when compared to non-Indigenous Victorians.¹
- Women with disabilities have minimal to no access to sexual and reproductive health programs, and reduced access to health information, screening, prevention and care services,² alongside experiencing higher rates of sexual violence,³ and forced abortion, contraception and sterilisation.⁴ Women with disabilities experience inadequate and non-responsive health services, including being refused the right to consent to medical treatment including abortion,⁵ and are more likely to experience reproductive coercion than women without disabilities.⁶
- Trans and gender-diverse people report experiencing very high rates of marginalisation in sexual health care due to transphobia, resulting in lower STI testing rates, low uptake of pre-exposure prophylaxis (PrEP) and heightened vulnerability to STIs.⁷
- Aboriginal and Torres Strait Islander women identify gaps in appropriate sexual and reproductive health education,⁸ as well as higher rates of pregnancy risk factors, adverse

¹ Multicultural Centre for Women's Health (2021), Data Report: Sexual and Reproductive Health 2021. Melbourne.

² Women with Disabilities Victoria, 2019, Fact Sheet 04 Health, Melbourne

³ Frohmader, C., Dowse, L., and Didi, A. (2015) 'Preventing Violence against Women and Girls with Disabilities: Integrating A Human Rights Perspective'. Women With Disabilities Australia (WWDA), Hobart, Tasmania.

⁴ Frohmader, C. (2013) 'Dehumanised: The Forced Sterilisation of Women and Girls with Disabilities in Australia'. WWDA Submission to the Senate Inquiry into the involuntary or coerced sterilisation of people with disabilities in Australia. Prepared for Women with Disabilities Australia (WWDA), Tasmania.

⁵ Women with Disabilities Victoria, 2012. Access to health services for women with disabilities. Accessed 4/12/2022, [available here](#).

⁶ Horner-Johnson, Willi, Esther L. Moe, Ryan C. Stoner, Krystal A. Klein, Alison B. Edelman, Karen B. Eden, Elena M. Andresen, Aaron B. Caughey, and Jeanne-Marie Guise. 2019. "Contraceptive knowledge and use among women with intellectual, physical, or sensory disabilities: A systematic review." *Disability and health journal*12, no. 2: 139-154

⁷ Callander D, Wiggins J, Rosenberg S, Cornelisse VJ, Duck-Chong E, Holt M, Pony M, Vlahakis E, MacGibbon J, Cook T. 2019. The 2018 Australian Trans and Gender Diverse Sexual Health Survey: Report of Findings. Sydney, NSW: The Kirby Institute, UNSW Sydney.

⁸ Australian Human Rights Commission. Wiyi Yani U Thangani (Women's voices): Securing Our Rights, Securing Our Future Report. 2020. Australian Human Rights Commission. Sydney.

perinatal outcomes, and adolescent pregnancy.⁹ Data indicates that 22 per cent of Aboriginal and Torres Strait Islanders experienced racial discrimination from healthcare workers in the past 12 months.¹⁰

The poor health outcomes experienced by different priority populations are influenced by sexual and reproductive health inequities, which are health inequalities that are socially produced, avoidable, unfair and systematic in their unequal distribution across the population.¹¹ Outcome performance measures for publicly funded services, such as the hubs, need to focus on the provision of culturally appropriate, accessible healthcare, and service models that ensure people's right to choice and bodily autonomy is upheld.

The hubs' capacity to respond to localised demand is impacted by the limited and inconsistent funding for these services relative to need, which results in many hubs being overwhelmed by demand. It is critical that the Department develop a consistent performance measure for all publicly funded sexual and reproductive health services that collects data regarding unmet demand - meaning women who seek a service but are turned away due to the service being at capacity. It is recommended that this is broader than the hubs and includes services, such as public hospitals, Melbourne Sexual Health Clinic and other services that receive public funding. This performance measure would provide valuable data in understanding unmet need for abortion and other services.

The Women's Health Services Network recommends that the Department consider a funding model where the hubs receive recurrent funding, in addition to surge funding to respond to unmet need. Understanding women's unmet demand for abortion and other services and responding to this population health need is critical to building a Victorian service system that provides women and gender-diverse people with services that are accessible, safe, timely and close to their home and social support networks.

The VAGO report included data from three sexual and reproductive health hubs. The Department has an opportunity to review and evaluate how all the hubs are currently operating to inform future hub redesign. This review should explore what is working well, and what needs to be enhanced or changed for consistency of practice and to ensure equity and access are at the forefront of service delivery. For example, some hubs require a general practitioner referral, which poses an unnecessary barrier to access.

The Victorian departmental advisory committee on BBV/STI could play a key role in overseeing the design, development and monitoring of a sexual and reproductive health service system framework with outcomes performance measures in collaboration with key partners and affected communities. This committee could provide recommendations regarding coordination and integration across the

⁹ Botfield J, Griffiths E, McMillan F, Mazza D. Letters: Unintended pregnancy among Aboriginal and Torres Strait Islander women: where are the data? *Medical Journal of Australia*. 2022.

¹⁰ Reconciliation Australia. 2020 Australian Reconciliation Barometer, Full Report. 2020, Polity Research and Consulting, Sydney.

¹¹ VicHealth 2015, About Fair Foundations and promotion health equity. A resource to support Fair Foundations: The VicHealth framework for health equity, Victorian Health Promotion Foundation, Melbourne.



sexual and reproductive health service system. Longer –term, this monitoring function could be held by the advisory sub-committee of the women’s sexual and reproductive health plan.

Recommendation three: VAGO recommends that the Department work with department-funded sexual and reproductive health service providers to establish a method for collecting relevant performance data on hub attendees' referral source and establish consistent performance reporting requirements.

The hubs are currently using different software packages to collect data, which impacts the consistency of data collection and evaluation of relevant performance data. With the hubs currently sitting within community health services, there is an opportunity to align software packages and ensure that each hub is reporting on the same performance data and collecting and categorising priority populations in the same way.

1800MyOptions is a central referral point for women seeking sexual and reproductive health services. Many hubs capture data on how a person accessed their service. It is recommended that the Department requires all public providers to consistency collect data on hub attendee’s referral source at part of their intake processes.

The Women’s Health Services recommend that the Department implement a monitoring and evaluation framework and develop minimum standards for the hubs and other publicly funded services in Victoria. These standards need to focus on service access (as defined by an access matrix) and provide transparency of the number and type of sexual and reproductive health services available in publicly funded services, comparative to demand. Such standards would also increase understandings of effective service models, and work to understand key gaps to effectively monitor key performance indicators at a sub-regional, regional, and state level.