MARIE STOPES AUSTRALIA

# Pre-budget submission

# 2021-22

**A call to increase access to sexual and reproductive health in Australia**

**29 January 2021**

## Acknowledgement

Marie Stopes Australia acknowledges the Traditional Owners and Custodians of the land on which we live and work. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present and emerging. We also acknowledge the enduring connection to their Traditional estates across Australia and to the ongoing passion, responsibility and commitment for their lands, waters, seas, flora and fauna as Traditional Owners and Custodians.

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# Contents

## Executive summary

It is time for Australia to invest in sexual and reproductive healthcare. Throughout Australia, numerous aspects of sexual and reproductive health had previously been criminalised. Legislative reforms in recent years have recognised the importance of healthcare access, bodily autonomy, and diversity within relationships and families.

Despite decriminalisation, social stigma and barriers to healthcare remain. If left untreated, sexual and reproductive health concerns can have chronic and intergenerational physical, mental, and social health impacts.[1]

Marie Stopes Australia calls upon the federal government to commit funds to:

1. Strategise for sexual and reproductive healthcare.
    a) Design and implement a national sexual and reproductive health strategy.
    b) Implement and measure the National Women's and Men's Health Strategies.
    c) Design and implement a second National Plan to Reduce Violence Against Women and Their Children.
2. Review the Medicare Benefits Scheme.
    a. Provide free abortion and contraceptive care.
    b. Enable specialist providers to access Medicare Benefits Scheme item numbers for sexual and reproductive care.
3. Accelerate moves towards virtual healthcare.
    a. Increase access to virtual sexual and reproductive virtual care.
    b. Create a national sexual and reproductive e-health information service.
4. Embed sexual and reproductive healthcare in the pandemic response.
    a. Address the recommendations of the Situational Report on sexual and reproductive health rights in Australia.
    b. Protect and increase international aid and development.

## Background

The Minister for Housing and Assistant Treasurer called for submissions on priorities for the 2021-22 Budget in November 2020. This document was submitted in January 2021.

Marie Stopes Australia appreciates the opportunity to contribute to discussions regarding the 2021-22 federal budget. This submission is public and may be published on the Treasury website.

As a member of the Equality Rights Alliance, Marie Stopes Australia has endorsed the Equality Rights Alliance 2021-22 Pre-Budget Submission. The content in this submission should be read alongside calls for gender-responsive budgeting.

To discuss this submission further please contact Jamal Hakim, Managing Director at jamal.hakim@mariestopes.org.au.

**Marie Stopes Australia**

As an independent, non-profit organisation, Marie Stopes Australia is Australia's only national accredited provider of abortion, contraception and vasectomy services, and the country's longest running provider of teleabortion. Our holistic, client-centred approach empowers individuals to lead their own reproductive healthcare safely, and with dignity, regardless of their circumstances. Through active partnerships with healthcare providers, researchers and communities, our models of care ensure the total wellbeing of our clients is supported at every stage.

# Recommendations

### 1. Strategise for sexual and reproductive healthcare

There is a critical need for investment in a health strategy that will enable access, safety and quality in health infrastructure, policy and practice.[2]

#### a. Design and resource a national sexual and reproductive health strategy

Australia does not yet have a sexual and reproductive health strategy. The Committee on Economic, Social and Cultural Rights and the Committee on the Elimination of Discrimination against Women (CEDAW) have enshrined sexual and reproductive health within women's right to health.[3] Australia is therefore obliged to respect, protect and fulfil sexual and reproductive health and rights. Observations on Australia's eight periodic CEDAW reports included recommendations to harmonise abortion and safe access zone legislation across jurisdictions to enable greater health access and equity.[4]

Both the World Health Organisation (WHO) and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) urge that reproductive healthcare, including abortion, be considered an essential service.[5] In Australia, abortion can be classified as an elective, semi-elective or essential procedure. Classification varies by state/territory government, health and hospital system, and at the individual clinic level.

Gestational limits to abortion care across Australia differ by jurisdiction and means that women and pregnant people must sometimes fly between regions and cities to access abortion care. Abortion provision in the public health system is intermittent,

and public hospitals frequently refuse services to patients and/or refer them to private providers.

Referrals to private providers are often made without funding attached, so patients must cover the full cost of services despite sometimes being unable to afford care or being medically unfit to be seen in private facilities. When public hospitals do provide services, they are often not able to provide care up to legal gestation limits and frequently can only provide induced abortions, sometimes forcing abortion patients to share facilities with others who are giving birth.

Sexual and reproductive health inequality is greater for Aboriginal and Torres Strait Islander communities, migrant and refugee communities including those on temporary visas, people with disability, sex workers, LGBTIQ+ populations, young people, people who are incarcerated and people living in regional, rural and remote areas. A sexual and reproductive health strategy is necessary to decrease health inequity, increase health outcomes and reduce the burden of disease in Australia.

**b. Implement the national women's and men's health strategies**

Australia has two national gendered health strategies, the *National Women's Health Strategy (2020-2030) and a National Men's Health Strategy (2020-2030)*. Neither strategy is adequately resourced, nor do they address sexual and reproductive health disparity. The pandemic has influenced regression rather than progression in sexual and reproductive healthcare access and equity.[6]

Whilst the gendered health strategies have performance measures, investment is required to establish baselines or ongoing monitoring mechanisms. The 2021-22 budget must include resourcing for the national women's and men's health strategies to ensure progress towards the 2030 goals.

**c. Design and implement a second National Plan to Reduce Violence Against Women and Their Children**

It is critical that a *National Plan to End Violence Against Women and Their Children* beyond 2022 be strategised, resourced and implemented to enable long term prevention, support and recovery. People are presenting at Marie Stopes Australia clinics with experiences of sexual and reproductive coercion.[7] Women and pregnant people are experiencing coercion linked to poverty and financial hardship, which is linked to unemployment and economic insecurity primarily due to the pandemic. People who already have restricted bodily autonomy are facing uniquely coercive contexts, for example people with disability, people on temporary visas, people who are incarcerated and people in state care. People accessing abortion care may also be at higher risk of intimate partner violence than the general population.[8]

The *National Plan to End Violence Against Women and Their Children* needs to include investment in all pregnancy outcomes and potential escalation of gender-based violence. For example, adoption requires consent from all parents on the birth certificate. In an abusive relationship, this can result in child safety involvement or a custody dispute. Care in the context of the current pandemic may involve extended periods of out-of-home care. Kinship care has complexities in contexts of isolation, movement restrictions and physical distancing. In contexts of adoption, care and kinship care, additional legal aid may be required.

### 2. Review the Medicare Benefits Scheme

During the pandemic, there has been reduced access to contraception and emergency contraception,[9] condoms, gloves and dental dams,[10] and sexually transmitted infection testing. The federal government could combat these shortages and address longer term health disparity with a review of item numbers for specialist sexual and reproductive healthcare, including Pre-Exposure Prophylaxis (PEP) and medical abortion access.[11]

### a. Provide free abortion and contraceptive care

Non-profit women's health centres, community centres and domestic and family violence support agencies fill a health funding gap in abortion care. When a woman or pregnant person wants to access abortion and cannot afford out of pocket costs, communities step in with crowdfunding fundraising measures and by dipping into organisational reserves. These non-profit services cannot afford to continue subsidising healthcare access, particularly during a pandemic.

As a non-profit healthcare provider, Marie Stopes Australia uses income from full fee-paying patients and philanthropic donations to provide bursaries to patients experiencing financial hardship. These measures support those patients to access essential healthcare they want but could not otherwise afford. In 2019 Marie Stopes Australia provided 1,100 bursaries for women and pregnant people seeking abortion and experiencing financial hardship. This cost the organisation in excess of $561,000. In addition, Marie Stopes Australia issued $71,000 worth of no interest payment plans. This level of hardship support is not financially sustainable and reduces the ability to re-invest in needed clinic upgrades and service improvements.

### b. Enable specialist providers to access Medicare Benefits Schedule item numbers for sexual and reproductive telehealth care

Until 20 July 2020, medical abortion access had been supported by telehealth reforms that provided temporary Medicare Benefits Schedule (MBS) item numbers, enabling patients with Medicare Cards to access bulk-billed doctor consultations via

telehealth. From March until July 2020, these reforms had enabled timely and more affordable sexual and reproductive health services, including medical abortion.[12]

These MBS item numbers have now been made permanent, however, access has been restricted.[13] The MBS item numbers can, at this stage, only be accessed via General Practitioners (GP) or GP practices that have provided at least one face-to-face consult with the patient over the preceding twelve months.[14] However even if someone has regular access to a GP, less than 1 in 10 of Australia's 37,000 GP's are authorised prescribers of medical abortion.[15] Subsequently, patients seeking abortion care often need to source alternative health providers in which case they cannot access the MBS subsidy.

### 3. Accelerate moves towards in virtual healthcare

Australia's health system is at a turning point of infrastructure planning and clinical design.[16] Multi-disciplinary teams are essential to design for infection control and systemic wellbeing. Health consumer advisors have provided important perspectives that have informed crisis responses. Co-design of telephone, online and face to face clinical care models have been critical throughout the pandemic. Integrating virtual care will be essential for health systems evolution.[17]

#### a. Increase access to virtual sexual and reproductive virtual care

All communication mechanisms have their limitations, and virtual health will never entirely replace in person health communication. Any clinical interaction that requires an examination doesn't translate easily to virtual health. In the context of sexual and reproductive health, these include vulva and pelvic examinations. The Australian healthcare system requires innovative solutions, including advances in health systems literacy and revisiting expectations of all stakeholders involved in providing and receiving clinical care.

Longer term investment in virtual care will enable us to better bridge gaps between in-person care and telehealth.[18] There is much to learn from telehealth histories in remote healthcare, and we can build on the strengths of telehealth systems reform that has occurred during the pandemic.[19]

#### b. Create a national sexual and reproductive e-health information service

A national sexual and reproductive health information service, accessible online, would increase sexual and reproductive health access, equity and agency and ultimately reduce the rate of delayed presentations. Delayed presentation of medical concerns occurs due to a lack of agency – and is more prevalent in situations of reduced health literacy, systemic discrimination, trauma and financial distress. The pandemic context has enhanced these enablers.

Sexual and reproductive health concerns can have chronic and intergenerational physical, mental and social health impacts.[20] The risks of these impacts increase with delayed or late presentations. For example, delayed presentation of people seeking treatment for STIs can lead to future infertility and congenital conditions. Delayed presentations of unintended pregnancy can lead to unsafe abortion and unwanted births. Delayed presentations of reproductive coercion can lead to anxiety, depression, heart disease, stroke, physical violence and homicide.[21] Due to increased complexity and risk, delayed presentations can incur higher financial costs to both the health system and the patient. A national sexual and reproductive e-health information service would reduce risk of delayed presentation and improve health outcomes for people in metropolitan, regional and remote areas of Australia.

### 4. Embed sexual and reproductive healthcare in the pandemic response

Sexual and reproductive health rights must be adequately covered within State and Territories' pandemic planning and responses, to ensure continued and safe access to services and make certain that future public health issues are not compounded.[22]

#### a. Address the recommendations of the Situational Report on sexual and reproductive health rights in Australia

The Situational Report on sexual and reproductive health rights in Australia is a living document that lists current resourcing needs, including over 40 recommendations that complement the recommendations in this pre-budget submission. [23]

Since March 2020, sexual and reproductive healthcare providers have had to respond to a number of critical situations. [24] Marie Stopes Australia has had to reduce in-clinic list capacity and cancel surgical abortion care lists due to physical distancing and movement restrictions. Clinics have had to reduce financial support for patients experiencing financial hardship due to demand exceeding capacity. Marie Stopes Australia, with support from state government and private donors, has chartered private flights for clinical staff in order to keep regional clinics open. Without access to the national stockpile, private and community based sexual and reproductive health clinics have navigated reduced availability and fluctuating costs of Personal Protective Equipment that threaten the ability of non-profit health organisations to continue delivering care.

#### b. Protect and increase international aid and development

Australia's obligations for international aid and development remain. The current Australian aid policy includes sexual and reproductive healthcare as an essential service as part of the COVID-19 response.[25] The federal government should continue to support countries in Australia's development program to manage ongoing and increased access to sexual and reproductive healthcare. International aid and

development funding must be protected and increased to support countries achieve self-determination in sexual and reproductive healthcare now and into the future. [26]

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