MARIE STOPES AUSTRALIA

Pre-budget submission

2022-23

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

28 January 2022

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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Further Information

Jamal Hakim
Managing Director, Marie Stopes Australia
jamal.hakim@mariestopes.org.au

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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]

We call upon the federal government to commit funds to:

1. Design and resource a national sexual and reproductive health strategy.
2. Provide universal access to abortion and contraceptive care.
3. Monitor sexual and reproductive health investment.
4. Resource the prevention of reproductive coercion.
5. Accelerate moves towards virtual healthcare.
6. Create a national sexual and reproductive e-health information service.
7. 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 on 6 December 2021. This document was submitted in January 2022.

Marie Stopes Australia appreciates the opportunity to contribute to discussions regarding the 2022-23 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 2022-23 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. For individuals looking to control their sexual and reproductive health and choices safely, we are the fiercely pro-choice, non-judgemental, holistic health provider. Our superior expertise, supported client journey, and values-led approach combine to deliver safer clinical outcomes and client wellbeing.

Recommendations

1. 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.[2] As a signatory, 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-related legislation across jurisdictions to enable greater health access and equity.[3]

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.[4] 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, which 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, even if they are unable to afford care or are 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.

2. Provide universal access to 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 and contraception 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. Our non-profit services cannot afford to continue subsidising healthcare access, particularly during a pandemic.

The Federal Government also needs to provide health funding pathways for people on temporary visas who are experiencing financial hardship. At a time where someone has no control over their own residency status, the least we can do is respect their right to sexual and reproductive autonomy — by supporting them to be in control of their own sexual and reproductive lives.

In addition to people on temporary visas, there are some Australian residents and citizens experiencing temporary financial hardship who cannot afford their choice of service. During the pandemic the complexity of their situations has been more pronounced, and their ability to re-establish financial security has been further delayed. Investment in funding pathways for sexual and reproductive healthcare would have long-term and intergenerational benefits.

3. Monitor sexual and reproductive health investment

Australia has two national gendered health strategies, the *National Women's Health Strategy (2020-2030)* and the *National Men's Health Strategy (2020-2030)*. Neither strategy is adequately resourced, nor do they address sexual and reproductive health disparity. Related expenditure could also be linked to the new *National Preventative Health Strategy 2021-2030*.

Whilst these national health strategies have performance measures, there are minimal ongoing monitoring mechanisms. Some States and Territories directly invest in publicly funded pathways for sexual and reproductive healthcare access, while others only invest in referral mechanisms, without adequately investing in healthcare provision. If States and Territories reported on sexual and reproductive health expenditure, we could better track investment and progress towards the various national health strategy goals.

We propose a quota on sexual and reproductive health expenditure within activity-based health funding to ensure that States and Territories. This would, alongside Medicare Benefits Schedule (MBS) item numbers, allow us to monitor, evaluate and continually improve sexual and reproductive health outcomes for people across Australia.

4. Resource the prevention of reproductive coercion

It is critical that the *National Plan to End Violence Against Women and Children 2022-2032* be adequately resourced to enable long-term prevention, support and recovery from reproductive coercion. People who already have restricted bodily autonomy are often facing other 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.[5]

The National Plan needs to enable 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.

5. Accelerate moves towards virtual healthcare

Australia's health system is at a turning point of infrastructure planning and clinical design. 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.[6]

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 the 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.[7] 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.[8]

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

A national sexual and reproductive health information service that is accessible online would increase sexual and reproductive health access, equity and agency. It would 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.[9] 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.[10] 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.

7. 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.[11] 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. [12]

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