Delivering optimal sexual and reproductive health outcomes for Victorian women:

Priorities for the next women's sexual and reproductive health plan 2021-2025.

Women's Health VICTORIA

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- Birth for Human Kind
- Austin Health
- Multicultural Centre for Women's Health
- Women with Disabilities Victoria
- Rainbow Health
- Women's Health Grampians
- Women's Health East
- Ballarat Community Health
- Women's Health in the North
- Women's Health Goulbourn North East
- Women's Health in the South East (WHiSE)
- Women's Health West
- Women's Health and Wellbeing, Barwon South-West
- Bendigo Community Health Service
- Peninsula Health
- Gateway Health
- Victorian Aboriginal Community Controlled Health Organisation
- Women's Health Loddon Mallee
- Gippsland Women's Health

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List of abbreviations

Centre for Excellence in Rural Sexual Health	CERSH
Department of Health and Human Services	DHHS
Gender Equity Victoria	GEN VIC
Intrauterine device	IUD
Long acting reversable contraception	LARC
Medical Benefits Schedule	MBS
NHMRC Centre of Research Excellence in Sexual and Reproductive Health for Women in Primary Care	SPHERE
Pharmaceutical Benefits Advisory Committee	PBAC
Pharmaceutical Benefits Scheme	PBS
Prevention of violence against women	PVAW
Sexual and reproductive health	SRH
Victorian Aboriginal Community Controlled Health Organisation	VACCHO
Women's Health Victoria	WHV
Women's Sexual and Reproductive Health Key Priorities: 2017-2020	The plan

Explainer: Inclusive Language

This document uses the term women throughout, inclusive of all people who identify as women. Women's Health Victoria recognises that trans men, non-binary, agender, intersex and other gender diverse folk use and need abortion, contraception and other sexual health services, and acknowledges the need for further consultation with diverse communities to ensure their sexual and reproductive health needs are appropriately addressed in all relevant policy and planning.

Explainer: Intersectionality

Intersectionality recognises a multiplicity of oppressive systems resulting from categories such as gender, class, race, ethnicity, age, ability and migrant status, and explores the complex ways they may interact to produce and reproduce social inequalities.

This acknowledgement of how multiple overlapping social factors, power relations and identities can shape an individual's history and experiences is a fundamental concept underpinning the work of WHV and all women's health services in Victoria. By recognising that an individual's equity of access and health outcomes are tied to multiple social categories, intersectionality provides a useful frame for understanding the experiences of women of colour, women with disabilities, migrant and refugee women, Aboriginal and Torres Strait Islander women, rural women, older women, younger women, and women with diverse sexualities and gender identities within health systems. WHV advocates for the importance of community voice and community led initiatives to address the intersecting disadvantages that many women face, and for the ongoing acknowledgement of these effects in all future policy and planning around women's SRH.

Executive Summary

The *Victorian Government's Women's Sexual and Reproductive Health: Key Priorities 2017-2020* plan (the plan) represented a key turning point in the prioritisation of women's Sexual and Reproductive Health (SRH) as a key determinant of women's health and wellbeing overall.

The COVID-19 pandemic highlighted both the strengths and inherent vulnerabilities in the Victorian SRH system, and its impacts on women's SRH outcomes was heightened for women from underserved communities. The impacts of the COVID-19 pandemic disproportionately affected women in Victoria, as they experienced higher levels of depression and anxiety, higher rates of job losses, and increased family violence.[1] Service changes in hospitals, community health and general practice settings during this time combined with women's reluctance to travel, concerns around attending hospital settings, anxiety around financial security and job loss, and increased demand around remote schooling to result in increased difficulty in accessing essential services in a timely manner. SRH outcomes have flow-on effects on all aspects of women's lives – on their finances, education, families and overall health. Access to timely and effective SRH services is fundamental for gender equality and women's participation in society. An integrated, evidence-based plan to achieve this is vital to the success of the Victorian SRH service system and for women's health outcomes in general.

As the current plan comes to an end, Women's Health Victoria (WHV) undertook a consultation with the Victorian sexual and reproductive health sector around the impacts of *Women's Sexual and Reproductive Health: Key Priorities 2017-2020*, as well as priorities and challenges for future women's sexual and reproductive health access and service provision. Consultation participants were from a broad range of sectors including community health, hospitals, primary care, sexual health, women's health, Aboriginal and Torres Strait Islander community controlled organisations, and various peak bodies. In this consultation, WHV focussed on the key priority areas of contraception, abortion and sexual health. WHV recognises that other sexual and reproductive health issues – including Assisted Reproductive Technology, menopause, endometriosis, polycystic ovary syndrome – are important for many women and also need to be addressed within the new strategy.

Overwhelmingly, those consulted were supportive of the plan and its achievements, outlining that the foundational work established through the plan should be consolidated and continued in a new plan. Expressed throughout the consultation was the need to focus on integration of the service system across the state, Governmental leadership, community consultation and workforce sustainability. Key vulnerabilities in the Victorian system were identified around funding security, workforce capacity and training, and leadership. The strengths and achievements of the current plan – specifically the 1800 My Options service, the Clinical Champions Project and the SRH Hubs – were identified as key factors to the success of the plan and important areas for continued investment. Additionally, there was significant emphasis on the importance of ensuring that the entire SRH system has capacity and funding to be culturally appropriate and accessible to underserviced groups – particularly Aboriginal and Torres Strait Islander women, women with disabilities, migrant and refugee women, and LGBTQIA+ people – in recognition of the compounding discrimination and barriers they experience when accessing care.

[1] GEN VIC, Women's health services (2020) Factsheet: Gender Equity and COVID-19. Gender Equality Victoria, Melbourne

The following overarching recommendations have emerged through the consultation process:

Recommendation 1: Invest in a coordinated and integrated SRH system that promotes sustainability to ensure Victorian women can access adequate SRH care in all regions

1.1 Invest in SRH initiatives for four years minimum with a view of long-term commitment to women's sexual and reproductive health to ensure a sustainable SRH service system.

1.2 Victorian State Government to provide clear direction to publicly funded health services to ensure that women have access to the full suite of essential SRH care in the Victorian services system.

1.3 Ensure an integrated SRH service system including: integration between sexual health and reproductive health services and between primary, secondary and tertiary health services.

1.4 Embed a sexual and reproductive health rights framework across policy, services and at community level to reduce stigma and discrimination to abortion and ensure women's right to sexual and reproductive health are met.

Recommendation 2: Further invest and scale up successful initiatives under the Women's SRH Key Priorities Plan to increase women's access to SRH care.

2.1 Continued and increased investment in 1800 My Options to ensure women have evidence based information, and know where to access affordable abortion, contraception and sexual health services.

2.2 Evaluation and scale up of promising practice of SRH Hubs to 11 regions in Victoria to increase access to SRH services and awareness across Victoria, with clear and consistent guidelines for accountability and best practice.

2.3 Evaluate and scale-up the Clinical Champions Project to increase the SRH workforce sustainability, capability and capacity across the state.

Recommendation 3: Increased coordination and integration with the violence against women sectors (prevention through to response) to ensure sexual and reproductive health is recognised as a key determinant to gender equality and essential in preventing violence against women.

3.1 Develop a framework to enable the SRH sector to address reproductive coercion that aligns with current preventing violence against women plans and strategies

3.2 Increase and scale-up whole of setting initiatives to prevent violence against women within sexual and reproductive health services.

Recommendation 4: Advocate to Federal Government to review funding of SRH services through MBS and PBS to ensure all SRH services are adequately funded.

4.1 Advocate for both review of MBS item numbers relating to SRH in order to reflect the skill, expertise and time required to provide medical abortion and LARC, and PBS subsidies for essential SRH medicines.

4.2 Advocate for telehealth services for SRH to be maintained during and after the COVID-19 pandemic, in recognition of the lack of local services in regional and rural areas.

4.3 Advocate for renegotiation of private health insurance coverage requirements for international students and working visa holders to ensure access to SRH services throughout their time in Australia.

Recommendation 5: Further invest in initiatives to increase the capacity of the Victorian SRH workforce - particularly in regional and rural areas to ensure equity of access of SRH services.

5.1 Ensure adequate and accessible SRH training for health practitioners in Victoria to increase practitioner capability to provide Long Acting Reversable Contraception (LARC) and abortion.

5.2 Establish training for newly arrived overseas health practitioners to ensure understanding of Victorian abortion legislation including conscientious objection and responsibilities of practitioners.

5.3 Advocate to Federal Government for a funded national workforce industry plan that provides coordinated provision of clinical guidelines, education and training, and workforce succession plan for abortion service provision.

5.4 Invest in SRH nurse led models in Victoria to increase the SRH sector capacity and increase the efficiency and cost effectiveness of SRH services.

Recommendation 6. Ensure equitable access for services for all women across Victoria with a focus on increasing access in rural and regional areas

6.1 Scale-up investments to increase workforce and services in regional and rural areas (i.e. Clinical Champions Project, Training, Nurse led models, SRH Hubs)

6.2 Further develop, review and invest in models that ensure timely access to free and low cost SRH services, including for key priority populations.

6.3 Invest in Partnerships (i.e. WHV and Family Planning Victoria) to provide free or low-cost access to abortion and contraception for Medicare in eligible women

Recommendation 7: Increase dedicated health promotion funding for Womens' Health Services to support and consolidate their leadership and capacity building for SRH in all regions.

7.1 Further WHS role as leadership and coordinating agencies in their regions around SRH needs assessment, training, and capacity building.

7.2 Support WHS to undertake health promotion efforts to enhance SRH and rights, increase access to SRH services and reduce stigma and discrimination at community level and within primary care on abortion

7.3 Ensure a specific focus on regional and rural Women's Health Services to ensure equal access to SRH across Victoria.

7.4 Support strategic networking and coordination of SRH activities at the local level through an SRH COP.

Recommendation 8: Ensure SRH services are accessible and culturally appropriate for key priority populations.

8.1 Invest in Aboriginal and Torres Strait Islander led organisations to ensure SRH is accessible and culturally appropriate for this population.

8.2 Invest in Women with Disability led organisations to ensure SRH is accessible and culturally appropriate for this population.

8.3 Invest in migrant and refugee women led organisations to ensure SRH is accessible and culturally appropriate for this population.

8.4 Invest in organisations led by those with diverse sexual orientation and gender diversity to ensure SRH is accessible and culturally appropriate for this population.

8.5 Embed cultural safety and accessibility requirements in all government funding agreements with services with appropriate regulations and accountabilities to increase the number of services that are culturally sensitive and accessible for different population groups.

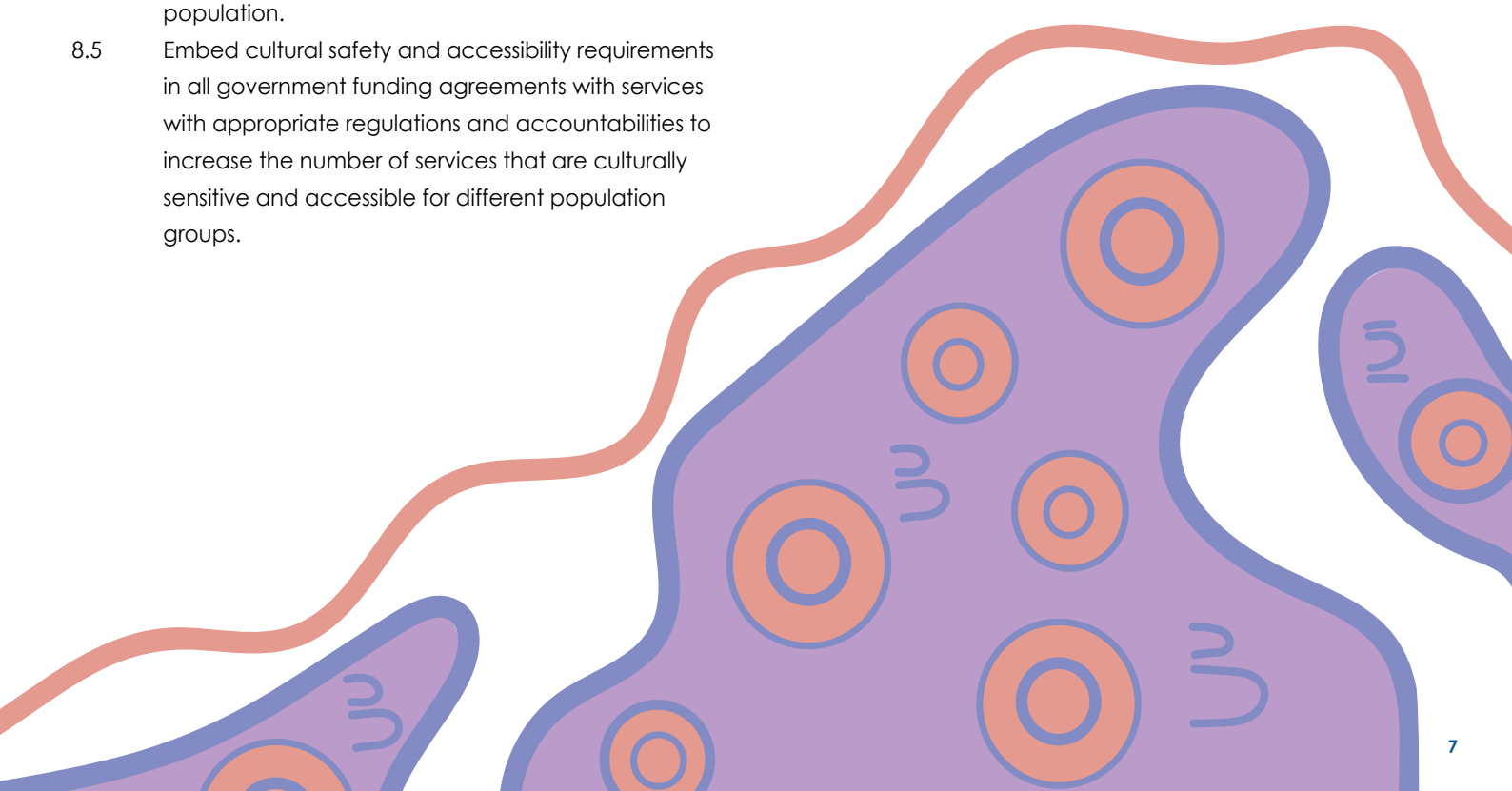
Recommendation 9: Scale up efforts to ensure an evidence-based approach to whole of school comprehensive sexuality and relationships education within Victorian Schools.

Recommendation 10: Implement a monitoring and evaluation framework for women's SRH in Victoria to;

- increase transparency of the number and type of SRH services available and provided in Victoria
- increase understanding of effective initiatives and key gaps for women's SRH in Victoria.

Recommendation 11: Investment in further SRH research within Australia where there are key research gaps including for women with a disability and reproductive coercion.

The above recommendations require an investment of $28,862,000, with additional investment required to consolidate an integrated system with further collaboration across Government departments. In addition to this, further investment is required in other areas of women's sexual and reproductive health not outlined in this document.



1. Introduction

Access to comprehensive sexual and reproductive health services is integral to gender equity and women's participation in all aspects of life. The flow on effects of an inaccessible SRH system include ongoing economic hardship and insecurity, higher likelihood of staying in contact with a violent partner, negative impacts on the financial security and development of children, and the risks of birth-related health complications. [2] The COVID-19 pandemic and its unprecedented impact upon the financial security, education, health and relationships of Victorian women highlighted the vulnerabilities of poor sexual health outcomes experienced by many key population groups, as well as vulnerabilities in the service system itself. The pandemic has further emphasised that SRH rights – and associated maternity and healthcare rights – are fundamental to health and gender equity.

The Victorian Government, through the ground-breaking *Women's Sexual and Reproductive Health: Key Priorities 2017-2020* has started to build the foundations of a strong and integrated sexual and reproductive health system for women. Yet, the system remains inaccessible to many priority populations in Victoria, due to a variety of factors including geography, socioeconomic status, visa status, ableism, racism, and gender inequity. The pandemic brought these inequities into sharp relief and demonstrated that the Victorian SRH system is yet to be fully formed and embedded, making service provision and accessibility vulnerable to a range of external factors and conditions. During the pandemic women from some groups could not access abortion or contraception care due to cost, reduced services due to workforce shortages or service restrictions, inability to travel, refusal of services to prioritise abortion care or related services such as ultrasound, and concerns about accessing a hospital setting. With the ongoing learnings of the COVID-19 pandemic at the forefront of current health system planning, it is timely to now work towards consolidating and strengthening those parts of the system that are working well, and innovating towards a system that is truly sustainable, accessible and equitable for all Victorian women.

This report identifies key priorities for the 2021-2025 Women's Sexual and Reproductive Health plan to deliver optimal SRH outcomes for Victorian women. This follows on from the work of the Victorian State Government's *Women's Sexual and Reproductive Health: Key Priorities 2017-2020.*

Women's Health Victoria (WHV) has undertaken consultation with a range of specialist providers of women's SRH services, as well as women's health services and other organisations with an interest in this area, who together make up the women's SRH sector, to inform this report.

The Victorian Government's *Women's Sexual and Reproductive Health: Key Priorities 2017-2020* represented a turning point in women's SRH in Victoria. This plan recognised the need for specific strategies and dedicated investment to ensure that women's reproductive health needs and rights were prioritised and delivered within the broader health system and more accessible to all. Modest investment of $6.4 million was committed over four years, specifically focussed on ensuring that women's reproductive health and rights were prioritised in the Victorian health system. With the introduction of this plan, the profile of women's SRH issues – including fertility, endometriosis, polycystic ovarian syndrome, contraception, unplanned pregnancy and abortion – were given recognition as key determinants of women's overall health and wellbeing.

Feedback from the consultation demonstrates that stakeholders overwhelmingly applaud the investment and actions/outcomes that have been achieved through the first Women's SRH: Key Priorities 2017-2020 plan. They recognise that further work and investment is required to build a more integrated, embedded and sustainable SRH system to meet the needs of all Victorian women and urge the Government to prioritise the next iteration of the plan in its 2021-22 budget. The sector also welcomes the opportunity to work with the Victorian Government in developing the plan to ensure that it meets the needs of women in all of their diversity.

Whilst the first plan covers a spectrum of sexual and reproductive health issues for women, the focus of this consultation and report is on strategies that relate to contraception, unplanned pregnancy including abortion and sexual health.

[2] Foster DG, Ralph LJ, Biggs MA, Gerdts C, Roberts SCM, Glymour MA (2018) Socioeconomic outcomes of women who receive and women who are denied wanted abortions. American Journal of Public Health, 108(3):407-413.

Key initiatives relating to these focus areas and funded in the 2017-2020 plan include:

- The establishment of 1800 My Options, Victoria's first state-wide phone line for contraception, pregnancy options, including abortion and sexual health, delivered by WHV. The phone line gives callers confidential, free and evidence-based information about SRH issues with pathways to providers that can meet their needs. The 1800 My Options website hosts a centralised database of over 350 trusted contraception, abortion and sexual health service providers across the state. 1800 My Options is committed to ensuring that Victorians can access the SRH information and services that they need, no matter where in the state they live. Since its launch in March 2018, 1800 My Options has assisted over 11,000 callers, and has received over 47,000 unique visitors to the website.
- The establishment of eight women's SRH health hubs across Victoria, in different priority regions: Bendigo, Laverton, the Mornington Peninsula, Ballarat, Wodonga, Bairnsdale, Ringwood and Dandenong. Hubs differ in their model of SRH service delivery. Funding for these Hubs created space for local leadership in SRH service provision, taking into account local needs and priorities.
- Funding and support for the Clinical Champions Project, based at the Royal Women's Hospital (the Women's). This project leveraged the leadership role of Victoria's largest SRH provider, in order to "decentralise" the SRH service system out of metropolitan Melbourne, so that women can have timely access to SRH services when and where they need them. The project aims to build workforce capability and system capacity to provide evidence based, best practice, timely and safe abortion and contraception services across the state.

In addition to key initiatives of the plan, the Victorian women's health services have played an integral coordinating and capacity building role in the delivery and interpretation of the plan. The women's health services have played an essential role in ensuring increased local capacity and awareness around evidence-based SRH information and in contributing to meeting the key outcomes in the Women's *Sexual and Reproductive Health Key Priorities 2017-2020*. The women's health services provide local translation and awareness of the State plan and act as coordinating agencies between community and health services and training and capacity building initiatives. The women's health services are currently funded through the Victorian Women's Health Program, and this funding is insufficient to make the changes needed across all regions to increase local capacity and awareness regarding SRH. Further investment is required to increase SRH capacity and awareness in all regions.

The entire SRH system in Victoria – incorporating women's health services, hospitals, primary care providers, specialists, peak agencies, academics, community health and private providers – is characterised by a thorough and longstanding commitment to equity of access, high quality care, evidence informed practice and reproductive justice. This system has worked together throughout the COVID-19 pandemic despite the inherent changes of travel restrictions, financial insecurity, border closures and a stressed health system. Practitioners throughout the system have shown extraordinary commitment to their field, collaborating together to ensure that women's access to SRH services has been maintained as effectively as possible.

During the COVID-19 pandemic the strengths of the Victorian SRH were demonstrated: adaptability, commitment and collaboration. The continuation of services across the state with minimal disruption was a direct result of the sector working together to provide support and guidance around strengthening services within new ways of working during a pandemic. It must be emphasised that whilst this document outlines many elements of the system that require additional funding and support, these elements are all essential parts of the whole and each require adequate funding and support for the entire system to be integrated and effective.

Despite the strengths of the SRH system, issues to access and equity for Victorian women remain. Lack of departmental leadership evidenced by limited investment in the number of dedicated staff and unclear lines of authority, lack of integration between SRH and related areas of the health and policy system, workforce limitations and other systemic issues still create barriers to women's timely access to SRH care. The SRH sector welcomes the opportunity to work with the Victorian government to design and develop a SRH system that learns from previous experiences, integrates best practice and meets the needs of all Victorian women.

2. Consultation

Women's Health Victoria has undertaken a consultation with key stakeholders from the SRH and women's health sectors to identify sector-wide priorities for further supporting optimal SRH for Victorian women . As a state-wide organisation championing women's health and reproductive rights over many years and delivering the first Victorian phoneline for SRH information and referral, Women's Health Victoria is well placed to lead this consultation. The consultation process was conducted between October and November 2020 and included surveys, focus group discussions and interviews with key individuals across the areas of service delivery, advocacy, research and health promotion in Victoria. The consultation aimed to capture a snapshot on overall progress of the Women's Sexual and Reproductive Health: Key Priorities 2017-2020. The consultation concentrated on:

- enabling factors and barriers to achieving progress,
- understanding effective governance of a systems approach to SRH, and
- identifying key priorities to be considered in the next plan for 2021-2025 and beyond.

Background Information

In addition to the direct consultation conducted in October and November 2020, this report brings together stakeholder input from other key activities including SRH forums run by WHV, the Abortion and Contraception Working Group, the Clinical Champions Report from the Women's Hospital and the Women's Health Services.

Access and Equity Forums

WHV has actively consulted with the Victorian SRH sector, notably through the Access and Equity forums held in 2019. These forums brought together key stakeholders across all areas of the sector in order to reflect upon achievements and identify shared priorities:

- ***Access and Equity I*** focussed on exploring key achievements of the 2017-2020 plan, from the perspective of a diverse representation of the Victorian SRH sector from hospitals, primary care, community health, women's health services, research and peak bodies. Attended by over 100 key stakeholders in the Victorian service system this forum identified key achievements of the sector, challenges for the sector, and key priorities moving forward.
- ***Access and Equity II*** was developed from learnings from the first forum, and focussed on the need for the Victorian SRH sector to further develop understandings and capacity relating to diverse women. With speakers from key organisations and services, this forum focussed on the lived experiences with the SRH system of culturally and linguistically diverse women, sex workers, women with disabilities, women who use drugs, and trans and gender diverse people. The forum was attended by over 80 representatives of the sector, and sought to identify the needs of key population groups, providing participants with clear tools and strategies for working towards accessibility in services and interventions.

These forums established discussions around the achievements and challenges relating to the 2017-2020 plan, as well as sharing further key targets for future advocacy, service improvement, health promotion and research. Findings from these forums have been used as key documents to inform the analysis of the current state and development of future recommendations.

Abortion and Contraception Working Group

WHV convenes the Abortion and Contraception Working Group (ACWG); a group of service providers, academics and policy advocates established in 2008 to advance women's reproductive rights and access to services. The ACWG aims to ensure all women in Victoria are able to access high quality information and services in relation to abortion and contraception, and to safeguard abortion law reform in Victoria. The group was pivotal in supporting the establishment of Safe Access Zones and has led advocacy on the need for system reform which formed the basis of the first *Women's Sexual and Reproductive Health: Key Priorities 2017-2020.* Members of the ACWG have been actively involved in the implementation and/or delivery of many actions from the 2017-2020 plan, and have been widely consulted in the development of this report and its recommendations.

The Women's, Clinical Champions Project Report

This report outlines 18 months of work towards decentralising the Victorian women's SRH system through clinical expertise and mentoring, led by the Royal Women's Hospital. The report:

- outlines strategies for implementation and development of LARC and medical abortion services within both rural and metro settings;
- reflects upon the challenges and achievements of the sector and the critical importance of developing workforce capacity and expertise across Victoria;
- advocates for several key recommendations, including evaluation of *Women's SRH Key Priorities 2017-2020* and its related initiatives, and ongoing funding for further capacity building and service provision in women's SRH.

Victorian Women's Health Services

Women's health services have been and continue to be a critical part of the SRH service system across Victoria. There are 12 women's health services that cover Victoria including

nine regional services and three state-wide services – Women with Disabilities Victoria, Multicultural Centre for Women's Health, and Women's Health Victoria. Access to the full suite of SRH services including contraception and abortion is fundamental to women's health and gender equality and enables women to exercise their reproductive rights. The work of the women's health services is based upon the social determinants of health, incorporating a number of interconnected areas of women's health that intersect with SRH including PVAW, mental health and gender equality.

Women's health services play a key leadership and partnership role in their regions around SRH needs assessment, training, and capacity and capability building. A number of regional women's health services deliver regional SRH strategies, aligned to the state plan, addressing SRH issues within their local contexts. Through integrated health promotion planning, women's health services are able to ensure that women's health, including SRH, is considered in municipal, community health and other relevant local plans. Regional and rural women's health services are particularly skilled in navigating complex service systems and building partnerships to improve access to services for women in their local areas. They bring together skills in health promotion and prevention work, a strong evidence base, expertise in gender equality and women's health and local knowledge of the service system. They work with key SRH stakeholders to improve access to contraception and abortion to meet the specific needs of women including supporting priority population groups. They support and advocate for strategic development and capability of the SRH sector through local networking and contributing to state-wide policy development through mapping, collection of data and local needs analysis. They also design and deliver locally based health promotion campaigns as well as contribute to statewide campaigns about SRH. Regional and state-wide women's health services collaborate on state-wide campaigns, policy, advocacy and promoting pathways to services through 1800 My Options. The work of Women with Disabilities Victoria and Multicultural Centre for Women's Health is fundamental to these services' intersectional approach to feminist practice, as the regional and statewide women's health services work together to address the intersecting and interlinking forms of discrimination and oppression which contribute to inequitable access to SRH care.

Provision and engagement of SRH services is highly varied across the state and dependent on a number of factors including willingness of services to provide and promote SRH for fear of stigma, lack of resources, heavy reliance on a few providers, lack of public provision to support some services and regional characteristics of the population. Women's health services are able to take a place based approach to this work and design responses based on local issues and conditions.

Consultation process (October- November 2020)

Participants

Overall, 37 people participated in the consultation either through completing the survey or participating in a focus group discussion or interview, or both. There were 29 responses to the survey, seven semi-structured interviews and three focus group discussions. Due to limitations of the consultation, consumers were not consulted directly.

41% of consultation participants identified being from the community health sector, 22% from Women's Health Services, 13% from the hospital sector, 16% from peak bodies and 3% from primary care.

Systems approach

A systems approach has been used to present the findings of the consultation and recommendations. Key system elements were identified at WHV's first SRH Access and Equity Forum with over 100 stakeholders in 2019. These elements are seen as pivotal for achieving an integrated, sustainable and comprehensive SRH service system in Victoria.
These include:

1. **Policy, Funding and Governance:** This includes the overarching approach to governance needed to ensure an effective and sustainable SRH system, as well as key investment areas under the 2017-2020 plan and policy areas that impact women's SRH access.
2. **Workforce Capacity and /development:** This section is specific to the skills of health practitioners to provide SRH care and the capacity of the sector to meet SRH service demand.
3. **Access and Affordability:** This includes access issues for all Victorian women (including intersectional issues) to SRH care that is evidence based, affordable and available.
4. **Health Promotion, Education and Health Literacy:** This section focusses on addressing the root causes of health outcomes through the social determinants of health to enable individuals and communities to increase control over and improve their health – incorporating health literacy, community engagement, capacity building, education, policy and governance, and health systems.
5. **Research and Evidence:** This includes ensuring initiatives are evidence based and undertaking research to add to the evidence base. Monitoring and evaluation is included within this element.

Survey

The survey used a mix of multiple-choice questions and free text responses, focussing both on assessing perceptions of progress against the current plan and identifying priorities for the future.

Section one of the survey focused on assessing perceptions of progress against the overall objectives of the Women's Sexual and Reproductive Health Key Priorities 2017-2020 (page 11):

Objectives

- Support optimal sexual and reproductive health for Victorian Women.
- Improve knowledge and access to contemporary, safe and equitable sexual and reproductive health services.
- Improve prevention, early diagnosis, effective treatment/ and or management of sexual and reproductive health issues.

Section two focused on understanding the gaps and enablers relating to specific priorities as identified in the *Women's Sexual and Reproductive Health Key Priorities 2017-2020* on page 12:

Reproductive Choices

- Increase women's knowledge of all forms of contraception and access to long-acting contraception in primary care
- Increase general practitioners' awareness about contemporary contraception and ability to provide it to women
- Increase women's and primary health professionals' awareness about medical abortion
- Increase women's access to medical abortion in primary care
- Improve access to surgical abortion, especially for women in regional and rural Victoria.

Sexual Health

- Increase knowledge and awareness of sexually transmissible infections
- Increase prevention, testing and treatment of sexually transmissible infections
- Foster sexual health services free from stigma and discrimination.

Section three focused on gaps and enablers of the current plan in achieving the SRH needs of the following groups as identified on page 11 of the plan:

Priority Populations

- Adolescents
- Young women
- Older women
- Aboriginal and Torres Strait Islander people
- People from culturally and linguistically diverse backgrounds
- People living in regional and rural Victoria
- People living with a disability
- Women in same sex relationships and gender diverse people.

Focus group discussions and semi-structured interviews

Twenty-two people participated in the focus group discussions and semi-structured interviews, including eight who had not participated in the survey. Focus group discussions and interviews aimed to understand effective elements of a systems approach to women's SRH including enabling factors and barriers to achieving this.

3. Progress against the Women's Sexual and Reproductive Health Key Priorities 2017-2020

Survey respondents reflected there has been some progress to achieving the objectives of the current priorities and increasing access and awareness to contraception, abortion and sexual health. Of note:

- In terms of the 2017-2020 plan achieving its overarching objectives: 11.5% of survey participants agreed the plan achieved its objectives and 75.9% of survey participants agreed the plan somewhat achieved its objectives.
- More than three quarters (78.1%) of survey participants agreed there had been increased awareness and/or access to medical abortion.[3]
- Women's knowledge of contraception is perceived to have increased – 72.5% of survey participants agreed this had either somewhat or significantly increased.

Initiatives seen as vital to achieving progress towards the 2017-2020 plan's objectives include 1800 My Options, the Clinical Champions project and the SRH Hubs. However, it is clear that initiatives need to be reviewed, formally evaluated, scaled-up and provided with long-term investment. Despite progress, barriers remain to accessing SRH in Victoria, particularly in rural and regional areas. Persistent barriers include:

- Insufficient workforce to support women's access to contraception and abortion,
- Limited MBS and PBS coverage for LARC and medical abortion, and
- Inequity of access to all SRH services across Victoria.

Stigma and discrimination also continue to be barriers to accessing abortion at all levels, includingfor individual access, for practitioners to provide or publicly provide the service and for long term commitment at policy and funding levels.

Barriers to access are heightened for those in rural and regional areas, young people, migrant and refugee women, women living with a disability, Aboriginal and Torres Strait Islander women and those with diverse sexual orientation and gender identities. Mainstream SRH services frequently fail to be inclusive, culturally safe and accessible for these priority populations. While all priority populations referenced in the 2017-2020 plan should remain a priority in any future-plan, this report specifically highlights the needs of the above five mentioned groups.

[3] average across all medical abortion measures

4. Recommendations to increase access and awareness to contraception, abortion, and sexual health for Victorian women.

Policy, Funding and Governance

Recommendation 1: Invest in a coordinated and integrated SRH system that promotes sustainability to ensure Victorian women can access adequate SRH care in all regions

Effective leadership, an integrated and coordinated system and sustainability are essential to an effective systems approach to SRH and were consistently raised within the consultation as areas that needed further review and investment.

1.1 Invest in SRH initiatives for four years minimum with a view of long-term commitment to women's sexual and reproductive health to ensure a sustainable SRH service system.

The *Women's Sexual and Reproductive Health Key Priorities 2017-2020* plan has been an essential initiative by Government to increase the SRH of Victorian women. However, the consultation highlighted greater need for longer term investment in women's SRH to ensure that the SRH service system is embedded and sustainable. This includes the need for commitment to a second four-year plan with increased investment to meet women's SRH needs.

The fragility of the SRH service system, particularly in rural and regional areas, is of significant concern. Participants noted that access to abortion can often stop in a regional area if a single practitioner ceases practice. The reliance on local champions – for example one nurse, GP or specialist in a particular region - means the service provision is very vulnerable: "Rural and regional Vic still relies on 'champions' to ensure surgical abortion services are maintained, lists are not dropped, healthcare staff are supported. This 'system' is vulnerable and can easily unravel," (survey participant).

Long-term commitment and prioritisation of the SRH sector from Government is seen of particular importance when aiming to increase SRH care for Aboriginal and Torres Strait Islander populations. It was noted that funding to date has often been piecemeal and short-term which is insufficient to ensure buy-in from specialist organisations for this group. Long-term change requires long-term investment in initiatives that are led and owned by Aboriginal and Torres Strait Islander organisations.

1.2 Victorian State Government to provide clear direction to publicly funded health services to ensure that women have access to the full suite of essential SRH care in the Victorian services system.

Clearer direction and ongoing commitment from the Victorian Government is needed for increased and sustained access to SRH, specifically with regard to public provision of abortion. The ad hoc and limited provision of surgical abortion in public hospitals was referenced as a barrier to abortion access, as was the lack of direction from the Victorian Government to public hospitals to provide abortion. There needs to be clear direction from Government to publicly funded hospitals on their role in providing access to abortion as a part of a full suite of comprehensive sexual and reproductive health care.

Hospitals are an essential part of the ongoing training system for health professionals. For the Victorian SRH system to be truly effective and adequately trained, the role of hospitals as SRH teaching institutions must be emphasised across the state. Whilst tertiary education lags behind in delivering trainee doctors and nurses with adequate SRH knowledge to provide abortion and contraception services, the hospital system has a role to fill this knowledge gap to ensure that community based provision can be sustainably provided. Maintaining the full suite of SRH services in public hospitals - including abortion and contraception - so that both new and experienced health professionals can receive training in these areas is essential to a sustainable SRH workforce. Departmental direction, recognising the important teaching role of publicly funded hospitals, is required to achieve this. The primary, secondary and tertiary health care systems also require capacity to develop population based needs assessments directly relating to SRH, to ensure that they have the necessary evidence for service planning, to meet the needs of the population demographic in their local area.

There is wide variation in the SRH services offered by the SRH hubs. Some of this is based on the maturity of the existing service at the time funding is received, while some hubs are developing new or expanding their SRH services and this takes time. Quality data and key performance indicators for the SRH Hubs are seen as essential to ensuring outcomes against investment can be measured and the Hubs are accountable for improving access to SRH in their areas.

1.3 Ensure an integrated SRH service system including: integration between sexual health and reproductive health and between primary, secondary and tertiary health services.

An integrated SRH service system includes effective referral systems and partnerships between primary, secondary and tertiary care to support access to essential SRH care in all regions. It also involves services – specialist, primary, secondary and tertiary care – providing the full suite of SRH services that their communities require.

Continued efforts are needed for coordination between primary, secondary and tertiary care, specifically in efforts to increase access to medical abortion. Consultation participants commented that uptake of medical abortion in primary care requires partnerships and referral systems - between primary care providers and public hospitals - to ensure support is available for emergency or follow up care. Efforts in this area are often piecemeal at the local level and reliant on individual service models as opposed to an embedded approach within the broader health service system.

Continued efforts are required to ensure reproductive health is systematically integrated with sexual health services and that both are considered essential by the Victorian Government for achieving overall health and wellbeing. Sexual health and reproductive health are inextricably linked, especially for women. For example, untreated STIs can lead to significant women's reproductive health complications, including infertility and pelvic inflammatory disease[4]. However, sexual health services are often provided in isolation from reproductive health services, missing a key opportunity to ensure women's complete SRH is addressed at the one service and with reduced consultations.

Areas of the health system that have particular importance to women's SRH need to have an understanding of the importance of SRH outcomes embedded into their practice to ensure continuity of support. These include the maternity, sexual health, alcohol and other drugs, mental health, and prenatal health areas. Ensuring that women can navigate smoothly both between and within these services enables better health outcomes for all Victorian women.

Coordination with other government sectors is essential to ensure an approach to SRH that recognises the social determinants of health and understands the impacts of other social inequities on SRH outcomes including housing and homelessness, alcohol and other drugs, mental health, income inequality, ableism, racism and gender inequalities.

1.4 Embed a sexual and reproductive health rights framework across policy, services and at community level to reduce stigma and discrimination to abortion and ensure women's right to sexual and reproductive health are met.

The decriminalisation of abortion in Victoria through the 2008 Abortion Law Reform Act was seen as significant progress in ensuring women can legally access abortion care. However, further efforts are needed to ensure women are able to access abortion in a timely manner across all regions of Victoria and that they can do so without experiencing stigma and discrimination.

Stigma and discrimination is associated with abortion at all levels (community, services, policy). Participants noted that practitioners sometimes do not provide abortion services for fear of negative attention, "A lot of places that provide medical abortion don't advertise that they provide the service in fear of either community backlash or governing boards backlash and therefore it can still be very challenging for women to know that the sevices exist," (survey participant). Inadequate funding and lack of policy directives to public services to provide abortion care was perceived by some respondents as persistent discrimination against abortion access and women's reproductive rights.

Efforts need to be increased to address deep rooted attitudes that limit abortion access within a rights-based framework. This will ensure women can access abortion without judgment, service providers will be able to provide abortion without backlash and there will be a long-term commitment to abortion access within policy and Government.

The World Health Organisation notes that key elements to support an enabling environment to abortion access can include (but are not limited to):

- ensuring the protection and fulfilment of the human rights of women,
- promoting and protecting the health of women, as a state of complete physical, mental and social well-being and,
- prevention of stigma and discrimination against women who seek abortion services[5].

Applying a rights-based framework to Victoria's SRH service system would aim to ensure:

- Women who choose to, have access to quality abortion services without judgement to ensure their overall health and wellbeing.
- The health service system acknowledges and provides women's rights to abortion as part of comprehensive SRH care.
- SRH policy and frameworks are informed by and explicitly apply a rights-based approach across Victoria's SRH service and education systems.

[4] https://www2.health.vic.gov.au/about/publications/policiesandguidelines/womens-sexual-health-key-priorities

[5] World Health Organisation (2012) Safe abortion: technical and policy guidance for health systems. 2nd ed. World Health Organisation, Geneva. p.98. Available from: https://apps.who.int/iris/bitstream/handle/10665/70914/9789241548434_eng.pdf;jsessionid=A90350632C228AADE992220E66654B64?sequence=1

Recommendation 2: Further invest and scale-up successful initiatives under the Women's SRH Key Priorities Plan 2017-2020 to increase women's access to SRH care and increase the SRH workforce capacity and capability.

The consultation highlighted a number of initiatives under the 2017-2020 plan that need continued investment and scale-up including 1800 My Options, SRH hubs and the Clinical Champions project. The key change raised at policy level was for changes to MBS and PBS to ensure LARC and medical abortion are affordable for all Victorian women.

2.1 Continued and increased investment in 1800 My Options to ensure women have evidence-based information, and know where to access affordable abortion, contraception and sexual health services.

1800 My Options has made a significant impact on women's access to affordable abortion in a timely manner. Long-term investment in this service is vital to maintaining increased access pathways to SRH services across Victoria. COVID19 has exacerbated existing barriers and created new barriers for those needing to access abortion or contraception. 1800 My Options is even more vital during the COVID 19 response to support women to find affordable SRH options. 1800 My Options was regularly cited within the consultation as an enabling factor to increasing contraception and abortion awareness for General Practitioners and awareness and access for women, ***"the 1800 My Options line has made a tremendous impact on women looking for these (abortion) services"*** (survey participant).

Consultation participants highlighted the importance of 1800's advocacy and promotion of medical abortion with health practitioners in public and private health settings via the Stakeholder Engagement Coordinator. Funding for this role, however, ceased in September 2019 and should be reinstated. The Stakeholder Engagement Coordinator was key in increasing the number of SRH service providers registering with 1800 My Options as well as encouraging a number of service providers to publicly list their service for the first time. The role proved to be particularly vital for increasing the number of services publicly listed in rural and regional areas. The Stakeholder Engagement Coordinator reached out to services, addressing their concerns around privacy and confidentiality, and emphasising the importance of SRH in primary care. One participant noted that, "*In the Grampians region, (1800 My Options) increased publicly listed referral options (for contraception) from two to 11 providers in the first 12 months*", and there are now four publicly listed services for abortion in this region. From 38 registered services at the time of inception, 297 services are now publicly listed on the 1800 My Options database. This has resulted in increased visibility of services across the state and improved access to essential SRH care for women.

A participant from the Aboriginal and Torres Strait Islander health sector commented on the effectiveness of 1800 My Options providing support to women who identify as Aboriginal or Torres Strait Islander. For example, 1800 My Options phone workers have undertaken training on cultural sensitivity for working with Aboriginal and Torres Strait Islander women, have established an informal partnership with the Victorian Aboriginal Controlled Community Health Organisation (VACCHO) and 2.16% of callers identify as Aboriginal or Torres Strait Islanders.

2.2 Evaluation and scale up of promising practice of SRH Hubs to 11 regions in Victoria to increase access to SRH services and awareness across Victoria, with clear and consistent guidelines for accountability and best practice.

The SRH Hubs are key initiatives under the current plan that support increased access and awareness to contraception and abortion.

Nurse-led models were frequently mentioned as an effective approach adapted by Hubs. The Ballarat Sexual Health Hub's nurse led outreach model to Ararat was highlighted as an innovative model to increase LARC access to underserved regional areas. However, nurse-led models are not standardised across Hubs and they require subsidised funding to make them effective as they are not covered through the MBS.

Partnerships were seen as key to the effectiveness of the SRH Hub model. Examples included:

- partnerships between SRH Hubs and local hospitals for effective referral pathways, eg: for management of medical abortion complications;
- partnerships with general practitioners in the local area to increase provision of medical abortion and contraception; and
- development of hubs as centres of excellence to provide further clinical support in a hub and spoke model

"The SRH Hubs have supported local GP's in the area to provide medical abortion. They have had the support of the local hospital pregnancy advisory service, Family Planning Victoria and the Royal Women's Hospital" (survey response).

The Gateway Health SRH hub model was regularly held up as an effective model. However, it was often unable to meet demand, creating extensive wait times and leading to geographic limitations to eligibility.

The lack of key performance indicators of Hubs to measure their effectiveness in providing essential SRH care is of particular concern, as it is unclear what the key deliverables for the hubs are. There are a variety of service models for the

SRH Hubs, and an evaluation of these models is seen as a high priority. An evaluation and the development of key performance measures and data collection for the Hubs are essential next steps to ensure they are effectively contributing to the goal of increasing access and awareness to SRH services and information.

There are SRH Hubs in eight of the 11 regions health regions in Victoria, which further contributes to inequity of access to SRH, especially in rural and regional areas which are often underserviced for a range of health and other services. Of concern are specific areas without the infrastructure of SRH hubs – and thus without the priority placed on this work in local services. These areas include western Gippsland, southwestern Victoria and outer northern metropolitan regions. There is significant support for the funding and establishment of three additional SRH Hubs in the remaining regions as a priority in the next plan, to ensure equitable and accessible SRH services for women in these regions. There is potential to enhance the roles of both the SRH hubs and their corresponding women's health services to collaborate together to address gaps in the workforce to meet SRH needs, build the evidence base, build awareness and advocate for SRH to be seen as a priority across the sector.

2.3 Evaluate and scale-up the Clinical Champions Project to increase the SRH workforce sustainability, capability and capacity across the state.

The Clinical Champions Project is recognised as having increased workforce awareness, knowledge and skills for providing LARC, medical abortion and surgical abortion. The Clinical Champions Project has a specific focus on building regional and rural GP and nurse practitioner awareness of and capacity to administer LARC and medical abortion. Participants stated that that extra credibility is afforded this program due to its "clinical experts". Particular benefits for the workforce were outlined as "reinforcing safety and benefits" of LARC and MTOP and "*the Women's Clinical Champions Project Team sharing resources and training options.*" The Clinical Champions Project not only provides training but also ongoing support and supervision to practitioners and this is seen as a critical success factor.

The consultation also confirmed the importance of the support of the women's health services in identifying and creating entry points for capacity building opportunities in partnership with the 1800 My Options Stakeholder Engagement Coordinator and the Clinical Champions Project.

Although the Clinical Champions Project was highlighted as making a significant impact on increasing workforce capacity, it is well recognised across the sector that a number of workforce gaps persist. The consultation raised the importance of the Clinical Champions Project being scaled-up and evaluated.

Recommendation 3: Increased coordination and integration with the violence against women sectors (prevention through to response) to ensure sexual and reproductive health is recognised as a key determinant to gender equality and essential in preventing violence against women.

Good SRH is integral to achieving gender equality and the prevention of violence against women and further efforts are needed to ensure coordination and integration across the SRH and violence against women sectors. Women experiencing violence are likely to experience a range of barriers in accessing SRH and exercising their reproductive choices, including access to money for travel or services, fear of reprisal, shame and stigma of violence, caring responsibilities or other health and social concerns. Furthermore, women experiencing family violence are more likely to experience poorer SRH outcomes such as increased risk of unintended pregnancy and STIs.

Coordination and integration with the violence against women sector was commonly referenced within the consultation and below are two examples of how this could be achieved. Refer to Recommendation 9 for further information on comprehensive sexuality and relationships education.

3.1 Develop a framework to enable the SRH sector to address reproductive coercion that aligns with current preventing violence against women plans and strategies

Reproductive coercion has historically been neglected as a form of violence against women. Although the rate of reproductive coercion in Australia is unknown, evidence shows women are at increased risk of experiencing intimate partner violence during pregnancy and that unintended pregnancy[6] occurs more commonly in relationships where the woman experiences violence[7]. Reproductive coercion has serious impacts on women's health, shares the same gendered drivers as other forms of violence and needs to be expressly named and integrated into existing and future frameworks, strategies and practice guidance both for preventing and responding to violence against women.

Although there have been some initiatives to respond to reproductive coercion, these need further investment and to

[6] Campo M (2015). Domestic and family violence in pregnancy and early parenthood: overview and emerging interventions. Australian Institute of Family Studies, Melbourne. Available from:https://aifs.gov.au/cfca/publications/domestic-and-family-violence-pregnancy-and-early-parenthood, cited in: Anderson R, Webster A, Barr M (2018) Great expectations: how gendered expectations shape early mothering experiences. Women's Health Victoria. Melbourne. - (Women's Health Issues Paper; 13). Available from: https://whv.org.au/resources/whv-publications/great-expectations-how-gendered-expectations-shape-early-mothering

[7] Miller E, Decker R, McCauley H, Tancredi D, Levenson R, Waldman J, et al. (2010) Pregnancy coercion, intimate partner violence and unintended pregnancy, Contraception. 81(4):316-322. Available from:http://www.contraceptionjournal.org/article/S0010-7824(09)00522-8/abstract, cited on the Children by Choice website July 2020, Available from: https://www.childrenbychoice.org.au/factsandfigures/violenceandpregnancy

be scaled-up. Primary prevention of reproductive coercion is a key gap that needs to be addressed and requires coordination across the SRH and prevention of violence against women (PVAW) sectors. The gendered drivers of violence against women need to be unpacked and translated to the reproductive coercion context. This will ensure specific SRH gendered inequities and attitudes are identified and addressed to prevent reproductive coercion and improve women's access to and ability to assert control of their reproductive health care. Connection with the PVAW sector can inform reproductive coercion prevention efforts and activities, using existing skills and expertise in the prevention workforce to adapt existing frameworks to meet the needs of the SRH sector.

3.2 Increase and scale-up whole of setting initiatives to prevent of violence against women within sexual and reproductive health services.

Any effort to address sexual and reproductive health must acknowledge the link between gender inequality and poor sexual and reproductive health outcomes. Prevention of violence against women initiatives work through an evidenced-based framework (Change the Story) to address violence against women through championing gender equality. Whole of setting models that aim to prevent violence against women within a particular sector could be further adapted and scaled to SRH settings. This would include developing specific guidance on approaches that translate the drivers of violence against women within the SRH context to challenge deep rooted unequal gendered attitudes that prevent positive SRH outcomes, (i.e. that women are responsible for preventing unintended pregnancy). For example, this could be a scale-up or adaptation of exiting projects such as the Strengthening Hospital Responses to Family Violence through the Royal Women's Hospital, with a further focus on primary prevention. It could also include increasing the general capacity of health practitioners to identify, triage and refer women experiencing violence.

Recommendation 4: Advocate to Federal Government to review funding of SRH services through MBS and PBS to ensure all SRH services are adequately funded.

4.1 Advocate for review of MBS item numbers relating to SRH in order to reflect the skill, expertise and time relating to medical abortion and LARC, and PBS subsidies for essential SRH medicines.

Insufficient MBS coverage for both LARC and abortion is a barrier for women accessing these services as well as a deterrent for practitioners to provide them. Abortion and LARC both commonly require long appointments to provide quality and comprehensive services and current MBS coverage does not allow for this. When rebates are provided for LARC procedures, it is generally for a small percentage of the cost of the service and the bulk billing of consultations rarely allows for longer consultations which are needed to provide women with adequate contraception counselling (and sometimes STI prevention information and sexual abuse screening). No specific MBS item number for medical abortion exists. The current limited rebate available for these services does not support a sustainable business model and is seen as a deterrent for providers in offering LARC and medical abortion. For example, one participant quoted, "The lack of MBS and PBS support for clinical contraceptive consults leaves little incentives for GPs to invest in enabling access to all contraceptive choices". and "It is a lengthy process to provide medical abortion services and maybe the rebate doesn't reflect that enough", (survey participant).

4.2 Advocate for telehealth services for SRH are maintained during and after the COVID-19 pandemic, in recognition of the lack of local services in regional and rural areas.

Telehealth supports increased access to medical abortion, STI diagnosis and treatment and LARC, particularly for regional and rural Victorian women. COVID 19 increased the need for non-contact consultations and MBS coverage of SRH services via telehealth was seen as an excellent step to both supporting access to essential SRH care and increasing access for regional Victorians. The time-limited aspect of many SRH services – especially early medical abortion – makes telehealth an essential part of access, with comparable safety, efficacy and accessibility to in-person services.[8]

4.3 Advocate for renegotiation of private health insurance coverage requirements for international students and working visa holders to ensure access to SRH services throughout their time in Australia.

Many women on temporary and student visas are in precarious employment, with incomes significantly affected during the COVID-19 pandemic. Compulsory international student insurance policies do not cover pregnancy related health needs in the first 12 months of a student's time in Australia. 1800 My Options reported an increase in callers from this group seeking abortion services during that time, with inability to pay for the costs of abortion and LARC. It is vital to ensure future efforts to increase access for those on temporary and student visas to free or low-cost access to contraception and abortion. Building upon the Federal Government's recent precedent of making HIV drugs accessible to all people living in Australia – regardless of Medicare eligibility – there is a strong case for advocating for also making SRH services accessible for these community members.

[8] SPHERE (2020) Women's Sexual and Reproductive Health COVID-19 Coalition: Using telehealth to provide early medical abortion during the COVID-19 pandemic and beyond: a consensus statement. NHMRC Centre of Research Excellence in Sexual and Reproductive Health for Women in Primary Care, Melbourne. Available from: https://3fe3eaf7-296b-470f-809a-f8eebaec315a.filesusr.com/ugd/410f2f_b90e75bf10784fedb7f3f6b2de9e6f48.pdf

Summary of recommendations relating to:

Policy, Funding and Governance

Recommendation 1: Invest in a coordinated and integrated SRH system that promotes sustainability to ensure Victorian women can access adequate SRH care in all regions

1.1 Invest in SRH initiatives for four years minimum with a view of long-term commitment to women's SRH to ensure a sustainable SRH service system

- Commit to the next iteration of the Victorian Women's SRH Key Priorities plan for four years.
- Long-term and streamlined investment through Aboriginal and Torres Strait Islander organisations to improve SRH outcomes in their communities.

1.2 Victorian State Government to provide clear direction to publicly funded health services to ensure that women have access to the full suite of essential SRH care in the Victorian services system.

- Embed SRH in the public service system through mandatory requirements to provide a full suite of SRH services, including abortion, by all publicly funded hospitals.
- Clear key performance indicators developed for SRH hubs.

1.2 Ensure an integrated SRH service system including; integration between sexual health and reproductive health and between primary, secondary and tertiary health services.

- Establish effective partnerships and referral systems between primary, secondary and tertiary care for SRH in all regions in Victoria.
- Ensure sexual health and reproductive health services are integrated and coordinated at all levels of government and the service system.
- Implement a coordinated approach to SRH across the whole of government, ensuring that all relevant policy areas are interconnected.

1.3 Embed a SRH rights framework across policy, services and at community level to reduce stigma and discrimination to abortion and ensure women's right to SRH are met.

- Embed rights-based policies on abortion access in all publicly funded hospitals that is linked to provision of funding.
- An SRH rights framework is applied across all SRH policy and frameworks.
- A rights-based approach to SRH is included within all relevant school sexuality and relationships education.
- Ensure the next iteration of the Women's SRH key priorities plan includes initiatives to address stigma and discrimination of abortion at all levels.
- Invest in Womens Health Services to expand efforts to reduce stigma and discrimination to abortion at the local level with community and service providers.

Recommendation 2: Further Invest and scale up successful initiatives under the Women's SRH Key Priorities Plan 2017-2020 increase women's access to SRH care.

2.1 Continued and increased investment in 1800 My Options to ensure women have evidence-based information, and know where to access affordable abortion, contraception and sexual health services.

- Ongoing funding to 1800 My Options and long-term commitment to this vital service, acknowledging it is essential for supporting timely access to SRH care and creating pathways to services across Victoria.
- Fund the 1800 My Options Stakeholder Engagement Coordinator role for a minimum of four years to increase the number of publicly listed services that provide essential SRH care, especially in rural and regional areas, as well as work with key priority population groups and specialist agencies to ensure their access to SRH. (Refer to case study in Annex 1).
- Provide short term funding for a targeted health promotion campaign promoting good SRH and the 1800 My Options service to priority populations, as well as service providers in under-represented areas, to be led through the Stakeholder Engagement Coordinator.

2.2 Evaluation and scale up of promising practice of SRH Hubs to 11 regions in Victoria to increase access to SRH services and awareness across Victoria, with clear and consistent guidelines for accountability and best practice.

- Evaluate the SRH Hubs to identify effective models, areas for improvement and areas for scale-up.
- Provide ongoing funding and clear directives and key performance indicators for SRH Hubs to ensure they are held accountable to increasing awareness and service provision of SRH within their region.
- Increase SRH Hubs to cover all regions including Southwest Victoria, Northwest Victoria, West Gippsland and outer Northern Metropolitan Melbourne. This will support more equitable access to SRH services across Victoria, notably in regional and rural areas.
- Provide further funding to support SRH Hubs to increase capacity to provide awareness and capacity building activities, with attention to population level needs and demands, and understanding of pre-existing local services.

2.3 Evaluate and scale-up the Clinical Champions Project to increase the SRH workforce sustainability, capability and capacity across the state.

- Evaluate the Clinical Champions Project to better understand the most effective strategies under this project with a view to scaling-up to increase reach.
- Scale up initiatives based on recommendations
- Provide a minimum four years further investment in the Clinical Champions Project to ensure sustainable and meaningful change.

Recommendation 3: Increased coordination and integration with the violence against women sectors (prevention through to response) to ensure SRH is recognised as a key determinant to gender equality and essential in preventing violence against women.

3.1 Develop a framework to enable the SRH sector to address reproductive coercion that aligns with current preventing violence against women plans and strategies

3.2 Increase and scale-up whole of setting initiatives to prevent violence against women within sexual and reproductive health services.

Recommendation 4: Advocate to Federal Government to review funding of SRH services through MBS and PBS to ensure all SRH services are adequately funded.

4.1 Advocate for both review of MBS item numbers relating to SRH in order to reflect the skill, expertise and time required to provide medical abortion and LARC, and PBS subsidies for essential SRH medicines.

4.2 Advocate for telehealth services for SRH to be maintained during and after the COVID-19 pandemic, in recognition of the lack of local services in regional and rural areas.

4.3 Advocate for renegotiation of private health insurance coverage requirements for international students and working visa holders to ensure access to SRH services throughout their time in Australia.

Workforce Capacity Development

Recommendation 5: Further invest in initiatives to increase the capacity of the Victorian SRH workforce - particularly in regional and rural areas to ensure equity of access of SRH services.

5.1 Ensure adequate and accessible SRH training for health practitioners in Victoria to increase practitioner capability to provide Long Acting Reversable Contraception (LARC) and abortion.

There have been a number of achievements under the Women's Sexual and Reproductive Health Key Priorities plan to increase workforce capacity including through the Clinical Champions Project. However, lack of awareness amongst health practitioners regarding contraception and abortion persists, as does a lack of trained practitioners across Victoria who can provide these services. Participants noted that General Practitioners often use outdated information on contraception, for example discouraging IUDs for nulliparous women, despite this not being consistent with current evidence and guidance.

Capacity building initiatives undertaken through the Clinical Champions Project, Centre for Excellence in Rural Sexual Health (CERSH) , Centre of Research Excellence in Sexual and Reproductive Health for Women in Primary Care (SPHERE) and Family Planning Victoria were commonly referenced as effective approaches for increasing practitioner's awareness of and skills for providing abortion and contraception. It should be noted that CERSH, SPHERE and Family Planning Victoria were not directly funded through the 2017-2020 plan to provide training support, though FPV and CERSH do receive state government funding.

Equitable access to training across the state and the need to ensure training is accessible for practitioners in regional areas is a key priority for the next plan. This includes considering financial incentives for practitioners to attend training and ongoing support and supervision beyond the training. The role of the Women's Health Services to create entry points for training in regional areas is an important element to increasing the number of trained practitioners. Online training providers extra opportunities for rural practitioners

"COVID has meant lots of training has gone online - this allows better access for regional and rural clinicians to support people with SRH to update knowledge and skills. Example – I recently completed HEP C online course which normally would require a four hour trip to Melbourne, and a four hour trip back and the course would run on two different days and require accommodation and meals. The costs and time to attend are more for rural participants than for colleagues who are metro based."

5.2 Establish training for newly arrived overseas health practitioners to ensure understanding of Victorian abortion legislation including conscientious objection and responsibilities of practitioners.

Consultation participants commented that some practitioners with conservative beliefs, including some who have been trained overseas, won't prescribe contraception to young unmarried women. One respondent commented "The number of women who attend our clinic with an unplanned pregnancy because they had been incorrectly advised about commencing contraception or prescribed a lower efficacy form of contraception based on inaccurate information is alarming."

There are high-rates of conscientious objection among health practitioners in rural and regional Victoria compared with urban areas[9]. Research has found it is not uncommon for practitioners who conscientiously object to abortion to not refer patients to a provider who provides abortion as required under Victorian law[10]. A study in Victoria also found that a high level of general practitioners trained overseas conscientiously object[11]. There is a need for training on Victorian abortion law (including the obligation to refer) for newly arrived General Practitioners which includes a component on unpacking cultural barriers in the context of Australian abortion law.

5.3 Advocate to Federal Government for a funded national workforce industry plan that provides coordinated provision of clinical guidelines, education and training, and workforce succession plan for abortion service provision.

To better support the Victorian SRH workforce, a change at the federal level is required. Specifically, there is need for greater investment and coordination of a national SRH workforce.

[9] Doran and Nancarrow, 2015; Nickson et al., 2006; Keogh et al., 2019, cited in: Keogh L, Haining C, Dam M, Hendron M (2020) Increasing reproductive choices in the Grampians and Pyrenees and Wimmera Regions. Melbourne School of Population and Global Health. Centre for Health Equity. University of Melbourne; Women's Health Grampians. Melbourne. Available from: https://whg.org.au/wp-content/uploads/2020/09/Evaluation-Report-FINAL-August-2020.pdf

[10] Keogh et al. (2019) Conscientious objection to abortion, the law and its implementation in Victoria, Australia: perspectives of abortion service providers

[11] Keogh et al. (2019) Conscientious objection to abortion, the law and its implementation in Victoria, Australia: perspectives of abortion service providers

Standard pre-medical training does not consistently include adequate information or training relating to surgical abortion, medical abortion and LARC. It also does not include standardised training around practitioner obligations around conscientious objection laws. This is considered a significant barrier to increasing the workforce capacity and capability of SRH service provision.

The role of Primary Health Networks (PHN) is crucial in the development of this work, as key sources of information and professional development for General Practitioners. The partnership and support of the PHN sector with this work is essential for its effectiveness and reach as this involvement provides credibility and reach for the General Practice workforce.

5.4 Invest in SRH Nurse led models in Victoria to increase the efficiency and cost effectiveness of SRH services.

Nurse led models increase access to medical abortion, LARC and STI diagnosis and treatment. They support the provision of SRH through 'task-shifting abortion provision from doctors to appropriately trained nurses and midwives"[12] and are an effective cost saving approach through reducing time spent in the clinic, reducing waiting times and reduced cost of treatment[13]. For example, "We are a funded SRH Hub, this sits within our existing sexual health clinic. We have a funded nurse position and women attend through our nurse led clinic - this enables nurses to do most of the appointment supported by prescribing GP's"(survey participant). Nurse led models are also likely to increase the reach of services to those in rural and regional areas through increasing the SRH workforce[14]. Whilst some SRH Hubs have adapted nurse-led models, they are not universal across the state, despite the evidence for their effectiveness.

The consultation highlighted the lack of opportunities to implementing nurse-led care including lack of workplace support for nurses, lack of training for nurses, current state and federal restrictions around administering and prescribing medication required for medical abortion and limited rebates for nurse-led consultations. "*If there was an MBS number for nurses to provide consults in clinics then it would be easier for nurses (who often provide a lot of information on sexual health and contraception options and unplanned pregnancies) to be available and allocated the times to accurately provide this very important information*". The lack of nurse prescribing rights for medical abortion was also commonly noted, "*currently only clinicians can be prescribers (for medication for medical termination). If that was extended to trained and specialist nurses it would change access dramatically.*"

Greater investment is required to expand current nurse-led models operating in Victoria and to expand this model across all SRH hubs. Additionally, changes in state and federal level legislation are needed to enable nurses to better support LARC and medical abortion. As outlined the *Women's Sexual and Reproductive Health COVID-19 Coalition Nurse and midwife-led provision of mifepristone and misoprostol for the purposes of early medical abortion: a consensus statement, at state level changes are needed to:*

- Enable nurse practitioners and endorsed midwives to prescribe mifepristone and misoprostol as MS-2 Step
- Allow suitably trained and endorsed/authorised registered nurses and midwives to be able to obtain / supply and administer mifepristone and misoprostol for the purposes of early medical abortion under a scheduled medical authorisation, standing order or state approved Drug Therapy Protocol[15]

[12] SPHERE (2020) Women's Sexual and Reproductive Health COVID-19 Coalition: Using telehealth to provide early medical abortion during the COVID-19 pandemic and beyond: a consensus statement. NHMRC Centre of Research Excellence in Sexual and Reproductive Health for Women in Primary Care, Melbourne. Available from: https://3fe3eaf7-296b-470f-809a-f8eebaec315a.filesusr.com/ugd/410f2f_b90e75bf10784fedb7f3f6b2de9e6f48.pdf
[13] SPHERE (2020) Women's Sexual and Reproductive Health COVID-19 Coalition: Using telehealth to provide early medical abortion during the COVID-19 pandemic and beyond: a consensus statement. NHMRC Centre of Research Excellence in Sexual and Reproductive Health for Women in Primary Care, Melbourne. Available from: https://3fe3eaf7-296b-470f-809a-f8eebaec315a.filesusr.com/ugd/410f2f_b90e75bf10784fedb7f3f6b2de9e6f48.pdf
[14] SPHERE (2020) Women's Sexual and Reproductive Health COVID-19 Coalition: Using telehealth to provide early medical abortion during the COVID-19 pandemic and beyond: a consensus statement. NHMRC Centre of Research Excellence in Sexual and Reproductive Health for Women in Primary Care, Melbourne. Available from: https://3fe3eaf7-296b-470f-809a-f8eebaec315a.filesusr.com/ugd/410f2f_b90e75bf10784fedb7f3f6b2de9e6f48.pdf
[15] SPHERE (2020) Women's Sexual and Reproductive Health COVID-19 Coalition: Using telehealth to provide early medical abortion during the COVID-19 pandemic and beyond: a consensus statement. NHMRC Centre of Research Excellence in Sexual and Reproductive Health for Women in Primary Care, Melbourne. Available from: https://3fe3eaf7-296b-470f-809a-f8eebaec315a.filesusr.com/ugd/410f2f_b90e75bf10784fedb7f3f6b2de9e6f48.pdf

Summary of recommendations relating to:

Workforce Capacity Development

Recommendation 5: Further invest in initiatives to increase the capacity of the Victorian SRH workforce - particularly in regional and rural areas to ensure equity of access of SRH services.

5.1 Ensure adequate and accessible SRH training for health practitioners in Victoria to increase practitioner capability to provide LARC and abortion.

- Financial incentives available for practitioners attending SRH training to cover the cost of salary/income loss.
- Increase training availability in regional and rural areas in LARC and abortion.
- Continue to develop and implement best practice clinical guidelines for LARC and abortion, ensuring clinical guidelines, resources and training are available online (i.e. through the Royal Women's Hospital).
- Ensure adequate supervision support for practitioners who have undertaken training in abortion and LARC.

5.2 Establish training for newly arrived overseas health practitioners to ensure understanding of Victorian abortion legislation including conscientious objection and responsibilities of practitioners.

5.3 Advocate to Federal Government for a funded national workforce industry plan that provides coordinated provision of clinical guidelines, education and training, workforce succession plan to abortion service provision.

- Ensure that training in SRH is embedded in pre-medical training for doctors, nurses and related professionals.
- Ensure all training applies a rights-based framework to abortion.

5.4 Invest in SRH Nurse led models in Victoria to increase the efficiency and cost effectiveness of SRH services.

- Further invest in Nurse led models for LARC and medical abortion, including through SRH Hubs.
- Advocate for changes in State legislation, TGA, PBAC and Nursing and Midwifery Board guidelines and protocols, to enable nurses to provide medical abortion as outlined in the *Women's Sexual and Reproductive Health COVID-19 Coalition Nurse and midwife-led provision of mifepristone and misoprostol for the purposes of early medical abortion: a consensus statement.*

Access and Affordability

Recommendation 6. Ensure equitable access for services for all women across Victoria with a focus on increasing access in rural and regional areas

6.1 Scale-up investments to increase workforce and services in regional and rural areas (i.e. Clinical Champions Project, Training, Nurse led models, SRH Hubs)

There is a significant gap to accessible SRH services, particularly in rural and regional areas. Access barriers include travel to services (time and cost), inequity of services across the region including a lack of local services, and extensive wait times with surgical abortion wait times in some areas are often between 2-4 weeks. Lack of appropriate services that ensure confidentiality are a common barrier to access to abortion services, specifically in small rural communities. Initiatives aimed to increase workforce capacity and increase availability of services such as the SRH hubs, Clinical Champions Project, other training and Nurse led models should be scaled-up in rural and regional areas.

6.2 Further develop, review and invest in models that ensure timely access to free and low cost SRH services, including for key priority populations.

Limited bulk billing options are a particular barrier for those in rural areas. In addition to the cost of the actual appointment and contraception, other costs include travel, time off work and child-care. Notably costs include both the consultation and device/medication, with some services requiring multiple appointments.

These issues are compounded for women with intersecting inequalities within their lives including women living with a disability, migrant and refugee women, Aboriginal and Torres Strait Islander women and those with diverse sexual orientation and gender identities. For example, the unemployment rate for women with disabilities is 9.4%, compared to 4.9% of women without disability[16]. In addition, they may face additional costs such as requiring specialised transport when accessing services. Participants highlighted for these reasons it is vital that SRH support be free or low cost for women living with a disability.

[16] Australian Bureau of Statistics (2019) Microdata: disability, ageing and carers, Australia, 2018. ABS. Canberra. - (ABS cat. no. 4430.0.30.002). Available from: https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/employment/unemployment

6.3 Invest in Partnerships (i.e. WHV and Family Planning Victoria) to provide free or low-cost access to abortion and contraception for Medicare ineligible women

An urgent priority is ensuring women on international student and temporary visas can access low cost or free contracetion and abortion. This is particularly vital as the impacts of COVID 19 response, with a high proportion of women in this group losing work and income due to COVID 19. 1800 My Options and Family Planning Victoria developed a model during COVID 19 to provide women in need with access to free and low cost SRH care (refer to case study, Annex 1). There should be further investment in such models to ensure sustainable provision of low cost and free SRH care to women in this group.

Please refer to *Recommendation 4* for policy changes needed for services to be affordable. Refer to Recommendation 5 on workforce on changes needed to ensure greater access for regional and rural populations.

Summary of recommendations relating to:

Access and Affordability

Recommendation 6. Ensure equitable access for services for all women across Victoria with a focus on increasing access in rural and regional areas

6.1 Scale-up investments to increase workforce and services in regional and rural areas (i.e. Clinical Champions Project, Training, Nurse led models, SRH Hubs)

6.2 Further develop, review and invest in models that ensure timely access to free and low cost SRH services, including for key priority populations.

6.3 Invest in Partnerships (i.e. WHV and Family Planning Victoria) to provide free or low-cost access to abortion and contraception for Medicare ineligible women

Education, Health Promotion and Health Literacy

Recommendation 7: Increase dedicated health promotion funding for Womens' Health Services to support and consolidate their leadership and capacity building for SRH in all regions.

7.1 Further WHS role as leadership and coordinating agencies in their regions around SRH needs assessment, training, and capacity building.

7.2 Support WHS to undertake health promotion efforts to enhance SRH and rights, increase access to SRH services and reduce stigma and discrimination at community level and within primary care on abortion

7.3 Ensure a specific focus on regional and rural Women's Health Services to ensure equal access to SRH across Victoria.

7.4 Support strategic networking and coordination of SRH activities at the local level through an SRH COP.

Education and health promotion efforts are essential for raising awareness of modern SRH options as well as addressing myths and stigma of contraception and abortion. Of particular importance is the increased availability of information about medical abortion through 1800 My Options and Women's Health Services. The women's health services provide regional partnerships and networks across the state that develop local leadership and capacity to address SRH needs.

Key barriers to ensuring effective SRH awareness include the persistent high level of misinformation among women relating to contraception, and stigma regarding abortion. Consultation participants raised the importance of health promotion on contraception also targeting men to promote joint responsibility to prevent unplanned pregnancies and better information about the safety and effectiveness of early medical abortion. The comprehensive education of men and boys in SRH is essential to good women's SRH outcomes.

The role of the Women's Health Services in health promotion is key to effective local responses to increasing SRH capacity and awareness. Their roles as key leadership and coordinating agencies in their regions around SRH needs assessment,

training, and capacity building are essential to the SRH service system. Regional and rural women's health services are particularly skilled in navigating the complex barriers women face in accessing SRH in these regions. Research showed a 16% increase in the proportion of GPs who would 'always' discuss medical abortion (from 27% in 2017 to 43% in 2019) and 60% of evaluation participants described the range, number of services and referral pathways available to patients with unintended pregnancy as improved following awareness raising by women's health services.[17]

Women's health services are a key portal for women, the wider community and health professionals for evidence-based information and education around SRH. They provide trusted and reliable information and pathways to services such as 1800 My Options, and provide leadership and capacity building within the service system and between services. Their local knowledge and trusted reputation ensure that they understand the needs of women, services and practitioners in their respective regions.

Although Women's Health Services are funded through the Victorian Women's Health Program, this is insufficient to ensure all regions are resourced to increase local capacity and awareness on SRH. Further investment is required to ensure adequately resourced health promotion and capacity building initiatives can be undertaken at the local level that are relevant, inclusive and representative of the local community.

Please refer to Recommendation 8 below for further information on recommendations for key priority populations.

Recommendation 8: Ensure SRH services are accessible and culturally appropriate for key priority populations.

This section includes a focus on increased health literacy and health promotion efforts to support the below mentioned key priority populations. All priority populations identified in the *Women's Sexual and Reproductive Health Key Priorities 2017- 21020* plan should be included in any future iteration of the plan. A focus on rural and remote populations needs to remain a key priority in any SRH priorities plan- this is addressed in Recommendation 6. This section of the report has focused on initiatives needed for the following priority populations:

- Aboriginal and Torres Strait Islander Women
- Migrant and refugee women
- Women with a disability
- Those with diverse sexual orientation and gender identity

SRH services need to undertake further work to ensure services are accessible and culturally safe to these population groups. Recommendations are based on initial consultations with some key organisations representing these populations. Further consultation is required with all key priority populations to confirm the investment needed to improve SRH outcomes for these populations.

Health literacy efforts need to be community led, to go beyond targeting key priority populations and be embedded in systems, policies, and organisations to ensure the health system and policies are accessible and prioritise health literacy actions[18]. Health literacy efforts need to ensure both health practitioners understand the health needs of priority populations and the priority populations can easily access required information. This may include embedding health literacy messaging in both school-based education as well as education for health staff.

Continuing to reduce stigma and discrimination in all SRH services and the need for more tailored and targeted information to priority populations was seen as essential, ***"It's not that we need more STI literacy resources, is that we need to make those resources more inclusive and more accessible. And no one can do that better than communities and consumers themselves",*** (Survey Participant).

8.1 Invest in Aboriginal and Torres Strait Islander led organisations to ensure SRH is accessible and culturally appropriate for this population.

There is a lack of mainstream SRH services that are culturally safe for Aboriginal and Torres Strait Islander Women. The lack of long -term investment in initiatives that were locally owned were highlighted as a barrier to progress for improved SRH outcomes for Aboriginal and Torres Strait Islander Women.

Effective approaches include those steered by Aboriginal and Torres Strait Islander led organisations and communities, with long term investment. Partnerships are essential between Aboriginal and Torres Strait Islander Organisations and Specialist SRH services, ensuring meaningful leadership and engagement from the Aboriginal and Torres Strait Islander organisation.

As has been undertaken in other sectors (i.e. *Changing the Picture, a national resource to support the prevention of violence against Aboriginal and Torres Strait islander Women and their children)* a standalone SRH plan for Aboriginal and Torres Strait Islander Women that is developed in consultation with this community is recommended.

17 Louise Keogh , Casey Haining , Marieke Dam , Marianne Hendron, 2020, Increasing Reproductive Choices in the Grampians and Pyrenees and Wimmera Regions, Centre for Health Equity, Melbourne School of Population and Global Health, The University of Melbourne: Women's Health Grampians. Melbourne. https://whg.org.au/wp-content/uploads/2020/09/Evaluation-Report-FINAL-August-2020.pdf

18 Australian Commission on Safety and Quality in Health Care, 2014, Health literacy: Taking action to improve safety and quality. ACSQHC. Sydney.

8.2 Invest in Women with Disability led organisations to ensure SRH is accessible and culturally appropriate for this population.

SRH services need to ensure greater access for women living with disability. This includes ensuring services are physically accessible, information is provided in a range of formats and services don't reinforce ableism through attitudes of staff or practices.

Women with Disabilities Victoria have been providing essential training within workplaces to increase understanding of how to better ensure ableist practices and attitudes are not reinforced and workplaces are more inclusive for women with a disability. Women with Disabilities Victoria should be invested in to scale-up initiatives to ensure SRH services and information are accessible and culturally safe for women with a disability.

8.3 Invest in migrant and refugee women led organisations to ensure SRH is accessible and culturally appropriate for this population.

Lack of culturally safe services, including lack of information in language both within services and support to navigate services are persistent barriers for migrant and refugee women to accessing SRH services. There needs to be significant investment to better ensure services are culturally safe, that interpreters are available, and information is provided in language. The Multicultural Centre for Women's Health (MCWH) have significant experience in building workforce capacity to be culturally safe and should be supported to increase the SRH mainstream workforce to be accessible and culturally safe for migrant and refugee women.

8.4 Invest in organisations led by those with diverse sexual orientation and gender diversity to ensure SRH is accessible and culturally appropriate for this population.

Stigma and discrimination is still seen as a barrier to accessing SRH services for those with diverse sexual orientations and gender identities. Lack of awareness of health professionals and structural factors are persistent barriers in mainstream SRH services, "…toilets, registration forms, recalls and reminders (e.g. cervical screening). Many services just don't understand any of these issues. Some are openly homophobic/transphobic" (survey participant).

More effort is needed to ensure mainstream services are culturally sensitive and accessible for those with diverse sexualities and genders. There needs to be investment in LGBTQIA+ led organisations to ensure SRH services are culturally sensitive and accessible for this population.

8.5 Embed cultural safety and accessibility requirements in all government funding agreements with services with appropriate regulations and accountabilities to increase the number of services that are culturally sensitive and accessible for different population groups.

An effective approach is to link funding agreements to health care organisations' efforts to be culturally safe such as through obtaining the rainbow tick within a three to five year period. This should be explored for SRH services in ensuring they are culturally safe for all key priority populations.

Recommendation 9: Scale up efforts to ensure an evidence-based approach to whole of school comprehensive sexuality and relationships education within Victorian Schools.

Comprehensive sexuality and relationships education includes education on respectful relationships, violence against women, gender, sexuality, sex (inclusive of pleasure and consent) and SRH rights (inclusive of contraception and abortion), and is a lifelong process facilitated by all levels of society – schools, parents, carers, peers and the wider community. Sexuality and relationships education is essential to enable young people to make informed decisions about sex and relationships and can support the prevention of violence against women[19].

Although Victoria has existing evidence-based resources to support comprehensive sexuality and relationships education in schools, not all components are mandated. Schools in Victoria vary to the extent they are delivering a comprehensive and evidence-based approach to sexuality and relationships education.

The Victorian Governments Respectful Relationships Education in Schools program has taken an evidence-based approach to implementation, incorporating mandates and investment in resources to ensure a whole of school approach is rolled-out within schools. The next phase of this should further explore how the model to roll-out respectful relationships education in schools could be applied to ensure a comprehensive approach to sexuality and relationships education within schools, including mandating all components of comprehensive sexuality and relationships education, and ensuring that it is delivered at all year levels. This approach should be informed by learnings from the Respectful Relationships Education in Schools program, considering how to support schools and teachers to include the more sensitive and challenging aspects of both respectful relationships and sexuality education and the difficulties in implementing whole of school approaches around sensitive topics.

Lack of consistent and comprehensive sexuality and relationships education in schools is a barrier to increasing

awareness on abortion in particular. Participants commented that some schools have replaced Sex Education with Respectful Relationships Education as opposed to acknowledging Respectful Relationships Education as a core component of the suite of comprehensive Sexuality and Relationships education. These comments reiterate evidence suggesting that some school avoid the more sensitive and challenging parts of the Respectful Relationships curriculum.[20]

A review is needed to better understand the components of sexuality and relationships education that are not being consistently taught in schools across Victoria and investment in further support including pre-service and in-service teacher training in these areas, underpinned by approaches that consider power and gender equality, and inclusive of diverse sexual orientation and gender identities. Professional development and learning of teachers is key to a sustainable and whole of school approach to sexuality and relationships education[21], as is support from both the school leadership and wider school community and support for parents and carers to continue education at home. There are a number of existing evidence-based resources for sexuality and relationships education, however this needs to be supported by trained teachers who are confident in delivering sensitive content.[22] Support of relevant stage government Departments of both Health and Education is essential to ensure that schools integrate these areas of curriculum, as is ongoing support from these departments. Family Planning Victoria provides evidence-based teacher training for the delivery of comprehensive sexuality and relationships education and could be further funded to provide essential scale up the availability of this training.

Summary of recommendations relating to:

Education, Health Promotion and Health Literacy

Recommendation 7: Increase dedicated health promotion funding for Womens' Health Services to support and consolidate their leadership and capacity building for SRH in all regions.

7.1 Further WHS role as leadership and coordinating agencies in their regions around SRH needs assessment, training, and capacity building.

7.2 Support WHS to undertake health promotion efforts to enhance SRH and rights, increase access to SRH services and reduce stigma and discrimination at community level and within primary care on abortion.

7.3 Ensure a specific focus on regional and rural Women's Health Services to ensure equal access to SRH across Victoria.

7.4 Support strategic networking and coordination of SRH activities at the local level through an SRH COP.

Recommendation 8: Ensure SRH services are accessible and culturally appropriate for key priority populations.

8.1 Invest in Aboriginal and Torres Strait Islander led organisations to ensure SRH is accessible and culturally appropriate for this population.

- Further consultation with Aboriginal and Torres Strait Islander organisations and communities to confirm further investments in a future plan relevant to this population.
- Develop a specific SRH strategy with and for Aboriginal and Torres Strait Islander people.
- Invest in the Aboriginal health workforce to develop and provide culturally appropriate and community led health literacy interventions on SRH for Aboriginal and Torres Strait Islander Communities.
- Invest in VACCHO to provide training and capacity building to health services to ensure they are culturally safe and accessible for Aboriginal and Torres Strait Islander Women.

[19] Holden, J., Bell, E. & Schauerhammer, V. (2015). We Want to Learn About Good Love: Findings from a Qualitative Study Assessing the Links Between Comprehensive Sexuality Education and Violence Against Women and Girls. London: Plan International UK and Social Development Direct[20] Cahill, Davdand, Structures for care and silenced topics: accomplishing gender-based violence prevention education in a primary school, Pedagogy, Culture and Society, 2020, https://www.tandfonline.com/doi/full/10.1080/14681366.2020.1732449

[21] Debbie Ollis, Lyn Harrison , 2016,Lessons in building capacity in sexuality education using the health promoting school framework, Health Education, Vol. 116 Iss 2 pp. 138 – 153, https://www.emerald.com/insight/content/doi/10.1108/HE-08-2014-0084/full/html

[22] Debbie Ollis, Leanne Coll, 2018, Beyond Teaching the'Taboo': Renegotiating Sexuality and Relationships Education's boundaries with students and teachers, Active and Healthy Journal, Vol 2 5 : 2 / 3

8.2 Invest in Women with Disability led organisations to ensure SRH is accessible and culturally appropriate for this population.

- Further consultation with Women with a disability to confirm further investments in a future-plan relevant to this population.
- Invest in Women with Disabilities Victoria to develop and provide culturally appropriate and community led health literacy interventions on SRH for women with a disability.
- Invest in Women with Disabilities Victoria to provide training and capacity building to health services to ensure they are culturally safe and accessible for women with a disability.

8.3 Invest in migrant and refugee women led organisations to ensure SRH is accessible and culturally appropriate for this population.

- Further consultation with migrant and refugee women to confirm further investments in a future-plan relevant to this population.
- Invest in the Multicultural Centre for Women's Health to develop and provide culturally appropriate and community led health literacy interventions in language on SRH for migrant and refugee communities.
- Invest in Multicultural Centre for Women's Health to provide training and capacity building to health services to ensure they are culturally safe and accessible for migrant and refugee women.

8.4 Invest in organisations led by those with diverse sexual orientation and gender diversity to ensure SRH is accessible and culturally appropriate for this population.

- Further consultation with communities with diverse sexual orientation and gender identity to confirm further investments in a future-plan relevant to this population.
- Invest in the organisations led by those with diverse sexual orientation and gender identity to develop and provide culturally appropriate and community led health literacy interventions for this community.
- Invest in organisations led by those with diverse sexual orientation and gender identity to provide training and capacity building to health services to ensure they are culturally safe and accessible for this population.

8.5 Embed cultural safety and accessibility requirements in all government funding agreements with services with appropriate regulations and accountabilities to increase the number of services that are culturally sensitive and accessible for different population groups.

- Require that all funded SRH services have mandatory minimum standards, reporting and accountability requirements around accessibility and cultural safety.
- Develop and link minimum standards around accessibility and cultural safety to accreditation and other funding areas (i.e. obtaining the rainbow tick within 5 years to ensure cultural safety to those with diverse sexual orientation and gender identity).

Recommendation 9: Scale up efforts to ensure an evidence-based approach to whole of school comprehensive sexuality and relationships education within Victoria Schools:

- Mandate all components of comprehensive Sexuality and Relationships education.
- Increase schools understanding of a comprehensive approach to Sexuality and Relationships education and that Respectful Relationships is only one key component of this.
- Build on learnings and success from Respectful Relationships Education in Schools and Safe Schools programs to ensure a comprehensive approach to Sexuality and Relationships education that is strength based, sex-positive and inclusive of sexuality and gender diversity and sexual and reproductive health.
- A review to understand the key gaps in Victorian schools in delivering comprehensive Sexuality and Relationships education.
- Increased investment to teachers to deliver information on identified sexuality and relationships education gap areas, i.e. abortion, sex and pleasure, and pornography literacy.
- Draw on existing academic, service and community organisation expertise to increase the number of Victorian schools undertaking an evidence based and whole of school approach to comprehensive Sexuality and Relationships education.

Research and Evidence

Recommendation 10: Implement a monitoring and evaluation framework for women's SRH in Victoria to:

- Increase transparency of the number and type of SRH services available and provided in Victoria
- Increase understanding of effective initiatives and key gaps for women's SRH in Victoria.

There is lack of data relating to rates of abortion and contraception provision in Victoria, and data is not consistently collected for key priority populations.

To better support access to abortion, increased oversight is required relating to the number of abortions provided in Victoria. This will increase understanding as to demand and service provision outcomes across the state.

Establishing key performance indicators against the SRH hubs would also better support and effective approach to monitoring and evaluation.

Comprehensive data relating to SRH service provision will enable meaningful planning for future efforts to ensure an evidence base for funding allocation, to best meet the SRH needs of Victorian women.

Recommendation 11: Investment in further SRH research within Australia where there are key research gaps including for women with a disability and reproductive coercion.

Data is commonly not collected on many key priority populations and there is a lack of SRH research specifically for women with disabilities. The rate of reproductive coercion in Australia is unknown and there is limited research on this in the Australian context. There needs to be a review of SRH research to identify other key areas that need further investment within the Australian and Victorian context.

Summary of recommendations relating to:

Research and Evidence

Recommendation 10: Implement a monitoring and evaluation framework for women's SRH in Victoria to;

- **increase transparency of the number and type of SRH services available and provided in Victoria**
- **increase understanding of effective initiatives and key gaps for women's SRH in Victoria.**
- Evaluation of existing Women's SRH key priorities plan and key initiatives.
- A monitoring and evaluation framework embedded within the next iteration of the women's SRH plan.
- Establishment of data collection framework and standards for women from priority populations.

Recommendation 11: Investment in further SRH research within Australia where there are key research gaps including for women with a disability and reproductive coercion.

Investment required

Recommendation	Detail	Activity	Year 1	Year 2	Year 3	Year 4	Total 4 Years	Ongoing
Recommendation 2: Further invest and scaleup successful initiatives under the Women's SRHKey Priorities Plan to increase women's access to SRH care.	2.1 Continued and increased investment in 1800 My Options	Core funding	525,000	533000	541000	549000	2,148,000	558000
		Stakeholder Engagement	100,000	102,000	103,000	105000	410,000	
		Total	**625,000**	**635,000**	**644,000**	**654,000**	**2,558,000**	**558,000**
	2.2 Evaluation and scale up of SRH Hubs	Evaluation	80000				80,000	
		Baseline	880,000	894,000	907,000	921,000	3,602,000	
		3 new hubs	330,000	335,000	340,000	346,000	1,351,000	
		Capacity building	990,000	1,005,000	1,011,000	1,036,000	4,042,000	
		Totals	**2,280,000**	**2,234,000**	**2,258,000**	**2,303,000**	**9,075,000**	
	2.3 Evaluate and scale-up the Clinical Champions Project	Evaluation	80000				80000	
		Core funding	250000	350000	356,000	361,000	1,317,000	
		Total	**330,000**	**350000**	**356,000**	**361,000**	**1,397,000**	
Recommendation 3: Increased coordination and integration with the violence against women sectors (prevention through to response) to ensure sexual and reproductive health is recognised as a key determinant to gender equality and essential in preventing violence against women.	3.1 Develop a framework to address reproductive coercion						$50000	
Recommendation 5: Further invest in initiatives to increase the capacity of the Victorian SRH workforce - particularly in regional and rural areas to ensure equity of access of SRH services.	5.1 SRH training for health practitioners in Victoria	FPV	$80,000	82,000	83,000	84,000	329,000	
		CERSH	$80,000	82,000	83,000	84,000	329,000	
		Total	**160,000**	**164,000**	**166,000**	**168,000**	**658,000**	
Recommendation 6. Ensure equitable access for services for all women across Victoria with a focus on increasing access in rural and regional areas	6.3 Invest in SRH brokerage	Brokerage	100000	102,000	104,000	105,000	411,000	
Recommendation 7: Increase dedicated health promotion funding for Womens' Health Services to support and consolidate their leadership and capacity building for SRH in all regions.		WHS	1080000	1097000	1152000	1209000	4,538,000	
		local HP	540000	549000	557000	565000	2,211,000	
		SRH COP	15000	16000	16,000	16,000	63,000	
		Total	**1,635,000**	**1,662,000**	**1,829,000**	**1,895,000**	**6,812,000**	
Recommendation 8: Ensure SRH services are accessible and culturally appropriate for key priority populations.	8.1 Aboriginal and Torres Strait Islander led organisations	4 ACCO	550000	559000	567000	576000	2,252,000	
		VACCHO	420000	427000	433000	440000	1,720,000	
		Total	**970,000**	**986,000**	**1,000,000**	**1,016,000**	**3,972,000**	
	8.2 Women with Disability led-organisations		300000	305000	310000	314000	1229000	
	8.3 Migrant and refugee women led organisations		300000	305000	310000	314000	1229000	
	8.4 LGBTQIA+ organisations		300000	305000	310000	314000	1229000	
		TOTAL 8.2-4	**900,000**	**915,000**	**930,000**	**942,000**	**3,687,000**	
Total cost based on recommendations			Year 1 **7,000,000**	Year 2 **7,098,000**	Year 3 **7,287,000**	Year 4 **7,444,000**	Total 4 Years **28,620,000**	

Recommendations that require additional costing by Government:

Recommendation 1: Invest in a coordinated and integrated SRH system that promotes sustainability to ensure Victorian women can access adequate SRH care in all regions

Recommendation 3.2: Increase and scale-up whole of setting initiatives to prevent violence against women within sexual and reproductive health services.

Recommendation 4: Advocate to Federal Government to review funding of SRH services through MBS and PBS to ensure all SRH services are adequately funded.

Recommendation 5.3: Advocate to Federal Government for a funded national workforce industry plan that provides coordinated provision of clinical guidelines, education and training, and workforce succession plan for abortion service provision.

Recommendation 5.4: Invest in SRH nurse led models in Victoria to increase the SRH sector capacity and increase the efficiency and cost effectiveness of SRH services.

Recommendation 6.1: Scale-up investments to increase workforce and services in regional and rural areas (i.e. Clinical Champions Project, Training, Nurse led models, SRH Hubs)

Recommendation 6.2: Further develop, review and invest in models that ensure timely access to free and low cost SRH services, including for key priority populations.

Recommendation 8.5: Embed cultural safety and accessibility requirements in all government funding agreements with services with appropriate regulations and accountabilities to increase the number of services that are culturally sensitive and accessible for different population groups.

Recommendation 9: Scale up efforts to ensure an evidence-based approach to whole of school comprehensive sexuality and relationships education within Victorian Schools.

Recommendation 10: Implement a monitoring and evaluation framework for women's SRH in Victoria

Recommendation 11: Investment in further SRH research within Australia where there are key research gaps including for women with a disability and reproductive coercion.

Other considerations for costing by Government:
Women's Health Victoria has costed initiatives relevant to contraception, abortion and sexual health. Other reproductive health issues that require further consideration from the Victorian Government include: maternity care, polycystic ovary syndrome, menopause, menstruation, endometriosis, assisted reproductive technology, pregnancy support, etc.

Annexes

Annex 1: Case studies from 1800 My Options

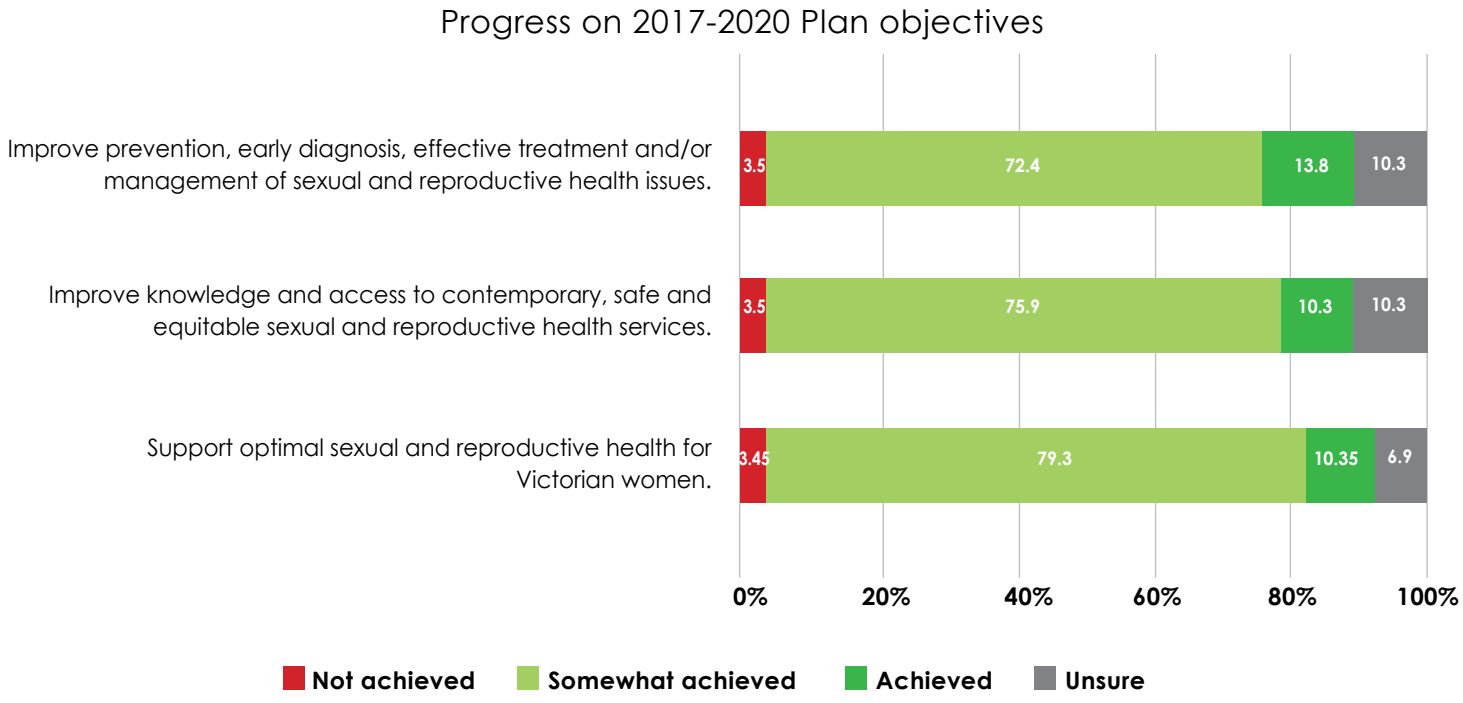
1800 My Options CASE STUDY: Visibility of abortion provision in a small rural town

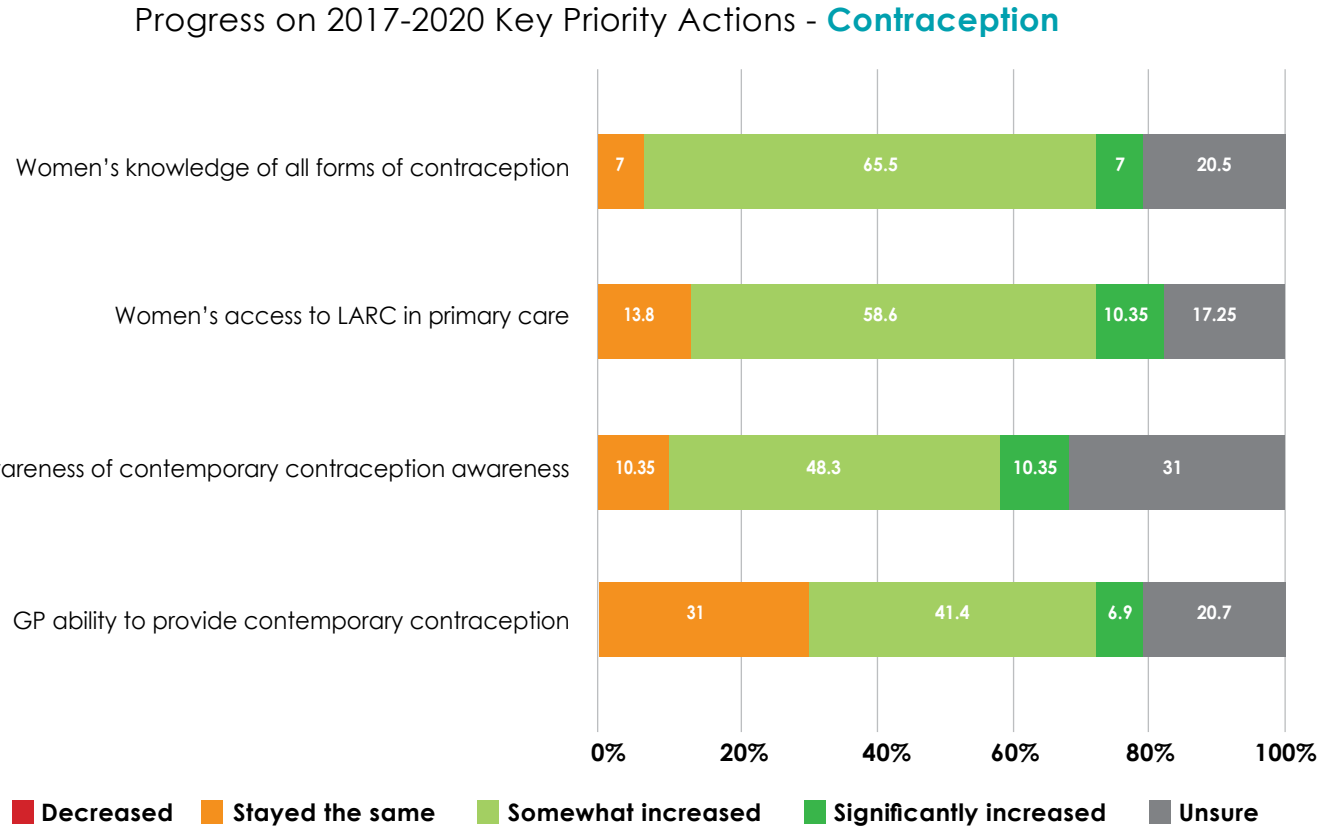
The 1800 My Options service identified key areas in need of services early in 2018, as evidenced by lack of visible services on the database and hence lack of referral options for callers. One region in particular was identified as having no visible abortion services within 2.5 hours drive, despite rumours of service provision locally. Without registration of local services in the database, local callers could only be referred to those distant providers. Despite regular contact with local hospital services and an acknowledgement that these services existed, there was little local will to register services with the 1800 My Options database. After several conversations with key individuals within the hospital service as well as General Practices in the area, the Stakeholder Engagement Coordinator travelled to the area to provide information and resources to local practitioners around the support provided by 1800 My Options to their practices. Within weeks the local public hospital publicly registered its bulk billed medical abortion and surgical abortion services, with 5 additional private practices listing their contraceptive services publicly.

CASE STUDY: Increasing temporary visa holders' access to TOP during the COVID-19 pandemic: a partnership between Family Planning Victoria and 1800 My Options

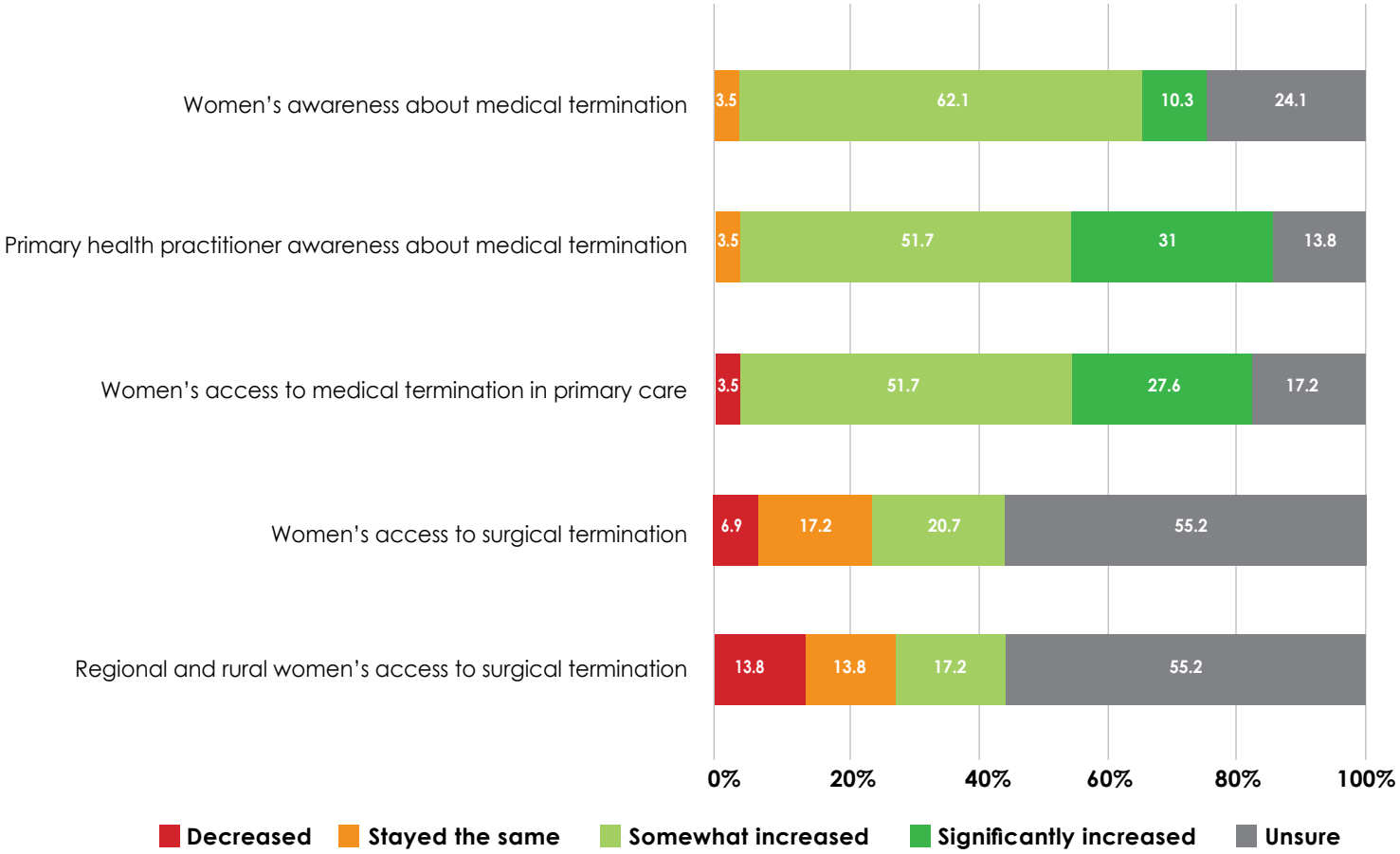
Several weeks into the COVID-19 pandemic, an increase in callers holding temporary visas was noted by 1800 My Options. These callers described situations where they had suddenly lost income due to COVID-19 workplace closures, were in significantly precarious financial situations due to ongoing costs of living, and were unable to financially afford TOP services as a result. These callers' options were significantly limited – with many abortion services quoting fees of $1000+ for the service, with limited reimbursement from private healthcare funds. In response to this issue, Family Planning Victoria and 1800 My Options established an arrangement to directly refer limited numbers of callers in this situation to a customised low-cost service in order to meet this need. During the peak lockdown of April-June 2020, up to 2 referrals per week were made directly from 1800 My Options into clinicians at Family Planning Victoria under this arrangement.

Annex 2: Consultation survey results demonstrating progress against the plan objectives and priority actions

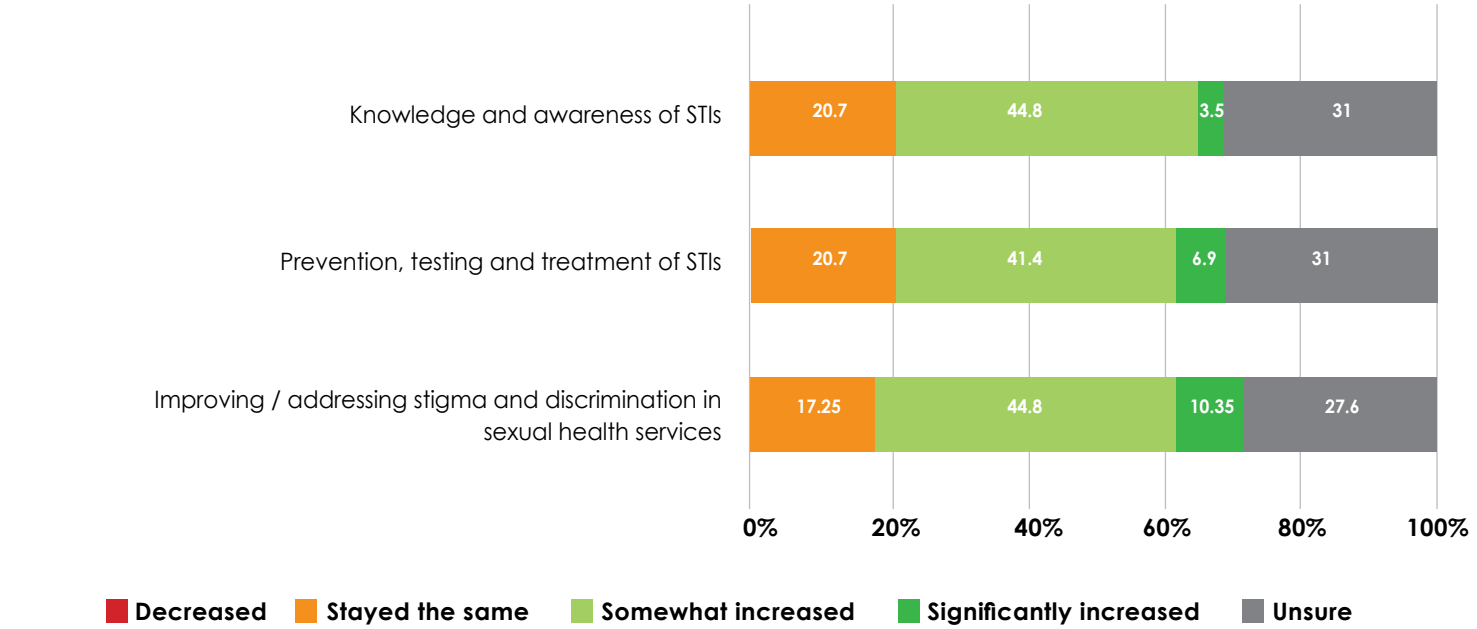




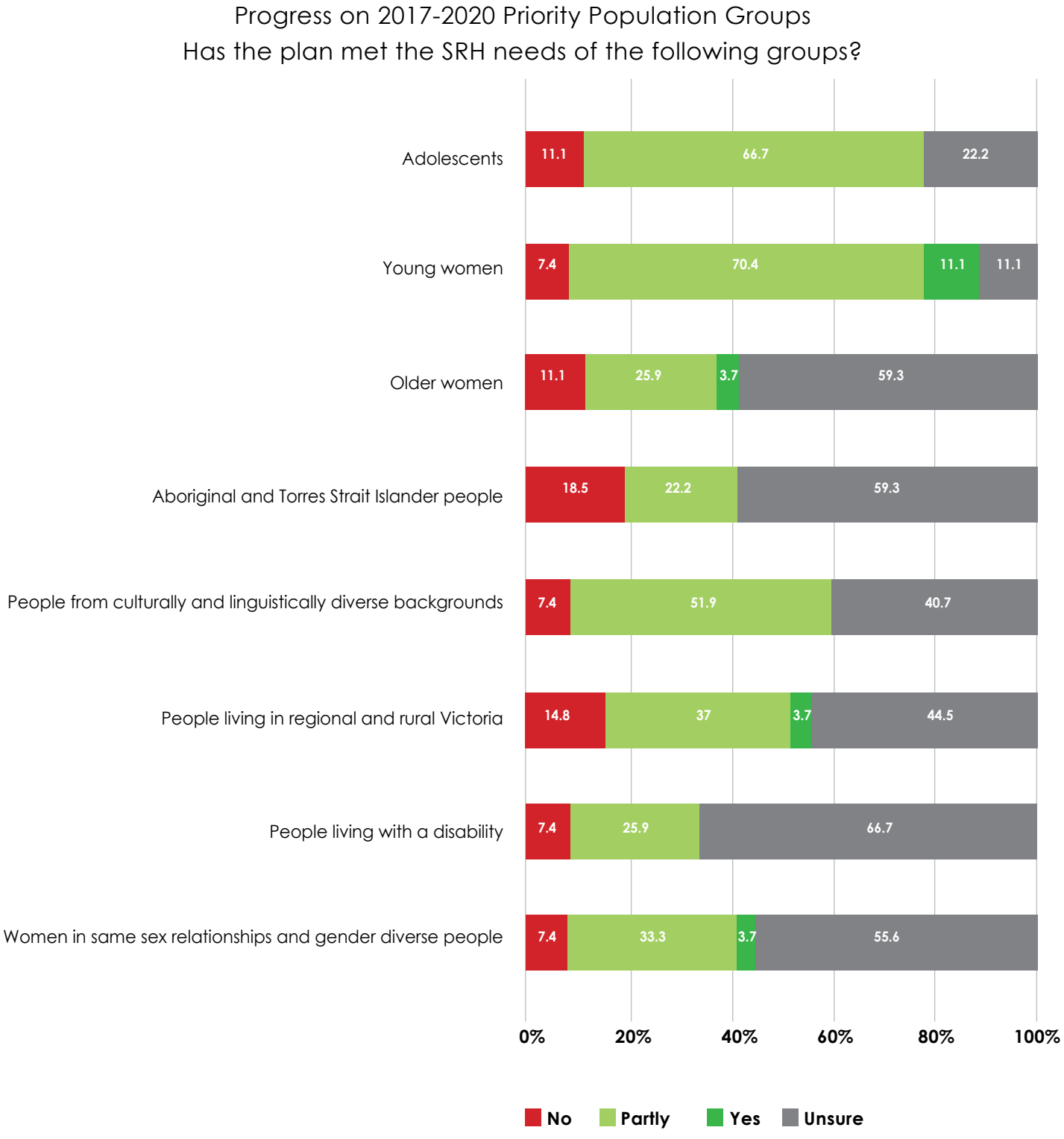
Progress on 2017-2020 Key Priority Actions - **Abortion**



Progress on 2017-2020 Key Priority Actions - **STIs / Stigma in SH services**

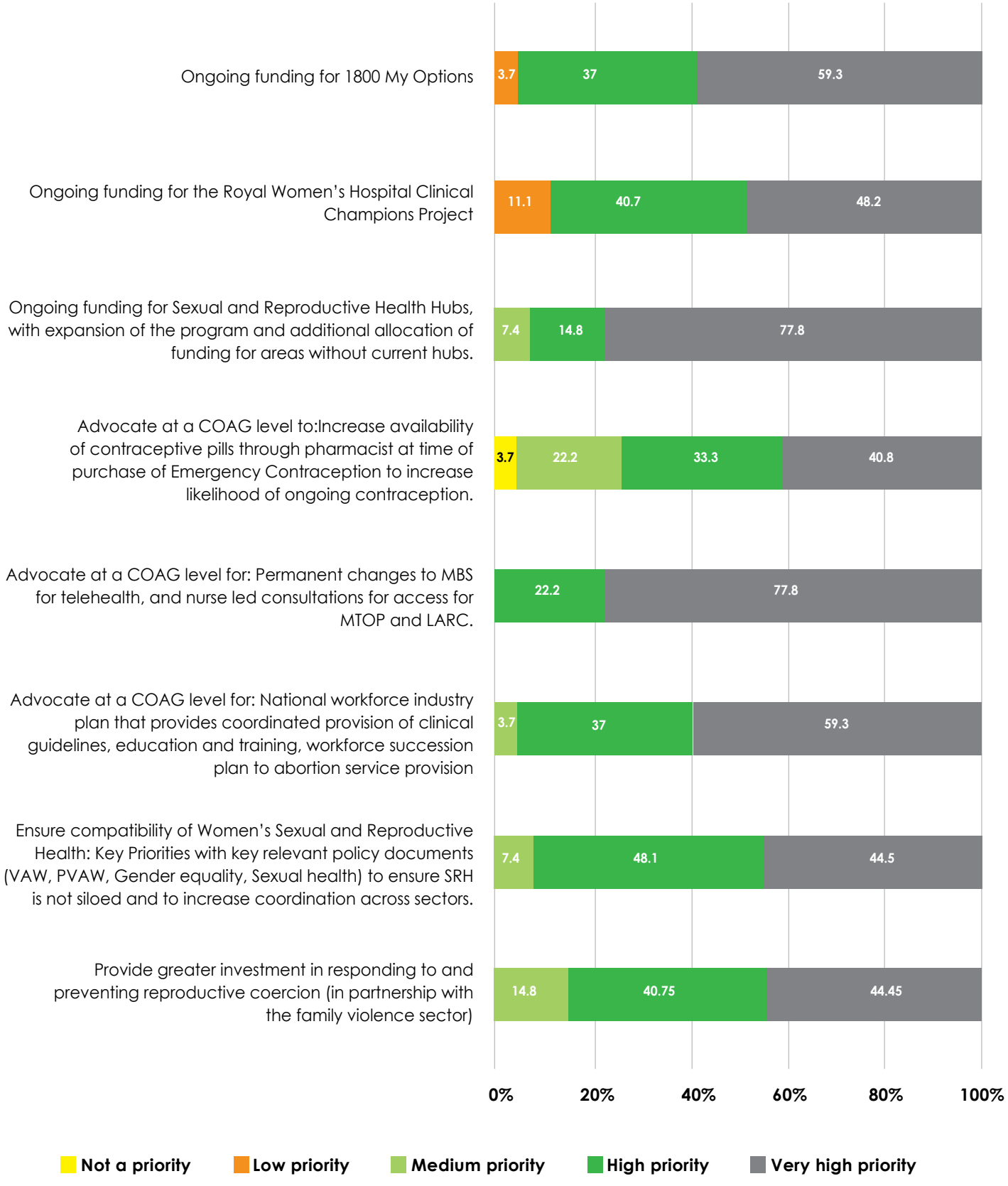


Annex 3: Consultation survey results demonstrating progress towards meeting the SRH needs of priority populations



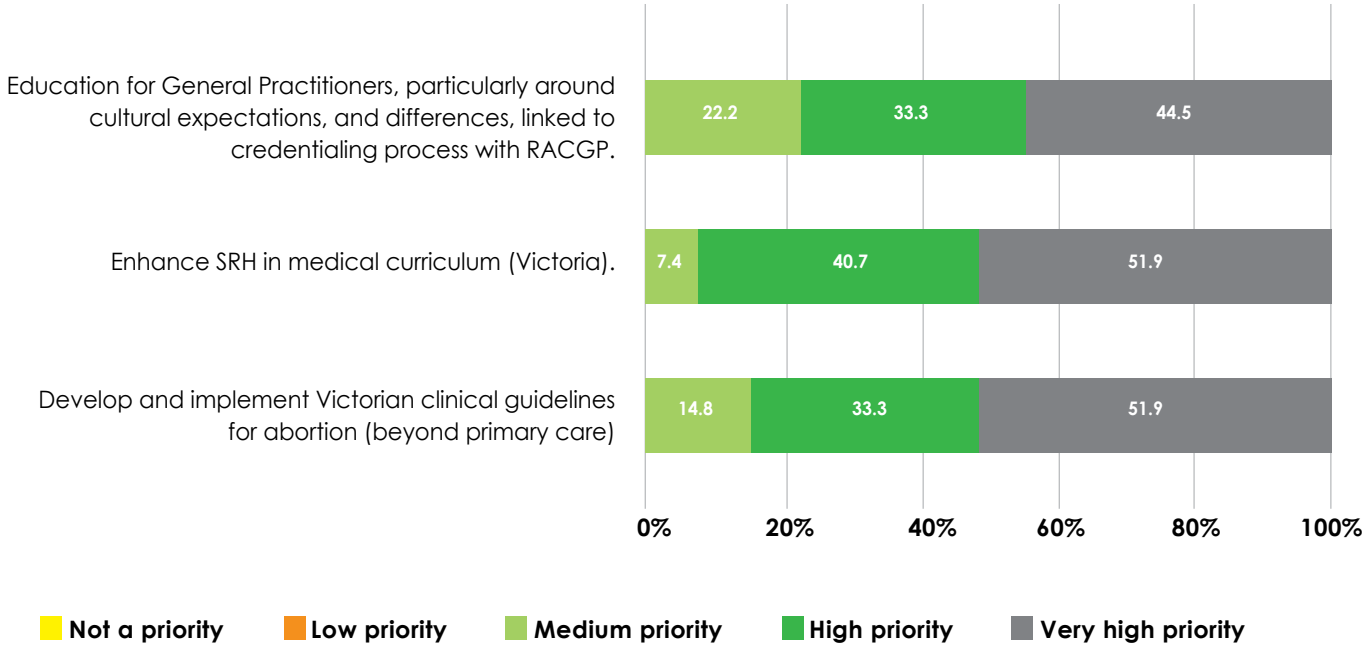
Future Priority Actions - **Policy and Funding**

What priority should be assigned to each of the following?



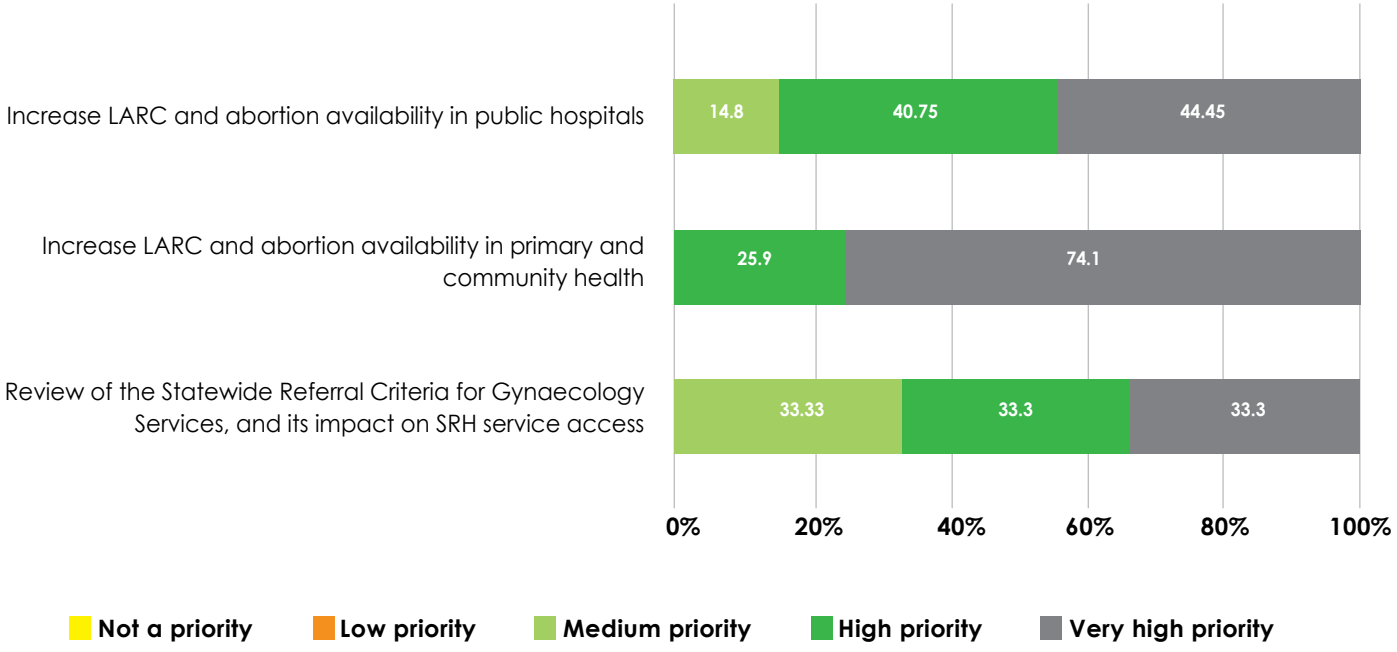
Future Priority Actions - **Workforce Capacity Building**

What priority should be assigned to each of the following?



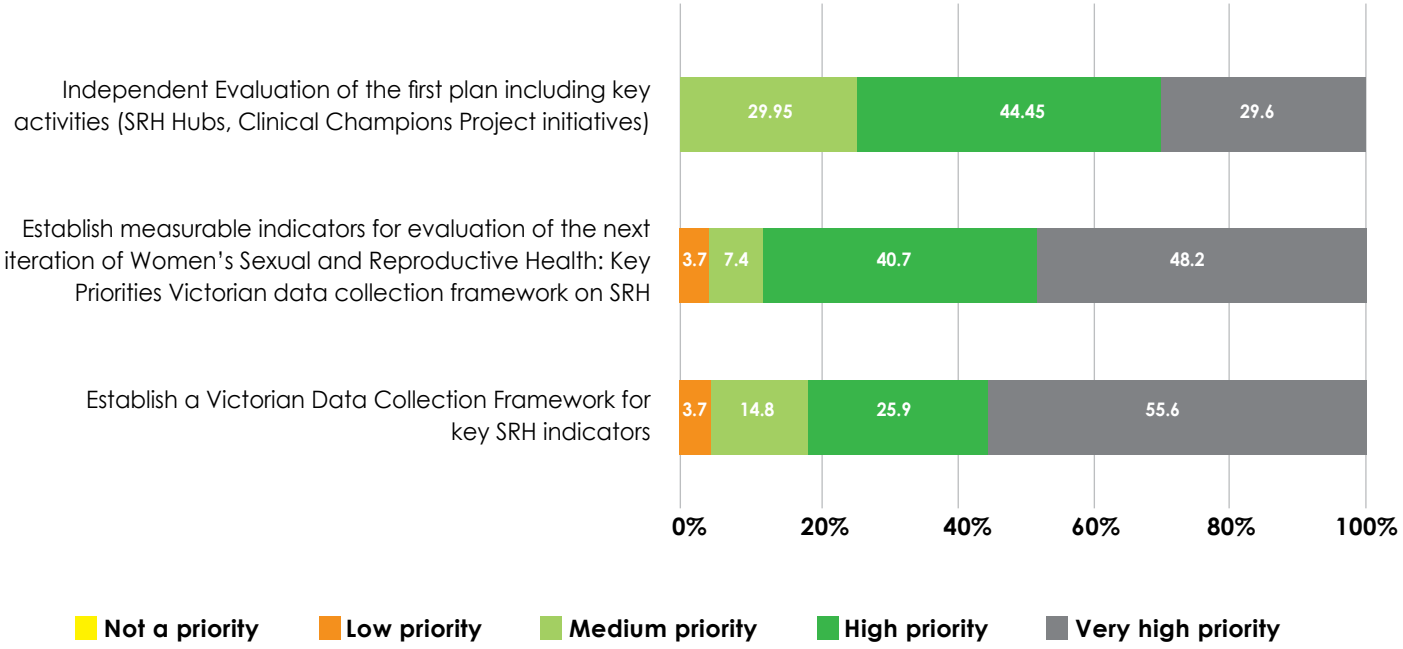
Future Priority Actions - **Access and Affordability**

What priority should be assigned to each of the following?



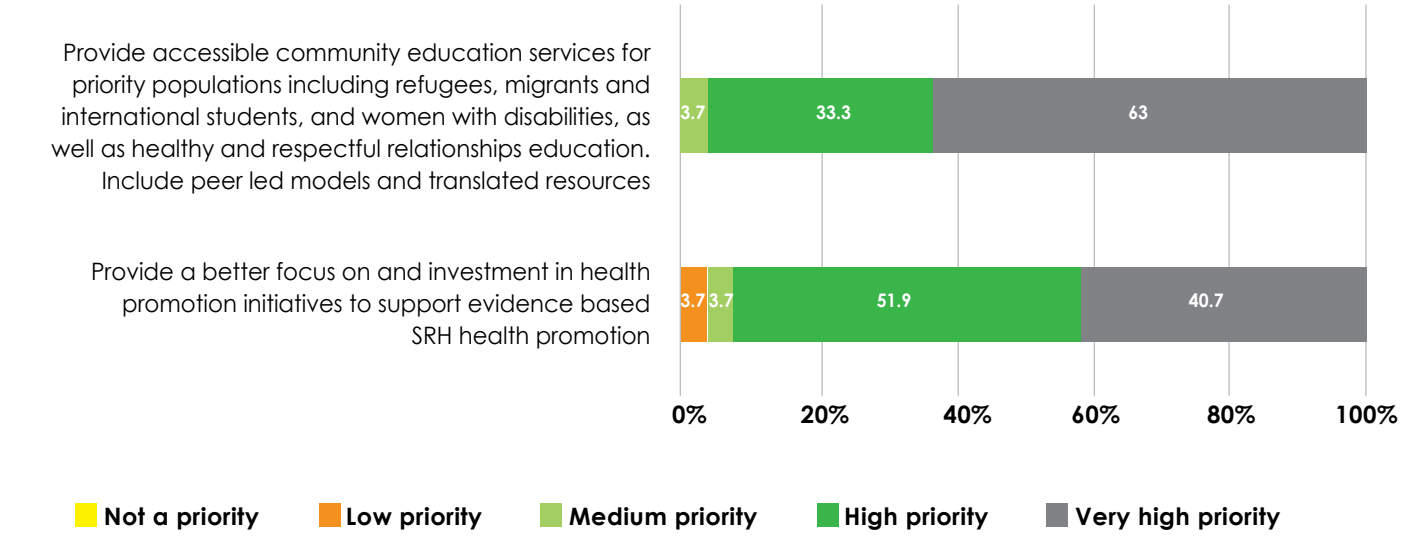
Future Priority Actions - **Research and Evidence**

What priority should be assigned to each of the following?



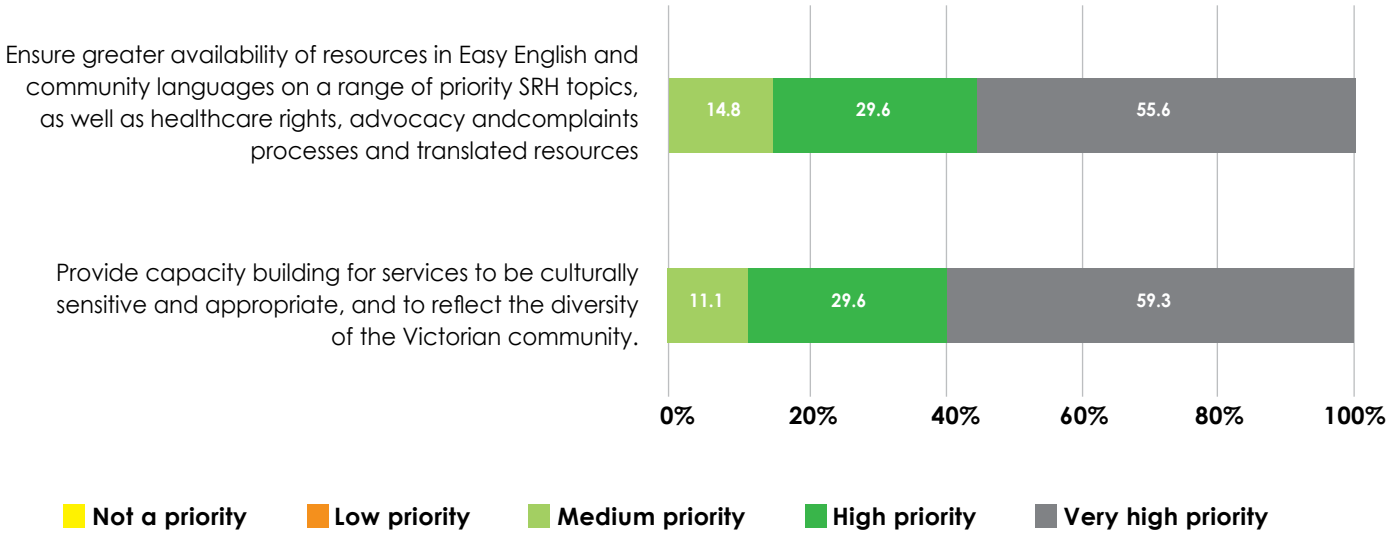
Future Priority Actions - **Education and Health Promotion**

What priority should be assigned to each of the following?



Future Priority Actions - **Health Literacy**

What priority should be assigned to each of the following?



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Women's Health Victoria acknowledges the support of the Victorian Government

Women's Health Victoria acknowledges and pays our respects to the traditional custodians of the land, the peoples of the Kulin Nation. As a statewide organisation,we also acknowledge the traditional custodians of the lands and waters across Victoria. We pay our respects to them, their cultures and their Elders past, present and emerging.We recognise that sovereignty was never ceded and that we are beneficiaries of stolen landand dispossession, which began over 200 years ago and continues today.

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