

**Forum Report**

Prepared by Women’s Health Victoria, May 2019.

**Overview**

The forum, *Access and Equity: Towards optimal reproductive health in Victoria*, was held on 15 May 2019 at One Roof in Melbourne. The forum was planned and delivered by Women’s Health Victoria (WHV) and brought together 100 stakeholders in women’s sexual and reproductive health (SRH) to hear from key speakers, reflect on recent achievements, and identify shared priorities going forward.

Speakers for the forum included the Minister for Health, the Hon. Jenny Mikakos MP; Gina Rushton, journalist for Buzzfeed News; and Carolyn Mogharbel from 1800 My Options, Victoria’s first statewide phone and information service for SRH, operated by Women’s Health Victoria. The forum was MC'd by Beth Wilson AM, former Health Services Commissioner for Victoria.

Speakers took part in a facilitated Q&A, after which a workshop was held to identify key achievements and priorities going forward in the areas of statewide policy, contraception, abortion, sexual health, reproductive health conditions and fertility, equitable access to SRH, and health promotion and education.

100 professionals attended the forum, including a wide range of health professionals, researchers, policy makers, service providers and women’s health services.[[1]](#footnote-1) People who were unable to attend the forum were invited to provide input on priorities for the seven topic areas via an online survey. An online survey was provided to all registered participants after the forum, to provide the opportunity for feedback on the event.

This report summarises the event and the key priorities for action and investment identified across the seven SRH topic areas developed through the workshop component of the forum. We hope this report will be used by many of the organisations represented at the forum to support their own advocacy, service delivery and planning, as well as by the state government, to inform the next iteration of ***Women’s Sexual and Reproductive Health: Key Priorities***.

More information, including a full audio recording of all presentations, is available via the WHV website: <https://whv.org.au/resources/whv-publications/forum-proceedings-access-and-equity-towards-optimal-reproductive-health>

**About Women’s Health Victoria**

WHV is dedicated to improving the health and wellbeing of all Victorian women.

As a Victorian statewide women’s health promotion, advocacy and support service, WHV collaborates with health professionals, researchers, policy makers, service providers and community organisations to influence and inform health policy and service delivery for women. One of our goals is for all Victorian women to experience optimal sexual and reproductive health at every life stage. This includes the ability to manage fertility and access contraception, have safe, respectful and pleasurable sexual relationships and access safe and legal abortion. Gender equality is essential to achieve this and underpins everything we do.

**Background to the forum series**

Victoria’s first ever statewide strategy ***Women’s sexual and reproductive health: Key priorities 2017-2020*** was launched by the then Minister for Health, the Hon Jill Hennessy MP, on International Women’s Day in 2017. The strategy provides long-awaited recognition of the important role sexual and reproductive health plays as a determinant of women’s health and wellbeing. $6.6 million over four years was committed in the 2016-17 State Budget to support implementation of the Strategy.

The Strategy represents a remarkable step forward for Victoria, lifting the profile of SRH at the state level. While the Strategy includes priorities across a wide range of SRH issues including fertility, endometriosis and polycystic ovarian syndrome, the forum and this report reflects the focus of WHV and its stakeholders which is on contraception, unplanned pregnancy and pregnancy termination.

The Strategy includes a strong commitment to increasing the availability of both medical and surgical abortion, particularly for women in regional and rural Victoria. It also supports improved access to advice and information on SRH and recognises the important role of hospitals in providing access to termination of pregnancy services. Workforce development, improved health literacy and innovative models of care are also identified as ‘key system enablers’ under the Strategy.

As a result of the Strategy, sexual and reproductive health hubs are being established across the state. The Strategy also funded Victoria’s first ever state wide sexual and reproductive health phone line, *1800 My Options*, which WHV was proud to launch in March 2018. Workforce development is under way with a particular focus on building the supply of health professionals trained to provide medical termination and long-acting reversible contraception.

The Strategy and associated funding will come to an end in 2020. In this context, and at the beginning of a new term of government at state level, it is timely for the sector to consider its SRH priorities for the next three to four years. WHV has therefore committed to delivering a series of four forums over 2019 and 2020 with the aim of fostering networks; sharing research, service provider learnings and consumer experience; and ultimately strengthening the service system in Victoria.

The forum held on 15 May 2019 was the first of this series, and focused on bringing SRH stakeholders together from across the state to take stock of work achieved under Victoria’s first statewide SRH Strategy, consider ongoing barriers to access in Victoria, and identify priorities for future work.

WHV was delighted that Minister Mikakos used the forum as an opportunity to announce the establishment of two more SRH hubs in Gippsland and Ringwood, taking the total number of hubs across Victoria to eight.

**Workshop summary**

**Workshop process**

The aim of the workshop was to identify priorities for SRH in Victoria across seven key topic areas: statewide policy, contraception, abortion, sexual health, reproductive health conditions and fertility, equitable access to SRH, and health promotion and education.

Participants were invited to contribute to as many topics as they liked, and to spend more time on the topics in which they had the greatest expertise or interest. A WHV facilitator accompanied each topic to ensure ideas generated by the discussion were put down on paper, identify gaps and offer prompts. Ideas and priorities that did not neatly fall into one or another topic area were also collected.

A wide range of ideas, priorities and suggestions were made across each topic area. The issues that achieved the greatest consensus have been summarised below. Full transcripts of the notes have been kept and can be made available on request.

**Common themes across all topic areas**

Several common priorities and achievements were reported across all topic areas. In terms of achievements, there was consensus that Victoria’s first ever statewide strategy ***Women’s sexual and reproductive health: Key priorities 2017-2020*** represents a landmark achievement with many participants emphasising the importance of an ongoing state-wide policy to set goals and priorities at the state level and to coordinate efforts and funding.

The current legislative framework in Victoria in relation to SRH was also recognised as a key achievement. Victoria arguably has the best suite of abortion laws in the country, including provisions for safe access zones which were enacted in 2016. However, much work still needs to be done in order to ensure that women’s legal rights to access abortion translates into equitable access to services.

Common priorities for work going forward were also identified:

* Concerns were raised about the very **limited supply of practitioners** who can provide certain SRH services e.g. 2nd trimester surgical abortion. An ongoing focus on building and sustaining a skilled workforce, supported by ongoing funding, is critical.
* **An** **intersectional approach** to all aspects of policy, workforce development and service provision is essential. This includes ensuring that, at a minimum, all services are able to provide supportive and appropriate response (and referral to specialist service as necessary/appropriate) to all groups including young people, international students, people from migrant and refugee backgrounds, sex workers, incarcerated/recently released women, gender diverse people and older women. The need to provide appropriate services and resources for international students and Aboriginal communities was consistently emphasised across all topics.
* The need to **mainstream and de-stigmatise SRH** within the health sector and across the wider community.
* There is an ongoing need to better **integrate primary and tertiary services and strengthen cross-sector partnerships** (e.g. between the family violence and SRH sectors).
* The importance of/need to resource rigorous **evaluation** and to collect and share local and statewide data.

**Key priorities identified under each topic area**

**Statewide policy**

**Achievements**

* Our first statewide SRH policy has created the authorising environment to strengthen existing work and identify opportunities for innovative responses and partnerships.
* Key strengths of the Strategy include its focus on workforce capacity-building; service provision in rural and regional Victoria; and the importance of intersectional approaches and diversity in SRH.
* The establishment of *1800 My Options*! *1800 My Options* has already improved the information available to women and health professionals. Establishing the first state map of SRH services has made the service system more transparent and easier to navigate. It has also been used as an advocacy tool to identify gaps where services are needed. The map has shown an increasing number of medical abortion (MTOP) providers particularly in regional areas.
* Strong legislative framework. Victoria has established Safe Access Zones (and the law has been upheld by the High Court), helping to remove barriers to access, de-stigmatise abortion and end a longstanding, public form of gender-based discrimination.

**Priorities**

**Policy and funding**

* Start consultation for and development of the next SRH strategy and provide increased funding to build on the first one.
* Link the SRH strategy to other relevant polices/strategies at the state-wide level (e.g. BBVs, STIs but also violence against women and gender equity). This would raise the profile of SRH and break down silos in the service system. Prevention and response efforts are linked across all of these issues!
* Next SRH strategy needs to focus on building an integrated SRH service ‘system’. This includes normalising provision of the full suite of reproductive services, and funding and support for partnership/linking activities. This should be supported by dedicated resourcing and coordination within Department of Health and Human Services (DHHS) across all relevant areas (primary, tertiary, health promotion, workforce etc).
* SRH must continue to be included as a priority under the Victorian Public Health and Wellbeing Plan and Municipal Public Health Plans at local government level (beyond STIs).

**Workforce capacity building**

* Develop a SRH workforce strategy, including training for new health professionals on long acting reversible contraceptives (LARC), MTOP and surgical abortion (STOP), supporting existing champions (and planning for succession) and preventing ‘burnout’.

**Access**

* Directive and funding from DHHS for comprehensive (abortion and contraception) services to be provided by all regional hospitals (in particular).
* SRH hubs should be established in each community health service to better integrate SRH into primary health.
* Local networks of GPs should be supported and held accountable for providing services (e.g. STOP and IUD clinics), for example, by being publicly listed on the *1800 My Options* database.

**Research and evidence**

* Investment in and sharing of statewide data sets to inform policy and practice.
* Support rigorous evaluation of health promotion interventions and contribute to the evidence base.

**Contraception**

**Achievements**

* Improved availability and quality of multilingual resources
* Anecdotal evidence of increased uptake of LARC and availability of condoms

**Priorities**

**Policy and funding**

* Greater provision for longer consultations where appropriate so that doctors can discuss family planning and the full suite of contraceptive options available, as well as providing time to assess for and respond to significant social issues, or where an interpreter is required, etc.

**Workforce capacity building**

* More information for primary health providers about LARC including efficacy, how to address public misconceptions and how to have more productive/supportive conversations with women.
* More professionals trained in LARC insertion, including exploration of nurse-led models.
* Greater confidence for health professionals and those making referrals for SRH services that they are referring patients/women to supportive local pharmacies for emergency contraception and LARC. More consistent provision of emergency contraception by pharmacies, and transparent and equitable pharmacy processes around age limits.
* ‘No wrong door’ for SRH information and care. All services should be able to provide a supportive response to all consumers/patients (e.g. women with disabilities and LGBITQ young people), even if patients are then referred to specialist services.

**Access**

* Free access to all forms of contraception e.g. mandate and fund local governments to provide condom vending machines in all public toilets.

**Abortion**

**Achievements**

* Decriminalisation of abortion in 2008! Safe access zone laws in 2015!
* SRH Strategy & *1800 My Options* & government commitment to public abortion services
* MTOP now on the PBS and an increasing number of MTOP providers in metro, regional and remote areas
* The establishment of the first SRH hubs
* CERSH and Royal Women’s Hospital workforce development project

**Priorities**

**Policy and funding**

* Directives for public hospitals (tertiary and regional) and funding for contraception and abortion. Make hospitals accountable for providing services.
* Introduce an MBS item for provision of MTOP in primary care to adequately reflect consultation time
* Ungently improve access and affordability for international students.
* Centre consumer voices to reduce stigma and improve service delivery and experience.

**Workforce capacity building**

* Expand provision of surgical abortion after 16 weeks as a matter of urgency. Provide surgical terminations in public hospitals for later gestations, including adequate funding for STOPs reflecting increasing complexity at later gestations.
* Continue capacity building for rural and regional providers to increase the number of GPs providing MTOP
* Address conscientious objection as a barrier to service access

**Access**

* Recognise and address additional costs associated with abortion beyond the procedure itself e.g. non-bulk billed ultrasound. Make funding available for travel and accommodation to support rural women’s access.

**Sexual Health**

**Achievements**

* Improved access to condoms through condom vending machines
* Increased local government engagement
* Improved STI screening tests and self-testing options (e.g. music festivals)

**Priorities**

**Policy and funding**

* A coordinated sexual health service system across the state catering to all genders and age groups.
* Greater recognition of and investment in sexual health across the life span including postnatal sexual health and menopausal sexual health, including defining and implementing sexual health policy and practice for women post menopause to 100+.
* Reduce Medicare restrictions for STI testing.

**Workforce capacity building**

* Increase funding for rural services to increase access to STI screening. Build capacity of bush nurses in remote towns - opportunistic screening for STIs is key.
* Provide funding for more than one sexual health prevention/education position in ACCOs.

**Reproductive health conditions and fertility**

**Achievements**

* The first National Action Plan on Endometriosis (though long overdue and significantly underfunded)
* Senate Select Committee on Stillbirth Research and Education
* Pregnancy and Reproductive Loss Service at the Women’s
* Partnership between Family Planning Victoria and VARTA focused on the integration of fertility and assisted reproductive technology treatment in education for primary and secondary schools.

**Priorities**

**Workforce capacity building**

* Improve training for GPs to improve their knowledge about women’s reproductive health conditions as well as their ability to provide supportive care. Need for GPs with expertise in reproductive health conditions in every community/region.

**Access**

* Access to care in relation to stillbirth needs to be improved and should be informed by the voices of women and families who have experienced it.

**Education and health promotion**

* Improve the availability of accessible and easy to understand education programs for primary and secondary schools on common and uncommon reproductive health conditions and issues (such endometriosis and PCOS) and fertility.
* Greater understanding across the community that reproductive health is not just a women’s issue or responsibility. Work with men, boys, trans and gender non-conforming people is also critical.
* Education must be inclusive and supportive of all sexualities and gender identities.

**Health literacy**

* Reproductive health services and information must be culturally sensitive and appropriate, including
	+ Access to and uptake of translated health information and interpreters
	+ Linkages with/support for FARREP workers.

**Equitable access**

**Achievements**

* *1800 My Options* is making the distribution of services across regions visible and supporting service provision in rural areas and contributing to a more transparent and equitable SRH service system.
* The establishment of the first SRH hubs (including newly announced). Many rural services are doing things well.
* Better attention is being paid to intersectional and inclusive practice – though there is much work still to do.

**Priorities**

**Policy and funding**

* Provide ongoing funding for *1800 My Options* and clinical champions across the state (e.g. the work being undertaken by CERSH and the Women’s Hospital which is funded under the current Strategy).
* Work needs to be done to ‘Close the Gap’ in SRH between Aboriginal and Torres Strait Islander peoples and the rest of the Australian community.
* Value and resource expertise of Aboriginal health services and organisations
* Fund and provide directives to all public hospitals (tertiary and regional) to provide contraception (including LARC and emergency contraception) and abortion – this is particularly important in regional areas and for later gestation.

**Workforce capacity building and access**

* At a minimum, all services are able to provide a supportive and appropriate response (and referral to specialist service as necessary/appropriate) to all groups including young people, international students, people from migrant and refugee backgrounds, sex workers, incarcerated/recently released women, gender diverse people and older women.
	+ Address the lack of access to SRH for international students – universities and insurers must provide access/ safety net.
	+ Resource information and communication access for women with a disability so that they are empowered to access SRH care without depending on family, partners or carers.
	+ Provide training for health professionals that challenges gender and disability stereotypes that limit the reproductive autonomy of women with disabilities.
	+ Increased investment in growing rural SRH workforce to support equitable access (including through the establishment of more SRH hubs!)
* Put strategies in place to support greater diversity in SRH workforce – the workforce should be representative of the community it serves.
* Put strategies in place that recognise and respond to the fact that equitable access is reliant on the additional things that women need in order to access SRH e.g. transport, childcare, etc.

**Health literacy**

* Greater availability of easy English SRH resources in easy English and community languages on a range of topics, including information about healthcare rights, advocacy and complaints processes.

**Education and health promotion**

**Achievements**

* Somewhat improved availability of sexual health and relationship education for international students
* Cohealth SRH hub has been established and provides advice and services on LARC, MTOP and reproductive rights
* State government announcement of and funding for free pads and tampons in schools
* FARREP provides education to health professionals to improve knowledge/understanding on FGC
* Professional development with GPs and pharmacists to expand MTOP provision

**Priorities**

**Policy and funding**

* Bring back Wulumperi unit (Melbourne Sexual Health Centre), Deadly Dudes, Sacred Sistas - great programs developed by ACCOs!

**Research and evidence**

* Develop better research questions that go beyond SRH basics (STIs) to include content on consent, pleasure and communication.
* Greater focus on and investment in evaluation of health promotion initiatives to support the economic case and evidence base for SRH health promotion.

**Education and health promotion**

* There is demand for more community education sessions with refugees, migrants and international students around SRH (including STIs, contraceptive options, abortion, etc) as well as healthy and respectful relationships education. Education must be culturally sensitive and delivered by or in partnership with community members. This includes attention to FGC response and eradication, refugee health, general health promotion, family violence prevention.
* Changing the culture of schools in relation to how they deal with SRH. Not just providing SRH curriculum but a broader approach to deal with how SRH is stigmatised in the culture of the school, including engaging non-health teachers and counsellors and other support staff.

**Health literacy**

* Make SRH education be more widely available to women with disabilities. Peer-led capacity building is one important way of doing this so women with a disability feel confident, informed and empowered around SRH and relationships.

**Other themes**

* The Victorian Women's Health Services network has played a key role in coordinating local and statewide work.
* Funding is required for research around reproductive coercion – this is an emerging issue that remains hidden despite its likely prevalence and impact on women’s SRH and wellbeing.

**Forum feedback**

In addition to speakers and WHV staff, 90 people attended the forum from a variety of sexual and reproductive health, women’s health, hospital, academic and community service organisations. An electronic survey was provided to all registered participants after the forum, to provide the opportunity for feedback on the event.

41 individuals (45% of all attendees) completed the evaluation survey.

**Participant satisfaction**

Participants were asked to list their aims in attending the forum, and to identify the degree to which the forum met their expectations:



Respondents identified a range of aims, with many focused on the collegiate aspects of networking and sharing information and looking forward to opportunities to provide input into possible future work. The majority (n=36, 88%) of survey respondents identified that they were very satisfied or satisfied with how the forum met their expectations. The remaining respondents were somewhat satisfied, perhaps reflecting the broad range of aims identified by participants and the difficulty of a single event being able to meet all of these expectations.

*“Have more! We can be a v disconnected group of people in this sector- these forums are important to bring everyone together and reduce the sense of isolation. There is no conference in Vic so this is the only opportunity for everyone to get together share ideas, problem solve and have an input into policy/ strategy.”*

*“Thanks for a very energising event - I returned to work feeling uplifted, informed and inspired.”*

*“I feel that it is very important to host between 2 - 4 events like this each year as they are incredibly powerful in promoting a collaborative approach to SRH health promotion. It also provides the avenue to inspire, celebrate and motivate people working in the SRH health promotion sector which is a great antidote to burnout!”*

Of those who provided feedback about their satisfaction with the speakers (n=40), 85% (n=34) were very satisfied and 15% (n=6) were satisfied.

Respondents showed overall satisfaction with the timing of the event (n=36, 90% either very satisfied or satisfied).

**Workshop feedback**

95% of respondents were satisfied or very satisfied with the workshop discussions (n=39). Those that identified key achievements noted that the event was well run, well attended, a positive opportunity for networking and collaboration, and timely.

*“I loved the café style workshop - kept everyone engaged and motivated to walk around.”*

Areas for improvement for future forums in the series included:

* Whilst intersectionality was mentioned several times, speakers of colour and different abilities should have been presenting and actively voiced (2 participants).
* We should address some of the complexities associated with the priorities identified during the forum.

Suggested focus areas for future forums included:

* Intersectional and inclusive approaches to SRH service provision (with a focus on establishing best practice)
* How to connect those who experience family violence to *1800 My Options* and increasing understanding of reproductive coercion
* Shame and stigma, healthy relationships, shifting from disease to health
* Showcasing cross-organisational and regional collaborations
* Timing that is more accessible to rural participants
* More opportunities for networking

*“I would have liked to have seen more diversity on the panel and more discussion of implementing an intersectional approach in all work in the SRH space. It's important that intersectionality is not used a simply as a buzzword, but embedded into all practice from the outset.”*

*“Would love to have more time to connect and speak with other attendees. So rare that we're all in a room together.”*

**Next steps**

This report, as well as an audio recording of the forum presentations preceding the workshop, is available via the WHV website: [https://whv.org.au/resources/whv-publications/forum-proceedings-access-and-equity-towards-optimal-reproductive-health](%20https%3A/whv.org.au/resources/whv-publications/forum-proceedings-access-and-equity-towards-optimal-reproductive-health). Copies of the report will be emailed to all forum participants, the Minister for Health and the Department of Health and Human Services.

The priorities generated by the forum will inform WHV’s own ongoing SRH advocacy in relation to statewide SRH policy and funding. It is anticipated that the findings could inform early planning for the next SRH strategy in 2020.

Findings from the workshop will also be used to inform the design and focus of future forums in this series.

**Appendix 1: Organisations represented at the forum**

**List of organisations represented at the Access and Equity Forum 15 May 2019**

Burnet Institute

Buzzfeed

Cancer Council Victoria

Centre for Culture, Ethnicity and Health

Centre for Excellence in Rural Sexual Health (CERSH)

cohealth

Darebin City Council

Deakin University

Department of Health and Human Services

Family Planning Victoria

Gateway Health

Gender Equity Victoria

Gippsland Women's Health

headspace Youth Health Clinic

Human Rights Law Centre

IPC Health

Jean Hailes for Women's Health

La Trobe University

Marie Stopes Australia

Murdoch Children’s Research Institute

Mia Walsh Pregnancy Counselling

Monash Health

Monash University

Multicultural Centre for Women's Health

Royal Women's Hospital

Star Health

Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

Victorian Assisted Reproductive Treatment Authority (VARTA)

 Victorian HIV and Hepatitis Integrated Training and Learning (VHHITAL)

West Gippsland Healthcare Group

Women with Disabilities Victoria

Women’s Health and Wellbeing Barwon South West

Women's Health Grampians

Women's Health Hub

Women's Health in the North

Women's Health Victoria

Women's Health West

1. For a full list of the organisations represented at the forum see Appendix 1. [↑](#footnote-ref-1)