

## GENDER LENS ON THE 2024 BUDGET

<b>Key policy in discussion</b>	<b>Health</b>
<b>Portfolio and or agency</b>	<b>Department of Health and Aged Care</b>
<b>Date Issued</b>	<b>26 May 2024</b>
<b>Chair, Social Policy Committee NFAW:</b>	<b>Prof. Helen Hodgson: <a href="mailto:h.hodgson@tpg.com.au">h.hodgson@tpg.com.au</a></b>

---

### Key Portfolio Issues

- Health is not a major focus of the 2024-25 Budget. Albeit numerous, the majority of health measures are modest, business as usual or continuation of existing programs.
- A number of health measures will be of assistance to women and children and further a gender equitable health system. Some are aimed at improved access – such as additional mental health services and urgent care clinics - and cost of living relief – in particular the prescription medicine co-payment indexation freeze.
- Other initiatives aimed directly at women and girls are welcome but modest.
- Careful monitoring and ongoing evaluation will be required to measure the extent to which these commitments deliver on gender equality as promised.
- Contrary to the statement in *[Working for Women: A Strategy for Gender Equality](#)* that “[t]o achieve gender equality, the health system needs to respond to the needs of women, men and gender diverse people”, the Budget does not include a comprehensive policy or broad programmatic approach aimed at addressing gender based disparity in the health system.
- However, the vocal commitment to advancing gender equality and initiatives such as a gender audit of MBS rebates signal the potential for more comprehensive policy ahead; a potential which needs to be closely tracked and encouraged.

The National Foundation for Australian Women is a feminist organisation, independent of party politics and working in partnership with other women’s organisations. NFAW is dedicated to promoting and protecting the interests of Australian women, including intellectual, cultural, political, social, economic, legal, industrial and domestic spheres.

## Budget Measures

### Measures under the Strengthening Medicare Banner

The Strengthening Medicare initiatives encompass the Government's agenda to improve primary care in response to the [Taskforce](#) report which was [a key element of the 2023–24 Budget](#). This year, a range of measures appear under this umbrella (Commonwealth of Australia [Budget paper 2](#), p126-130).

An additional \$227 million is committed into the Government's flagship initiative to increase access to urgent care and relieve pressure on public hospitals. This Budget's commitment will provide for 29 additional Medicare Urgent Care Clinics.

Also under the Strengthening Medicare umbrella, a number of actions to improve and enhance the [Medical Benefits Schedule \(MBS\)](#) are highlighted in the Minister for Women's Budget [press release](#). These include improvements in maternity care including longer appointments with midwives and a commitment of \$49.1 million to allow longer gynaecological consultations for women with complex conditions such as endometriosis and pelvic pain.

On this latter item, careful monitoring will be required to ensure that the high rebate for longer appointments in fact results in lower out-of-pocket costs for women, and/or a higher bulk billing rate, as well as for improved quality of care. Currently specialist appointments, including with gynaecologists, are not frequently bulk billed and require a [high out-of-pocket contribution](#) from patients. Further a higher rebate in itself does not go to address the [deep seated stigma](#) attached to conditions such as endometriosis.

An item to watch under the Strengthening Medicare head is the [commitment of \\$16 million](#) for system improvements to the [My Medicare patient enrolment scheme](#). These improvements foreshadow enhanced arrangements with a potential to advance gender equality in future years.

Importantly, the Strengthening Medicare measures also include \$23.1 million to extend the MBS continuous review. Recent media has highlighted concerns of [significant gender bias](#) baked into the MBS. Among MBS items to be scrutinised are those relating to the insertion and removal of long acting reversible contraceptives (LARC) and potential gendered differences across diagnostic imaging rebates. However, a broader gender audit of items is not currently provided for in the Budget.

### Prescription medicines under the Pharmaceutical Benefits Scheme

A key measure aimed at cost of living relief is the freeze of indexation on the co-payment paid for prescription medicines (\$318 million over five years, Commonwealth of Australia [Budget paper 2](#), p. 124 ). General co-payments receive a 12 month indexation pause while the concessionary rate is frozen for five years. This measure builds on the substantial reduction in medicine costs provided for in the 2023-24 Budget and will help prevent the erosion of that measure through inflation. The balance of the \$480.2 million measure goes towards implementation of other pharmacy related services including to improve access for First Nations People.

However, the Budget again misses an opportunity to expand uptake of the existing PBS safety net scheme by failing to provide for a digital and automatic record of co-payments. The current

[manual system](#) reduces access for those who do not know, or are not able to keep track of, their out-of-pocket prescription medicine costs.

In addition, the most recent batch of medicines listed on the PBS (11 in total) includes drugs for early breast cancer likely to return and ovarian cancer (Commonwealth of Australia [Budget paper 2](#), p. 119). Of course, these drugs are listed in accordance with the now long standing commitment of federal governments to list all medicines recommended by the Pharmaceutical Benefits Advisory Committee and is driven by industry application rather than government priority.

### **Mental health services**

The Budget commits \$888.1 million over eight years (with \$139.8 million ongoing) to establish new mental health services and extend existing services, including some services directed primarily to First Nations people (Commonwealth of Australia [Budget paper 2](#), p. 116).

Women are more likely to report poor mental health and seek care from mental health professionals, and this modest additional investment in mental health care will help address the significant levels of unmet need for mental health services.

### **Preventive Health**

Australia invests less in preventative health care than comparable countries, increasing the burden of disease and demand for health care services.

A budget measure of \$514.8 million (Commonwealth of Australia [Budget paper 2](#), p. 121) labelled preventive health comprises an amalgam of disparate grants and programs.

By far the biggest commitment under this heading (\$303.9 million over 2 years) relates to maintaining an appropriate [National Medical Stockpile](#) and the second largest commitment is \$55.3 million to the [National Critical Care and Trauma Response Centre](#). Although both are important government run institutions, their characterisation as preventive health is unclear.

The balance of the funding is applied to a broad range of areas including, for example, alcohol and other drugs treatment, efforts to combat antimicrobial resistance, men's health initiatives<sup>1</sup> including continuation of the men's sheds program, and dementia, diabetes and Parkinson's disease support and education. The numerous items do not appear to accord with a comprehensive preventive health strategy nor make a commitment to any particular stream.

---

<sup>1</sup> Comprises \$11.6 million over 2 years.

## Specific Women’s Health Measure

### Women's Health

Payments (\$m)	2023-24	2024-25	2025-26	2026-27	2027-28
Department of Health and Aged Care	-	21.3	18.1	8.8	5.1
Services Australia	-	2.0	0.3	0.3	0.2
Total – Payments	-	23.2	18.5	9.1	5.3

Source: Commonwealth of Australia [Budget paper 2](#), p. 132.

The modest commitment of \$56.1 million over 4 years for women’s health focuses on a range of items to “...improve access to sexual and reproductive healthcare for women in Australia across the life-course, including support for women’s health services on miscarriages, pre-term or early-term births, stillbirths, early pregnancy and menopause”.

Notable among the items are:

- \$12.5 million to the [National Aboriginal Community Controlled Health Organisation \(NACCHO\)](#) to provide free period products to rural and remote First Nations Communities
- \$6 million over two years to support trauma informed healthcare for women and children experiencing domestic violence or homelessness on the Central Coast [see ‘Reducing Violence’ paper]
- \$3.5 million to expand professional indemnity insurance for private midwives.

Other items provide for the development of strategies and education material, evaluations and datasets.

These various items are useful but none are likely to drive wholesale reform of the health system and its treatment of women and girls.

Further, the Budget makes no advance in relation to provision of abortion access. The [Women’s Budget Statement](#) refers to an extended MBS item to fund the use of ultrasound by nurse practitioners in the course of medical termination of pregnancy and to a MYEFO measure which provides support to practitioners providing medical abortion. While important adjuncts to abortion provision, these minor adjustments fall well short of action needed to increase access to abortion services, as highlighted by the Senate Report of May 2023 [Ending the postcode lottery: Addressing barriers to sexual, maternity and reproductive healthcare in Australia](#).

### Medical Research

The Budget papers refer to a \$1.4 billion commitment into medical research over 13 years. However, all but \$18 million of this spend is sourced from drawdowns from the [Medical Research Future Fund](#) which was established in 2015.

## Medical Research

Payments (\$m)	2023-24	2024-25	2025-26	2026-27	2027-28
Department of Health and Aged Care	-	18.0	0.8	-	-

Source: Commonwealth of Australia [Budget paper 2](#), p115.

The bulk of these forward drawdowns are committed to the establishment of research missions and pursuing translational research. Reference is also made to \$329.6 million over 10 years (an initial four year commitment of \$53.6 million) for patient centred research into emerging priorities including women’s health but without any specificity as to the level of funding for any particular priority.

### Gender implications of this budget measure

The Government’s budget materials are strong in acknowledging health as a key area requiring focus in order to achieve gender equality. This reflects the inclusion of health as a priority in the [Working for Women: A Strategy for Gender Equality](#) released in March 2024.

The [Strengthening Medicare fact sheet](#) rightly points out that “[women] and girls have unique health needs [and that] socioeconomic factors and gender bias in the health system often put them at a disadvantage resulting in misdiagnoses and lack of access to quality health services”. It goes on to assert that “...this Budget takes important next steps to make quality health care more affordable and available for women”. Further the health section of the [Women’s Budget Statement](#) brings together information from many sources to make the case that comprehensive action is underway.

The concern is that these materials rather overstate the Government’s action on the basis of modest investments in the 2024-25 Budget and early preparation for potential future reform. The numerous matters drawn together in the Women’s Budget Statement appear to be grouped after the fact having trawled all streams of activity rather than built as a cohesive program of reform directed at achieving gender equality. The same criticism can be made of the preventive health, research and women’s health measures.

It is certainly the case that various measures in the Budget will have a positive impact on women and girls. Increased access to mental and physical health services, action to improve the care and affordability of services to women with complex gynaecological conditions, and improved maternity and related services are welcome, together with the further action in this budget to reduce the cost of medicines.

A program to deliver free period products to First Nations women and girls in remote communities is an excellent initiative but immediately begs for expansion to a broader range of menstruation related assistance. (Noting the additional commitment in the Home Affairs portfolio to abolish tariffs on menstrual products.)

A focus on research and better data collection and on a gender audit of MBS items does have the capacity to base further policy and programs which truly shift the health system towards gender equality. However, the budget detail reveals that women's health is only one priority among various rather than the definitive recipient of research funding from the MRFF and the MBS audit is initially limited to only a few items.

Further, the range of minor service improvements to reproductive health and gender specific health services, while positive, does not comprise a clear or comprehensive strategy to remove the barriers and disadvantages which women face. There is no apparent action to increase the access and affordability of abortion services. The continuing omission of the [2019 ALP election promise](#) to ensure provision of terminations in public hospitals remains disappointing.

Nonetheless, the Government is to be supported in its action to highlight health issues affecting women and girls, and encouraged to take the next steps towards achieving gender equality. Close monitoring and evaluation of existing measures will be required to ensure their promise is realised.

The Government must deliver a more ambitious agenda in coming years if it is to realise the advances which are needed. Gains towards gender equality will be hard won and an honest and transparent assessment of the current challenges and the rate of progress is needed to ensure that the right remedies are adopted.

### **Recommendations**

NFAW calls upon the Government to develop and publish a comprehensive reform program to address the "socioeconomic factors and gender bias in the health system [which] often put [women and girls] at a disadvantage" as identified in its budget materials. This program should include a focus on the additional barriers facing First Nations women as well as women with disability, women from CALD backgrounds and other groups of women for whom specific consideration is needed.

This reform program should include:

- A comprehensive gender audit of MBS items in expansion of the continuing MBS review
- A coherent preventive health approach which takes account of gendered differences
- Digital reforms to allow the automatic tracking of prescription drug out of pocket costs so as to ensure access to the PBS safety net for all who are entitled to it
- Dedicated resources from the MRFF for research on issues related to women's health and initiatives needed to drive gender equality
- Expanded access to abortion services – medical and pharmaceutical – including the requirement that all publicly funded hospitals provide access to abortion care.

Progress against this reform program should be tracked and publicised together with careful monitoring and evaluation of the extent to which announced measures deliver anticipated improvements in gender equity.