

Election 2019 – Reproductive health

WHY IS THIS AN ISSUE FOR WOMEN?

- While the broader sphere of sexual and reproductive health affects all genders and sexualities, women carry a disproportionate burden of reproductive health issues.
- Dysmenorrhea, endometriosis, polycystic ovarian syndrome, pelvic inflammatory disease, uterine fibroids, cervical, ovarian and other gynaecological cancers are health concerns unique to women. All of these conditions are often under-diagnosed or diagnosed late, leading to long periods of untreated pain and lost opportunities to prevent the worsening of symptoms or progression of disease.
- On average, women are fertile for over 40 years, which represents around 480 occasions where pregnancy is possible.
- For teenagers and young women, comprehensive sexual, reproductive and respectful relationships education, access to affordable sanitary products and youth and women-friendly health care providers are needed.
- For sexually active women, access to safe, affordable, effective contraception, suitable to their individual needs, is essential. Currently, it is estimated that around half of all pregnancies are unplanned.
 - Anecdotally, women report significant barriers to accessing emergency contraception, specifically judgmental attitudes by pharmacists.
- While accurate data on induced abortion is notoriously difficult to obtain, it is estimated that around a third to a quarter of women will have an abortion at some point in their reproductive lives. Services need to be modern, supportive and non-judgmental, within an appropriate legal framework and adequate service planning.
 - It is well documented that pregnancy termination services are extremely limited and prohibitively expensive in most parts of Australia. Laws governing pregnancy termination are also different in every state and territory.
- A smaller proportion (around one in nine) of women will experience difficulty conceiving naturally, and will need access to assisted reproductive technologies.
- Pregnancy and childbirth can present significant risks for women including spontaneous miscarriage, stillbirth, gestational diabetes, foetal abnormality or death in utero, premature or overdue labour and a range of birthing complications. Appropriate specialist health professionals and accessible pre and post-natal health care services are required.
- Women in their forties and fifties will begin menopause, which, for some women, will entail debilitating symptoms and require hormone replacement therapy or other types of intervention, either from mainstream medical practice or complementary health services (or both).
- NFAW recognizes that Aboriginal women, women from culturally and linguistically diverse backgrounds, women living with disabilities, women suffering economic hardship, mental health

issues or substance addiction, and women living in rural or remote areas, are likely to have additional health needs and additional barriers to accessing the health services they require.

ELECTION COMMITMENTS

The table below sets out how fully parties' current election commitments address NFAW recommendations: **Full implementation** **Partial implementation** **No or negative response**

NFAW RECOMMENDATION		
<p>A national women's health policy should:</p> <ul style="list-style-type: none"> ○ include efforts to modernize and standardize laws governing pregnancy termination, including encouraging state governments to have a consistent policy ○ ensure all universities and training hospitals involved in undergraduate medical and nursing training include all-options pregnancy counselling and medical and procedural abortion training ○ promote federal and state agreements whereby affordable and accessible pregnancy termination services are made available ○ develop training for pharmacists in providing non-judgmental information-based counselling for women seeking emergency contraception. 		
PARTY COMMITMENTS		
ALP	LNP	GREENS
<p>Labor have promised to develop and implement Australia's first National Sexual and Reproductive Health Strategy to deliver improved reproductive choice and better health outcomes for Australian women and their families. This includes:</p> <ul style="list-style-type: none"> • National leadership to progress decriminalisation of abortion where needed. • Support provision of termination services in public hospitals. • Establish a Reproductive Health Hub in Tasmania. • Improve access to effective contraceptives to reduce rates of unplanned pregnancies. • Ask the Therapeutic Goods Administration to advise government on options to reduce barriers to improve access to the contraceptive pill. • Support medical termination prescribers through a new online community of practice so GPs can access peer support and advice, as well as connect with pharmacists and other service providers. • Review Medicare rebates associated with medical terminations. 	<p>There is no new Medicare item for sexual and reproductive health. There is some funding for physical upgrades to hospitals but no funds for Commonwealth / State arrangements to provide affordable pregnancy termination services or procedural insertion of long acting reversible contraceptives.</p> <p>There is funding for increased healthcare for rural areas but no mention of whether reproductive health will be included here.</p>	<p>The Greens will continue to work at federal and state levels to ensure abortion is safe, free and legal in all Australian states.</p> <p>\$15 million to fund additional costs to public hospitals for provision of termination services, as well as to cut out-of-pocket costs, and invest in improved data collection on termination rates. This data is especially important to ensure women in rural and regional locations have equitable access to the health services they need.</p>

<ul style="list-style-type: none"> • Fund a national telephone referral service linking women to safe, credentialed providers of termination services. • Restore funding to the Australian Women’s Health Network. • Addressing specific reproductive health issues such as endometriosis, polycystic ovarian syndrome, transvaginal mesh and female genital mutilation. <p>Labor will invest \$20 million in sexual health promotion and make it a health priority in Northern Australia. Labor will restore funding to the Northern Territory Aids and Hepatitis Council, and put in place a workforce plan to make sure there are resources to deal with sexual health issues, including the syphilis outbreak across Northern Australia.</p>		
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NFAW RECOMMENDATION

There should be increased linkages to strategies aimed at reducing violence against women, including reproductive coercion affecting a women’s ability to manage her fertility.

PARTY COMMITMENTS

ALP	LNP	GREENS
Anti-violence strategies do not specifically mention reproductive coercion.	Anti-violence strategies do not specifically mention reproductive coercion.	Anti-violence strategies do not specifically mention reproductive coercion.

NFAW RECOMMENDATION

There should be adequate recompense under Medicare for pregnancy options counselling and provision of medical and procedural termination of pregnancy. This should be embedded in a long consultation for ‘sexual and reproductive health’.

PARTY COMMITMENTS

ALP	LNP	GREENS
Review of current Medicare rebates.		

NFAW RECOMMENDATION

The National Women’s Health Strategy 2020-2030 should be accompanied by an implementation plan.

PARTY COMMITMENTS

ALP	LNP	GREENS

OTHER ELECTION COMMITMENTS		
Commitment	Party	Comments
The LNP have promised increased funding for diagnostic imaging and breast cancer nurses and \$52 million investment in ovarian cancer and endometriosis.	LNP	Additional investment is welcome but limited to advanced disease.
\$27.7 million over four years from 2019-20 for an additional 41 breast care nurse positions.	LNP	Given that access to a breast care nurse is considered gold standard care, this funding should be extended to ensure all Australian women fighting breast cancer have access to a breast care nurse as part of their treatment.
Promised increase to telehealth services for rural and regional areas.	LNP	This has the potential to increase access to contraception and medical abortion but this is not specified in the pre-election document.
National Rural Health Strategy	ALP	This may assist with disparate access to reproductive health services but isn't specified in the rural health description.
ALP's \$2.3 billion Cancer plan will provide: <ul style="list-style-type: none"> • \$600 million towards for diagnostic imaging, with up to six million free cancer scans funded through Medicare; • \$433 million to fund free consultations with oncologists and surgeons for cancer patients; • \$500 million to slash waiting times for cancer patients in public hospitals. 	ALP	Funding should assist breast and ovarian cancer patients.
Labor will prioritise programs such as the Nurse Family Partnership Program (NFPP) and the New Direction Mothers and Babies program, continuing the expansion of the NFPP from 8 to 19 sites, to ensure better access to quality antenatal and postpartum care.	ALP	Additional investment is welcome.
The Greens will introduce legislation to mandate transparency in advertising for counselling services, and ensure that federal funding is strictly spent on unbiased counselling.	Greens	This is an issue in need of attention, with many deceptive "pregnancy counselling" phone and drop in services giving false information to women, delaying access and causing distress.
The Greens will also work federally with State and Territory governments for a nationally consistent sexual education curriculum, which closes significant gaps in the education of young people in issues such as consent, respect and safe sex.	Greens	Consistency and evidence based education is a positive component of health promotion and prevention of unwanted pregnancy and sexually transmissible infections. Teaching consent and respectful relationships may also help to reduce sexual violence and reproductive coercion.