Gender Lens on the 2026 Budget

Policy area:	Women in regional, rural and remote areas
Portfolio / agency:	Cross portfolio
Key author/s:	National Rural Women's Coalition

Key Portfolio Issues

The 2026 Budget delivers very little for women in regional, rural and remote areas. The Budget included extensions to women's health and domestic violence programs and new child support measures that are applicable to rural women and women in remote areas. However, most population-wide health and other services are designed with a metropolitan focus and are not fit for purpose for rural and remote Australia. There were no announcements that will overcome the major barriers posed by systems that are not designed, resourced or delivered to meet the needs of women in regional, rural and remote areas.

Women and girls in rural and remote areas are a priority population group identified in many high-level plans including the National Women's Health Strategy 2020 - 2030, which notes their poorer health outcomes and poorer access to and use of health services.

Funding to deliver *Our Ways – Strong Ways – Our Voices: National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence 2026–2036*, the regional Leaving Violence Programs and Store Efficiency and Resilience Scheme and the Low-Cost Essentials Package are directly applicable to women in remote areas and rural women.

Budget Measures

Domestic violence

Nation-wide domestic violence initiatives are relevant to women in remote, rural and regional areas. Budget announcements include:

- $218.3 million to invest in a national network of Aboriginal Community-Controlled Organisations to deliver community-led specialist family, domestic and sexual violence services and extend the Leaving Violence Program Regional Trials to 2027. This supports the *Our Ways – Strong Ways – Our Voices: Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence 2026–36*. (Women's Budget Statement, p.2,15, 17 2026-27)
- $61.2m over four years to support the next phase of 500 frontline & community sector workers initiative (Budget Paper 2, p.63, 2026-27)
- $365.9 million over four years to the states to invest in services to support women and children who are experiencing or are at risk of violence, and to trial new initiatives to support women and children experiencing violence. (Budget Paper 3, p.59, 2026-27)
- $19m over two years to develop innovative approaches to address domestic and sexual violence perpetrator violence (Budget Paper 3, p.59, 2026-27).

Climate/agriculture

The Department of Agriculture Fishing and Forestry will return uncommitted funding in several grant programs to the Budget, including cutting $52m in uncommitted funds from the Future Drought Fund.

Agriculture, Fisheries and Forestry Portfolio – reprioritisation

Payments ($m)

	2025-26	2026-27	2027-28	2028-29	2029-30
Department of Climate Change, Energy, the Environment and Water	-	-	-	-17.5	-17.5
Department of Agriculture, Fisheries and Forestry	-9.5	-34.7	-14.4	-35.4	-29.3
Department of the Treasury	-15.3	-18.0	-	-	-
Total – Payments	-24.8	-52.7	-14.4	-52.9	-46.8

Source: Budget Paper 2, p. 41.

Food security

Confirmed expansion of the Low-Cost Essentials Subsidy Scheme with $27.4 million over four years from 2025–26 enabling 225 remote stores across Australia to apply, and $32.7 million over three years to expand the Store Efficiency and Resilience Package to support an additional 75 remote stores to improve storage and operational capacity (Budget Paper 2, p. 61, 2026-27).

Reproductive health care

The Budget included $13.7 million over four years to continue research and data collection activities through the National Maternity Data Development Project (Budget Paper 2, p.96), $44.4 million over four years from 2025–26 to extend funding for the ten existing Birthing on Country services provide First Nations-led maternal care (Budget Paper 2, p. 60), $1.8 million to support the New South Wales Government to establish a new Women's and Family Maternity Care Centre at Yass (Budget Paper 3, p.35), and funding for maternity services in areas likely to see increased demand (Budget Paper 3, p.34).

Gender implications of these budget measures

Women in regional, rural and remote areas experience a 'double disadvantage' when it comes to health, safety and other services. For example, women face higher costs to access health care, delays in their care, and are more likely to suffer multiple and chronic illnesses than men. Women in rural and remote areas experience the same disadvantages, and must also travel much longer distances, incurring financial and time costs, risking delays and additional stress from having fewer choices. Women also bear the brunt of extreme weather events in rural and remote areas and are at higher risk of food insecurity.

Domestic and family violence

While nation-wide domestic and family violence measures are expected to work for women across Australia, women face much higher rates of domestic violence in rural and remote areas and require tailored policy solutions to overcome structural barriers to accessing services. Women living outside major cities are 1.5 times as likely to have experienced partner violence than women living in major cities (Department of Prime Minister and Cabinet, 2024) and hospitalisation resulting from domestic and family violence is 24 times as likely in Remote and Very Remote areas compared with people in Major Cities (National Rural Health Alliance 2024). First Nations women are at even greater risk, with three in five having experienced physical or sexual violence. First Nations women are also 34 times more likely to be hospitalized due to violence than non-indigenous women and 11 times more likely to die due to assault (Australian Institute of

Health and Welfare, 2019). Investment in First Nations domestic and family violence services is welcome and must be continued, as well as supported by broader rural and remote focused service provision.

Reproductive health care

Large areas of rural and remote Australia are effectively reproductive health care deserts. Termination and maternity services are both significantly less accessible:

- In Queensland, there are nine listed surgical abortion providers, none further west than Longreach (Children by Choice, 2026).
- Access to surgical abortion in regional Western Australia is unclear (Government of Western Australia Department of Health. (n.d.)).
- Of the high-disadvantage regional and rural LGAs in Victoria, 67 per cent did not have any listed surgical abortion providers, 45 per cent did not have any listed medication abortion providers and 60 per cent did not have any listed medication abortion dispensing pharmacies (Women's Health Victoria, 2024).
- The only public hospitals in NSW openly providing abortion outside of a medical emergency are in Broken Hill, Newcastle and the Royal Women's in Sydney (*The Guardian*, 2024).
- Between 1992–2011, there was a 41 per cent reduction in the total number of maternity units in Australia with units in rural areas more likely to close (Longman et al, 2017).

Given that an estimated one in four women will have an abortion in their lifetime and roughly 85 per cent are mothers (University of Queensland (2026)), termination and maternity services should be considered essential frontline services. The net effect of almost no new investment in rural and remote maternity services and no investment in access to termination services in rural and remote areas is that very little will change for women needing access to reproductive care in their communities.

Food security

Women in rural and remote areas are at greater risk of food insecurity. According to Foodbank Australia, food security affects roughly one in three households across Australia. Populations most at risk include those who are earning less, Aboriginal and Torres Strait Islander peoples, people living in rural and remote areas and being a single-parent household. (Australian Institute of Family Studies, 2020).

Incomes are lower and rates of unemployment are higher in regional, rural and remote areas meaning families are under increased pressure from food and grocery price rises. Vulnerability to intimate partner violence may also be correlated with gendered asset ownership and food insecurity (Miller et al, 2025). Geographically isolated populations are more vulnerable to food insecurity. There are higher costs and distribution challenges

associated with transporting foods to remote communities, meaning the cost of groceries is consistently higher than the national average (Foodbank Australia, 2024).

Targeted interventions are required to overcome the geographical and supply chain barriers faced by rural and remote communities when it comes to food security. The expansion to the Low-Cost Essentials Subsidy Scheme and the Store Efficiency and Resilience Package are welcome measures that must be continued. They should be complemented with other measures to address the higher risk factors experienced by women in rural and remote areas and the structural barriers to supplying affordable food to rural and remote areas.

Extreme weather and community and farming resilience

Australia is experiencing higher temperatures, more extreme droughts, fire season, floods and extreme weather due to climate change. These events have well established economic costs, and significant health impacts including mental illness.

Women are disproportionately affected by climate-related health impacts, including increased exposure to heat-related illnesses, food and water insecurity, mental health challenges, gender-based violence and disrupted access to sexual and reproductive healthcare. These impacts are worse for First Nations women, women with disability, migrant and refugee women, rural and remote women and LGBTQIA+ communities (Australian Women's Health Alliance, 2025).

When drought and climate resilience programs are cut, it reduces rural and remote communities', and the agricultural sector's, capacity to manage extreme weather events. Climate resilience in rural and remote areas must fully support women and women's leadership, including infrastructure investment, agricultural adaptation and community led planning for a sustainable living in the regions.

Recommendations

NFAW recommends:

- The development of a whole of Government strategy to require and drive visible and effective inclusion of women and all in regional, rural, and remote areas in all policies and programs which directly or indirectly affect them
- Investment in domestic and sexual violence services targeted to the needs of women in rural and remote areas
- Nationalisation of patient travel and accommodation subsidies, ensuring equality and improved coverage for rural and remote patients

- Investment in regional food hubs to shorten supply chains and increase resilience to food supply disruptions
- Increases to Centrelink payments (in line with ACOSS's recommendations of at least $600 per week) and substantially lift Remote Area Allowance
- Investment in locally led and place-based climate resilience and adaptation programs
- Requirement that public hospitals provide medical and surgical abortion services as well as contraceptive care
- Investment in holistic sexual and reproductive healthcare in rural and remote areas
- Improved specialised sexual and reproductive training for remote, rural and regional health practitioners to enable wider provision of abortion services.