Kate Campbell
Acting Committee Secretary
Senate Standing Committee on Community Affairs
Inquiry into Universal Access to Reproductive Healthcare

Dear Ms Campbell,
Thank you for the opportunity for Women's Electoral Lobby to contribute to the Committee's Inquiry. This submission is supplementary to the Submission to the Inquiry from the Equality Rights Alliance. WEL is a member of the Alliance and supports the recommendations in the submission. In addition we endorse the recommendations in the Family Planning submission, deeply informed as they are by expert medical and health research and a long record of extensive experience in service provision.

Women's Electoral Lobby, established in 1972, is a volunteer, member driven, independent, non-party political lobby group dedicated to creating a society where women's participation and their ability to fulfil their potential are unrestricted, acknowledged and respected and where women and men share equally in society's responsibilities and rewards.

WEL applies a feminist approach to all its work, from policy analysis and development to campaigning. WEL has developed a Feminist Policy Framework, which sets out the values which we use to measure fairness for women and fairness for society. WEL believes that good policies should address these indicators and work with governments at all levels to achieve better and fairer policy outcomes.

WEL believes that fair policies are those that:

1. Ensure the benefits and outcomes are fairly distributed between women and men, as well across different groups of women,
2. Value and reward fairly people's different skills, experiences and contributions,
3. Recognise the value of caring and supporting roles, whether paid or unpaid,
4. Recognise and rectify past and current inequalities between men and women, and
5. Enhance opportunities for women and men to take on equal rights and responsibilities in all aspects of society: politics, community, employment and social life.

Since our foundation in 1972 WEL has consistently advocated for universal access to reproductive healthcare, including contraception options, abortion, miscarriage and high quality and continuous maternity and postnatal care.

Women's equality is predicated on their right to make independent decisions regarding their body, sexuality and fertility, including whether or not to proceed with a pregnancy and whether and when to have children. Legal and other attempts to constrain and penalise women who attempt to exercise this right, ultimately derive from beliefs and practices which assign women as the property of men and subject to their legally reinforced control.

Opponents of universal access to abortion and contraception often fail to recognise the danger of conflating their arguments with advocacy for legalised reproductive coercion - in the case of limiting access to abortion - forcing women to proceed with pregnancy and to give birth.

Reproductive coercion involves pressuring a person to become pregnant, interfering with or sabotaging contraceptive methods, forcing a person to continue a pregnancy or have an abortion against their wishes and even coerced sterilisation.

In particular, WEL recognises the painful experiences of women with disability. We also pay tribute to the long trauma of Aboriginal women subjected to forced fertility controls, sterilization and child removal. We congratulate the Federal Attorney General for initiating consultation on national principles to address coercive control and for including reproductive coercion in the draft consultation document.[1]

Australia has committed to fulfil women's equitable access to health care, as a matter of gender equality, under Article 12.1 of the Convention to End All Forms of Discrimination Against Women (CEDAW): *States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.*

This broad area of health rights, includes access to high quality maternity care, sexual health services, contraceptive choices, sexuality education, female genital mutilation/cutting prevention and support and safe and legal abortion services. It also includes freedom from violence and reproductive coercion, including the prohibition of non-consensual, non- therapeutic procedures which reduce reproductive ability.

In 2019 WEL led a coalition of medical, health, women's and community organisations in a successful campaign to remove abortion from the Criminal Code in NSW.

While abortion has now been removed from Australian state and territory criminal codes – with the partial exception of Western Australia - and all states have legislated safe access zones, major barriers to access remain. We congratulate the Committee for identifying many of these in the Terms of Reference for the Inquiry.

In our submission we make recommendations on:

- the National Women's Health Strategy
- cost and accessibility of contraceptives
- cost and accessibility of reproductive healthcare
- sexual and reproductive health literacy
- availability of reproductive health leave for employees

In relation to 'Other matters' we note that the terms of reference do not include remaining legal barriers. Consistent with our criteria for fair policies we see no reason why abortion should continue to be deemed subject to special legislation over and above normal medical law and regulation, when men's reproductive health is regulated under medical law as a normal medical procedure. This is not to diminish the substantial barriers men face in accessing vasectomies.

Despite the decriminalisation of abortion in Australia, all states and territories retain legislation which singles out abortion for special legal application and penalties which duplicate or surpass existing medical law and regulation at the Federal and state levels.

[1] Meeting of Attorney's General 'National Principles to Address Coercive Control' Consultation Draft Sept 2022:12 https://consultations.ag.gov.au/families-and-marriage/coercive-control/user_uploads/coercive-control-consultation-draft-14-september-2022.pdf

Variations across jurisdictions in such critical areas as provisions for counselling, gestational limits, numbers of doctors required for approval of abortions beyond gestational limits and qualifications of people permitted to perform abortions perpetuate abortion stigma, confuse providers, medical and health practitioners and ultimately deter women seeking abortions, especially poor and marginalised women.

Rather than recommending a harmonisation of state and territory laws, WEL recommends that the Commonwealth undertakes to work with states and territories to map abortion and medical law and regulation with a view to achieving a simplified national approach where abortion is regulated as a medical procedure only.[2]

Recommendation 1
The Commonwealth undertakes to work with states and territories to map abortion and medical law and regulation with a view to achieving a simplified national approach where abortion is regulated as a medical procedure only.

Yours sincerely,

Mary O'Sullivan Convenor Women's Electoral Lobby NSW (0419444889)
maryosullivan@bigpond.com

Jozefa Sobski Convenor WEL Australia (0403895929)
jsobski@ozemail.com.au

[2] Dwyer, J et al 'Is there still a need for abortion specific laws? The capacity of the health framework to regulate abortion care' Alternative Law Journal, March 2021

Women's Electoral Lobby Submission

Inquiry into Universal Access to Reproductive Healthcare

List of Recommendations

Recommendation 1
The Commonwealth undertakes to work with states and territories to map abortion and medical law and regulation with a view to achieving a simplified national approach where abortion is regulated as a medical procedure only.

Recommendation 2
That the National Women's Health Advisory Council advise the Federal Government on planning to implement the National Women's Health Strategy with membership of the new Council to include state and territory Health Department representatives and women's health experts.

That the Council take implementation of Priority 1 of the Strategy as its first priority, with a specialised task force on universal access to reproductive healthcare to drive national planning and resourcing.

Recommendation 3
That pharmacists should be trained and equipped to prescribe and provide oral contraceptives.

That following planning advice from the Australian Women's Health Advisory Council, the Commonwealth allocates additional investment in professional training for pharmacists, including credentialed training. Pharmacists should also be required to provide private consultation spaces as women are often deterred from negotiating reproductive health medication over the counter in pharmacies in small regional and rural locations.

Recommendation 4
That oral contraceptives prescription and provision be free under the MBS and the PBS.

Recommendation 5

- Nurse-led clinics (registered nurses/midwives), using a collaborative model of care with doctors, to support more widespread provision of LARCs

- Establishment of new Medicare Benefits Schedule (MBS) items for Registered Nurses or other sustainable funding for nurse-led assessment, insertion and removal of LARC, including contraceptive implants, copper IUDs and hormonal IUDs

- Community and professional education and training about the cost-benefit of LARCs as against traditional methods such as the Pill.

Recommendation 6
That following advice from the National Women's Health Advisory Council the Commonwealth lead implementation and resourcing of a comprehensive national plan to**:**

- improve training and support for GPs in primary care to provide access to medical abortion care early in pregnancy
- improve access to affordable abortion care post 9 weeks gestation, including in the public health sector
- train and develop public health sector staff in the delivery of abortion care
- support the additional work for the public sector in delivering abortion care services, including in relation to both medical and surgical abortion clinical care and in supporting women's choices about their pregnancy. This includes training for doctors, nurses, social workers, receptionists and other care providers in abortion service delivery
- initiate an inquiry into the need to establish a condition of service provision for the full range of reproductive health care for hospitals in receipt of public funding
- provide appropriate levels of remuneration through the MBS and other sustainable funding mechanisms for abortion care
- plan on a regional basis for abortion services to ensure all Australians have access to services as close to home as possible
- remove the requirement for pharmacists to be registered to dispense MS-2step.

Recommendation 7
Comprehensive Sexuality Education programs should be developed to target the broader community as well as children and young people in schools. The focus on Community CSE should include health care professionals, alongside approaches tailored to different languages and specific communities, engaging members from a range of cultural and linguistic backgrounds.

That information designed to position reproductive health care in the overall context of a healthy life is included in the design and content of programs for Comprehensive Sexuality Education.

Recommendation 8
That the National Women's Health Advisory Council commission research to establish the need for Reproductive Health Leave to be legislated along similar lines to recent legislation providing for 10 days of domestic violence leave.

National Women's Health Strategy

WEL believes that a fully resourced implementation plan for the National Women's Health Strategy is the best vehicle for the states and territories to work with the Commonwealth to achieve universal access to reproductive healthcare. Post decriminalisation, states and territories are tackling access but the major barriers persist, including those at the Federal level.

The National Women's Health Strategy 2020-2030[3] identifies maternal, sexual and reproductive health as the highest of four priorities. This priority action area aims to 'Increase access to sexual and reproductive health care information, diagnosis, treatment and services'. Detailed action areas include: 'Work towards universal access to sexual and reproductive health information, treatment and services that offer options to women to empower choice and control in decision making about their bodies, including contraception and options for addressing unplanned pregnancies, including access to termination services'.

The previous Federal Government provided no information on the evidence bases for decisions and budget allocations nominally linked to the Strategy. Carriage of the Strategy was not identified nor were accountabilities nominated. The Strategy itself lacks a plan, KPIs, timed targets, funding, monitoring, accountability and reporting mechanisms. Excellent reproductive health initiatives were funded in the 2021-22 budget but some were poorly communicated, such as the funding for contraceptive options counselling to be trialled with pharmacists which provoked a backlash from some medical groups.

WEL notes that the Assistant Minister for Health has just announced formation of a National Women's Health Advisory Council with a remit which includes 'assessing the accessibility and affordability of sexual and reproductive healthcare'.[4]

WEL's Policy on Women's Health recommends that a National Women's Health Advisory Council would be well placed to advise the Federal Government on planning to implement the Strategy. To enable a nationwide collaborative approach we suggest that membership of the new National Women's Health Council include state and territory Health Department representatives and women's health experts. We recommend that the Council take implementation of Priority 1 of the Strategy as its first priority, with a specialised task force on universal access to reproductive healthcare to drive national planning.

Recommendation 2
That the National Women's Health Advisory Council advise the Government on planning to implement the National Women's Health Strategy with membership of the new Council to include state and territory Health Department representatives and women's health experts.

That the Council take implementation of Priority 1 of the Strategy as its first priority, with a specialised task force on universal access to reproductive healthcare to drive national planning and resourcing.

[3] National Women's Health Strategy 2020-2030
[4] Hon Ged Kearney 'Speech at the National Health and Medical Research Awards' 8 December 2022

Cost and accessibility of contraceptives

Contraceptive Pill

The contraceptive pill is the most commonly used contraceptive method in Australia. Access remains limited by the requirement for a doctor's or a nurse practitioner prescription. This inhibits access to this most basic and longstanding contraceptive method – especially for women in rural, regional and remote areas of Australia, where there is an acute shortage of GPs and visits to obtain and renew prescriptions (including travel) can be costly.

To widen access, most peak women's and expert organisations recommend that pharmacists should be trained and equipped to prescribe and provide oral contraceptives.[5] This requires strong leadership from the Commonwealth and investment in professional training, including credentialed training. Pharmacists should also provide private consultation spaces, as women are often deterred from the lack of confidentiality when negotiating reproductive health medication over the counter in pharmacies in small regional and rural locations.

It is long standing WEL Policy that oral contraceptives and their prescription should be free.

Recommendation 3
That pharmacists should be trained and equipped to prescribe and provide oral contraceptives

That following planning advice from the Australian Women's Health Advisory Council, the Commonwealth allocates additional investment in professional training for pharmacists, including credentialed training. Pharmacists should also be required to provide private consultation spaces as women are often deterred from negotiating reproductive health medication over the counter in pharmacies in small regional and rural locations.

Recommendation 4
That oral contraceptives prescription and provision be free under the MBS and the PBS.

Long Acting Reversible Contraceptives (LARCs)

Measured against comparable countries, Australia has a very low rate of uptake of LARCs, which experts identify as the most effective, long term and potentially low cost method of contraception. There is a very low level of understanding of the advantages of LARCs in the community and amongst medical and health practitioners. There is also much misinformation in circulation regarding the health impacts of LARCs and issues associated with insertion. Relatively few doctors have undertaken LARC insertion training and the procedure is relatively expensive with low levels of compensation for GPs. Some LARCs, such as the widely recommended copper IUD are not available on the PBS.[6]

Australia's significant rate of unintended and unplanned pregnancy (on some estimates one-quarter of women have experienced an unintended pregnancy in Australia, with rates even higher in non-urban areas) is linked to the relatively high rate of failure of the contraceptive pill and other methods such as condoms and so called 'natural' approaches. [7]

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[5] See Submission to the Inquiry from Family Planning and the Sphere 'Women's Sexual and Reproductive Health Coalition' Consensus Statement: Increasing access to effective contraception in Australia' https://www.spherecre.org/_files/ugd/410f2f_62cec8ef83944040b057bce97d483335.pdf

[6] Ibid Sphere 'Women's Sexual and Reproductive Health Coalition' Consensus Statement: Increasing access to effective contraception in Australia'

Trials and field research indicate that access to LARCs would be greatly enhanced through devolution of LARC counselling and care to especially trained registered nurses, funded through the MBS, ideally delivered through Primary Health Networks but with provision for flexibility in rural, regional and remote Australia.

WEL strongly endorses proposals from expert research and organisations such as Family Planning for increased access to training for doctors, nurses and midwives in assessment, insertion and removal of LARCs. Specifically we recommend:

Recommendation 5

- Nurse-led clinics (registered nurses/midwives), using a collaborative model of care with doctors, to support more widespread provision of LARCs

- Establishment of new Medicare Benefits Schedule (MBS) items for Registered Nurses or other sustainable funding for nurse-led assessment, insertion and removal of LARC, including contraceptive implants, copper IUDs and hormonal IUDs

- Community and professional education and training about the cost-benefit of LARCs as against traditional methods such as the Pill.

Cost and accessibility of reproductive healthcare

Abortion care is one of the most inequitably distributed health services in Australia.

The cruel determinants of reproductive health access are poverty and postcode.

The stigma remaining after over a century of criminalisation of abortion inhibits medical and health practitioner engagement with a post legalisation landscape and continues to promulgate fear and shame amongst women needing to access abortion care.[8]

Across metropolitan areas access to services provided by GPs varies, with many still refusing to provide medical abortions and a significant number believing that abortion should occur in 'for purpose' clinical settings rather than in private practice. GPs and health practitioners serving some faith communities hostile to abortion may deter and discourage women needing care. Overseas students and people on protection visas and other temporary visas are especially vulnerable as they are not eligible for Medicare support.

Similarly some large publicly funded hospitals in metropolitan areas refuse abortion and contraception care with outcomes that can be dangerous for the health of women suffering complications during pregnancy.

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[7] Ibid Sphere 'Women's Sexual and Reproductive Health Coalition' Consensus Statement: Increasing access to effective contraception in Australia'

[8] Vallury, K et al Australian Abortion Stigma Survey Finders University College of Medicine and Public Health See https://az659834.vo.msecnd.net/eventsairaueprod/production-ashm-public/cc336f29260340a591c86c866ec26e83 and Rushton Gina 'Roe vs Wade 'Imported Stigma Distorts Australia's Reproductive Rights Fight' Crikey Aug 10/2022 https://az659834.vo.msecnd.net/eventsairaueprod/production-ashm-public/cc336f29260340a591c86c866ec26e83

Outside metropolitan and a few large regional centres there are often no publically available abortion care services. This is the case for large swathes of NSW.[9] As a consequence women incur significant time and financial costs for travel as well as costs for accommodation and loss of work time. The major not for profit service provider Family Planning estimates costs ranging between $500- $8,000 for abortion care in Australia.

Moreover the absence of public abortion care services in some of the most disadvantaged communities exacerbates the dangers for women suffering complications, either prior to 9 weeks gestation or at any later period - especially after the 24 week gestational period after which consent of a specialist doctor and one other is required for termination under the NSW Abortion Law Reform Act.

Abortion care is time determined and where there are complications involved, is often urgent and can be life threatening. Even early medical abortion in a primary care setting is difficult for many women to access, since it is critically time dependent- between 6- 9 weeks gestation- requires research to locate a pharmacy which stocks the medication and involves additional costs such as prescription medication, GP visits and referral, blood tests and ultra sounds. This is despite medications being listed on the PBS. Many pharmacies do not stock abortion medications, with some refusing to do so for religious reasons and others due to low demand. Under current regulations each pharmacist is required to register separately so pharmacy firms and chains cannot commit to reliable supply.

Recommendation 6
That following advice from the National Women's Health Advisory Council the Commonwealth lead implementation and resourcing of a comprehensive national plan to**:**

- improve training and support for GPs in primary care to provide access to medical abortion care early in pregnancy
- improve access to affordable abortion care post 9 weeks gestation, including in the public health sector
- train and develop public health sector staff in the delivery of abortion care
- support the additional work for the public sector in delivering abortion care services, including in relation to both medical and surgical abortion clinical care and in supporting women's choices about their pregnancy. This includes training for doctors, nurses, social workers, receptionists and other care providers in abortion service delivery
- initiate an inquiry into the need to establish a condition of service provision for the full range of reproductive health care for hospitals in receipt of public funding
- provide appropriate levels of remuneration through the MBS and other sustainable funding mechanisms for abortion care
- plan on a regional basis for abortion services to ensure all Australians have access to services as close to home as possible
- remove the requirement for pharmacists to be registered to dispense MS-2step.

[9] See Family Planning submission 'There are currently no comprehensive medical and or surgical abortion services within a publicly funded model for regional, rural and remote NSW' p11

Sexual and reproductive health literacy

One of the objectives of those opposed to increased access to reproductive health care including contraception and abortion is to portray this health care as contentious, risky and medically questionable.

The Australian Abortion Stigma survey indicates that recent events in the United States, where states are enacting extreme legislation and the Supreme Court has overturned Roe Vs Wade assist these efforts, especially amongst young people who are susceptible to digital and virally transmitted messages and have few alternative sources of information.

Research based on the Australian Election study and other reputable surveys has long shown that the overwhelming proportion of Australians believe that abortion should be readily available.[10]

Nevertheless abortion stigma is pervasive and misinformation and limited understanding of contraceptive options is prevalent even amongst some medical and health practitioners.

WEL believes that there is an urgent need to 'normalise' the public health system's communication and practices on reproductive health, especially where this involves contraception and abortion.

We support the recommendations from Family Planning and others for a national approach to Comprehensive Sexuality Education (CSE), which includes the development of sexual and reproductive health literacy and that crucially adopts an 'intersectional' approach.

We believe that CSE programs must equally target the broader community as well as children and young people in schools with a focus on health care professionals and approaches tailored to different languages engaging leaders from a range of cultural and linguistic backgrounds.

We regard information designed to 'position' reproductive health care in the overall context of a healthy life as critical to Comprehensive Sexuality Education and recommend inclusion of such information in any programs that are developed.

Recommendation 7
Comprehensive Sexuality Education programs should be developed to target the broader community as well as children and young people in schools. The focus on Community CSE should include health care professionals, alongside approaches tailored to different languages and specific communities, engaging members from a range of cultural and linguistic backgrounds.

That information designed to position reproductive health care in the overall context of a healthy life is included in the design and content of programs for Comprehensive Sexuality Education.

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[10] Huntley, R 'Despite the noise, we're remarkably united on abortion- and we're prochoice' SMH 7 Sept 2019 https://www.smh.com.au/national/despite-the-noise-we-re-remarkably-united-on-abortion-and-we-re-pro-choice-20190906-p52omm.html

Availability of reproductive health leave for employees

There is ample evidence that access to reproductive health care, especially abortion, often entails time consuming travel for women in rural and remote Australia, as well as sometimes stressful and traumatic experiences for women forced to urgently access medical abortion or surgical abortions at later gestational stages.

Shame arising from abortion stigma can deter women from requesting leave and losing pay as a consequence.

The National Women's Health advisory Council should commission research to establish the need for Reproductive Health Leave to be legislated along similar lines to recent legislation providing for 10 days of domestic violence leave.

Recommendation 8
That the National Women's Health Advisory Council commission research to establish the need for Reproductive Health Leave to be legislated along similar lines to recent legislation providing for 10 days of domestic violence leave.