

Submission of Family Planning NSW

Informing the National Health Preventative Strategy

September 2020

Family Planning NSW welcomes the opportunity to make a submission to the National Preventative Health Taskforce regarding the 'Informing the National Preventative Health Strategy; consultation questionnaire.

About us

Family Planning NSW is the state's leading provider of reproductive and sexual health services. We are experts on contraception, pregnancy options, STIs, sexuality and sexual function, menstruation, menopause, common gynaecological and vaginal health problems, cervical screening, breast awareness and men's and women's sexual health.

As an independent, not-for-profit organisation, we recognise that everybody in every family should have access to high-quality clinical services and information. Family Planning NSW provides clinical services to more than 30,000 clients annually. We have five fixed clinics in NSW and use innovative partnerships to deliver services in other key locations across the state.

We provide information and health promotion activities, and best practice education and training in reproductive and sexual health for doctors, nurses, teachers and other health, education and welfare professionals. Our services are targeted to marginalised and disadvantaged members of the community, including people from culturally and linguistically diverse and Aboriginal and Torres Strait Islander backgrounds, refugees, people with disability, young people and people from rural and remote communities.

Our work is evidence-based, and shaped by our research, published clinical practice handbooks on reproductive and sexual health, nationally recognised data and evaluation unit and validated through extensive clinical practice. Our mission is to enhance the reproductive and sexual health and rights of our communities by supporting all people to have control over and decide freely on all matters related to their reproductive and sexual health throughout their lives.

Our key points, in relation to the *consultation questionnaire*, are outlined below:

1. Are the vision and aims appropriate for the next 10 years? Why or why not?

Family Planning NSW supports the vision for the National Preventive Health Strategy to improve the health of all Australians at all stages of life. Preventive health programs and services play a vital role in wider population health and ultimately reduce the overall burden of disease, therefore improving the health of all people across all life stages. Further, coordinated and evidence-based preventive health promotion programs have the ability to address the social determinants of health throughout the life course, reducing communicable and non-communicable diseases (Kumar & Preetha, 2012).

We recognise that all people should have access to services, programs and support to achieve optimal health throughout their life and support the Strategy's aims. In addition to the identified aims, young people should be specifically recognised as having the potential to benefit greatly from health promotion and other preventive health approaches. Under point 1 'Australians have the best start in life', young people should be included alongside children. Children and young people at risk should be supported to create strong foundations to prevent chronic conditions in later life.

Recommendation: Acknowledge both children and young people under point 1 'Australians have the best start in life'.

2. Are these the right goals to achieve the vision and aims of the Strategy? Why or why not? Is anything missing?

Family Planning NSW supports the six goals of the National Preventive Health Strategy. The Strategy goals are consistent with international health promotion frameworks and best practice approaches, including the Ottawa Charter for Health Promotion (WHO, 1994).

We agree that preventive health approaches must address the broader social determinants of health, encompass a collaborative and coordinated approach to action, involve stakeholders and communities as part of the consultation, design and implementation process, and focus on achieving equity in health.

As the state's leading reproductive and sexual health organisation, we commend the Government on developing a vision, aim and goals that are consistent with the promotion of reproductive and sexual health and rights.

3. Are these the right actions to mobilise a prevention system?

Family Planning NSW supports the proposed actions to mobilise a prevention system. We recognise the importance of a high functioning prevention system to improve the health outcomes, including those specific to reproductive and sexual health of all Australians. Recommendations for strengthening the seven identified actions are outlined below. We also recommend an additional action area.

Information and literacy skills

In addition to high quality, evidence-based and accessible information about health behaviours, this section should also include practical information to promote equity of access for all people and simplify health system navigation. For example, health information should be available in multiple languages and accessible formats for linguistically diverse Australians and people with disability.

Health system access

In addition to a focus on reorienting the health systems towards prevention, this action area should focus on increasing healthcare access for vulnerable and marginalised groups including young people, people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander people and people with disability. Health systems should be culturally appropriate and inviting for all people.

Partnerships

The Strategy should reflect the role of Non-Government Organisations (NGOs)/ Not-For-Profits (NFP)s in facilitating the health of communities. NGOs/ NFPs are important partners and often work closely with communities and other organisations to address the social determinants that contribute to ill-health.

Collaborative relationships between varying levels of government and NGOs/ NFPs would be of benefit to facilitate access to preventive health programs and services, including because the NFPs use their own self-generated income to directly fund services alongside government funded service components.

Leadership and governance

The Strategy should include elements of consumer participation as part of its leadership and governance framework. People belonging to diverse marginalised groups should be provided with the opportunity to contribute to leadership and governance.

Preparedness

The Strategy must include service delivery methods that are agile and flexible in preparation for large-scale emergencies that impact health. To achieve an agile and flexible health system, the use of telehealth can promote and improve access to healthcare, including for preventive healthcare such as contraception, screening and abortion services. Telehealth services should be extended to include clients who do not access services through more traditional pathways, because these clients typically are underserved by mainstream health services, including GPs, and have poorer health status, leading to poorer long-term health outcomes and increased costs to the health system. As specialised established services, NGOs/NFPs are ideally placed to have a key role in improving overall health outcomes at community level, as clients who do not have a regular GPs interface with the health system on the basis of their particular health issue. Clients can then be triaged back to GPs for management of their general health and therefore triaged back to better overall health, reducing the burden of disease and reducing the overall costs to the health system.

Research and evaluation

Research and evaluation is essential to help us understand and reflect upon the social determinants and causes of ill-health. In addition to the points made, to inform the translation of evidence into policy and practice, research and evaluation should focus on the experiences of people belonging to marginalised, underserved groups to inform preventive health practice.

Monitoring and surveillance

Health monitoring and surveillance systems should include the collection and analysis of demographic data to identify health needs and priorities within marginalised groups. Collection of socio-demographic data (for example language spoken at home, Aboriginality and disability), would inform prevention policy and practice, including the delivery of targeted, evidence-based health promotion programs.

Training the health workforce

In addition, we suggest adding training the health workforce to undertake preventive healthcare and health promotion activity, as a primary mobilisation action area.

4. Where should efforts be prioritised for the focus areas?

Family Planning NSW strongly urges the Government to include reproductive and sexual health as a priority focus area in the National Preventive Health Strategy.

An individual's sexual health, reproductive systems, sexual development and identity are foundational to overarching optimal health. Without this being acknowledged and prioritised, then sexual and reproductive ill-health dramatically impacts psychosexual development, physical and emotional development and resilience, leading to poorer general health outcomes, both physical and mental. Whilst it is acknowledged that areas of reproductive and sexual health can be considered sensitive at some community or political levels, there is overwhelming evidence that lack of knowledge about sexual and reproductive health leads to profoundly poorer health outcomes. NGOs/ NFPs are in an ideal position to lead this work at the level of prevention and should be encouraged and resourced to do so, to reduce the burden of disease associated with not doing so.

Existing national policies and plans for reproductive health and sexual health could be used to guide action, including the *National Women's Health Strategy: 2020-2030*; *National Men's Health Strategy: 2020-2030*; *National Plan to Reduce Violence against Women: 2010-2022*; and *National Blood Borne Viruses and Sexually Transmissible Infections Strategies: 2018-2022*.

Key areas of reproductive and sexual health promotion include:

- reproductive and sexual healthcare that is comprehensive, accessible, confidential and inclusive regardless of gender, sexual orientation, age or disability
- comprehensive education and information on reproductive and sexual health and rights for people of all ages and community segments
- education and information on domestic and family sexual violence and abuse and strategies to address this
- comprehensive client-centred education and information on reproductive and sexual health and rights for all health professionals, teachers, health care and welfare workers
- providing equitable access to the full range of contraceptives including long-acting reversible contraceptives (LARCs) and emergency contraception
- reliable and early access to safe, effective and affordable abortion services
- screening for cancers that affect the reproductive system, such as cervical, ovarian, breast, prostate and testicular cancers
- preconception and postnatal care to prevent adverse birth outcomes
- managing fertility problems and endometriosis
- health care and protection, including diagnosis and treatment for sexually transmitted infections (STIs) including HIV

- monitoring gonorrhoea, chlamydia, syphilis and HPV in Australia through the National Notifiable Diseases Surveillance System and responding to infectious outbreaks

Recommendation: The National Preventive Health Strategy should include reproductive and sexual health as a priority focus area.

5. How do we enhance current preventative action?

Enhancing current prevention action can be achieved through investment in reproductive and sexual health promotion. In 1994, the International Conference on Population and Development affirmed that reproductive and sexual health is a fundamental human right. By upholding the reproductive and sexual health rights of all people, society, individuals and the wider health system will experience environmental, social, economic and individual benefits for all.

We identify the following nine priority reproductive and sexual health action areas:

Priority 1: Telehealth

Reproductive and sexual healthcare are essential services. To promote access to reproductive and sexual health, telehealth is vital to enhance access to services and address unmet need. We strongly believe that investment in accessible service delivery methods, such as telehealth, will enable all Australians to access preventive health services and programs, greatly improving the health of all people.

The temporary changes to COVID-19 Medicare Benefit Scheme (MBS) telehealth item numbers, introduced at the start of the pandemic made it possible for people who cannot, for whatever reason, access mainstream health services to receive Medicare-funded reproductive and sexual health services, sometimes for the first time. This included access to consultations in relation to contraception, STIs, gynaecological problems and abortions. However, recent changes to eligibility for these telehealth item numbers has meant access to these services has significantly reduced, particularly for young and other vulnerable people who are more likely to not have a regular GP (and are therefore not eligible for telehealth). This dichotomy of service access, based on whether a person has a GP, perpetuates well known, recorded and recognised parlous ill health in the most at-risk populations and must be addressed. We now have a known strategy to address this, evidenced by the high uptake rates when these Medicare items became available. It should be available to all, through established, credible, accredited specialised services, such as Family Planning NSW, not just to people who have an established GP.

Priority 2: Cervical cancer screening

Australia is set to become the first country in the world to eliminate cervical cancer, but this requires ongoing commitment to ensure we achieve this goal and do not leave members of our community behind. In 2011–2015, the cervical cancer mortality rate for Aboriginal and Torres Strait Islander women was 3.8 times that of non-Indigenous Australians. (Australian Institute of Health Welfare, 2018) As well as implementing effective screening technologies, national strategies should include universal vaccination against Human Papillomavirus, and actions to support early diagnosis, treatment and palliative care (World Health Organization (WHO), 2018). Particular attention should also be provided to under and never -screened groups, with implementation of new technologies, such as self-collected Cervical Screening Tests, enhancing access to these groups.

Priority 3: Addressing unmet need for contraception

One in four Australian women have experienced an unintended pregnancy in the past decade. About half of these pregnancies occurred for women not using contraception, and about one third ended in abortion (Taft et al., 2018). Improving equitable access to contraception, including emergency contraception, supports women and girls to decide whether or when to have children, and enable them to engage in work and education.

In Australia, there is a 10.7% unmet need for family planning - when a woman wants to stop or delay childbearing but is not using contraception (United Nations, 2017). Highly effective long-acting reversible contraception (LARC), namely implants and intrauterine contraception, is a key strategy to reduce unintended pregnancy

(Bateson, Black, & Sawleshwarkar, 2019). These contraception methods are more than 99% effective, compared with the oral contraceptive pill (93% effective with typical use) and the male external condom (88% effective with typical use) and can be used by most women across the reproductive life course, from adolescence to perimenopause. However, despite this evidence, use of LARC in Australia is low. Increasing the uptake of intrauterine devices (IUDs), and other forms of LARC, would help reduce unintended pregnancies.

Priority 4: Enabling access to abortion services

Improving access to abortion care would improve health outcomes. Even with enhanced access to contraception, including LARC, provision of equitable access to safe abortion care is essential.

However, the patchwork of abortion services across Australia means women face different health service options when confronted with an unintended pregnancy, depending on which state they live in, whether or not they live in a metropolitan centre and their financial resources.

There is a need for women to have equitable access to timely, affordable medical or surgical abortion services. Currently, the largest gaps in access are for low- or no-cost services for financially disadvantaged women, and there is poor availability of abortion services in rural and remote areas (Doran & Hornibrook, 2016; Shankar et al., 2017).

Priority 5: Sexual health screening and safe sex promotion

Sexual health screening and safe sex promotion is an essential component of optimal reproductive and sexual health. All people at risk of STIs should have access to regular sexual health screening services and access to condoms. Safe sex promotion campaigns should continue to promote the importance of regular testing of STIs and BBVs for all people, including identified at-risk groups, both young and older.

Sexual health screening for pregnant women includes comprehensive testing for STIs and BBVs in antenatal care. Syphilis screening in Aboriginal and Torres Strait Islander communities is a priority. Screening should be combined with discussions about contraception and condoms for comprehensive care.

Priority 6: Access to reproductive and sexual health services by marginalised groups

Access to affordable quality reproductive and sexual health services is vital so all community members can achieve good health outcomes, including those most disadvantaged. Vulnerable groups include people who are culturally and linguistically diverse and Aboriginal and Torres Strait Islander, people with disability, young people and people who are gender and/or sexuality diverse. Reproductive and sexual health should be offered to all groups in the community in a style, location and manner that is accessible and appropriate.

Priority 7: Investing in comprehensive sexuality education

Comprehensive sexuality education unquestionably improves health-related outcomes such as reducing unintended pregnancy and decreasing rates of STI diagnosis among young people. Comprehensive sexuality education is a crucial early intervention strategy for ensuring the reproductive and sexual health and rights of all people, including those who are vulnerable and marginalised, are recognised and advanced. Despite having a national school curriculum, the provision of comprehensive sexuality education is inconsistent in Australia. The Strategy should encourage consistent implementation and delivery of comprehensive sexuality education to all people as a means to promote reproductive and sexual health across the lifespan.

Priority 8: Preventing and responding to gender-based violence

Evidence-based, age-appropriate comprehensive sexuality education improves health outcomes and reduces violence towards women by addressing gender and power relations, fostering the development of healthy relationships and providing people with knowledge and skills to make healthy reproductive and sexual health decisions (United Nations Educational Scientific and Cultural Organization, 2015).

Priority 9: Education of health professionals in reproductive and sexual healthcare

Training the health workforce to undertake preventive healthcare and health promotion, particularly in

reproductive and sexual health, is essential. Reproductive and sexual health promotion practitioners need to be equipped in screening and health promotion as part of clinical practice and education professionals must be trained to deliver evidence-based comprehensive sexuality education.

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