



Women's sexual and reproductive health

Key priorities
2017–2020

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Minister's foreword

I am delighted to release Victoria's first ever women's sexual and reproductive health strategy and priority action plan.

Access to sexual and reproductive health services is a fundamental right for every Victorian woman. However, there are parts of Victoria where there is little or even no access to the information, support and services that women require.

This strategy and \$6.6 million in new funding is an essential step toward ensuring that all Victorian women, regardless of where they live and how much money they have, are given access to the services and support they need.

It is part of a series of commitments and investments the Andrews Labor Government has made to support the health and wellbeing of Victorian women. We have taken world leading action to address the key determinants and factors that impact on women's sexual and reproductive health. This includes world leading work to combat the incidence and impact of family violence, to improve gender equality and to address the needs of gender diverse Victorians.

The strategy is needed because the evidence has shown that, despite Victoria having legislation to ensure women have the right to exercise reproductive choices, there remain barriers and service gaps that affect women's access to affordable healthcare, contraception and termination services across the state.

Too many women are impacted by reproductive health issues like endometriosis, polycystic ovarian syndrome and managing the symptoms of menopause and don't know where to turn. Government has a responsibility to support Victorian women through a health system that provides information, advice and care to enable effective management of their conditions and fertility.

But government can't do this alone. Partners across the health system, including primary health and allied health professionals, public and private health services, not-for-profit organisations, women's health services, local government, workplaces and women are required to work together to improve access to sexual and reproductive health services.

We also need the Commonwealth to play its role. The Victorian Government will continue to advocate to ensure that Medicare and the Pharmaceutical Benefits Scheme supports expanded access to the sexual and reproductive health services Victorian women require and deserve.

All Victorian women should be able to exercise their right to access services that support their sexual and reproductive health and I'm proud that this strategy will provide them access to the information, tools and services they need to make those choices.

A handwritten signature in black ink that reads "Jill Hennessy". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

The Hon Jill Hennessy MP
Minister for Health

Why sexual and reproductive health matters

Sexual and reproductive health includes the right to healthy and respectful relationships, inclusive, safe and appropriate services, access to accurate information, and effective and affordable methods of family planning and fertility regulation.¹

Good reproductive health is important for general health for both men and women as well as the next generation. The Victorian Government recognises this, and has identified sexual and reproductive health as a priority in the *Victorian public health and wellbeing plan 2015–2019*.

Specific reproductive health issues are associated with different life stages, and the impact of poor reproductive health is greater on women, due to both biological and social factors. It is now recognised that family violence has significant impacts on the health of women, including sexual and reproductive health and unplanned pregnancy. Family violence can create barriers to health service access for women including for screening and treatment of sexually transmissible infections and other reproductive health conditions.

The majority of reproductive health problems occur during reproductive years, but may have long-lasting consequences for health.

We know that, despite robust legislation, Victorian women do not always have timely access to termination of pregnancy services or broader sexual and reproductive health services that they need. Improving access to affordable sexual and reproductive health services is especially important in regional and rural Victoria, where the service gap is particularly pronounced. This leads to poorer health outcomes for women in these areas.

In addition, we know there are a number of specific reproductive health issues that affect the health and wellbeing of Victorian women, such as endometriosis, polycystic ovarian syndrome

and menopause that are not as well understood and managed as they could be.

Sexual and reproductive health outcomes are determined by social, cultural and economic factors² and encompasses the following concepts:

- Sexual and reproductive health is about wellbeing, not merely the absence of disease.
- Sexual and reproductive health involves respect, safety and freedom from discrimination and violence.
- Sexual and reproductive health depends on the fulfilment of human rights.
- Sexual and reproductive health is relevant throughout people's lifespan, not only for people in their reproductive years, but also for people who are young or are older.
- Sexual and reproductive health is critically influenced by sex and gender norms, roles, expectations and power dynamics.
- Sexual and reproductive health is expressed through diverse sexualities and forms of sexual expression.

Sexually transmissible infections are a major cause of infertility, particularly in women, and place a significant burden on the Victorian community.

Rising rates of infection and rapid developments in prevention, testing and treatment, as well as advances in research, all pose challenges and opportunities to improve the public health response to communicable infections.

1 Malarcher S 2010, *Social determinants of sexual and reproductive health: informing future research and programme implementation*, World Health Organization, Geneva.

2 Commission on Social Determinants of Health 2008, *Closing the gap in a generation: health equity through action on the social determinants of health*, World Health Organization, Geneva.

For example, approximately 20 per cent of women with untreated chlamydia infections develop symptomatic pelvic inflammatory disease. Pelvic inflammatory disease is a significant cause of ectopic pregnancy and if untreated can lead to infertility. While Victoria has high coverage of vaccination and good surveillance systems for cervical screening and for sexual health treatment, this strategic document will help to ensure Victorian women have access to prevention, testing, treatment and support services that promote good sexual and reproductive health and fertility outcomes.

A major factor associated with the development of poor sexual and reproductive health is stigma and discrimination. People's fear that they may be stigmatised or treated differently if they seek advice or present for testing and treatment may compromise their willingness to get help, and so risk compromising their sexual and reproductive health further.

That makes it even more important to prevent stigma and discrimination, ensure people are informed about and practice safe sex, and to promote the benefits of treatment as well as its availability, across the population.

Source: United Nations Populations Fund, 'Sexual and reproductive health', www.unfpa.org/sexual-reproductive-health.

Good sexual and reproductive health

Good sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so.

To maintain one's sexual and reproductive health, people need access to accurate information and the safe, effective, affordable and acceptable contraception method of their choice. They must be informed and empowered to protect themselves from sexually transmitted infections. And when they decide to have children, women must have access to services that can help them have a fit pregnancy, safe delivery and healthy baby.

Taking action to address the key determinants of women's sexual and reproductive health

The government is implementing bold new reforms to address key risks to women's sexual and reproductive health.

These actions include:

- **taking action on family violence**, which has significant health and wellbeing impacts on women, with a \$572 million statewide funding boost over three years to implement the recommendations of Australia's first Royal Commission into Family Violence. Achieving the vision of a Victoria free from violence is supported by a \$572 million statewide funding boost over three years to implement the recommendations of the Royal Commission into Family Violence. The family violence package includes a \$61.6 million investment in prevention to dismantle harmful attitudes towards women and promote gender equality. This includes:
 - \$7.8 million over two years to develop a statewide prevention strategy, together with supporting infrastructure at the regional and local level
 - \$23 million over two years for targeted prevention initiatives, including workplace-based programs as well as tailored prevention programs for Aboriginal, culturally and linguistically diverse and LGBTI (lesbian, gay, bisexual, transgender and intersex) communities
 - \$21.9 million to expand respectful relationships education in schools
- **addressing gender equality and respectful relationships, including through:**
 - the appointment of Victoria's first Gender and Sexuality Commissioner to champion the rights of LGBTI Victorians
 - the appointment of Australia's first Minister for Equality, a dedicated cabinet post putting equality at the centre of all government action
 - appointing a whole-of-government Ministerial Advisory Committee to make sure Victoria's laws and services do not exclude LGBTI Victorians. This includes work to improve the responsiveness of mainstream services (including those related to sexual and reproductive health) to issues faced by LGBTI people, such as the *Rainbow eQuality* guide³
 - releasing the government's gender equality strategy, supported by funding of \$7 million in 2016–17 and \$2 million in 2017–18
 - providing \$15 million to establish a Pride Centre to engage LGBTI community organisations, associations and groups, to enhance relationships between bodies and increase ease of access for people seeking LGBTI services

³ Department of Health and Human Services 2015, *Rainbow eQuality guide*, <www2.health.vic.gov.au/about/populations/lgbti-health/rainbow-equality>.



- **other important initiatives such as:**
 - investing \$1 million towards improving the sexual health of children in out-of-home care
 - developing a new service plan for Victoria’s maternity and newborn system, including \$16.8 million over four years to strengthen oversight of quality and safety across public maternity services
 - introducing safe access zones around termination of pregnancy providers under the *Public Health and Wellbeing Amendment (Safe Access Zones) Act 2015*
 - providing \$25.8 million to put doctors in 100 secondary schools in disadvantaged areas
 - developing a new work plan to take action on sexually transmitted diseases.

Strengthening existing services

There are many established programs that respond to the sexual and reproductive health of women and the broader community in Victoria.

The government's commitment to sexual and reproductive health of Victorians is reflected in a number programs and investments, including:

- the Victorian Family and Reproductive Rights Education Program, which aims to end the practice of female genital mutilation/cutting (FGM/C) and support women and communities who may be affected by the practice
- streamlining testing for HIV and other sexually transmissible infections at funded clinics by introducing Xpress clinics, community-based services and SMS reminders for appointments and negative results
- free and confidential services offering sexual health testing programs, for example innovative prevention approaches to increasing the treatment rates of chlamydia infection in young people such as:
 - patient-delivered partner therapy which enables doctors to prescribe treatment for a patient diagnosed with chlamydia as well as their sexual partner who is unwilling or unable to visit a health professional
 - TESTme which offers free and confidential chlamydia testing and treatment for rural Victorians aged 25 years and younger, rural Victorian men who have sex with men and Aboriginal and Torres Strait Islander people. TESTme also offers telephone consultations with a nurse for sexually transmitted infection (STI) testing and contraceptive advice

- funding a range of services, including those aimed at Aboriginal communities and culturally and linguistically diverse communities, to promote safe sex, prioritise prevention, raise early symptom awareness, or increase testing and treatment. Examples of funded services:
 - Melbourne Sexual Health Centre
 - Women's Health Services
 - Centre of Excellence in Rural Sexual Health
 - Multicultural Health and Support Service
 - Family Planning Victoria
 - Victorian Aboriginal Community Controlled Health Organisation.

The government will continue to work with key partners to increase the reach of these services in the community.

This action plan complements and builds on other strategic directions of the Victorian Government aimed at improving the health and wellbeing of Victorian women, including the *Victorian cancer plan 2016–2020*, *Health 2040* and the *Victorian public health and wellbeing plan 2015–2019* and associated outcomes framework.



Addressing key service gaps

Consultations across Victoria in 2015 and 2016, as well as contemporary evidence and service data analysis, identified a number of key service gaps and examples of innovative approaches to address these.

Participants in the consultations were enthusiastic and eager, and engaged in lively discussions on ways to improve sexual and reproductive health for Victorians.

The following key areas were identified as priorities for action:

- improve women's knowledge about fertility and the reproductive choices available
- increase equitable access to sexual and reproductive health services for Victorian women across the life course, taking account of different cultural and geographic needs
- address marginalised or invisible reproductive health issues such as endometriosis, polycystic ovarian syndrome and menopause by improving knowledge and management of these in accordance with contemporary best practice, diagnosis, early intervention, treatment and management.

Consultations emphasised that while Victoria has world-leading legislation and community support to enable women to exercise reproductive choices, there are barriers and service gaps relating to affordable contraception and termination services that support women to control and manage fertility.

Community leaders and women told us that these areas must be addressed as a priority.

For the first time in Victoria, the government commits to action over the next three years to address these gaps and deliver improved health outcomes and reproductive choices for women.



What you told us

During the consultations, participants shared experiences of accessing reproductive health services:

'Young people in general may find it challenging to access reproductive health services. They may not feel comfortable about calling services, leaving messages or making appointments without support. Some possibly may have never travelled outside their local area, let alone to the city or other regions to access health advice and services. Inadequate public transport further disadvantages women who need to travel further to obtain reproductive health services.'

'Many regionally-based professionals do not know which doctors in the area provide termination of pregnancy and often refer women directly to Melbourne services.'

'Polycystic ovary syndrome (PCOS) diagnosis and treatment guidelines of very high quality are under-utilised. Many women who experience PCOS may not become aware of their condition until they are trying to conceive, leading to significant stress and distress.'

'The Pharmaceutical Benefits Scheme (PBS) and the Medicare Benefits Scheme (MBS) often discourage health professionals to offer and/or women to agree to using new forms of emergency contraception and long-acting reversible contraception that are effective and safer for an individual's long-term fertility.'

'Workplace and public health policies and practices do not acknowledge the impact of menopausal symptoms on women's physical and mental wellbeing.'

'It is time sexual health was seen as a key focus and not a by-product of other health issues. We know that young people are aware of the issues regarding their sexual and reproductive health and are resourceful in accessing information. We need to get better at working in partnership, collaborating with local government and existing youth groups to provide youth-friendly sexual health services for young people across Victoria. Strengthening existing services through improving the accessibility of testing centres along with building testing into general health checks will be an important step to ensuring access is equitable for a diverse range of young people.'

What we want to achieve

Notwithstanding the work already being achieved in the area of sexual and reproductive health, *Women's sexual and reproductive health: Key priorities 2017–2020* outlines the Victorian Government's action in four priority areas for both the government and non-government sectors.

Key priority areas:

- knowledge and awareness of factors that affect the ability to conceive a child
- access to contemporary, safe and equitable fertility control services to enable Victorians to exercise their reproductive rights
- early diagnosis, effective treatment and management of specific reproductive health issues, such as endometriosis, polycystic ovary syndrome and menopause, to reduce their impact on women's health, wellbeing and social participation
- prevention, early diagnosis and treatment of sexually transmissible infections (such as chlamydia) to reduce their impact on women's sexual and reproductive health.

These priority areas have been identified through a number of avenues, including:

- a review of data
- a review of services' capacity to provide contraception, medical and surgical termination services, and an assessment of new and emerging models of care
- experiences of women managing their own sexual and reproductive health
- consultations with the sector and specialists on reproductive health and sexual transmissible infections.

The aim is to create an effective system to:

- improve community understanding of the causes of infertility and poor sexual and reproductive health, and strengthen their ability to address it
- support continuing learning and development for health professionals in sexual and reproductive health, including knowledge of contemporary evidence-based options to optimise it
- support innovative models of care, and strengthen referral and management pathways, to address sexual and reproductive health issues.



Our objectives

We aim to:

- support optimal sexual and reproductive health for Victorian women
- improve knowledge and access to contemporary, safe and equitable sexual and reproductive health services
- improve prevention, early diagnosis, effective treatment and/or management of sexual and reproductive health issues.

We will focus on key population groups

Victoria will support optimal sexual and reproductive health of all women, while taking into account the needs of specific population and age groups, including:

- adolescents, young and older women
- Aboriginal and Torres Strait Islander people
- people from culturally and linguistically diverse backgrounds
- people living in regional and rural Victoria
- people living with a disability
- women in same sex relationships and gender-diverse people.

Principles

Five key principles underpin the plan. These are based on the service principles and priorities of the Department of Health and Human Services, and are adapted for the context of women's sexual and reproductive health:

- person-centred services and care
- informed decision making
- accessible and equitable health services
- contemporary evidence-based services
- gender equality.

See the Appendix for more.

Koori women's health: women's business

The Victorian Government will continue to work in partnership with the Victorian Aboriginal Community Controlled Health Organisation, its member organisations, the Victorian Aboriginal Health Service and community organisations to support Koori women's sexual and reproductive healthcare, including access to contraception.

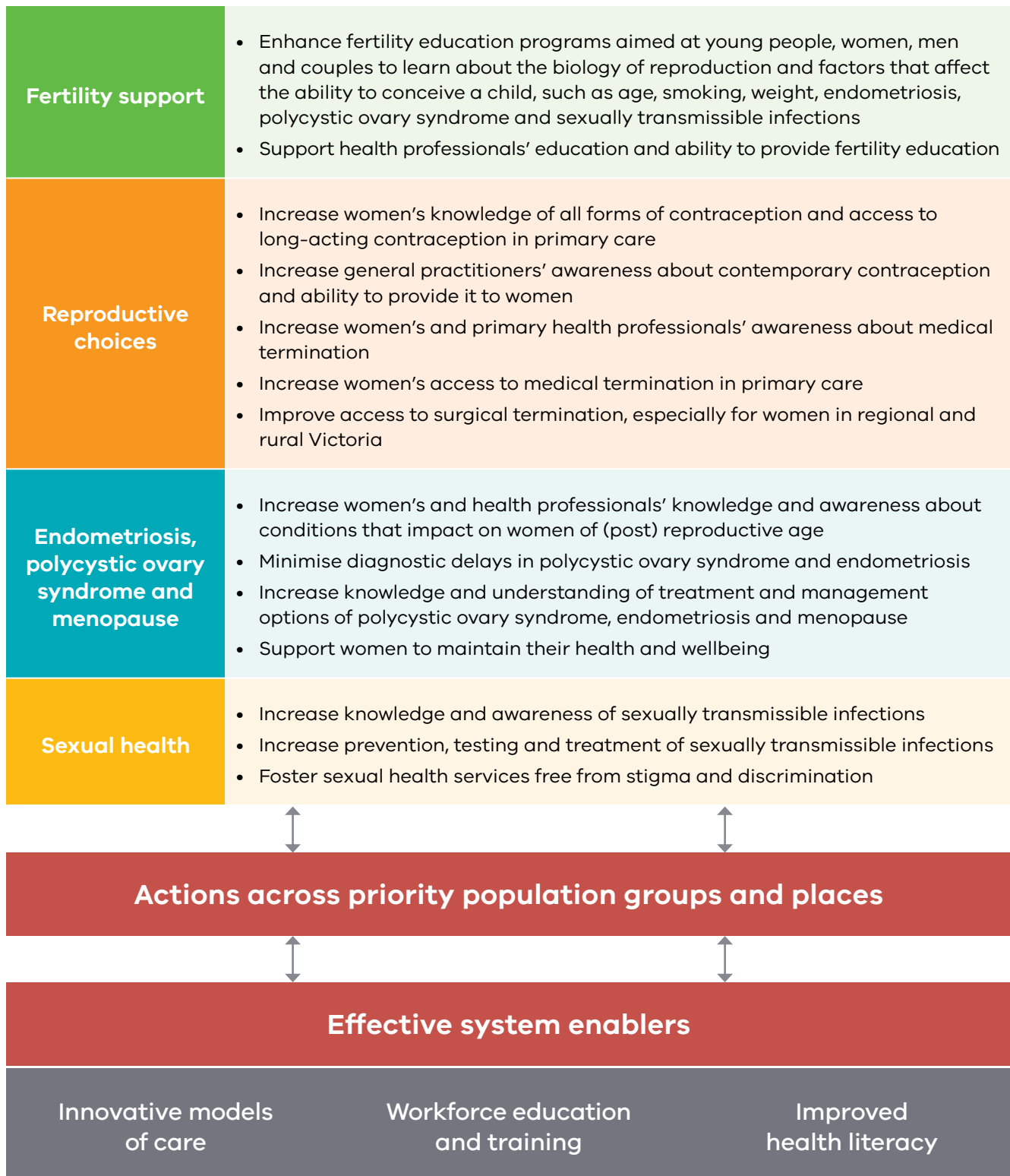
The Victorian Government strongly believes in empowering Koori women and children by supporting and building the capacity of Aboriginal Community Controlled Organisations and service delivery pathways to education, healthcare, housing, and employment.

Victoria's 14 Koori maternity services ensure that culturally appropriate maternity care for women and their families is provided through ongoing and trusting relationships with Koori maternity services' midwives and Aboriginal health workers, and that women access these services early in their pregnancy.

Women with disabilities

The Victorian Government will work with Women with Disabilities Victoria and other organisations to ensure that this strategy is applied for women with disabilities as they access the health system. We know that women with disabilities face greater challenges and discrimination in access to some sexual and reproductive health services. Women with disabilities should have the same right of access to these important health services as all Victorian women. We will continue to work with health professionals, health services and women with disabilities to ensure services provide access to quality care for women with disabilities.

Key priorities 2017–2020



Priority action area 1

Victorians have improved knowledge and capacity to manage fertility

What will be different

- Victorians will have improved knowledge about factors that affect the ability to conceive a child, such as age and individual behaviours, such as smoking and alcohol consumption.

Actions

Enhance fertility education programs aimed at women, men and couples to learn about factors that impact on the ability to conceive a child:

- Deliver education and awareness programs relating to fertility, including:
 - information relating to the reproductive cycle and fertility window
 - information on declining fertility as age increases
 - the impact of individual, potentially modifiable factors which may compromise fertility and pregnancy and child outcomes, such as smoking, obesity and alcohol consumption, and
 - the impacts of specific reproductive and other health conditions, such as chlamydia infection, endometriosis, and polycystic ovary syndrome on fertility.
- Work with key partners to improve women's knowledge of the factors impacting on fertility, so that individuals and couples can make informed decisions about fertility planning.
 - Key partners include The Royal Women's Hospital, the Victorian Assisted Reproductive Treatment Authority, women's health services and other organisations.
- Deliver age-appropriate contemporary information on all aspects of fertility management in a range of community settings.

Key facts

The average age at which women start families is increasing. One in five Australian babies is born to women over the age of 35 years.

Evidence shows that increasing age along with behavioural factors impact on fertility.

Consultations identified that improving knowledge of women and health professionals, as well as skills and confidence of health professionals in understanding the factors that affect fertility, are key gaps that need to be addressed.

Priority action area 2

Victorians have improved access to reproductive choices

What will be different

- Victorians will have improved affordable, reliable and confidential access to contraception, pregnancy support and termination services to enable people to exercise their reproductive choices.
- Health professionals will be able to provide contemporary reproductive health advice and clinical services to women as close as possible to where they live.
- Health services and health professionals will involve women in decisions about their own health.

Actions

Increase access to information and provision of all forms of contraception:

- Provide information to young people about contraception and preventing unwanted pregnancies. This approach will normalise and destigmatise the provision of contraceptive advice by embedding it into regular (primary) youth and adult healthcare, including outreach settings. The information on contraception will be available in a range of accessible formats and languages.
- Provide information on contraception to international and local university, TAFE and college students during their orientation.
- Ensure Victorian health professionals are supported to provide consistent evidence-based information on contraceptive options and effectiveness of different methods.
- Ensure health and other professionals refer people to reputable sources of information, such as the Better Health Channel and The Royal Women's Hospital's Information Centre.
- Increase the number of health professionals confident to offer long-acting reversible contraceptive services in primary and

community health services to women of all ages through increased training and education.

- Work with general practitioners to ensure that contraception advice and support is provided as part of routine postnatal care for all new mothers.⁴
- Develop innovative models to improve confidential and safe access to contraception in primary care for all Victorians, particularly in regional and rural areas, including via innovative technologies such as phone apps for young people.
- Work with local government and health services to improve access to contraceptive choices for young people, for example expanding access to condom vending machines in community-based settings.
- Work with key providers to increase access to (emergency) contraception – pharmacists, community health, general practitioners, Primary Health Networks and hospitals.
- Improve women's knowledge on how and where to access emergency contraception, including ensuring that all women accessing emergency contraception or pregnancy termination concurrently receive advice on contraception.

⁴ The postnatal period begins immediately after the birth of a child and extends for about six weeks.



- Ensure maternity care providers (including general practitioners, midwives and maternal and child health nurses) are confident to educate and advise women of their contraceptive options during the postnatal period.
- Support providers to develop maternity models of care that reflect emerging evidence about early postnatal contraceptive options.
- Develop a culturally appropriate suite of services in partnership with Aboriginal Victorians to ensure that Aboriginal Victorians have access to family planning, contraception and termination of pregnancy information as well as culturally safe services.

Alongside our efforts to increase information and access to all forms of contraception, we will increase availability and access to termination options:

- Improve awareness and knowledge of medical termination of pregnancy across the range of health care providers.
- Increase the number of community and primary care providers who are trained and offer medical termination of pregnancy.
- Ensure women from culturally and linguistically diverse backgrounds can access termination of pregnancy services.
- Increase access to medical termination of pregnancy through innovative and affordable models in primary care, particularly for regional and rural Victoria.
- Ensure general practitioners are supported by specialists and health services in provision of medical termination of pregnancy.

- Improve referral pathways ensuring women have access to health services as close to where they live or work as possible.
- Explore options for innovative shared care models with the private sector.
- Improve access to publicly funded surgical terminations, particularly for women in regional and rural Victoria.

Address system enablers:

- Increase training in long-acting reversible contraception and medical termination of pregnancy for primary and community care providers to improve their knowledge and ability to administer them.
- Support Community Health Services to provide these services using innovative models of care.
- Support Primary Health Networks and public hospitals to develop supporting clinical and referral health pathways for community and primary care health service providers' models of care for reproductive choices.

Advocate to the Commonwealth to:

- Address barriers in the Medicare Benefits Scheme and Pharmaceutical Benefits Scheme to providing long-acting contraception and medical termination services in primary care
- Ensure that international students have access to reproductive health services immediately upon their arrival in Australia through private health insurance.

Key facts

Exercising reproductive choices is a key determinant of women's reproductive and general health. This includes access to information about modern contraceptives as well as medical or surgical termination of pregnancy. Women can only exercise their reproductive choices if health professionals are aware of modern contraceptives and able to administer them.

Oral hormonal contraceptives are the most commonly used form of contraception in Australia, widely available in primary care. They rely on correct, continuous daily use.

Long-acting reversible contraceptives (LARC), including intrauterine devices (IUDs) and hormonal implants, are fertility control methods that do not require daily administration by women. They can be provided to most women (of any age and or history of giving birth) in a primary care setting.

LARC are associated with a lower rate of unintended pregnancy compared with non-LARC, but are infrequently used in Australia.

Emergency contraception, commonly known as the 'morning-after pill', is a safe and effective way to decrease risk of pregnancy following unprotected sexual intercourse.

Medical termination of pregnancy (MTO) is an alternative to surgical termination for women in the early weeks of pregnancy. It can be offered in a primary care setting as soon as pregnancy is detected and can be seen in an ultrasound. MTO is 95 per cent effective in ending a pregnancy up to 63 days gestation.

Surgical termination of pregnancy (STOP) is a procedure of removing the foetus and placenta from the uterus. It can be performed in a hospital or day surgery setting as a day procedure.

Consultation highlights

- Key gaps include improving knowledge of women and health professionals, as well as skills and confidence of health professionals.
- Increased training and referral pathways are needed to increase numbers of primary and community care services that provide long-acting reversible contraception and medical termination of pregnancy services.
- Public hospitals have a key role in supporting primary and community health services to provide access to emergency contraception and medical terminal of pregnancy.
- Public hospitals have a key role in supporting women's access to surgical termination of pregnancy services.
- The private sector is a key provider of both surgical and medical termination of pregnancy and there is an opportunity to develop integrated care and leverage models of care.



Changing roles

Equal access to all reproductive choices will result in increased access to medical termination of pregnancy. In turn, this shift will have flow-on effects for other service providers.

As the conventional providers of surgical termination of pregnancy, the role of private providers, hospitals, and particularly public hospitals, will change.

To support primary care providers, hospitals will be increasingly asked to:

- partner with general practitioners to provide medical terminations by being part of a surgical backup or emergency patient pathway
- provide opportunities and support for general practitioners to develop and maintain clinical skills in procedures (especially in the provision of long-acting reversible contraception).

Where public health services also operate a community health service, they should address local demand for reproductive health services (including emergency contraceptive, long-acting reversible contraception and medical termination of pregnancy) through their general practitioner clinics.

Not all community health services have general practitioner services. Where they do not, the community health service should provide local information about reproductive health services in the area (including pharmacists who provide emergency contraception and medical practices with focus on reproductive health and women's health).

Public hospitals will be expected to:

- provide surgical terminations of pregnancy in line with the service's capability or
- develop referral pathways so women can access surgical termination of pregnancy at an alternative health service.

Providing surgical termination of pregnancy of later gestation requires specialist surgical staff and support services that not all public health services (especially in regional and rural Victoria) can safely and consistently provide. The capability of different hospitals to provide specific surgical services is being considered further as part of work on a statewide surgical plan.

Priority action area 3

Victorian women with endometriosis and polycystic ovary syndrome or undergoing menopause have improved access to reproductive health services

What will be different

- Victorian women will have improved access to early diagnosis, effective treatment and management of polycystic ovary syndrome, endometriosis and menopause.
- Medical and social support will enhance the social participation of women with endometriosis and polycystic ovary syndrome or undergoing menopause.

Actions

Increase knowledge and awareness about these conditions, including how to minimise lack of or late diagnosis of endometriosis and polycystic ovary syndrome:

- Deliver community education in workplaces and the broader community.
- Increase health professionals' knowledge through evidence-based education.
- Regularly update publicly available information through the Better Health Channel, The Royal Women's Hospital Information Centre and Jean Hailes for Women's Health website.
- Develop innovative education tools, such as webinars for patients and health professionals.

Increase awareness about treatment and management options:

- Encourage research and translate research findings into patient information and clinical care.
- Disseminate evidence about the effectiveness of medical and alternative treatments to women and health professionals.
- Enable women to make informed decisions about their health care by developing decision-making tools.

- Use modern technology (such as phone apps) to improve the quality of care and the quality of life of women with endometriosis and polycystic ovary syndrome or undergoing menopause.
- Support women to follow a healthy lifestyle, including presenting for screening during and after menopause.
- Encourage workplaces to have policies and practices which support women with endometriosis and polycystic ovary syndrome or undergoing menopause.

Support women experiencing infertility:

- Ensure primary care health professionals provide counselling to women and their partners.
- Enable women's access to specialists through referrals.



Key facts

Endometriosis is a common reproductive health disease that occurs when the tissue similar to the uterine lining grows outside the uterus. It is unclear why it occurs.

About 200,000 Victorian women have endometriosis and may experience a number of symptoms (for example period pain, pain during sex, heavy periods and chronic pelvic pain) or no symptoms at all.

Some may be misdiagnosed with other conditions such as irritable bowel syndrome or pelvic inflammatory disease, further compromising a woman's wellbeing.

Polycystic ovary syndrome is caused by hormonal imbalance. It is estimated that up to 20 per cent of women of childbearing age can be affected by this condition. Similar to endometriosis, causes of this condition are not known.

Women with polycystic ovary syndrome may experience a number of problems, including difficulty maintaining healthy weight, fertility problems, excessive hair or insulin resistance.

In addition, they may also be at a higher risk of type 2 diabetes and heart diseases. A series of tests is required to diagnose polycystic ovary syndrome.

Menopause is a natural biological event in a woman's life commencing when her period stops. It is part of healthy ageing. It can also be induced surgically, such as when a woman's ovaries are removed due to other medical conditions, or occur prematurely (before the woman is 40 years old).

Some women require medical assistance to deal with their symptoms, while others embrace menopause without any difficulties.

This period of life offers an opportunity for health promotion and enhancing a well woman's health-related behaviours, including nutrition, exercise, smoke-free living and screening (for example, for breast cancer).

Improving knowledge of women and health professionals as well as skills and confidence of health professionals have been identified as key gaps in each of these reproductive health issues.

Priority action area 4

Victorian women feel confident about accessing respectful and culturally safe sexual health services for testing, treatment and support, regardless of their gender identity, cultural identity, ethnicity, age, sexual orientation, disability or residential location

What will be different

- Victorian women will know about and be supported to reduce their risk of acquiring sexually transmissible infections.
- Victorian women will have access to best practice sexually transmissible infections testing, treatment, care and support.
- Prevention efforts will focus on Victorian women who experience greater inequity and are at risk of, or experience, sexual ill-health.

Actions

Increase knowledge and awareness of how to prevent transmission of sexually transmissible infections:

- Promote primary prevention strategies to raise awareness of sexually transmissible infections that increase access to sexual health services, safer sex resources and means of prevention for all women, including women in same sex relationships and gender-diverse people.
- Develop and deliver targeted and culturally relevant prevention strategies for and with Aboriginal women.
- Develop accessible and culturally specific prevention strategies for culturally and linguistically diverse women.
- Provide comprehensive sexuality and relationship education that is aligned with people's age and stage.
- Develop and deliver targeted and accessible prevention programs for and with women with disabilities.

Increase prevention, testing and treatment of sexually transmissible infections for Victorian women:

- Develop education programs for primary care providers on sexual health to promote routine testing, including during pregnancy.
- Offer opportunistic sexually transmissible infections testing as part of cervical screening, contraception, vaccinations or for other non-sexual health consultations.
- Identify and support nurse-led models in primary and community health settings to increase access to sexual and reproductive health care across Victoria.
- Implement peer education models that promote awareness of prevention and available treatment, care and support services for sexually transmissible infections to key populations.
- Implement flexible and innovative strategies for prevention, treatment, care and support in non-clinical settings, including flexible delivery to areas of need, electronic-based approaches and social media.
- Maintain high levels of human papilloma virus vaccination in the community.



Ensure Victorian women can access safe and inclusive settings that foster sexual health services which are free of stigma and discrimination by:

- Gathering information to understand different perceptions of stigma and how this might impact on barriers to testing, treatment access and engagement with public health campaigns.
- Implementing high visibility sexual health campaigns for Victorian women focusing on chlamydia prevention and treatment.

Key facts

Sexually transmissible infections (STIs) continue to be a significant public health concern for Victorian communities.

Untreated STIs can have significant short- and long-term health impacts and may result in personal and social impacts and economic costs to the Victorian health system.

STIs, in particular chlamydia, are a major cause of infertility in women.

Chlamydia is responsible for 50 per cent of sexually acquired pelvic inflammatory disease, which can lead to infertility.

Yet chlamydia can be cured, and infertility prevented if chlamydia is treated early or enough.

Improving knowledge of women and health professionals as well as skills and confidence of health professionals have been identified as key gaps.

Appendix

Person-centred services and care

Person-centred services and care means that individuals have control over their own health care and receive it as close as possible to where they live. For women, this includes woman-centred care, focused on each woman's needs, to improve the health and wellbeing of all Victorian women. In the person-centred approach, people are seen as the experts of their lives who, have the right to choose their own health professional, and together with health professionals, decide about the most appropriate course of action. This takes into account their own desires, values, social and personal circumstances and health-related behaviours as well as medical or alternative treatment and management options. This empowers people to understand their condition and how they can get better. Patient care is coordinated between different providers.

Informed decision making

Informed decision making means that the patient decides what is appropriate in a given situation, based on the advice received by a health professional, and taking into account the personal circumstances, belief system and priorities. It may mean that the patient either accepts or declines advice and recommendation from a health professional. The patient's decision is paramount and must be respected.

Accessible and equitable health services

Accessible health services are services that are available to all people who need them, and are free from any form of discrimination, irrespective of where a person was born, which language they speak or their cultural or religious background, their abilities, sex or gender. Equitable health services mean that all people are treated fairly and based on their need.

Contemporary evidence-based services

As new evidence of the effectiveness of interventions becomes available, it is increasingly important that services are based on contemporary evidence. Health professionals and health services need to ensure that the care of individual patients or decisions about the delivery of health services are based on current best evidence, taking into account their clinical judgement and individuals' values and expectations.

Gender equality

Gender, which refers to the socially constructed differences between women and men, as distinct from biological differences between the sexes, impacts on health outcomes of all people, both women and men. Gender inequality leads to different social, economic and political opportunities for women and men and ultimately health. Gender equality, on the other hand, respects people's human rights. It recognises the different biological needs of each sex, and the reproductive health needs of each person, in the provision of services. It respects people's right to gender diversity. Further, it recognises that, to achieve equitable health outcomes, health services may have to apply different approaches, and allocate resources, according to people's needs.

