



# Appendix A

## Policy context

Caution: Some people may find parts of this content confronting or distressing, including content relating to pregnancy loss and termination of pregnancy. Please carefully consider your needs when reading the following information.

The policy context around sexual and reproductive health data gaps is expansive and includes a range of topic-specific health strategies. The AIHW work in relation to SRH is consistent with, and aims to support monitoring in relation to policy and strategy priorities to report on timely and current priority issues.

Key aspects of the current policy context are summarised in this appendix.

# National Women's Health Strategy 2020–2030

The National Women's Health Strategy 2020–2030 (Strategy) outlines a national approach to improving health outcomes for all women and girls, particularly those at greatest risk of poor health, and aims to reduce inequities in health outcomes.

The Strategy acknowledges that each individual has unique and often complex health needs, shaped by the context in which they live and recognises that some women and girls face greater barriers and challenges to achieving and maintaining good health, with the Strategy identifying priority populations of women, girls and gender diverse people such as First Nations women and girls, individuals from rural and remote areas and lesbian, bisexual, transgender people and people with innate variations of sex characteristics, and communities who may require extra support and targeted measures.

The Strategy outlines actions aimed to strengthen and diversify research and data collection across identified health priorities for women and girls. It emphasises the need for: national SRH data for priority populations, including for women, trans/transgender and gender diverse people, and First Nations people, people from culturally and linguistically diverse backgrounds, living with disabilities and the LGBTIQ+ communities. It also calls for data to understand access to and experiences of health services, and how access and experiences affect outcomes for all women, trans/transgender and gender diverse people.

The Strategy identifies measures of success relating to access and experiences, for example an increase in the availability and uptake of long-acting reversible contraception (LARC), increased equitable access to pregnancy termination services, and better identification, detection, treatment and management of endometriosis (Department of Health 2019b).

## Senate inquiry into universal access to reproductive healthcare

The inquiry focused on identifying barriers to achieving priorities under the National Women's Health Strategy for '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', with particular reference to: cost and accessibility of reproductive health care including contraceptives, SRH workforce development, best-practices in SRH care, SRH literacy, experiences of priority populations; and related matters (Community Affairs References Committee 2023).

The Government response to the inquiry supported recommendations in relation to increasing geographical and financial accessibility of SRH services (including LARC insertion and TOP), including through training health practitioners, expanding efforts to increase the proportion of healthcare providers working to their full scope of practice, improving access to appropriate SRH information across population groups, and research into insertive and receptive contraceptive options, and reproductive coercion and abuse.

The Government response also supported the inquiry committee's recommendation to commission work to improve its collection, breadth, and publication of statistical data and information regarding sexual and reproductive healthcare, particularly in relation to pregnancy terminations and contraceptive use across Australia (Australian Government 2025a).

## Senate inquiry into issues related to menopause and perimenopause

The inquiry covered issues including:

- the economic consequences of menopause and perimenopause, including but not limited to, reduced workforce participation, productivity and retirement planning
- the physical health impacts, including perimenopausal and menopausal symptoms, associated medical conditions such as menorrhagia, and access to healthcare services
- the mental and emotional well-being of individuals experiencing perimenopause and menopause, considering issues like mental health, self-esteem, and social support
- the impact of perimenopause and menopause on caregiving responsibilities, family dynamics, and relationships
- the cultural and societal factors influencing perceptions and attitudes toward perimenopause and menopause, including specifically considering culturally and linguistically diverse communities and women's business in First Nations communities

- the level of awareness amongst medical professionals and patients of the symptoms of perimenopause and menopause and the treatments, including the affordability and availability of treatments
- the level of awareness amongst employers and workers of the symptoms of perimenopause and menopause, and the awareness, availability and usage of workplace supports
- existing Commonwealth, state and territory government policies, programs, and healthcare initiatives addressing perimenopause and menopause
- how other jurisdictions support individuals experiencing perimenopause and menopause from a health and workplace policy perspective; and any other related matter.

The Government response to the inquiry supported the committee's recommendations relating to improving accessibility of menopause care, increasing awareness of perimenopause and menopause across Australia, and expanding access to professional development for health care providers.

The Government response to the inquiry also supported the recommendations to establish a comprehensive evidence base about the impacts of perimenopause and menopause on women in Australia, and to collect and use data for research into the experiences and outcomes of menopause and perimenopause (Australian Government 2025b).

## 2024–25 Federal Budget – Miscarriage

The 2024–25 Federal Budget included dedicated funding for miscarriage, including specific funding to improve data on miscarriage, including for population groups, to inform future policy direction and targeted work.

## Other relevant policy documents

The AIHW is also mindful of other policy areas relevant to this work, such as strategies and policies relating to:

- STI (DoHAC 2024; Queensland Health 2021)
- BBV, such as Hepatitis B and C, and HIV (Queensland Health 2022; WA Department of Health 2024)
- Aboriginal and Torres Strait Islander BBV and STI Strategy (Department of Health 2018; WA Department of Health 2019)
- Aboriginal and Torres Strait Islander Health Workforce (Department of Health 2022b)
- Drug Strategy (Department of Health 2017)
- Preventive Health Strategy (Department of Health 2021b)
- Primary Health Care (Department of Health 2022a)
- Aboriginal and Torres Strait Islander Health Plan (Department of Health 2021a)
- Men's Health (Department of Health 2019a).

State and territory strategies and action plans will also be taken into consideration for SRH data reporting.

This is not an exhaustive list; there are many other policies related to SRH that will be relevant to future phases of the work program.

The AIHW is also mindful of global developments and has engaged with international stakeholders in the development of this framework and data strategies. Policies and guidelines emerging from WHO and others will be considered throughout the evolution of this work.



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## See the full report

Sexual and Reproductive Health  
Monitoring Framework and Data Strategy



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