



Appendix C

SRH monitoring framework domain, sub-domain and outcome description

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.

C.1 Domain descriptions

For the introduction to the socio-ecological model and background about the development of the Sexual and Reproductive Health Monitoring Framework and Data Strategy refer to section 3 of the report.

Table C.1.1: Person level domains and descriptions

Domain	Description
Individual health literacy	The skills, knowledge, motivation and capacity of a person to gain access to, understand, appraise and apply information to make effective decisions about health and health care, and take appropriate action. It is also the individual experience of whether health information is easy to understand, trustworthy, reliable, culturally appropriate, and available in multiple formats.
SRH events and conditions	The incidence, prevalence, and recurrence of SRH events and conditions including the 5 priority topics for the first phase of this work.
Agency	Recognising if and how a person has the power to decide about and control matters associated with their health and body, including if, how, and when to access healthcare. It includes autonomy, and a person's ability to communicate and make decisions free of coercion and violence. Agency can be inhibited by stigma and discrimination for example ableism, and can be compounded for those with intersectional identities and/or needs.
Service user experiences	Considerations such as any cost to the service user, waiting times, and distance travelled to access a service.
Journey through care	A service user's care pathway through medical and non-medical care, referrals between services, and any loss to follow-up or opportunities missed.

Table C.1.2: Services level domains and descriptions

Domain	Description
Availability	Model of care, including type, site, and mode, such as where and how many services are accessed (for example public/private, primary/secondary/tertiary, and/or at a hospital, outreach, pharmacy, home care), and how (for example in-person, telehealth, self-led). It also includes disaggregation by geographic area to look at distribution of services.
Comprehensiveness	Transitions of care and reducing risk for service users moving between types of healthcare, multidisciplinary teams collaborating in response to service user's needs, and shared decision making between service users and providers to reach the most appropriate healthcare decisions.
High quality and responsive to community	Care delivered with the assistance and support of clinical guidelines, where confidentiality and privacy are trusted and assured, and service- and public-facing feedback mechanisms are functioning for quality improvement and accountability to stakeholders.
Inclusive	Attention to service provision that is culturally safe, open and acceptable to diverse communities, and free from stigma. It includes attention to the extent to which facilities are physically inclusive, with consideration of sensory needs and appropriate opening hours. It also emphasises physical, psychological and emotional safety for both survivors of trauma and service providers, through the provision of care that is trauma-informed.
Workforce capability	Competency of the workforce to deliver SRH services, such as by fulfilling their role to their full scope of practice, the availability and allocation of healthcare workers in different geographical areas, and the SRH and interpersonal competencies built into health workforce pre-service and in-service training pathways to provide quality and comprehensive SRH services.
Workforce support	Professional development that is offered and taken up in relation to SRH and interpersonal competencies, an enabling environment that enhances staff well-being and teamwork, and supportive management that promotes positive workplace cultures and recognises the importance of SRH within the provision of good quality and comprehensive healthcare provision.

Table C.1.3: Structures level domains and descriptions

Domain	Description
Health literacy	Systems, policies and practices within and across sectors enabling an effective health literacy environment, that includes external quality assessment and supports comprehensive sexuality education in schools and for adult education that supports good SRH knowledge amongst the general population.
Resourcing	The comprehensiveness of financing and expenditure for publicly funded health services, and the ability to achieve the best possible result with the smallest possible effort or investment. This includes allocation of resources to ensure robust public health surveillance and disaggregation of data.
Investment	Government budget allocations for non-commercial research and development, and Commonwealth budget allocation to SRH services.
Societal and cultural norms	Recognition that SRH is entwined with social, cultural, and political practices, meanings and experiences. These are often shaped by prevalent media and political discourse.
Commercial determinants	Transnational agreements and market processes that affect the incentivisation, supply, availability and cost of SRH services, medicines and equipment. Commercial research and development aimed at increasing SRH knowledge and new applications of available knowledge.
Governance	Policies and guidelines that support good clinical practice for the delivery of SRH services. Legal environments also govern norms, societal, professional and other practices that influence SRH including criminalisation, liability and indemnity. This includes rights-affirming laws, decriminalisation, regulation of liability and malpractice, and regulation of conscientious objection.

C.2 Sub-domain and outcome descriptions

Table C.2.1: Person level sub-domains and descriptions

Domain	Sub-domain	Sub-domain description	Reference
Individual health literacy 1	Knowledge 1.1	The skills, knowledge, motivation and capacity of a person to gain access to, understand, appraise and apply information to make effective decisions about health and health care, and take appropriate action.	Glossary Australian Commission on Safety and Quality in Health Care
	Appropriate delivery 1.2	Individuals experience health information as easy to understand, trustworthy, reliable, culturally appropriate, and available in multiple formats.	CONSULTATION PAPER: Development of the National Health literacy strategy. (2022) Department of Health and Aged Care.
SRH events and conditions 2	Prevalence 2.1	Prevalence is the number or proportion (of cases, instances, and so forth) in a population at a given time.	Glossary - Australian Institute of Health and Welfare
	Incidence 2.2	Incidence is the number of new cases (of an illness or event, and so on) in a given period.	
	Recurrence 2.3	Recurrence will also be reported where applicable, according to topic-specific definitions.	
Agency 3	Autonomy 3.1	Every person having the power to decide about and control matters associated with their health and body, including if, how, and when to access healthcare. Autonomy includes the ability to communicate and make decision free of coercion and violence.	Easter R et al. Any Restrictions on Reproductive Health Care Harm Reproductive Autonomy: Evidence from Four States. (2024) Guttmacher Institute. Rights to Sexual and Reproductive Health. (1998) International Conference on Population and Development (ICPD).

Domain	Sub-domain	Sub-domain description	Reference
Service user experiences 4	Cost to service user 4.1	An out-of-pocket cost is the difference between the amount a doctor charges for a medical service and what Medicare and any private health insurer pays. Out-of-pocket costs are also called gap or patient payments.	Out-of-pocket costs Australian Government Department of Health, Disability and Ageing
	Wait times 4.2	Health care is experienced by consumers as being delivered in reasonable timeframes.	Patient Experiences, 2023-24 financial year Australian Bureau of Statistics
	Distance 4.3	The spatial distribution of services and providers relative to where service users live.	AIHW (2024) Aboriginal and Torres Strait Islander people and primary health care: patterns of service use, preferences, and access to services. Australian Government
Journey through care 5	Care pathways 5.1	The patient journey describes all the sequential steps in providing a patient's care. This may include clinical and non-clinical steps. Patients and carers should be given ongoing opportunity to contribute to their own care plan. As part of this process, the voice of patients and carers need to be captured on issues such as 'did patients and carers feel listened to and safe?'	NSW Health (2020) The patient journey
	Referrals 5.2	The process by which the responsibility for part or all of the care of a patient is temporarily transferred to another health care provider.	AIHW (2010) General practice activity in Australia 2009-10. Australian Government

Table C.2.2: Services level sub-domains and descriptions

Domain	Sub-domain	Description	Reference
Availability 6	Model of Care (type, site, mode) 6.1	<p>Examples of type include the division of public versus private (including both for-profit companies and not-for-profit organisations) health services.</p> <p>Type may also be disaggregated by designation of primary care (often a person's first contact with the health system, for example general practice, allied health, community health), secondary or specialist care (provides services for those with specific or complex conditions or issues, for example mental health services, cancer treatment, alcohol and other drug treatment services, pathology, imaging and other diagnostic services, and clinical assessment for surgery), or tertiary care (hospitals, where health services are provided to admitted and non-admitted patients, the latter including outpatient clinics and Emergency Department care).</p> <p>Examples of site include hospitals, GP practices, community health centres, Indigenous health services, pharmacies, private residences (service users' home), outreach services, closed settings, and homelessness services.</p> <p>Examples of mode include in-person, telephone, videoconference, and self-led.</p>	<p>Health system overview - AIHW</p> <p>AIHW Metadata Online Registry (METEOR) Metadata item: Non-admitted patient service event—service delivery mode, code N</p>
	Quantity 6.2	Count of each type of health service.	<p>Hospitals - AIHW</p> <p>General practice, allied health and other primary care services - AIHW</p>

Domain	Sub-domain	Description	Reference
	Service distribution 6.3	Disaggregation of quantity of health services by for example population count, geographic area, or estimated level of demand.	AIHW data by geography - AIHW Department of Health and Aged Care (2024) Supply and Demand Study
Comprehensiveness 7	Transitions of care 7.1	Identification and implementation of strategies for reducing the risks for patients moving between healthcare providers including primary, community, acute, subacute, and aged and disability care.	Transitions of Care Australian Commission on Safety and Quality in Health Care
	Multidisciplinary care 7.2	Multidisciplinary collaboration, where healthcare providers involved in a patient's care communicate and work as a team, is an important element of comprehensive care. It includes referral to other healthcare providers, sending reports to a referring healthcare provider and discussions regarding a patient's care to ensure that a coordinated approach to care is provided. Multidisciplinary teamwork is particularly relevant to the rural and remote healthcare context of service provision.	Multidisciplinary collaboration Australian Commission on Safety and Quality in Health Care
	Shared decision making 7.3	Shared decision making involves discussion and collaboration between a consumer and their healthcare provider. It is about bringing together the consumer's values, goals and preferences with the best available evidence about benefits, risks and uncertainties of treatment, in order to reach the most appropriate healthcare decisions for that person.	Shared decision making Australian Commission on Safety and Quality in Health Care

Domain	Sub-domain	Description	Reference
High quality and responsive to community 8	Consistent with clinical guidelines and/or care standards 8.1	Care is being delivered with the assistance and support of clinical guidelines (systematically developed statements to assist practitioners with decisions about appropriate health care for patients in specific circumstances) and/or care standards.	Department of Health and Ageing (2011) Review: policies, procedures and guidelines for point-of-care testing
	Confidentiality and privacy 8.2	The right to privacy is a human right ensured in the ICCPR46. In relation to SRH, the right to privacy means that when people seek health information and services, they should not be subject to interference with their privacy. Sexual and reproductive services is for many a sensitive topic, thus confidentiality - the duty of health personnel not to disclose private health information and data - is crucial to ensure SRH.	The Danish Institute for Human Rights (2017) AAAQ and sexual and reproductive health and rights
	Peer-recommended 8.3	Public-facing healthcare feedback, for example using public releases of feedback received through surveys or social media, or a customer satisfaction benchmark that measures customer engagement and advocacy, such as the Net Promoter Score.	Partnering with Consumers Standard Australian Commission on Safety and Quality in Health Care Healthengine, Australian Patients Association (2021) Australian Healthcare Index
	Feedback processes 8.4	Service-facing process to enhance the overall quality of healthcare services through continuous improvement, supported by a cycle of collecting data from regular practice, analysing data to generate new knowledge, and translating that knowledge back into improved practice as part of a learning system. Such processes can also be community-led.	NSQHS Standards (third edition) Engagement Hub Australian Commission on Safety and Quality in Health Care

Domain	Sub-domain	Description	Reference
Inclusive 9	Culturally safe 9.1	Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.	Australian Health Practitioner Regulation Agency (AHPRA), Aboriginal and Torres Strait Islander Health Strategy 2020-2025.
	Diversity and inclusion certification 9.2	Public recognition by a health care accreditation body of the achievement of accreditation standards by a health care organisation, demonstrated through an independent external peer assessment of that organisation's level of performance in relation to the diversity and inclusion standards.	Rainbow Tick Accreditation Program - Australian Council on Healthcare Standards
	Acceptable by and respectful of communities 9.3	Healthcare facilities, goods and services must be acceptable for consumers, culturally appropriate, and be sensitive to vulnerable groups.	The Danish Institute for Human Rights (2017) AAAQ and sexual and reproductive health and rights
	Trauma-informed 9.4	Trauma-informed care or trauma-informed care and practice is a strengths-based approach that is responsive to the impact of trauma. It emphasises physical, psychological and emotional safety for both survivors of trauma and service providers. Trauma-informed care creates opportunities for survivors to rebuild a sense of control and empowerment.	Agency for Clinical Innovation (ACI) (2022) Trauma-informed care in mental health services across NSW - A framework for change
	Physically accessible 9.5	The availability of facilities, equipment and furnishings that meets established requirements to provide health services according to the population needs. This also includes considerations of sensory needs of people with hidden disabilities/intellectual/psychosocial disabilities, and opening hours, for example to accommodate students and young people.	AIHW (2025) Health System Performance Assessment Framework 2025 (draft-in-confidence)

Domain	Sub-domain	Description	Reference
	Stigma-free 9.6	Stigma refers to the negative attitudes, beliefs, and stereotypes associated with sex that can lead to prejudice, discrimination, and unfair treatment. This stigma can manifest in various forms, including public stigma (negative societal views), self-stigma (negative self-perception), and structural stigma (policies and practices that perpetuate discrimination).	Stigma Research Stream, Centre for Social Research in Health, Stigma definition, UNSW.
Workforce Capability 10	Scope of practice 10.1	The professional role and SRH services that an individual health practitioner is trained, qualified and competent to perform.	Medical Board of Australia (2023) Registration standard: continuing professional development
	Availability and allocation 10.2	A sustainable health system means the ability of the health system to meet present SRH needs whilst ensuring that the system will continue to exist and fulfil its purpose in the future and includes the present and future availability of human resources.	AIHW (2025) Health System Performance Assessment Framework 2025 (draft-in-confidence)
	SRH and interpersonal competencies in tertiary curricula (pre-service) 10.3	International literature highlights the importance of incorporating SRH content into curricula, such as female sexual health, violence against women, reproductive health, substance use, sexual behaviour, preconception care, cancer screenings, family planning, gender-based violence, HIV/STIs, contraception and safe termination of pregnancy. Inclusion of this content would enable students to develop the necessary skills and knowledge to support confidence in providing comprehensive SRH care.	Yu Shi, Ensieh Fooladi, Judith A. Dean, Sharon James, Sexual and reproductive health content in Australian pre-registration nursing and midwifery programs: A review of curricula, Nurse Education in Practice, Volume 83, 2025, 104267, https://doi.org/10.1016/j.nepr.2025.104267

Domain	Sub-domain	Description	Reference
	Specialised SRH and interpersonal competencies (in-service) 10.4	SRH core competencies encompass professional ethics and reproductive justice, collaboration, SRH services and conditions affecting SRH.	Core competencies in sexual and reproductive health for the interprofessional primary care team Cappiello, Joyce et al. Contraception, Volume 93, Issue 5, 438 – 445, 2016, https://doi.org/10.1016/j.contraception.2015.12.013 World Health Organisation (2011) Sexual and reproductive health core competencies in primary care: attitudes, knowledge, ethics, human rights, leadership, management, teamwork, community work, education, counselling, clinical settings, service, provision.
Workforce Support 11	Capability development 11.1	HCP regular participation in CPD that is relevant to their scope of practice in order to maintain, develop, update and enhance their knowledge, skills and performance to help them deliver appropriate and safe care.	Australian Health Practitioner Regulation Agency - Continuing professional development

Domain	Sub-domain	Description	Reference
	Environment 11.2	<p>SRH staff wellbeing and teamwork can help to support effective person-centred care. Research shows that patient experiences are better when healthcare staff feel they have a good working environment, low emotional exhaustion, and support from their coworkers and managers.</p> <p>For example, mentoring, team debriefing, Employment Assistance Program.</p>	Staff wellbeing and teamwork as part of person-centred care Australian Commission on Safety and Quality in Health Care
	Supportive management 11.3	Management that pursues enablers of a cohesive SRH health workforce, for example, promoting a culture of trust and respect, allocation of sufficient resources (costs and time) for staff training and development, and embedding teamwork and communication in standard employee review processes.	ACSQHC (2020) Scoping Paper: Communicating for safety: improving clinical communication, collaboration and teamwork in Australian health services

Table C.2.3: Structures level sub-domains and descriptions

Domain	Subdomain	Description	References
Health literacy 12	Systems 12.1	Systems, policies and practices within and across sectors support an effective health literacy environment.	CONSULTATION PAPER: Development of the National Health literacy strategy. (2022) Department of Health and Aged Care.
	Environment 12.2	Assessed by information provider/external agency as being easy to understand, trustworthy, reliable, culturally appropriate, multiple formats.	CONSULTATION PAPER: Development of the National Health literacy strategy. (2022) Department of Health and Aged Care.
	Comprehensive sexuality education 12.3	This refers to sexuality education delivered during primary and secondary education (ages approximately 4-18 years old). The content supports students to establish and manage respectful relationships. It also supports them to develop positive and respectful practices in relation to their reproductive and sexual health and their identities.	ACARA (2025) Health and Physical Education focus areas V9 Australian Curriculum
	General adult SRH education 12.4	This refers to sexuality education delivered during any tertiary education, and/or to the general adult public (ages approximately 19 years old and up). Adults access education that supports good SRH knowledge amongst the general population.	WHO (2018) International technical guidance on sexuality education: an evidence-informed approach
Resourcing 13	Financing and expenditure 13.1	The comprehensiveness of publicly funded services. Within Australia's system of mixed public, private and subsidised care, financial coverage considers which services are wholly met or subsidised by governments, who is eligible to receive subsidised services, and what proportion of service cost is subsidised.	AIHW (2025) Health System Performance Assessment Framework 2025 (draft-in-confidence)

Domain	Subdomain	Description	References
	Efficiencies 13.2	The ability to achieve the best possible result with the smallest possible effort or investment. This means care is delivered in the lowest acuity setting that is appropriate to the need and can include preventative and early intervention care.	AIHW (2025) Health System Performance Assessment Framework 2025 (draft-in-confidence)
	Public health surveillance and data 13.3	Resourcing of data collection processes, to enable evidence from high-quality data for performance improvement at all levels of the health system.	AIHW (2025) Health System Performance Assessment Framework 2025 (draft-in-confidence)
Investment 14	Non-commercial research 14.1	Government budget allocations for research and development.	Parliament of Australia (2025) R&D and innovation in Australia: 2024 update
	Investment in SRH services / budget allocation 14.2	How much the federal Government spent on health, and on what areas of SRH goods and services.	AIHW (2024) Health expenditure Australia 2022-23, Introduction
Societal and cultural norms 15	Social values 15.1	Reproductive health cannot be understood solely as a biological phenomenon—it is entwined with social, cultural, and political practices and with socially and culturally prescribed meanings and experiences. For example, the place of women in society, women's rights, gender equality, access to health services, privacy and confidentiality, and the discursive meanings ascribed to reproductive bodies, all influence sexual and reproductive health.	Ussher J (2023) Embracing a Feminist Approach to Women's Reproductive Health. <i>Women's Reproductive Health</i> , 10(1), 1-5. https://doi.org/10.1080/23293691.2023.2184755

Domain	Subdomain	Description	References
	Media discourse 15.2	Assessing if there is a balance in media discourse concerning SRH, according to the Media Diversity Measurement Framework (source, content, and exposure).	ACMA (2023) A new framework for measuring media diversity in Australia
	Political discourse 15.3	Assessing if there is a balance and a lack of excessive polarisation in political discourse concerning SRH (communication and interpretation of events and ideas within the realm of politics)	Catellani P (2004) Political Psychology, Overview, in Encyclopaedia of Applied Psychology, https://doi.org/10.1016/B0-12-657410-3/00362-7
Commercial determinants 16	Transnational agreements 16.1	Supranational obligations to cooperate to address global SRH health challenges, including reciprocal agreements, cross-border protections, and intellectual property policies.	Beyrer C, Kamarulzaman A, et al (2024) Under threat: the International AIDS Society– Lancet Commission on Health and Human Rights, Lancet 403: 1374-418.
	Commercial research and development 16.2	Creative and systematic work focussed on SRH undertaken in the for-profit sector in order to increase the stock of knowledge - including knowledge of humankind, culture and society - and to devise new applications of available knowledge.	Research and Experimental Development, Businesses, Australia methodology, 2021-22 financial year - glossary Australian Bureau of Statistics
Governance 17	Policies and guidelines 17.1	Policy and vision: Communicating a clear policy direction within the health system and advocating for health outcomes to be considered by other portfolios that contribute significantly to population health. Guidelines: do Clinical Guidelines exist to support and assist health care for events and conditions?	AIHW (2025) Health System Performance Assessment Framework 2025 (draft-in-confidence)
	Legal environment 17.2	Leveraging legal frameworks to protect and improve public health, including rights-affirming laws, decriminalisation, regulation of liability and malpractice, and regulation of conscientious objection.	AIHW (2025) Health System Performance Assessment Framework 2025 (draft-in-confidence)

Table C.2.4: Outcome descriptions

Framework level	Outcome	Description	Reference
Person	Burden of disease O1	The impact of diseases and injuries on a population. It combines the years of healthy life lost due to living with ill health (non-fatal burden) with the years of life lost due to dying prematurely (fatal burden), usually measured in disability-adjusted life years (DALYs). A portion of this burden is preventable, being due to modifiable risk factors.	Australian Burden of Disease Study (2024) - AIHW
	Productivity and effect on daily activities O2	Chronic conditions are the leading cause of illness, disability and death in Australia and have lasting physical, psychological, social and financial impacts on individuals, communities and the health-care system. Productivity is a key area affected by chronic conditions—factors such as absenteeism, decreases in work performance due to illness, premature mortality, as well as the impact on study, recreation, and participation in and enjoyment of community life have been adversely linked to chronic conditions.	A scoping study on data sources to assess the impact of chronic respiratory and musculoskeletal conditions on workplace productivity, Summary (2019) - AIHW
	Mental health O3	Mental health concerns can be the result of co-occurring or past sexual and reproductive health ill events and vice versa.	Timilsina, A. (2018). Intersecting Mental Health and Sexual and Reproductive Health. <i>Health Prospect</i> , 17(1), 18–20. https://doi.org/10.3126/hprospect.v17i1.20564

Framework level	Outcome	Description	Reference
	Quality of life O4	An individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. Health outcomes can be measured in terms of QALYs (quality-adjusted life years) and DALYs (disability-adjusted life years), as well as experiences and outcomes reported by service users.	Measuring Quality of Life (2012) The World Health Organization Glossary - Australian Institute of Health and Welfare
	Preferences realised O5	Proportion of individuals who are able to make and fulfil their own informed decisions regarding sexual relations, contraceptive use and reproductive health care.	The Danish Institute for Human Rights (2017) AAAQ and sexual and reproductive health and rights
	Manageability of SRH costs O6	The extent to which individuals delay or avoid health care they need, due to the cost.	Callander E (2023) Out-of-pocket fees for health care in Australia: implications for equity, Medical Journal of Australia 218 (7): 294-7. https://doi.org/10.5694/mja2.51895
	Unmet need O7	% of individuals who wish to access/cease to access an SRH product or service, who are unable to access/cease to access that product or service.	Senderowicz L, et al (2023) Assessing the Suitability of Unmet Need as a Proxy for Access to Contraception and Desire to Use It. Stud Fam Plann. https://doi.org/10.1111/sifp.12233

Framework level	Outcome	Description	Reference
Services	Inappropriate emergency department presentations O8	Emergency department (ED) presentations can be used as a proxy measure of access to primary health care because some patients presenting in these categories may be better managed elsewhere in the health system.	Use of emergency departments for lower urgency care 2017-18 to 2022-23, Why do people visit emergency departments instead of general practitioners? - AIHW
	Potentially preventable hospitalisations (PPH) O9	Admission to hospital for a condition where the hospitalisation could have potentially been prevented through the provision of appropriate individualised preventative health interventions and early disease management usually delivered in primary care and community-based care settings (including by general practitioners, medical specialists, dentists, nurses and allied health professionals).	Health system: Australia's health performance framework - AIHW
	Continuity of care O10	The ability to provide uninterrupted care or service across programs, practitioners and levels over time. This can be measured by indicators such as unplanned and unexpected hospital readmission rates.	Health system: Australia's health performance framework - AIHW
	Services provided within full scope of practice O11	Working to full scope of practice means that a health professional works to the full extent of their profession's recognised skill base and/or regulatory guidelines and/or capability in relation to their training.	Department of Health and Aged Care (2023) Unleashing the Potential of our Health Workforce (Scope of Practice Review) - Terms of Reference

Framework level	Outcome	Description	Reference
	Complications & adverse events O12	<p>A short or long term side effect or critical event arising from a health condition or medical treatment, generally within 30 days of treatment.</p> <p>Adverse events are defined as incidents in which harm resulted to a person receiving health care. They include infections, falls resulting in injuries, and problems with medication and medical devices. Some adverse events may be preventable.</p>	<p>AIHW Metadata Online Registry (METEOR) Metadata item: Treatment complication</p> <p>Australia's health 2018, Adverse events treated in hospital - AIHW</p>
	Trust in healthcare O13	Systems to provide assurance to patients that the organisation is committed to transparency and accountability, clear communication about health care needs and treatment options, respect their rights including privacy and confidentiality throughout the healthcare journey and include patients in governance and their own care.	NSQHS Standards (third edition) Engagement Hub Australian Commission on Safety and Quality in Health Care
	Cultural safety, free of racism O14	Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. As noted above, culturally safe practice is the ongoing critical reflection of health practitioners in delivering safe, accessible and responsive healthcare free of racism.	AIHW (2025) Health System Performance Assessment Framework 2025 (draft-in-confidence)
	Inclusive service provision O15	To what extent is the service acceptable to users, trauma-informed, physically accessible, stigma-free, and Diversity and Inclusion certified?	Health Care Consumers' Association ACT (2023) Inclusive Health Care Position Statement

Framework level	Outcome	Description	Reference
Structures	Timeliness O16	Accessibility of the health system can be measured by patient waiting times and bulk-billing rates for general practitioners (GPs).	Health system: Australia's health performance framework - AIHW
	Utilisation of preventative care and disease management O17	How many, and how frequently do people access different types of preventative, and disease management care.	National preventive health monitoring dashboard (2024) - AIHW Use of chronic disease management and allied health Medicare services, Overview of chronic disease management services (2022) - AIHW
	Return on investment O18	Indication of how much economic benefit is derived from a program in relation to its costs.	Astrid Brousselle, Tarik Benmarhnia, Lynda Benhadj, What are the benefits and risks of using return on investment to defend public health programs?, Preventive Medicine Reports, Volume 3, 2016, Pages 135-138, ISSN 2211-3355, https://doi.org/10.1016/j.pmedr.2015.11.015 PricewaterhouseCoopers (2016) Reimagining health reform in Australia

Framework level	Outcome	Description	Reference
	Affordability O19	The government affordability of the healthcare system is made up of public spending (investment in SRH services), cost-effectiveness, and out-of-pocket expenses for individuals.	The Australian health system Australian Government Department of Health, Disability and Ageing Productivity Commission (2015) Efficiency in Health
	Cost effectiveness O20	A method for comparing the costs and health outcomes of different healthcare interventions.	Productivity Commission (2015) Efficiency in Health
	Value for money O21	Good budgeting requires establishing broad priorities, with consensus building and compromises, as well as ensuring economy, efficiency, effectiveness and equity in the management of public finances.	OECD (2023) Best Practices for Parliaments in Budgeting
	Alignment with other sectors (education, housing, justice, social welfare) O22	Decision making and collaboration to achieve agreed outcomes by aligning governments' levers and programs to share knowledge and build capability.	AIHW (2025) Health System Performance Assessment Framework 2025 (draft-in-confidence)



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