Australian Government
Australian Institute of Health and Welfare

AIHW

Appendix B

Stakeholder consultation and outcomes

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 AIHW has engaged with a range of stakeholders to inform development of the monitoring framework and data strategy. It has:

- held more than 70 bilateral meetings with key individuals and organisations with SRH expertise to inform priority setting, scoping activities and the development of the framework and data strategy
- launched the SRH work program via a webinar for SRH stakeholders in February 2025 to provide an overview of the plans to develop the monitoring framework and data strategy, the initial priority topics, progress to date, and upcoming consultations and opportunities to be involved (webinar recording link: AIHW SRH website)
- conducted 15 stakeholder consultation workshops with a total of 89 participants between March and August 2025. Workshop participants included Australian Government and state and territory government agencies, policy-makers, researchers, service planners, service administrators, peak bodies and advocates, health-care providers, people with lived experience, and community/not-for-profit organisations. This stage of consultation included:
    - workshops, focused on each of the 5 priority topics
    - workshops for different professional groups: policy, service planners, service providers, community organisations and general SRH experts
    - workshops on monitoring SRH across the life course, equity and human rights, and equity and priority populations.
- established and held meetings of the National Miscarriage Expert Advisory Group (NMEAG). The NMEAG was established to provide expert input regarding definitions, collection and use of data related to pregnancy loss prevalence, healthcare access, and priority populations
- sought input from a range of existing committees, advisory groups and working groups
- sought feedback and input from 8 advanced reviewers, in addition to the NMEAG advanced review
- held consultations, advanced reviews and a feedback workshop within the AIHW to explore integration of areas of SRH measurement within existing and planned data collection and analyses processes.

Consultation themes to date

Stakeholders acknowledged that improved, systematic data collection on SRH was needed.

This would facilitate:

- a better understanding of the current state of SRH in Australia
- removing barriers to access
- a better understanding of people's needs and experiences
- improving policy, services and outcomes over time.

Key themes from the consultations included:

- levels of SRH and health system literacy
- health-care providers receiving training but being unable to provide SRH services to the full extent of their scope of practice
- a lack of SRH training during formative stages of medical education
- a lack of formal clinical guidelines, and limited or inconsistent implementation of guidelines
- community attitudes and stigma
- out-of-pocket costs for people, and opportunity costs for the economy
- the need for qualitative data as well as disaggregated demographic and clinical data
- the importance of identifying population subgroups and geographic areas with unmet needs for, or low access to, SRH care
- attitudes and beliefs of General Practitioners
- confusing and disjointed pathways to referral and healthcare
- resourcing constraints
- distance to service
- safety
- quality of care
- access to options such as more than one service provider or clinic, choice of appointment time or modality.

Some of the recurrent points about data that were raised during the consultations included:

- data limitations, which led to a lack of transparency around the prevalence of conditions, the burden of pain and disease, and the extent to which people were receiving treatment, and where
- people's experiences may not be captured in existing administrative data sets, and the inability of existing data sources to capture the full picture of a person's health. This meant there was insufficient evidence to inform policy
- concerns about over-burdening practitioners and consumers with data collection
- the need for consistent and stable data sets over time
- difficulties capturing data from the private health sector.

The findings from the consultation process have informed this draft and will continue to shape the development of ongoing reporting of SRH information by the AIHW.

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Sexual and Reproductive Health Monitoring Framework and Data Strategy

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