Open Letter for Universal Access to Contraception

We call on all parliamentarians to unite in a bipartisan commitment to ensure **universal access to contraception in Australia.**

Context

Access to contraception is a matter of health, equity, bodily autonomy, and human rights.

When individuals have universal access to contraception, it translates to better health, social, educational, and financial outcomes for people with reproductive capacity and society as a whole. It empowers individuals to plan pregnancies, manage pelvic pain or other health conditions (such as perimenopause, organ transplant, endometriosis and polycystic ovary syndrome (PCOS), adenomyosis), access education, work productively and thrive in all aspects of life.

Australia prides itself on having a world-class health system; however, systemic inequities exist that constrain people's choices and lead to men, women, and gender-diverse people not receiving the sexual and reproductive health care they need.[1] Barriers include high costs, misinformation, disinformation, lack of pain medication, and limited providers of all options of contraception, including long-acting reversible contraceptives (LARCs). These barriers have the greatest impact on women and gender-diverse people, young people, people facing economic disadvantage, people living in regional, rural and remote areas, people with disabilities, Aboriginal and Torres Strait Islander peoples, people who have migrated to and people who have sought refuge in Australia.[2,3] Therefore, universal access to contraception is fundamental to achieving gender equality and better health outcomes for priority populations.

Now is the time for bold leadership. Australia has a responsibility and an opportunity to build a reproductive health system that is accessible, equitable, inclusive and affirms bodily autonomy for all.

Problem

The high cost of contraceptives prevents individuals from accessing their preferred method,[4] forcing them to use more affordable options, which may have lower efficacy, or risks of side effects[5] or not use contraceptives at all. Enduring structural barriers in healthcare have meant that the expectation of responsibility for managing sexual and reproductive health has historically fallen on women and gender-diverse people, leaving them to carry the economic, physical, and mental burden of contraception.[6] The cost-of-living crisis has exacerbated this issue, with many people having to choose between contraception and other essentials such as food, housing, and care.[7] In addition, structural barriers to contraceptive access prevent individuals from spacing pregnancies and limit bodily autonomy.[8]

Across Australia, many people find contraception to be unaffordable and inaccessible, resulting in access being inequitable.

1. The cost of contraception can be a significant barrier, particularly for those with marginalised experiences and is exacerbated by the cost-of-living crisis.
2. There are limited culturally safe and trauma-informed healthcare providers of contraceptive care, including LARC insertion and removal.
3. The issue of costly and inadequate pain management for LARC insertions lead to delays in access.
4. There is a significant need for more research and subsequent TGA approval of the full spectrum of contraceptive options, including non-hormonal options. Without these steps, choices for people living in Australia are limited.
5. Comprehensive contraception information is not embedded in health literacy across the lifespan.

Recommendations

While recent commitments to improving contraception access are important steps, we need to continue this momentum to achieve the priorities of the *National Women's Health Strategy* and an Australia where everyone can access safe, affordable and timely sexual and reproductive healthcare.[9]

All parliamentarians must work together to guarantee universal access to contraception for all people living in Australia through:

1. Government action and policy reform

- Integrate universal contraceptive access into *Australia's National Women's Health Strategy 2020–2030*.
- Mandate bulk-billing of all sexual and reproductive health services by strengthening the specific Medicare Benefits Schedule (MBS) items created, including pain management options.
- Establish universal contraceptive access and access to bulk-billed sexual and reproductive health services under Medicare to all, irrespective of visa category, including migrants and refugees, international students and other temporary visa holders.
- Include sexual and reproductive health services in the scope of practice of publicly funded sexual health services in accordance with the principles of the *National Preventive Health Strategy*.[10]

2. Legislative and regulatory reforms

- Expand the contraceptive options available under the Pharmaceutical Benefits Scheme (PBS).
- Increase access to free condoms in public spaces.

3. Expand healthcare workforce training

- Standardising the scope of practice, funding contraceptive training (including LARC insertion/removal training and pain management), and incentivising GPs, nurses, midwives, and Aboriginal health workers to undertake training, prioritising regional, rural and remote areas where access is limited, following the principles of the *National Preventive Health Strategy*.[10]

- Provide financial incentives for healthcare professionals to specialise in culturally safe, trauma-informed and gender-responsive sexual and reproductive health care, especially in diverse communities.
- Provide ongoing investment and support to develop a bilingual, bicultural health workforce that is professionally recognised, appropriately remunerated and specifically trained to deliver and work with diverse communities on sexual and reproductive health.
- Address barriers to enable the healthcare workforce to train in LARC insertion and removal.
- Enable all health professionals providing government sexual and reproductive health services to be trained in LARC insertion and removal.

4. Accessible, comprehensive and culturally inclusive sexual and reproductive health education

- Develop coordinated public health education campaigns in multiple languages and in partnership with the relevant community to increase sexual and reproductive health literacy for the general public, with a focus on contraception, the "shared responsibility" of contraception, and reproductive coercion.
- Establish a national mandatory sexual health curriculum for schools and relevant university degrees that is comprehensive and inclusive.

5. Ongoing research, data and accountability mechanisms

- Establish a national contraception access database to track barriers, affordability, and uptake across different populations.
- Fund independent research into contraception and LARC insertion pain management to increase options.
- Create independent oversight mechanisms (for example, the Reproductive Health Equity Commission) to track government progress on contraception access reforms.

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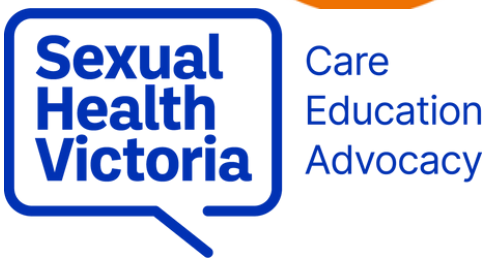
Statement Signatories



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