

Australia needs a funded Sexual and Reproductive Health Peak Body

Pre-budget submission 2025

Family Planning Alliance Australia



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Family Planning Alliance Australia Members

Family Planning
Welfare Association of NT Inc.



Family
Planning
Tasmania.



SHINE_{SA}



About Family Planning Alliance Australia (FPAA)

Family Planning Alliance Australia (FPAA) is a long-standing alliance of the key sexual and reproductive health organisations from each of the Australian states and territories and as the peak body, is their national policy and advocacy voice.

FPAA's eight Primary Members delivered 36,176 reproductive and sexual health services to 87,816 clients under the major groupings of contraceptive and non-contraceptive services in 2023. Services for each of these categories include a range of features including follow-ups, complications, prescriptions, and treatments.

Vision – Optimal sexual and reproductive health and rights for everyone, everywhere.

Role – We are the national peak body driving action on sexual and reproductive health, rights and wellbeing.

We do this by:

- **Ensuring national investment in policy and system change**
- **Connecting knowledge for clinical excellence and health education and promotion.**

Our work cuts across more than 20 national government strategies and policy frameworks in the portfolios of health, education, gendered violence, equity, e-safety, prevention of child sexual abuse and international development.

FPAA is the International Planned Parenthood Federation (IPPF) Australian country member, connecting us to a network of 150 Member Associations and Collaborative Partners with a presence in over 146 countries delivering sexual and reproductive health services and programs. Through this network we are connected to an international movement of organisations aligned to our vision and role to further sexual and reproductive health and rights for all.

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1 Executive Summary

Australia's critical role in the national and international policy and advocacy response to sexual and reproductive health requires strong leadership and collaboration, based on a movement backed by service providers, communities, researchers and policy makers. Family Planning Alliance Australia is uniquely positioned to provide this leadership, coordination and representation, and with the investment of government – is poised to scale up and reach impact to realise the vision of optimal sexual and reproductive health and rights for everyone, everywhere.

Sexual and reproductive health is a key priority in the Australian Women's Health Strategy 2020-2030 and the Australian Men's Health Strategy, as well as being connected to the National Preventative Health Strategy 2021 – 2030, the recently released National Action Plan for the Health and Wellbeing of LGBTIQ+ People and the suite of national STI and BBV Strategies currently under consultation. An appropriate resourced National SRH Peak Body would support the optimal delivery of these strategies and plans and ensure a tailored, coordinated and consistent response that is connected into specialised service delivery on the ground, with affected communities.

FPAA is representative of states and territory member associations and is the International Planned Parenthood Federation (IPPF) Australian country member. FPAA is explicitly networked with state and territory family planning, reproductive and sexual health organisations, with an understanding of federal, state and private sector health care and education delivery models.

FPAA is the Australian peak for sexual and reproductive health and can leverage existing national and international connections, relationships and delivery of services. SHRA works closely with the RACGP, SPHERE, ASHM, the Australian Women's Health Alliance and others to fulfill our role.

This submission seeks two key investments from the government:

Investment # 1: Resource FPAA as Australia's National Sexual and Reproductive Health Peak Body.

Investment # 2: Resource a suite of new, highly targeted national health initiatives to the value of \$12.3M over 3 years for the purpose of closing gaps and strengthening sexual and reproductive health and access across Australia.



Executive Summary continued

Investment # 1: Resource FPAA as Australia's National Sexual and Reproductive Health Peak Body.

Total investment \$1.5 million over 3 years – Funded by the Department of Health and Aged Care

Bid Summary	Year 1	Year 2	Year 3	Total
Salaries	239,990	263,989	290,388	794,367
Salary Oncosts	59,998	65,998	72,598	198,594
Total Salaries	299,988	329,987	362,986	992,961
Professional Development Costs	7,000	7,420	7,865	22,285
Web development and design	10,000	10,600	11,236	31,836
Phone and IT	14,999	15,899	16,853	47,752
Consultancy	6,000	6,360	6,742	19,102
Resources/ Memberships	10,000	10,600	11,236	31,836
Conferences and travel	35,000	37,100	39,326	111,426
Start-up and property costs	20,000	21,200	22,472	63,672
Administrative overhead 16%	64,478	68,347	72,447	205,272
Total expenses	167,477	177,526	188,178	533,181
Grand total	467,465	507,513	551,164	1,526,142

Executive Summary continued

Investment # 2: Resource a suite of new, highly targeted national health initiatives to the value of \$12.3M over 3 years for the purpose of closing gaps and strengthening sexual and reproductive health and access across Australia.

Total investment \$12.3 million over 3 years – \$4.5 million in 2025/26

- 1. Strengthening Comprehensive Relationships and Sexuality Education – total over 3 years \$4.5 million** (\$1.5 million per year)

Funded by the Department of Health and Aged Care and the Department of Education

- 2. Syphilis and other STIs campaign – total over 2 years \$2.4 million** (\$1.2 million per year)

Funded by the Department of Health and Aged Care

- 3. Sexual and Reproductive Health Nursing – total over 3 years \$1.8 million** (\$600,000 per year)

Funded by the Department of Health and Aged Care

- 4. Collaborating Nationally to Drive LARC Uptake – total over 3 years \$3.6 million** (\$1.2 million per year)

Funded by the Department of Health and Aged Care

See Appendix A Strengthening Comprehensive Relationships and Sexuality Education and Appendix B – Suite of National SRH Initiatives & Indicative Budget

2 Benefits of Integrated Sexual and Reproductive Health Policy

Sexual and reproductive health (SRH) policy integration is crucial for several reasons, as it leads to more comprehensive, cost-effective, and equitable healthcare systems.

SRH policy should be integrated as it drives:



1. **Improved Access:** Integration can help reduce barriers to accessing SRH services. When SRH services are fragmented, individuals may need to navigate multiple healthcare providers and facilities, which can be daunting and time-consuming. Integration streamlines the process, making it easier for people to access the care they need.



2. **Comprehensive Care:** SRH encompasses a wide range of health issues, including family planning, maternal health, sexual education, prevention and treatment of sexually transmitted infections, and access to safe and legal abortion services. Integrating SRH policies ensures that individuals receive holistic care that addresses all these aspects, rather than fragmented services.



3. **Enhanced Efficiency:** Integrating SRH services can lead to more efficient use of resources and healthcare facilities. When different SRH services are offered separately, there may be duplication of efforts and resources. Integration allows for better coordination and resource allocation.



4. **Holistic Approach to Health:** SRH is closely linked to overall health and well-being. Addressing SRH within the context of broader healthcare ensures that individuals receive a more holistic approach to health, taking into account the interplay between SRH and other health issues.



5. **Gender Equality:** SRH policies are intimately connected to gender equality. Integrated policies can help address gender disparities in healthcare access and outcomes by promoting gender-sensitive services and addressing the unique SRH needs of different genders.



6. **Reduction in Stigma:** Stigmatisation of certain SRH issues, such as abortion or sexually transmitted infections, can deter individuals from seeking care. Integration can help reduce this stigma by normalising discussions about SRH and providing services within the same healthcare setting.

Benefits of Integrated Sexual and Reproductive Health Policy continued



7. **Better Health Outcomes:** Comprehensive SRH care leads to better health outcomes. For example, when family planning services are integrated with maternal health care, it can lead to improved birth spacing, which in turn can reduce maternal and child mortality rates.



8. **Cost Savings:** Integration can lead to cost savings in the long run. By preventing unintended pregnancies, reducing the incidence of sexually transmitted infections, and addressing SRH issues proactively, healthcare systems can save money on treating more serious health complications.



9. **Patient-Centered Care:** Integration can result in more patient-centered care, where individuals are actively involved in decision-making about their SRH, leading to higher satisfaction with healthcare services and better adherence to treatment plans.



10. **Global Health Goals:** Integration aligns with global health goals, such as the Sustainable Development Goals (SDGs), which emphasise universal access to SRH care as part of broader efforts to improve health and well-being.



3 History

In the mid-1970s, advocacy efforts culminated in the establishment of Commonwealth-funded Family Planning Organisations (FPOs) in each state and territory and a national peak body representing these FPOs as Primary Members – Family Planning Alliance Australia (FPAA).

The FPOs were designed to have highly integrated information, education, and clinical reproductive health and family planning services – a model that exists today, with services broadening and evolving to include sexual health services, such as STI prevention, testing and treatment, and LGBTIQ+-specific services.

FPOs were established at a similar time as women's safety services, working women's centres and childcare centres. Combined with better access to education, more women entered the workforce. Increased workforce participation became the basis for ongoing social and legislative change.

Twenty years ago, the government ceased its national funding model. As a result, the FPAA lost capacity to function as the national peak, and state/territory FPOs shifted to largely state funding. Different State and Territory funding agreements and priorities over these years have led to a divergence in service models and programs, with many becoming contractually obligated to prioritise actions as part of their state's response to the suite of National HIV, STI, and Viral Hepatitis Strategies, without being tied to National Women's or Men's Health Strategies, and with limited resources.

While some Australians consider themselves reasonably well off in terms of sexual and reproductive health and rights, these gains were made over a very short period in our country's history and in the context of the current international environment, are considered fragile. It is a particularly important time in history to ensure that sexual and reproductive rights are maintained and preserved, and that further gains are made including the strengthening of systems to ensure universal access to sexual, reproductive and relationship health for all Australians.

In 2025 Family Planning Alliance Australia will be going through a rebrand to recognise the broader work of the Primary Members and the intersection of family planning and sexual and reproductive health and are now known as Sexual and Reproductive Health Australia.

This proposal requests that the Australian Government invest in a strategic, coordinated national approach to sexual and reproductive health by re-investing in FPAA as a globally networked, national peak body in 2025.



4 FPAA Membership

The FPAA has a primary membership structure consisting of two levels, Primary Member and Associate Member.

Primary Members

The Primary Members of Family Planning Alliance Australia (SRHA) have collectively and individually shaped the reproductive and sexual health landscape through advocacy, policy development, networking, and capacity building at the national and international level for more than fifty years. We work collaboratively with non-government organisations, governments, and the private sector to lead policy changes and advocate for improved sexual and reproductive health and rights.

Our Primary Members are:

1. True Relationships and Sexual Health Queensland
2. Family Planning Australia (NSW)
3. Sexual Health and Family Planning ACT
4. Family Planning Tasmania
5. Sexual Health Victoria
6. SHINE SA
7. Sexual Health Quarters (WA)
8. Family Planning NT

Within this primary membership base, we have national working groups and alliances that can provide expert advice and rapid responses to the government.

Currently, these include:

- FPAA Medical Advisory Committee
- FPAA Clinical Reference Group (Nursing and Midwifery)
- FPAA Comprehensive Relationships and Sexuality Education Working Group
- FPAA Communications/Campaigning
- FPAA Nursing Alliance.

These are expanding in 2025/26 to include:

- FPAA Abortion Alliance
- FPAA Youth Alliance.



FPAA Membership continued

Associate Members

Associate Members play an important role in shaping the priorities of the FPAA in alignment with the strategic priorities. Associate Members:

- have a strong commitment to the vision of the organisation and are engaged in improving the reproductive and sexual health of all Australians
- have a genuine desire to collaborate with all stakeholders to deliver safe and respectful reproductive and sexual health for all
- can articulate and demonstrate their alignment to our values and ethos, and
- operate within relevant state and national codes of conduct, frameworks, and legislation.

Our Associate Members are:

- ASHM
- LGBTIQ+ Health Australia
- Scarlet Alliance
- Health Equity Matters
- Australian Multicultural Health Collaborative
- Relationships Australia (SA)
- MSI Australia
- Consent Labs
- Children by Choice
- Australian Association of Adolescent Health (AAAH)

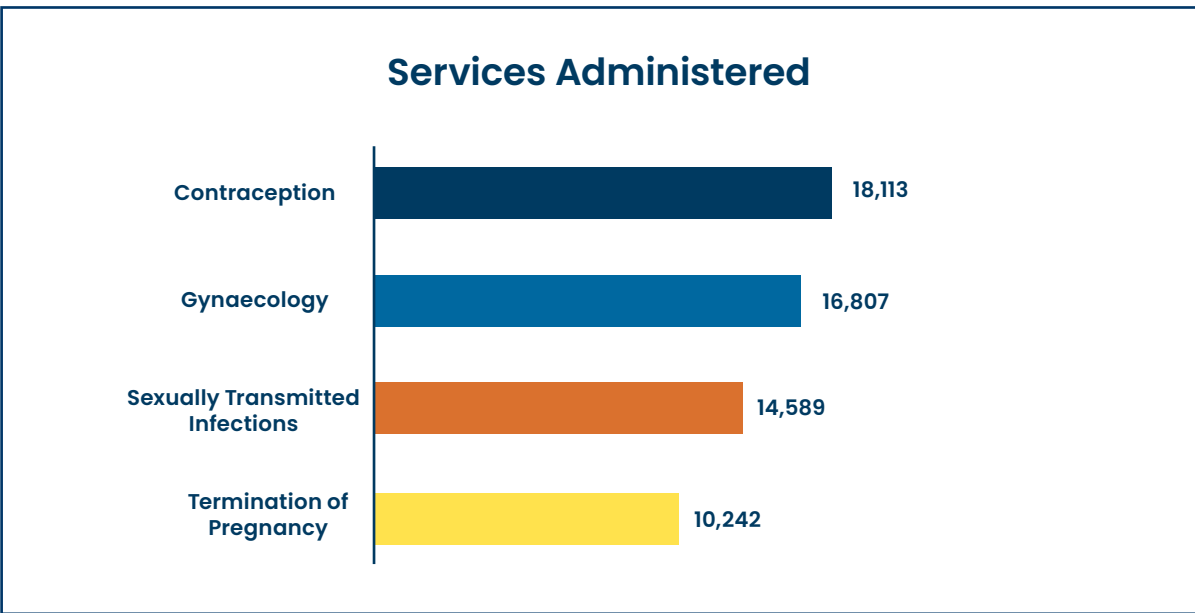


FPAA Membership continued

Australian Family Planning Organisations in 2025

Each State and Territory in Australia has a FPAA Primary Member who originated in the 1960s and 70s as part of the Family Planning movement. Some Primary Members have retained the family planning terminology, others have long moved on – however all retain a similar model and a united vision. Across this national network there are 21 fixed site clinics, with around one third (29%) of those located are in rural and regional areas.

FPAA Primary Members reported 36,176 reproductive and sexual health services to 87,816 clients in 2023, which means that 1 in every 300 people in Australia have been in contact with our MA services (determined using population data from 2022). Services for each of these categories includes a range of features including follow-ups, complications, prescriptions, and treatments.



This proposal requests that the Australian Government prioritises and invests in a coordinated and strategic approach to sexual and reproductive health by resourcing FPAA as a globally networked, National SRH Peak Body in 2025.

5 SRH Policy Landscape and Need For Peak Body

Sexual and reproductive healthcare is important to all Australians, with goals and/or activities already articulated within more than 20 National Strategies and Plans across 7 government portfolios. We believe the embedding of sexual and reproductive health and rights intentions across strategies, speaks to Australia's readiness for a focus on a more coordinated and strategic approach to sexual and reproductive health.

These strategies and policies fall across multiple government portfolios including:

- Health and Aged Care
- Education
- Early Childhood and Youth
- Women and Family Violence
- Prime Minister and Cabinet
- E-Safety
- Foreign Affairs.

For a full list of policy documents see **Appendix C – Cross References to National Strategies and Plans**.

The state and territory policy and service delivery landscape are complex with some jurisdictions developing clear state-based strategies and/or action plans in response to national strategies, with no coordinated response towards greater integration of sexual health and reproductive health policy.

Globally, sexual and reproductive health and rights policy integration is considered a valuable aim as it more closely reflects the needs of individuals in the primary health care system and facilitates greater intersectionality in the design and modification of services. If well governed and monitored, integrated policy can drive collaboration, cost-effectiveness, and more equitable healthcare systems.

As a funded national sexual and reproductive health peak, FPAA would perform a key role in networking and providing policy advice across government portfolios supporting greater integration.



SRH Policy Landscape and Need For Peak Body continued

Priority Populations

Access to comprehensive sexual and reproductive health and rights is a basic human right, and yet, across the world, and in Australia people still experience restricted or no access to specialised SRH services and lack information about their reproductive health and rights. Some of the enduring barriers to sexual and reproductive health and rights include discrimination, stigma, restrictive laws and policies, and entrenched traditions, values and beliefs.

This compounds with overlapping forms of discrimination or disadvantage based on attributes such as Aboriginality; age; disability; ethnicity; gender identity; race; religion; and sexual orientation.

In recognition of these unique, compounding and enduring barriers, specific populations have been named in key government policies and strategies to receive priority attention in health responses. These are articulated across the 20+ national strategies relevant to sexual and reproductive health and rights in Australia as:

- young people
- women
- Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual, and other sexuality, and gender diverse people (LGBTIQA+) people
- Aboriginal and Torres Strait Islander peoples*
- racial and ethnic minorities; migrant and refugee groups, displaced people
- regional and remote communities
- those living in lower socioeconomic areas
- sex workers
- people living with HIV
- homeless people
- people with disabilities.
- people who inject drugs.

FPAA Primary Members have extensive experience and expertise in delivering highly targeted, integrated public health programs across intersecting priority populations, and have established trust, rapport and good will on this basis.

Resourcing FPAA to fulfil its role as a national SRH peak will leverage this expertise across multiple national strategies and action plans to help achieve more equitable access to care and help realise the ambitious goals and targets of the government in improving health and wellbeing outcomes.

SRH Policy Landscape and Need For Peak Body continued

Core Work Plan Objectives would be:

- effectively consult, and share information with members, the wider sexual and reproductive health and rights sector, the community and the Australian government
- function as a repository and source of sector knowledge and expertise
- provide highly specialised clinical expertise and impartial advice within the sexual and reproductive health and rights sector
- national standardisation of education and competency-based training to health practitioners working in sexual and reproductive health and rights
- provide opportunities for national collaboration in the development of new and innovative approaches to service delivery to meet the needs of priority populations.

6 FPAA Delivery of a Suite of National SRH Initiatives

In addition to this core work, we propose a suite of key national programs and projects within the health portfolio to progress a range of challenging gaps in current strategy responses and accelerate sector collaboration.

These projects respond to key priorities gleaned from consultation with government and sector partners. Collectively they seek a commitment from the Australian government totalling \$12.3 million over 3 years.

1. Strengthening Comprehensive Relationships and Sexuality Education – **See Appendix A**
2. Delivering Local, Collaborative Syphilis Campaigning Across Australia – **See Appendix B**
3. Strengthening Sexual and Reproductive Health Nursing in Australia – **See Appendix B**
4. Collaborating Nationally to Drive LARC Uptake – **See Appendix B**

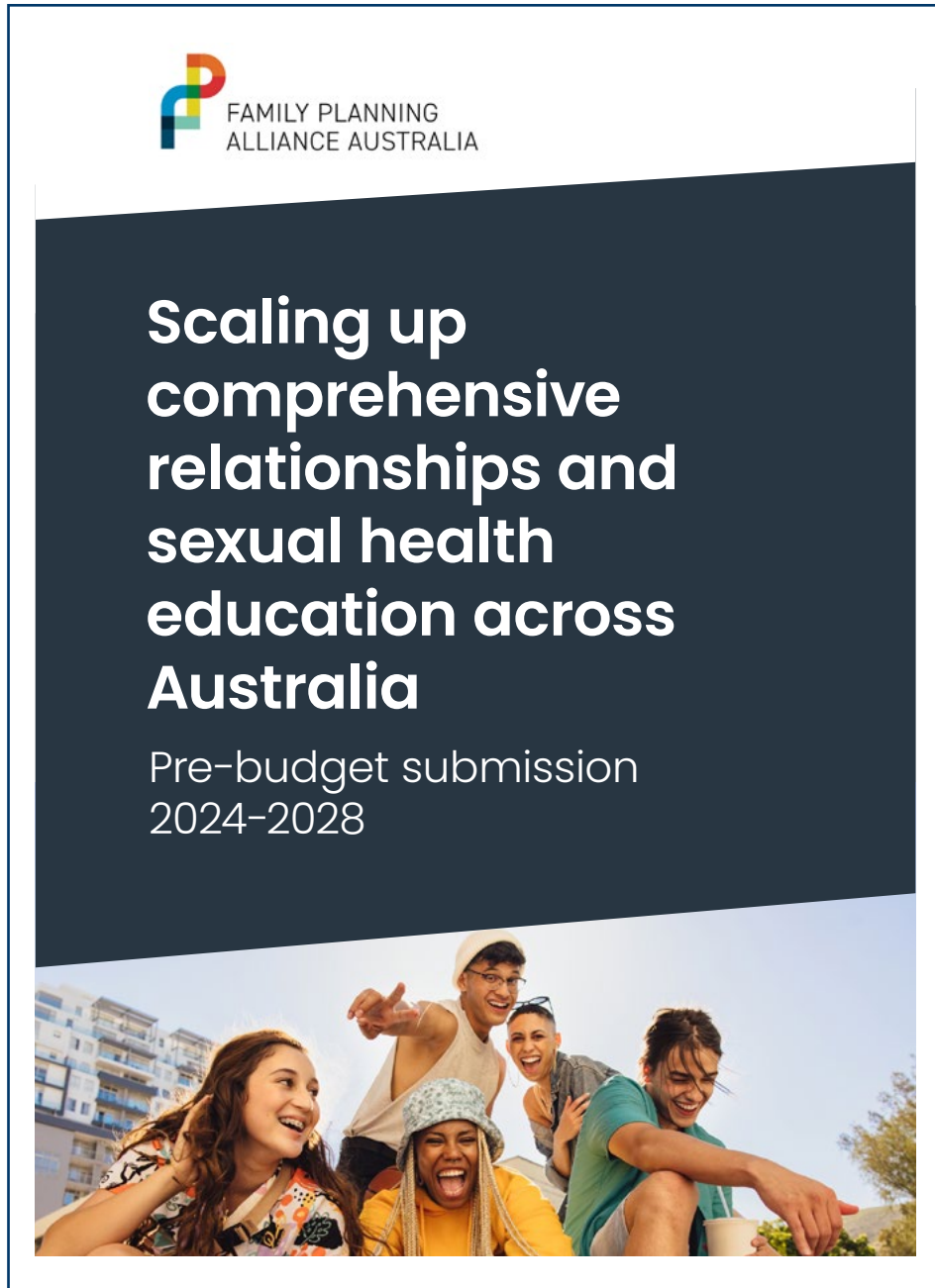
Commitment # 2: Resource a suite of new, highly targeted national health initiatives to the value of \$12.3M over 3 years for the purpose strengthening sexual and reproductive health and rights across Australia.

For more details including indicative costs per initiative, see **Appendix B – Suite of National Health Initiatives**.

For confirmation of cross-referencing of these initiatives to existing national policies, plans and reports see **Appendix C – Cross References to National Policy and Plans**.

7 Appendices

Appendix A – Strengthening Comprehensive Relationships and Sexuality Education. FPAA Pre-budget submission



Access this submission: <https://familyplanningallianceaustralia.org.au/submissions>

Appendices continued

Appendix B – Suite of National SRH Initiatives & Indicative Budget

Program/ project name	Description	2025/26	2026/27	2027/28	Total
Strengthening Comprehensive Relationships and Sexuality Education (CRSE) for Children and Young People	<ul style="list-style-type: none"> - Establish a CRSE Education Collaborative - Develop a National Accreditation Standard for Educators delivering Comprehensive Relationships and Sexuality Education (CRSE) - Develop and/or collate a national suite of Recommended Teaching Resources - Develop a National Standards for CRSE Delivery Models - Develop a National List of Recommended Program Providers - Review local delivery models and advise on strengthening to meet the National Standard for CRSE Delivery Models - Assist educators, schools and governments in responding to misinformation and community and media concerns. 	\$1,412,362	\$1,497,104	\$1,586,930	\$4,496,397
Delivering Local, Collaborative Syphilis and other STI Campaigning Across Australia	<ul style="list-style-type: none"> - Raise awareness of syphilis through a multichannel campaign - Increase access to syphilis testing - Increase integration within other health promotion activities including schools education. 	\$1,255,733	\$1,210,070	\$0	\$2,465,804
Strengthening Sexual and Reproductive Health Nursing in Australia	<ul style="list-style-type: none"> - Supporting workforce development and scope of practice for nurses improving outcomes for women and people accessing SRH services. - Aligning current national and state-based family planning clinical nurse training, including state-based Sexual Health Nurse Certificate Courses already running in most states, to create one common national Sexual Health Nurse Certificate; - Aligning processes for competency assessment for clinical placements; - Working collaboratively with federal, state and territory governments (and their leadership and advisory groups) on aligning legislation/regulations facilitating nurse-initiated medications; - Working collaboratively with the nursing bodies and the Australian government on a system and process of endorsement for sexual health nurses and midwives to provide Medicare-funded services, including the ordering of diagnostic tests; - Working with the Australian Government to expand the number of endorsed sexual and reproductive health nurses in primary care. 	\$554,412	\$587,677	\$622,937	\$1,765,026

Appendices continued

Appendix B – Suite of National SRH Initiatives & Indicative Budget continued

Program/ project name	Description	2025/26	2026/27	2027/28	Total
Collaborating nationally to drive LARC uptake	<ul style="list-style-type: none"> - Establish an ongoing national LARC Educator Network - Develop an Australian LARC Training Guideline - Develop an Australian LARC Train the Trainer curriculum and delivery approach (all LARC options) - Collaborate on national contraception information and awareness resources, including resources used by teachers in schools - Support GP practices to attract adequate patient numbers to maintain skills - Strengthen clinical supports and referral pathways for complex patients - Develop a national online Directory of IUD and Contraceptive Implant Inserters. 	\$1,154,333	\$1,188,569	\$1,231,228	\$3,574,130
Total		\$4,376,840	\$4,483,420	\$3,441,095	\$12,301,355

Detailed budgets available on request

Appendix C – Cross References to National Strategies and Plans

Health and Aged Care

Comprehensive RSE Syphilis + STI Campaign SRH Nursing Uptake LARC Uptake

1. National Preventive Health Strategy 2021-2030	●			
2. National STI Strategy 2023-2030 (pending)	●	●	●	
3. National Aboriginal and Torres Strait Islander BBV and STI Strategy 2023-2030 (pending)	●	●	●	
4. National HIV Strategy 2023-2030 (pending)	●		●	
5. National Hepatitis C Strategy 2023-2030 (pending)	●		●	
6. National Hepatitis B Strategy 2023-2020 (pending)	●		●	
7. National Women's Health Strategy 2020-2030	●	●	●	●
8. Senate inquiry report – Ending the postcode lottery: Addressing barriers to sexual, maternity and reproductive healthcare in Australia	●	●	●	●
9. National Strategy for the Elimination of Cervical Cancer in Australia	●		●	
10. National Action Plan for Endometriosis	●		●	
11. National Strategy to Achieve Gender Equity (pending)	●		●	●
12. National Action Plan for the Health of Children and Young People 2020-2030	●	●	●	
13. National Men's Health Strategy 2020-2030	●	●	●	
14. National Aboriginal and Torres Strait Islander Health Plan 2013-2023	●	●	●	●
15. National Immunisation Strategy for Australia 2019-2024	●		●	
16. Australia's Disability Strategy 2021 – 2031	●			
17. National Roadmap for Improving the Health of People with Intellectual Disability 2021	●			
18. National Medical Workforce Strategy 2021-2031				●
19. Australia's Primary Health Care 10-Year Plan 2022- 2032		●	●	●
20. National Action Plan for the health and Wellbeing of LGBTQIA+ People 2025-2030	●		●	

Appendix C – Cross References
to National Strategies and Plans
contd.

Women, Children, Youth, Family Violence

	Comprehensive RSE	Syphilis + STI Campaign	SRH Nursing Uptake	LARC Uptake
21. National Plan to Reduce Violence Against Women and their Children 2023–2030	●		●	

Education

22. The Consent and Respectful Relationships Education (CRRE) measure	●			
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Prime Minister and Cabinet

23. National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030	●			
24. Senate inquiry report – Current and proposed sexual consent laws in Australia	●			

Federal Communications

25. National e-Safety Strategy 2022	●			
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