



Care
Education
Advocacy

Advocacy Plan 2024-28

1. OVERVIEW

Advocacy forms a critical part of achieving SHV's vision *for all people to enjoy optimal sexual and reproductive health and wellbeing*. SHV is part of a national (and through the FPAA is a global) movement working to ensure all people have access to, and engage with, sexual, relationship and reproductive health (SRRH) services and education. SHV is a strong advocate for changes in policy, legislation and funding that prioritise community access to these health services and education; particularly for marginalised communities.

This document outlines SHV's Advocacy Plan from 2024-28. This accompanies the SHV Advocacy Framework 2024-28 document, which provides a guide for how we plan and enact any advocacy efforts.

2. FOUNDATIONS OF SHV ADVOCACY

SHV advocacy is based on a human rights-based approach. As stated in the World Health Organisation (WHO) Constitution, *"the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition"* (WHO, 2020). SHV advocacy is founded on human rights-based understandings that:

- SRRH is a human right, creating legal and financial obligations on state and national government to ensure all people have access to timely, acceptable and affordable SRRH care and education.
- Health policy and funding must prioritise the needs of those experiencing the strongest barriers to SRRH care and education, to enable equity of access and engagement.
- Key stakeholders are meaningfully involved in planning, co-design and enactment of advocacy efforts to ensure they are driven by evidence, expertise and lived experiences.

According to WHO (2023) there are four core components of the right to health. As applied to SRRH, these are:

- **AVAILABILITY:** Sufficient quantity of public SRRH care and education facilities, goods and services to eliminate existing gaps in coverage, including health and education workforce and geographical rurality.
- **ACCESSIBILITY:** SRRH health and education facilities, goods and services are accessible to all people. This includes four intersecting dimensions:
 - Inclusion (non-discrimination)
 - Physical accessibility
 - Economic accessibility (affordability)
 - Information accessibility
- **ACCEPTABILITY:** SRRH care and education services and facilities are ethical, person-centered and cater to the specific needs of diverse communities.
- **QUALITY:** SRRH care and education are based on evidence-based best practice and adhere to medical and educational legislation, policy and regulatory requirements. Key components of quality include: safety, efficacy, person-centeredness, timeliness, equity, efficiency and integration with other health and educational services.

3. SHV ADVOCACY AMBITION

SHV's ambition is to maintain its credible and trusted reputation advocating for reproductive and sexual health for everyone, and provides education and clinical training which:

- Strengthens the primary care, school and community-based service systems to deliver inclusive, timely, accessible information and services
- Empowers people to make informed decisions that are right for them
- Is respectful and non-judgemental

SHV's advocacy addresses several key barriers to community access to SRRH care and education. These include:

- Limited workforce capacity to provide SRRH care, education and support
- Stigma associated with SRRH
- Prohibitive costs of SRRH services, goods and education
- Regulatory barriers to SRRH goods and services
- Inadequate funding support for inclusive, accessible services and resources for marginalised communities

SHV will continue to maintain an advocacy focus on priority populations and the intersectional barriers associated with:

- Geographic location, socio-economic status and occupation
- Ability/disability
- Country of origin, citizenship and length of residency/visa
- Gender, sex characteristics and sexual identity
- English and health literacy

4. SHV ADVOCACY GOALS

SHV key advocacy goals for 2023-28 centre around:

1. Workforce capacity building

1a. Primary health care professionals, including GPs, nurse practitioners, registered nurses, midwives and allied health professionals have access to necessary training; enabling them to competently and confidently provide high quality, inclusive and safe SRRH care. This includes:

- Increasing Government funding for training provision
- Increasing incentivisation of training completion for health professionals, including training scholarships to mitigate financial barriers
- Establishment of an SRRH professional training accreditation program

1b. Increasing nurse scope of practice to include priority SRRH service provision

1c. School-based professionals, including teachers, health and wellbeing staff, and school leaders, have access to necessary training to enable them to provide developmentally-appropriate, safe and inclusive RSE for students and their parents/carers at each year level of schooling. This includes:

- Increasing Government funding for training provision
- Establishment of an RSE accreditation program

1d. Community-based professionals, including disability, youth, Aboriginal and community workers, have access to the training needed to provide education and support for young people and marginalised communities.

2. Improving accessibility of health services, education and information

2a. Increase Government funding for delivery of RSE within school and community settings by expert providers.

- 2b.** Greater inclusion of key RSE topics within the Australian curriculum and integration of RSE across subject areas.
- 2c.** Greater subsidisation of key SRRH services including abortion and long acting reversible contraception (LARC) to ensure affordability for all individuals.
- 2d.** Incentivisation for health professionals in regional, rural and remote areas to provide key SRRH services.
- 2e.** Greater funding for health promotion and pathways for marginalised communities to access SRRH services, information and support.

5. SHV APPROACHES TO ADVOCACY

SHV utilises an Advocacy Framework to guide the development and implementation of advocacy activities. The type of advocacy activities we undertake are based around the specific issue being addressed, the types of stakeholders involved, key barriers to change, contextual factors and intended goals and outcomes.

All SHV advocacy efforts are founded on:

- The latest evidence, professional expertise and lived experiences
- Collaboration with other organisations and community groups to enact change
- Cooperation with government and regulatory bodies
- A human rights approach that supports all people to experience optimal health and wellbeing, and make health decisions that are right for them

SHV's goal for the next five years is to place stronger focus on advisory-based advocacy, by continuing to share our expertise and strengthen our relationships with key decision makers.



6. REFERENCE DOCUMENTS

SHV Advocacy Framework 2024-28.

SHV Strategic Plan 2023-28.

Concept Brief for an Education Centre of Excellence at Sexual Health Victoria.

World Health Organisation. (2020). Basic documents: forty-ninth edition (including amendments adopted up to 31 May 2019). Geneva: WHO.

World Health Organisation. (2023). Human rights. www.who.int/news-room/fact-sheets/detail/human-rights-and-health

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