



**RANZCOG**

**WOMEN'S**

**HEALTH SUMMIT** 20  
27 MAY  
CANBERRA 21

*Time to Act*

## Summit Statement



## *Time to Act*

The COVID-19 pandemic has highlighted, and exacerbated, existing inequities in healthcare for women. On 27 May 2021 at the Royal Australian and New Zealand College of Obstetricians and Gynaecologists' (RANZCOG) Women's Health Summit, more than 670 delegates representing women's health, including specialists, consumers, midwives, nurses, doctors, physiotherapists, frontline domestic violence workers and community services providers, heard about the importance of the mental and physical health, safety and well-being of women across their lifespan, the additional challenges brought on by the pandemic, and the current gaps in the effective prevention and management of conditions facing women in Australia today. Improving women's health and well-being is not only critical for the individual woman, but also her family, and the wider community.

The purpose of the Summit was to highlight some of the most pressing health challenges faced by all Australian women, by bringing together key stakeholder groups for a discussion, to identify the tangible actions that will assist us to move forward in a collaborative, and effective way, to the benefit of Australian women and girls. The Summit aimed to raise awareness of health challenges for all women and girls across the nation, specifically in the areas of gender equity and health equity; sexual and reproductive health; preventative health, chronic conditions, and healthy aging; and mental health and the impact of violence.

Too often, efforts to bring about change have been delayed, siloed, and fragmented, leading to sub-optimal solutions. The Summit provided the opportunity to encourage a broader discussion, participation and sharing of information to identify meaningful, sustainable, and systematic approaches to improving equity and health outcomes for Australian women and girls, in line with the initiatives outlined in the Australian Government's National Women's Health Strategy 2020-2030.





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October 21  
Time to Act  
WELCOME TO THE RANZCOG WOMEN'S HEALTH SUMMIT

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## Gender equity and health equity for women

The state of gender equity in Australia has shown significant decline. Currently, the Global Gender Gap Index (GGGI) ranks Australia at 50 out of 156 countries, falling behind in every major dimension measured by the GGGI, except for educational attainment for women.

During this panel session, delegates discussed a number of critical issues including:

1. Key actions that need to be enacted in order to achieve gender parity in Australia, including the importance of an intersectional gender lens being placed at the forefront of every discussion, and holding organisations and government agencies publicly accountable for programs aimed at improving gender equity.
2. Challenges for the LGBTQI+ community including the rising incidence of suicide, the lack of investment in the community controlled LGBTQI+ sector, and the steps required to address these issues such as co-design and better national co-ordination and data collection in this field.
3. Key challenges facing women with disabilities in Australia including assumptions that are frequently and incorrectly made about disabled women, and inadequacies and inaccuracies in data collection.
4. Strategies to improve access to health for women from vulnerable populations including rural and remote areas of Australia, Aboriginal and Torres Strait Islander women, and migrant and refugee women, including the need for community co-design and culturally enabled birthing services, continuity of care and carer, and improvements in the cultural responsiveness of the health care system.

## Sexual and reproductive health

The panel explored the issue of equitable, safe, and affordable access to contraception and abortion services, and sexual and reproductive health services across the life span including adolescents.

Critical themes discussed included the need for:

1. Service delivery to be comprehensive and co-ordinated, with the breaking down of 'silos' and ensuring that all services are interlinked.
2. Increasing access to information for consumers and ensuring that pathways to services are transparent, easily accessed, inclusive and non-judgemental.
3. Addressing misinformation among health care professionals and improving health literacy for consumers.
4. Provision of comprehensive sexuality education in schools and harnessing the power of social media to provide information.
5. The importance of consumer networks and involving women in all aspects of diagnosis, care, and policy setting.

## Preventative health, chronic conditions, and healthy ageing

The panel discussed preventative approaches to chronic disease, including endometriosis as a whole-of-body, chronic pain; how we can change the conversation around menopause, strategies to get young women engaged in their health, how to keep women engaged in healthy activities; and the pros and cons of digital and telehealth.

Critical themes discussed included the importance of:

1. Focusing on psychological pain in addition to physical pain, listening to the consumer point of view, and involving women in all aspects of their management and care.
2. The need for a better understanding by both consumers and primary care providers of the chronic effects of menopause including osteoporosis, cardiovascular disease risk, increased truncal obesity, and increased risk of cancer.
3. Linking the government funded health check to 'biological' ageing, as opposed to 'chronological' ageing.
4. The need for quality frameworks and training for telehealth service providers, as well as access to blended models of service provision that incorporate both face-to-face visits as well as online support.
5. The importance of supported life-style modification, and non-pharmacological intervention, both in earlier years, and as people age, to reduce disease burden in later life.

## Mental health and impact of violence against women and girls

Panel members discussed the significant impact of the pandemic on the mental health of women, as well as screening and referral pathways, access to mental health services, the detrimental impact that social media has had on mental health.

Key issues discussed during this panel included the importance of:

1. Building the skills of service providers to ensure they are gender informed and mental health informed.
2. Ensuring workplace equality and respect; breaking down harmful gender norms; and objecting to language and actions that perpetuate the oppression of women e.g., questions around marital status.
3. Strong investment in mental health across the life span, particularly during the first few years of life, and cultivating schools as 'mental health promoting institutions.'
4. Improving the tracking of mental health across the population.
5. Discussion around the Australian Government's National Plan to Reduce Violence against Women and their Children 2010-2022 and what the Government is doing to reduce violence against women and their children.
6. Recognising the underlying mechanisms that can lead to violence against women including disrespect and discrimination across all settings in society such as workplaces, sport, politics. Acknowledging that everyone has a role to play in creating an environment of equality and respect so women can thrive, be economically independent, and make their own life choices.

## Future research, data collection, monitoring and evaluation

The panel analysed the evidence that underpins the Government's National Women's Health Strategy 2020-2030, the critical areas where data is required, the mechanisms through which we can advance our knowledge and understanding of the information we collect, and the importance of collaboration and cooperation between investigators and institutions.

Critical themes discussed during this panel included the importance of:

1. Setting specific, measurable outcomes for the Women's Health Strategy, including the collection of baseline data.
2. A more coordinated, centralised approach to data collection to prevent duplication, the standardisation of definitions and a central monitoring and evaluation framework.
3. The importance of data sovereignty and security.
4. Community driven priorities and a wider involvement of stakeholders to prioritise the focus of the Women's Health Strategy.

## Final recommendations

1. Establish a National Council for Women's Health, which facilitates collaboration and engagement between the community and key stakeholders and enables sustained, productive, and ongoing discussion. The Council to be also tasked with the critical job of providing ongoing monitoring, evaluation, and regular reporting to the Government, ensuring that there is ongoing visibility, and that tangible outcome metrics are produced by the Women's Health Strategy.
2. Address workforce maldistribution and access to rural and remote health care services by introducing more sustainable, innovative models of care which also incorporate the social elements that attract health care workers to work in rural, regional, and remote areas. Advocate for cessation of closure of rural birthing services.
3. Call for government action to enable free access for women and girls to sanitary products across Australia.
4. Improve access to contraceptive services, including availability of LARC across the country, particularly in rural and remote areas.
5. Increase access for both early medical and surgical abortions in all jurisdictions, including rural and remote areas.
6. Ensure that co-design is a mandatory part of any healthcare services that are provided for all women from diverse backgrounds such as migrant and refugee consumers, women with a disability, LGHBQTQI+ consumers and adolescent consumers.
7. Advocate for culturally enabled, safe birthing services that are close to home for Aboriginal and Torres Strait Islander women, tailored to the unique circumstance of each community and each setting.
8. Foster collaboration between researchers in women's health, in order to avoid duplication, maximise use of limited resources and improve routine data collection which will inform future policy decisions in women's health.
9. Increase investment in grassroots/community-controlled organisations, encourage identification of community-based champions, and develop a core set of patient-reported experience measures that are embedded into every aspect of the national Women's Health Strategy.
10. Develop online resources that are culturally informed and accessible to women from migrant, refugee, and LGHBQTQI+ populations. This will be a critical step in the pathway to improving health literacy and access to health information across all aspects of society.



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