CALLING FOR PUBLICLY FUNDED ABORTION SERVICE PROVISION: A CONSENSUS STATEMENT BY THE WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH COVID-19 COALITION

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Background

Ensuring access to abortion services is a priority of the National Women's Health Strategy 2020-2030. However, inequalities in abortion care persist across Australia with scarce availability and a number of barriers to access for women. In response to this, the SPHERE Women's Sexual and Reproductive Health (SRH) COVID-19 Coalition aimed to develop and disseminate a Consensus Statement to call for the provision of universal, publicly funded abortion services and recommended approaches to addressing inequitable access to abortion in Australia.

Methods

A Working Group of the SPHERE Women's SRH COVID-19 Coalition was convened to draft the Consensus Statement, which was ratified in November and released in December 2020.

Results

Key recommendations included that abortion services should be recognised by federal and state governments as an essential healthcare service (Category 1); that publicly-funded abortion services are accessible, affordable and available; that where complications arise in provision of abortion in community settings, accessible and equitable treatment is available in publicly-funded hospitals; that services which receive public funding or engage in training future health professionals are mandated to provide medical and surgical abortion services; that state-wide information and referral centres are available for all women requesting an abortion; that as part of the National Women's Health Strategy the Minister of Health reports on the proportion, location and names of services engaged in publicly-funded abortion services.

Conclusions

Publicly funded health services are essential for training the future healthcare workforce and ensuring sufficient numbers of skilled practitioners to provide abortion care and manage complex cases. Monitoring and reporting of progress in relation to abortion access will be critical to determine improvements.

Conflicts of interest: Nil