



Strategic Plan

2023-2025

Introduction

On the 1st February 1961, a new technology became available in Australia - the first oral contraceptive pill.

It was released under the brand 'Anovlar' and ushered in a momentous change in women's lives. Initially available only to married women, and burdened with a 27.5% luxury tax, the pill had the potential to give women the freedom to avoid unintended pregnancies and plan parenthood. This afforded women choice and control over their reproductive future and enabled many to enter the workforce. Increased workforce participation became the basis for ongoing social and legislative change aimed to facilitate equal pay for equal work and freedom from other forms of discrimination.

Despite this innovation by the early 70's, many women continued to find it difficult to access contraception, sex education was still limited, rates of sexually transmissible infections (STIs), teenage pregnancy and unintended pregnancies were high, and there was a lack of facilities where health professionals could be trained in this rapidly expanding, sexual and reproductive health field.

In 1972 in his first 10 days in office, Prime Minister Gough Whitlam abolished the luxury tax on all contraceptives, and placed the pill on the Pharmaceutical Benefits Scheme (PBS) list, reducing its cost to \$1 per month.

By the mid-1970's, advocacy efforts culminated in the establishment of independent Family Planning Associations with highly integrated information, education and clinical services in every state and territory. The Family Planning Alliance of Australia (FPAA) which functioned as a national policy and advocacy group was incorporated in 1975, but then defunded in later years. In the last 15 years it has had constrained undertake the work required.

While many Australians may 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 current international environment are considered fragile. Today is a particularly important time in history to ensure that sexual and reproductive health and rights are maintained, and that further gains are made including the strengthening of systems to ensure universal access to sexual, reproductive and relationship health for all Australians.

As a nation, we have achieved meaningful sexual and reproductive health outcomes, and in some instances have been considered as world leaders in this area. However, without strong and inclusive collaborative action, we will never reach our full potential and achieve and maintain sexual and reproductive health and rights for everybody, everywhere.

This Strategic Plan sets the framework for a strong, linked up approach to progressing sexual and reproductive health and rights in Australia.

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Defining sexual and reproductive health and rights

FPAA support the proposed definition of sexual and reproductive health and rights by the 2018 Guttmacher-Lancet Commission¹:

"Sexual and reproductive health is a state of physical, emotional, mental, and social wellbeing in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity. Therefore, a positive approach to sexuality and reproduction should recognise the part played by pleasurable sexual relationships, trust, and communication in the promotion of self-esteem and overall wellbeing.

All individuals have a right to make decisions governing their bodies and to access services that support that right. Achievement of sexual and reproductive health relies on the realisation of sexual and reproductive rights, which are based on the human rights of all individuals to:

- have their bodily integrity, privacy, and personal autonomy respected;
- freely define their own sexuality, including sexual orientation and gender identity and expression;
- decide whether and when to be sexually active;
- · choose their sexual partners;
- have safe and pleasurable sexual experiences;
- · decide whether, when, and whom to marry;
- decide whether, when, and by what means to have a child or children, and how many children to have;
- have access over their lifetimes to the information, resources, services, and support necessary to
- achieve all the above, free from discrimination, coercion, exploitation, and violence.

Essential sexual and reproductive health services must meet public health and human rights standards, including the "Availability, Accessibility, Acceptability, and Quality" framework of the right to health.

The services should include:

- accurate information and counselling on sexual and reproductive health, including evidence-based, comprehensive sexuality education;
- information, counselling, and care related to sexual function and satisfaction;
- prevention, detection, and management of sexual and gender-based violence and coercion;
- a choice of safe and effective contraceptive methods;
- safe and effective antenatal, childbirth, and postnatal care;
- safe and effective abortion services and care;
- prevention, management, and treatment of infertility;
- prevention, detection, and treatment of sexually transmitted infections, including HIV, and of reproductive tract infections; and prevention, detection, and treatment of reproductive cancers.

Strategic overview

Vision

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

Purpose

We commit to uphold, strengthen, and advance sexual and reproductive health and rights, so that all people have the freedom and autonomy over all matters related to sexuality, reproduction, gender, and wellbeing.

Values



Ethos

We believe:

- human sexuality is diverse, and is an integral part of life.
- everyone has the right to make informed choices about sexuality and to take responsibility for their own sexual and reproductive health.
- everyone has the right to express their sexuality, provided they do not violate the rights of others.
- everyone has the right to equitable access to sexual and reproductive health care services.

- everyone has the right to unbiased and up-to-date evidence-based information about sexual and reproductive health.
- we encourage the right of all people to self-determination and personal autonomy in the control of their fertility and to the enjoyment of satisfying and responsible sexual expression.



Goals

FPAA works by passionately advocating for:

- gender equality
- access to comprehensive sexuality education
- greater access to sexual and reproductive health care
- building the capacity of the health workforce
- increasing community awareness and knowledge.

And fighting against:

- misinformation
- stigma and discrimination
- · unsafe abortions
- · sexual violence
- · child sexual abuse
- maternal and newborn mortality and morbidity.

Operational objectives

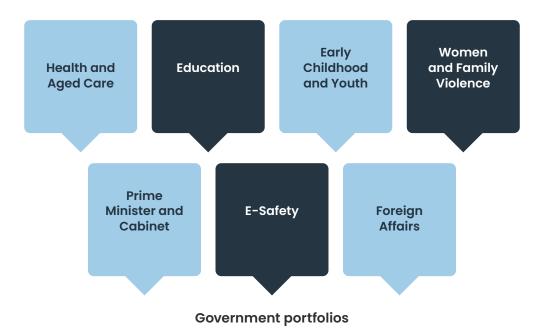
- effectively consult, and share information with our members, the wider sexual and reproductive health and rights sector, the community and Australian government
- · function as a repository and source of sector knowledge and expertise
- provide well informed and impartial advice within the sexual and reproductive health and rights sector
- provide education and competency-based training to health practitioners working in sexual and reproductive health
- lead the development of new and innovative approaches to service delivery to meet the needs of priority populations.

Policy and advocacy

Key policy themes

Australia has over 20 national policies and/or frameworks that include outcomes, actions and KPIs related to sexual and reproductive health and rights.

These policies fall across multiple government portfolios including:



The FPPA is committed to providing leadership and advice to support these and any future strategies, and in working collaboratively to ensure linkage and leverage between themes.

Priority populations

While sexual and reproductive health and rights are universal, there are key groups with distinct needs who are front of mind in our advocacy due to their experiences of marginalisation and discrimination which lead to poorer access and associated outcomes. These are:

- · young people
- women
- Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual, and other sexuality, and gender diverse people (LGBTIQA+) people
- Aboriginal and Torres Strait Islander people
- 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
- people with disabilities
- · people who inject drugs.





Membership

Primary Members

The Primary Members of Family Planning Alliance Australia 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:

- · True Relationships and Sexual Health Queensland
- · Sexual Health and Family Planning ACT
- · Family Planning Tasmania
- · Sexual Health Victoria
- SHINE SA
- · Sexual Health Quarters
- Family Planning NT
- · Family Planning Australia.

Associate Members

Associate Members play an important role in shaping the priorities of the Family Planning Alliance Australia 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.
- operate within relevant state and national codes of conduct, frameworks, and legislation.

Family Planning Alliance Australia
www.familyplanningallianceaustralia.org.au

