STRATEGIC CONTEXT

The Tasmanian Sexual and Reproductive Health Strategic Framework 2013-2016 has been developed to complement existing national and state activity. Such activity includes:

- The five national strategies responding to sexually transmitted infections and blood borne viruses, and most specifically the Second National Sexually Transmissible Infections Strategy 2010-2013
- National Women's Health Policy 2010
- National Male Health Policy 2010
- Our Children Our Young People Our Future The Agenda for Children and Young People 2011
- Hepatitis and HIV An Agenda for Action
- Working in Health Promoting Ways: A Strategic Framework for DHHS 2009-2012
- Making Choices Two Action Plan 2012-2015

TASMANIAN SEXUAL AND REPRODUCTIVE HEALTH STRATEGIC FRAMEWORK 2013-2016 COLLABORATIVE GROUP MEMBERSHIP

The Collaborative Group is chaired by Population Health, Department of Health and Human Services (DHHS) and membership includes:

Family Planning Tasmania

Hobart Women's Health Centre

Scarlet Alliance

TasCAHRD

Tasmanian Branch, Public Health Association of Australia

The Link Youth Health Service

Working It Out

Department of Education

Correctional Health, DHHS

Population Health Epidemiology Unit, DHHS

Population Health Equity Unit, DHHS

Public and Environmental Health Service, DHHS

Sexual Health Services, DHHS

Tasmanian Sexual and Reproductive Health Strategic Framework 2013-2016

GOAL

Improved sexual and reproductive health for the Tasmanian community, and especially for vulnerable populations.



FOCUS AREAS

Service access

Workforce development

Collaborative partnerships

Research, data and evidence

Planning for the future



Developed by a range of organisations and services, this Framework describes a shared commitment to working towards improved sexual and reproductive health for the Tasmanian community.

It builds on work to-date, with a view to innovative action that will pre-empt and respond to future challenges and needs.

The five focus areas of the Framework identify systems points where organisations can strengthen their efforts for the ultimate benefit of individual clients and whole communities.

The priority outcomes reflect the importance of health promotion work that drives prevention of illness and clinical work centred on disease screening, testing and treatment.

The Framework also highlights the need for more action recognising and responding to the social determinants of health.

This is of critical importance as only with the realisation of health equity – the removal of avoidable and unfair barriers that compromise health and wellbeing for vulnerable groups and communities – will the goal of improved sexual and reproductive health for everyone be achieved.

PRIORITY OUTCOMES

- I. Reduced rates of sexually transmissible infections
- 2. Improved sexual and reproductive health equity in vulnerable populations
- 3. Reduced unplanned pregnancy, especially among teenagers
- 4. Increased health literacy
- 5. Increased access to a full, safe and effective range of reproductive and contraceptive options



GOAL: Improved sexual and reproductive health for the Tasmanian community, and especially for vulnerable populations.

PRIORITY OUTCOME	FOCUS AREA	PROPOSED ACTIONS
I. Reduced rates of sexually transmissible infections (STIs)	Service access	Increase the number of youth health clinics in colleges - will be progressed under the Making Choices Two Action Plan
	Workforce development	Support the capacity of Sexual Health Services, DHHS to reduce waiting times and expand service provision
	Collaborative partnerships	Promote regular STI screening and testing among vulnerable populations
	Collaborative partnerships	Develop and deliver education and resources promoting sexual health and STI prevention that are age appropriate, gender specific and culturally sensitive
	Research, data and evidence	Develop strategies to translate the comprehensive chlamydia data gathered in Tasmania to enable its use in policy and service delivery planning
	Planning for the future	Develop strategies to ensure the Gardasil vaccine is accessible to young people who may have been missed in school vaccination programs through absence or disengagement
2. Improved sexual and reproductive health equity in vulnerable populations	Service access	Increase outreach clinics to promote STI testing and treatment in rural populations
	Service access	Increase clinical and counselling support services for transgender and intersex populations
	Workforce development	Increase the knowledge and skills of mainstream serveries in regard to sexual and reproductive health issues for vulnerable populations including Aboriginal Tasmanians, refugee and migrant populations, LGBTI communities, sex workers, prison populations, and people with disabilities
	Collaborative partnerships	Map health services for older Tasmanians, particularly vulnerable populations including older Aboriginal Tasmanians, refugee and migrant populations, LGBTI communities, sex workers, prison populations and, people with disabilities, and develop strategies to increase their awareness and the dissemination of appropriate sexual and reproductive health information
	Research, data and evidence	Use available evidence which showing links between sexual and intimate partner violence/abuse and poor health outcomes, and assess needs of affected populations
	Planning for the future	Develop strategies that respond to the sexual and reproductive health needs of people who have experienced sexual violence, intimate partner violence, sexual abuse or family violence
3. Reduced unplanned pregnancy, especially among teenagers	Collaborative partnerships	Support the implementation of the key strategies in the Making Choices Two Action Plan – (relationships and sexuality education, clinical services in colleges and access to condoms)
	Workforce development	Support the implementation of the Indigenous Early Childhood Development National Partnership Agreement; focus on increasing capacity of health workers in Aboriginal organisations in sexual and reproductive health issues; implement sexual health training of existing workers; and provide sexual health and relationships education and promotion to young people
	Workforce development	Advocate for the expansion of clinical capabilities available to nurse practitioners
	Planning for the future	Develop strategies to actively engage young males in a shared community dialogue around respectful relationships and parenting and young females around aspirations and life goals
4. Increased health literacy	Service access	Support the provision of comprehensive relationships and sexuality education for young people in schools and alternative educational settings - Making Choices Two Action Plan
	Service access	Support sexuality and relationships education targeted to priority populations including lesbian, gay, bisexual, intersex and transgender communities, prison populations, sex workers, Aboriginal youth, culturally and linguistically diverse communities, people who experience mental ill health, and people with disabilities.
	Workforce development	Support capacity building for service providers to support people with disabilities and to support older people to experience optimised sexual and reproductive health and wellbeing.
	Workforce development	Support the delivery of relationships and sexuality training for teachers, youth health workers, and youth health nurses
	Collaborative partnerships	Increase awareness of the importance of sexual and reproductive health issues across the lifespan by engaging mainstream health services in sexual health promotion activity
	Collaborative partnerships	Support capacity building for health services to provide education and resources for women experiencing midlife/menopause
	Collaborative partnerships	Develop capacity for services to provide age appropriate support to disadvantaged young parents and their children
5. Increased access to a full, safe and effective range of reproductive and contraceptive options	Service access	Explore opportunities to increase access to termination of pregnancy services, particularly for women who are financially and/or geographically disadvantaged and examine opportunities for expanding pregnancy termination services into the public health system or commissioning private clinics
	Service access	Increase awareness of access issues and availability of contraception, including emergency contraception, among pharmacists in rural areas for people in their local communities
	Service access	Explore opportunities and advocate for increased access to assisted reproductive and in vitro fertilisation services for people who are financially disadvantaged
	Workforce development	Support the development and delivery of training for general practitioners, pharmacists and other primary health workers in issues of consent, confidentiality and effective co-management with clients and consumers about their sexual and reproductive health