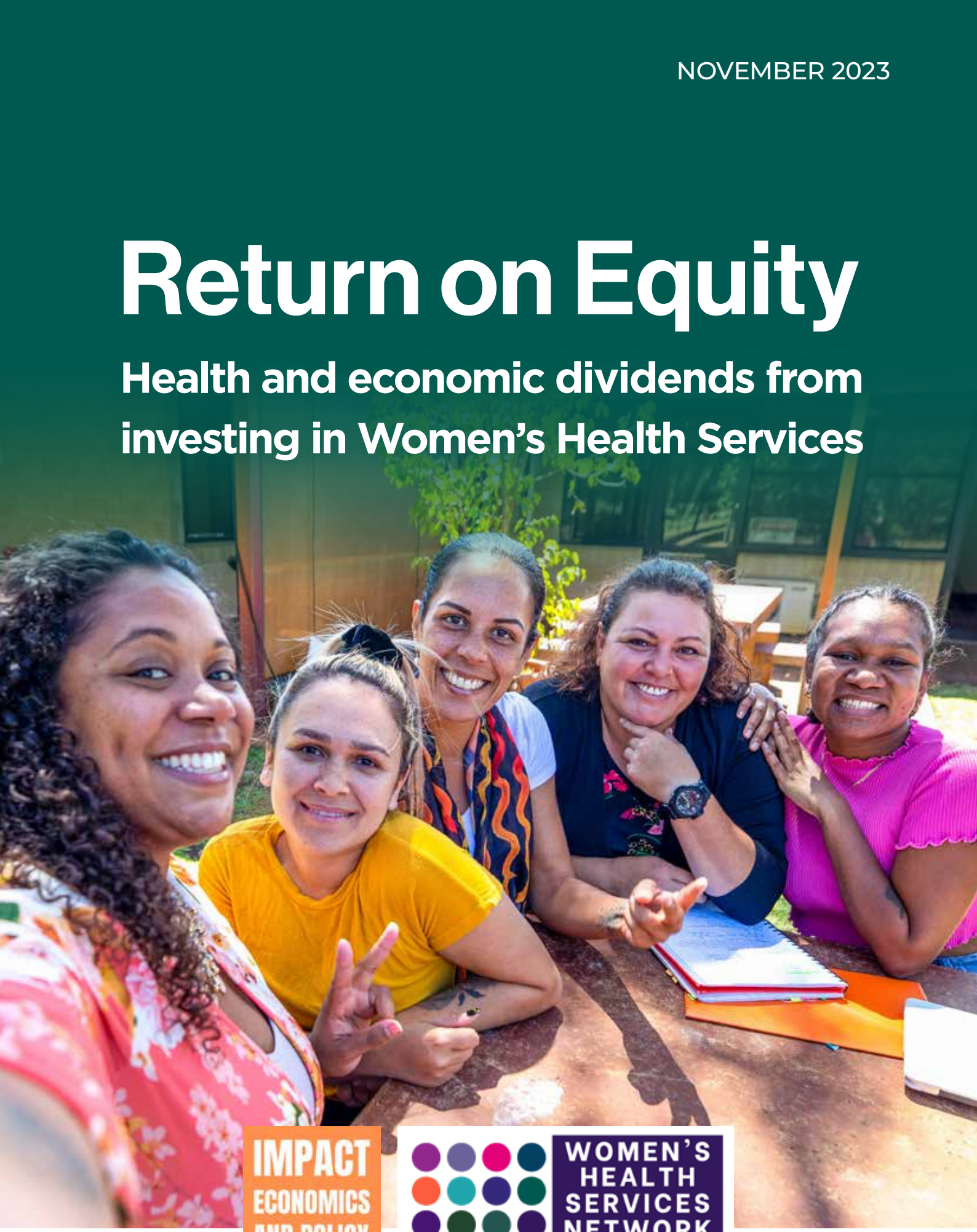
NOVEMBER 2023

Return on Equity

Health and economic dividends from investing in Women's Health Services



IMPACT ECONOMICS AND POLICY

WOMEN'S HEALTH SERVICES NETWORK

Impact Economics and Policy / Report commissioned by the **Victorian Women's Health Services Network**

Impact Economics and Policy

Impact Economics and Policy brings together a group of expert economists and policy specialists with experience working for government, non-for-profits and big four consulting. Established at the start of 2022, our mission is to partner with clients for impact through providing robust evidence, fresh analysis and strategic communication to tackle Australia's biggest public policy challenges.

Victorian Women's Health Services Network

The Victorian Women's Health Services Network is a collective of 12 state government-funded Women's Health Services, each a centre of excellence in gendered health promotion, primary prevention and gender equity.

Women's Health Services:

- work collaboratively for a fairer, safer and healthier Victoria.
- lead and coordinate local and state-wide health promotion activities that reach across every region of the state.
- use evidence-based research to support legislation, policy and programs that ensure women stay well, and if they do need to access healthcare services, that they receive the care that supports their return to health.

About this report

This report was commissioned by the Victorian Women's Health Services Network to better understand their broad economic contribution to Victoria and to assess the importance of the ongoing investment from the Victorian Government in their services.

A variety of research methods were used in the report, including a literature review, economic modelling and the use of case studies from existing research to demonstrate the value of the work that is currently being undertaken by Women's Health Services across Victoria.

We have adopted a nuanced approach to gender and sex descriptions in this report, depending on the data and context we are referring to. References to women are representative of all women, including cisgender (cis) women, transgender (trans) women and also may include people assigned female at birth.

Acknowledgement of Country

We acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Owners of Country throughout Australia and their continuing connection to both their lands and seas. We also pay our respects to Elders – past and present – and generations of Aboriginal and Torres Strait Islander peoples now and into the future.

Contents

Overview

Gender inequality is costly. It leads to poor physical and mental health for women, higher rates of family violence, inadequate access to safe reproductive health services, and higher rates of avoidable mortality. Gender inequality also undermines women's participation in the workforce.

These costs are not just borne by women. They are borne by everyone, through reduced productivity, lower economic growth and greater health care expenditures.

International and Australian evidence shows that addressing gender inequality as a social determinant of health requires community-based models of primary prevention and promotion. Reducing the health consequences of gender inequality is an intergenerational task, requiring dedicated and enduring focus and collective effort over many years. Its success requires sustained, long-term investment from government.

Since 1987, Victoria has benefited from the work of Women's Health Services. This network of 12 locally based and state-wide community health organisations plays a central role in Victoria's health infrastructure.

Together, they deliver globally recognised best-practice women's health models to address gender inequality and deliver better health and wellbeing for women and girls across the state. They provide community-based and expert-informed primary prevention activities that are proactive, cost-effective, helping improve quality of life while reducing healthcare costs.

As the Victorian Government rolls out 20 new Women's Health Clinics providing clinical services across the state, the existing Women's Health Services will be pivotal in providing local knowledge and specialist expertise.

In this report, Impact Economics and Policy considers the value that Women's Health Services provide to Victoria. We find that they have directly and indirectly contributed to Victoria's superior performance across a range of outcomes, with significant benefits to the economy and health system.

For example:

- Almost **22,000 fewer women** experienced physical and/or sexual violence each year because of Victoria's lower prevalence of violence against women than the national average. This has resulted in economic cost savings of **$600 million** a year. The cost savings over a lifetime are almost **$8 billion**.
- There were over **500 fewer teenage mothers** in Victoria in 2021 because of Victoria's lower rates of teenage pregnancy than the national average.
- **$1.4 million** in health care costs have been saved in 2022 because of Victoria's lower rates of three sexually transmitted infections (chlamydia, gonorrhoea and syphilis) among women.
- While rates of mental ill-health are influenced by a wide range of factors, actions that prevent long-term mental ill-health would have annual benefits of about **$100,000 per person**. Even a 0.5% reduction in the number of women suffering long-term mental ill-health would have economic benefits of **$178 million**.

However, ongoing funding uncertainty risks undermining progress. Prior to the 2022-23 Victorian Budget, the Women's Health Services had not received a real increase in their core funding in almost 35 years. This meant that funding steadily declined from $4.35 per woman to just $2.07 per woman, undermining the ability of Women's Health Services to deliver best-practice health promotion and primary prevention.

In 2022-23, Women's Health Services saw their collective funding almost double to just over $20 million a year. This opened up new opportunities to respond to local needs in place, support targeted interventions to vulnerable groups of Victorian women, strengthen partnerships and implement state-wide policies.

The existing funding is supporting Women's Health Services undertake sector-wide evaluation of their health promotion and primary prevention activities – giving us the evidence needed to underpin effective investment. However, this funding is set to expire at the end of the current financial year. Without ongoing investment, the gains made will be in jeopardy.

To safeguard the progress and value generated by Women's Health Services, the 2024-25 Victorian Budget should lock in the current level of Women's Health Service funding and make it permanent, with annual indexation to reflect inflation and population growth.

Adequately funded Women's Health Services are vital to maintaining Victoria's national leadership in advancing the health and safety of women.

The work of Women's Health Services does not just benefit women. It delivers significant benefits for all Victorians, through fostering more inclusive communities, reducing cost pressures on the health care system, and improving workforce participation.

The solution is clear: invest in the future and continue the fight against gender inequality.

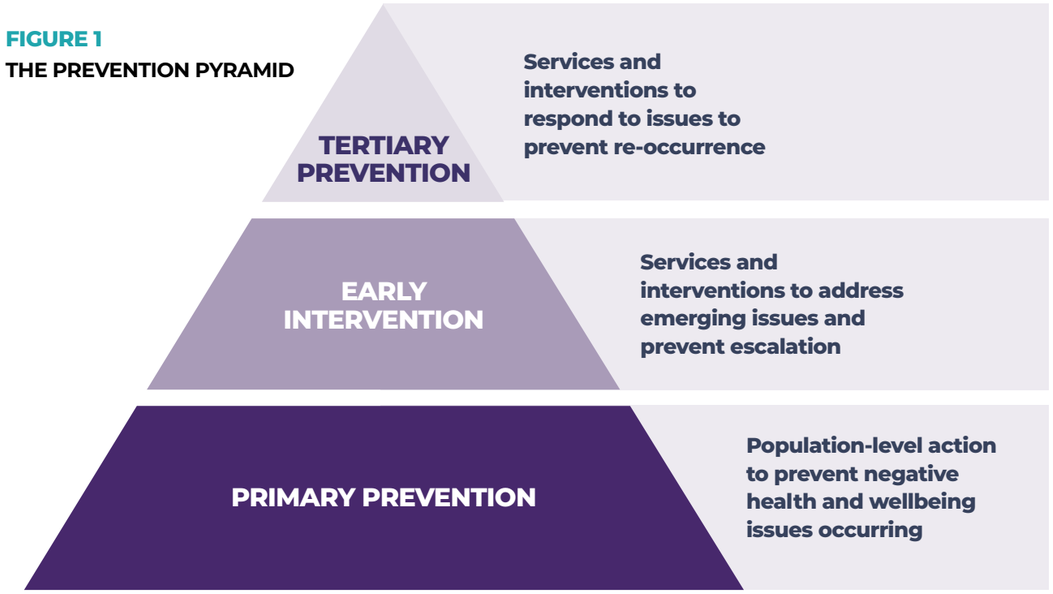
The value of primary prevention

Primary prevention refers to interventions that seek to prevent harms – including lifestyle diseases, violence against women and mental ill-health – from occurring in the first place. Primary prevention is a cost-effective way of improving health, safety and wellbeing, and alleviating demand and cost pressures on health, justice and other services.

While primary prevention is different from early intervention (see Figure 1), it can have the same benefits in terms of reducing health costs and improving health and wellbeing, while also enhancing quality of life.[1]

In fact, there is growing evidence that primary prevention delivers stronger returns on investment than early intervention and response. This includes primary prevention interventions targeting violence against women[2], mental health[3] and lifestyle-related diseases[4] – although demonstrating effectiveness of individual programmes and quantifying benefits can be difficult due to the availability of data and evidence.

FIGURE 1
THE PREVENTION PYRAMID



Adapted from Women's Health Services Network (2023), *Small Change, Big Impact: Women's Health Services Network Collective Impact Report*, Available https://www.whsn.org.au/our-impact

Primary prevention works by influencing a broad range of social, economic and environmental factors that influence health and wellbeing. This includes a range of interacting factors that disproportionately affect the health and wellbeing of women—such as gender inequality, gender norms and attitudes, social and community inclusion, income, education and housing. These factors are also, as a result, major drivers of the cost of health care.

Primary prevention is most effective when it involves many individuals and organisations working together, over a long time horizon, to create social change. This is often called the 'collective impact' model (see Box 1).

Successful primary prevention also requires a holistic approach that considers the socio-ecological model of health, relies on evidence-based strategies, adopts a systems perspective, and emphasises collaboration and partnerships among diverse stakeholders.[5]

Tailoring responses to account for the different barriers faced by women across diverse areas and diverse backgrounds in prevention activities is also recognised as being critical to the success of such programs.

BOX 1 COLLECTIVE IMPACT AND PRIMARY PREVENTION[6]

A collective impact approach recognises that complex social problems—such as gender inequality and violence against women—require collaborative approaches working across all levels of society. Factors that contribute to success in a collective impact model include:

- a common agenda—all participants have a shared vision for change, including a common understanding of the problem and a joint approach to solving it through agreed upon actions;
- continuous communication—consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation;
- mutually reinforcing activities—participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action;
- backbone support—creating and managing collective impact requires dedicated staff with specific skills to coordinate participating organisations and agencies; and
- shared measurement—collecting data and measuring results consistently across all participants ensures that efforts remain aligned and participants hold each other accountable.

There is some evidence that the collective impact approach, when used well, can be effective in creating large-scale positive social impacts.[7]

The collective impact approach has many similarities with 'place-based' approaches, which are implemented at the local level and focus on addressing the collective issues of community members through interventions aimed at the social and physical environment, rather than individuals or families.

Overall, Australia invests significantly less in primary prevention than comparable countries, with Victoria currently spending 2 per cent of total government health expenditure on prevention.[8] One issue undermining investment is that demonstrating that specific primary prevention programs deliver value for money can be difficult. A particular challenge is quantifying how primary prevention activities lead to cost savings elsewhere in the health system.

However, there is growing recognition of the health and economic benefits of primary prevention. The Victorian Government has also recognised the importance of early intervention in reducing the cost of delivering health and other services through its Early Intervention Investment Framework.

Victoria has led the country in recognising that women have poorer health outcomes than men across many dimensions, and that lifting these outcomes requires sustained effort to address the social determinants of health and make the health system more inclusive.

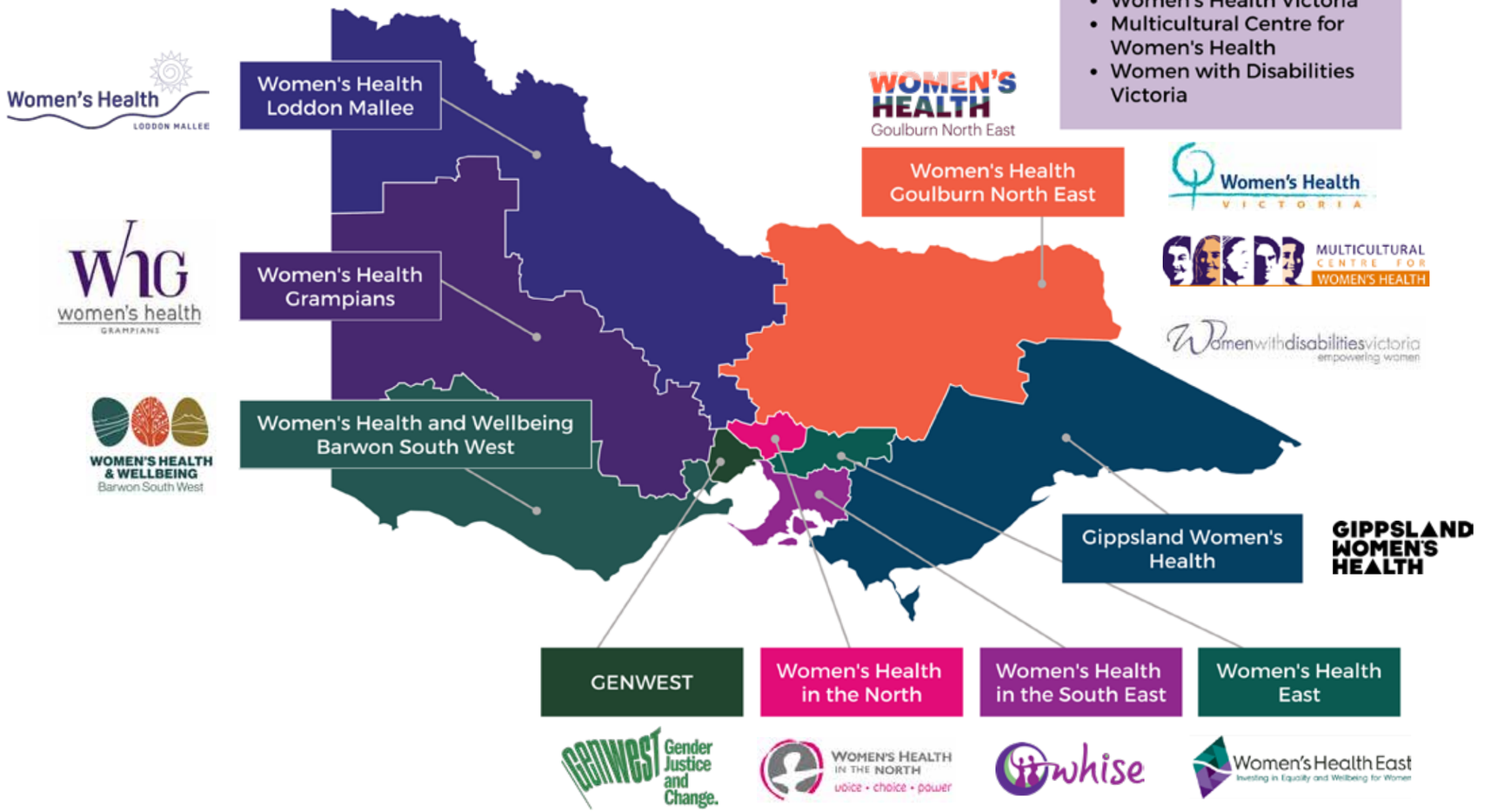
Victoria has also been a leader in tackling family violence and violence against women—which is the single largest cause of poor health among women aged 18 to 44 years. The Victorian Government established the Royal Commission into Family Violence and has since taken action to implement all 227 recommendations. It has recognised that sustained social, cultural and attitudinal change—that is, primary prevention—is needed to prevent violence occurring.

The Victorian Government has also funded the network of Women's Health Services for the past 36 years, recognising the unique value they provide. The rest of this report evaluates their impact and economic benefits.

Women's Health Services: their work, impact, value

For over 30 years, Victoria's Women's Health Services have been leading the collective effort to reduce the health consequences of gender inequality. They are acknowledged across Australia and the world as leading best practice in women's health promotion and primary prevention.

FIGURE 2 **WOMEN'S HEALTH SERVICES IN VICTORIA**



Though these 12 non-profit community organisations are a small part of the broader health system, they have a significant impact on health outcomes. The Women's Health Services have championed reproductive rights for women, raised public awareness of the importance of safe and equal communities, called out gendered inequalities embedded in the health care system, and coordinated collective efforts to tackle the social determinants of violence against women.

There are nine place-based Women's Health Services covering all of metropolitan, regional and rural Victoria (see Figure 2). They embed a place-based approach to understanding the needs of women in their regions and taking action to address those needs. The three state-wide services provide women's health information, education programs and centralised gendered health data. They also provide specialist intersectional expertise to help organisations across Victoria deliver equitable and inclusive health services to women.

The Women's Health Services work across all levels of society to deliver coordinated actions to reduce the social and economic drivers of gender and health inequality. They:

- **build and lead partnerships** with other community, health and government organisations to deliver best-practice health promotion and primary prevention and to help implement the Victorian Government's health, wellbeing and equality strategies;
- **provide training and expert advice** to help other organisations advance gender equality, prevent violence against women and understand the gendered determinants of health;
- **directly provide gender-based health information** and support services— including in a range of languages other than English—to women across Victoria to empower them to make decisions about their health and to access services;

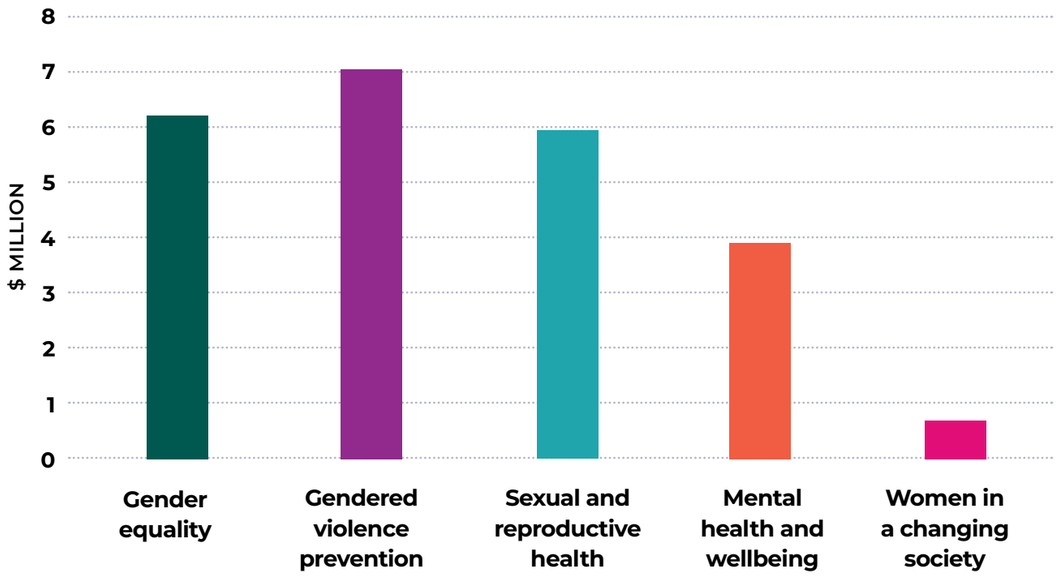
- **raise awareness** of women's health issues and advocate for policy change;
- **collect and disseminate** evidence on women's health outcomes and the effectiveness of primary prevention activities; and
- **champion understanding of intersectional and inclusive** health promotion practices by recognising the unique experiences faced by women with a disability, Aboriginal and Torres Strait Island women, migrant and refugee women, non-binary people, and others.

The following sections describes the work, the impact and the value of Women's Health Services across five priority areas embedded in their funding framework. These are:

- Gender equality
- Gendered violence prevention
- Sexual and reproductive health
- Mental health and wellbeing
- Women in a changing society.

Using Victorian Government funding, the Women's Health Services are investing about $20 million in their work across these areas this financial year (see Figure 3).

FIGURE 3 WOMEN'S HEALTH SERVICES PLANNED EXPENDITURE BY PRIORITY AREA, 2023-24



While Women's Health Services themselves provide a range of services directly to women across Victoria—such as the successful 1800 My Options free phone-based service for advice on sexual and reproductive health—their work focuses on helping other health services and organisations to advance gender equality and better meet women's needs. In this way, they accelerate the delivery of outcomes by a broader 'collective impact' ecosystem.

Table 1 showcases their achievements over the last year.

TABLE 1 WOMEN'S HEALTH SERVICE ACHIEVEMENTS IN 2022-23

Gender equality	Gendered violence prevention	Sexual and reproductive health	Mental health and wellbeing	Women in a changing society
Women's Health Services running activities in each funding are:				
12	12	12	9	4
Primary prevention partnerships with communities and organisations maintained or expanded:				
253	22	130	143	27
New organisations reached through WHS-led capacity building initiatives:				
329	452	155	64	5
People reached through WHS-led services and initiatives:				
5,344	8,282	6,048	1,765	1,227
Initiatives delivered by WHS partner organisations who own or lead policy, protocol or initiative change				
328	459	230	104	42
Share of training participants reporting increased confidence following training (July to September 2023):				
62%	60%	75%	85%	

Gender equality

Promoting gender equality is central to what Women's Health Services do. Globally, gender equality is recognised as a key social determinant of health that drives poorer health outcomes for women and higher health care costs.

The evidence

The evidence shows that despite some progress, women continue to lag behind men in economic participation and outcomes:

- Women in full-time jobs earn $13,000 (or 13%) less than men each year, on average.[9]
- Over their lifetime, women on median incomes earn an estimated $1 million less than men, and retire with $136,000 less superannuation, on average.[10]
- Only one in five CEOs of large organisations were women in 2022. Company boards had a majority of men for four in five companies.[11]
- 26% of women work than 15 hours a week in unpaid domestic work, compared to just 11% of men.[12]
- Australia's ranking on the World Economic Forum's Global Gender Gap Index fell from 15th in 2006 to 43rd in 2022,[13] meaning we are falling even further behind other countries.

There is evidence that gender norms and attitudes are fundamental drivers of gender inequality. According to recent surveys, 30% of Australian men think that gender inequality does not really exist, and 28% agree that women often make up or exaggerate claims of abuse or rape—rates which are significantly higher than most other countries.[14]

Researchers have quantified how gender norms hold Australia's economy back. One study estimated that more egalitarian gender norms would mean 190,000 more women would have jobs, and women's incomes would be 9% higher.[15] Another study estimated that Australia's economy could be about $128 billion larger every year on average if gender norms reflected true gender differences.[16]

In terms of health outcomes:

- Over 30% of women delayed using, or did not use, a medical professional when they needed to (compared to 25% of men).[17]
- A significant number of at-risk women have not had a cancer screening test in the past two years—about a quarter of women aged 50–74 years for breast cancer screening, and a quarter of women aged 25–74 years for cervical cancer screening.[18]

- About one in five Victorian women are obese, with much higher rates in rural Victoria compared to metropolitan areas.[19]
- About 13% of Victorian women smoke daily or occasionally and over half regularly or excessively drink alcohol.[20]

Preventable diseases and poor access to healthcare impose a substantial economic cost, in terms of individual pain and suffering, reduced quality of life, premature death, lower workforce participation and earnings, and direct costs for the health care system. For example, one study estimated that smoking, excess alcohol consumption, obesity and physical inactivity cost Australia almost $50 billion in 2016.[21]

Gender equality also affects women's interaction with the health care system. On a range of measures, women and girls in socioeconomically disadvantaged and marginalised groups continue to experience poorer health outcomes than the general population. Gender norms and stereotypes persist in health and social care settings, and in the continued underinvestment in medical research on women's health issues.

The impact of Women's Health Services

Women's Health Services help to address gender inequality by helping other organisations to influence gender norms and attitudes—for example, they provide training programs (see case study) and help organisations to conduct gender equality impact assessments and action plans (including public sector organisations that are required to do so under Victoria's *Gender Equality Act 2020*).

They also reduce gendered barriers to accessing health care by providing educational materials to women, raising awareness of gendered health inequalities, collecting data on women's population health outcomes (e.g. through the Victorian Women's Health Atlas), and supporting local governments and Local Public Health Units to plan services.

Women's Health Services impact: gender equality

- **$4.9 million was spent on gender equality activities in 2022-23.**
- **5,344 people were directly reached through these activities.**
- **253 partnerships with communities were maintained or expanded.**
- **329 new organisations were reached.**
- **328 related initiatives were delivered by partner organisations.**

This work contributes to achieving the objectives of the Victorian Government's Gender Equality Strategy[22], which outlines the Government's commitment to achieving gender equity and the significant investments it is making across government.

The economic benefits that Women's Health Services deliver through reducing gender inequalities are likely to be large, in terms of better health outcomes and reduced cost pressures on health care and other services. The longer-term benefits include reductions in gendered violence, improved sexual and reproductive health, and better mental health—these benefits are discussed in later sections of this report.

Case study

SUPPORTING DEFINED ENTITIES UNDER THE GENDER EQUALITY ACT

WOMEN'S HEALTH GRAMPIANS (WHG) supports 33 defined entities in its region to meet their obligations under Victoria's Gender Equality Act. Dedicated Regional Consultants provide practical support to defined entities, taking on a 'trusted advisor' role which is highly regarded by partner organisations. These Regional Consultants act as conduits or synthesisers of information from the Commission for Gender Equality in the Public Service, providing practical advice on implementation of Gender Equality Act requirements and supporting staff who are leading or contributing to this work within organisations.

Further, WHG has developed and delivered executive briefings and in-person Gender Impact Assessment training in several locations across the region. WHG also facilitates two networks in the region—one for Local Government entities and one for health services—to increase understanding and application of Gender Equality Act obligations and initiatives.

In an annual survey, defined entities commented positively on the expertise, guidance and support provided to help them complete their Action Plans, and on WHG's assistance in building their understanding of their obligations.

Gendered violence

Women's Health Services help to tackle all forms of violence against women and gender diverse people. Gendered violence is a pervasive social problem that disproportionately harms women.

The evidence

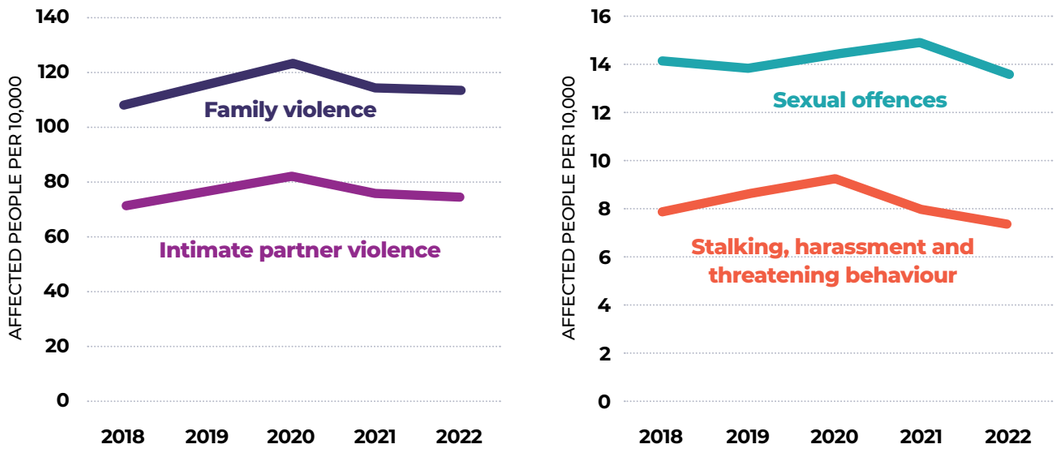
Violence is the single greatest cause of poor health in Australian women aged between 18 and 44 years—contributing more than other risk factors, including smoking, high cholesterol and use of illicit drugs.[23]

Family violence, intimate partner violence and abuse remain widespread in Victoria, even though rates in Victoria are generally lower than the national average.

An estimated 136,400 Victorian women have experienced physical or sexual violence in the past two years. Almost 1 million Victorian women (two in five) have experienced violence since the age of 15, and almost 1.4 million (more than one in two) have experienced sexual harassment since the age of 15.[24]

Over 68,000 incidents of family violence affecting women were reported to Police in Victoria in 2022 (see Figure 4). Almost 8,000 women were victims of reported sexual offences, and nearly 5,000 were victims of reported stalking, harassment and threatening behaviour.[25]

FIGURE 4 RATES OF VIOLENCE AFFECTING WOMEN IN VICTORIA (RECORDED BY POLICE)[26]



Rates of violence against women are lower in Victoria than in other states and territories. In 2022, an estimated 5.3% of Victorian adult women experienced violence in the previous two years, compared to a national rate of 6.6% of women. The rate in Victoria has fallen since 2016, when it was 8.1% and well above the national average of 7.7%.

However, despite a slight decrease in recent years, there was a notable surge in violence during the COVID-19 pandemic and the subsequent lockdowns in 2020. The pandemic overlapped with a rise in both first-time and escalating violence against a substantial number of Australian women, as well as an increase in technology-facilitated abuse.[27]

Some groups of women are known to experience much higher rates of violence, including women in regional and remote parts of Victoria[28], Aboriginal and Torres Strait Islander women (who are 11 times more likely to die from assault than non-Indigenous women)[29], LGBTQIA+ people,[30] women with a disability, and women from migrant backgrounds.[31]

Many incidents of gendered violence are likely to go unreported. This could be due to a combination of stigma and shame, a lack of confidence that reporting will make a difference, and fear for the consequences.

The costs of gendered violence

Gendered violence contributes to poor mental health, problems during pregnancy and birth, alcohol and illicit drug use, suicide, injuries and homicide. It also has large economic costs. This includes pain and suffering, lost productivity, and the costs governments incur in providing justice, health and support services.[32]

Impact Economics and Policy estimates that the costs of violence against women in Victoria exceed $7.7 billion every year. For women who experience violence this year, the costs will exceed $100 billion over their lifetime (see Table 2).

TABLE 2 ESTIMATED COSTS OF VIOLENCE AGAINST WOMEN, VICTORIA, 2023 (BASED ON PREVIOUS ESTIMATES BY PWC)[33]

Type of cost	Annual cost, $m	Lifetime cost, $m
Pain, suffering and premature mortality	3,475	83,434
Health – cost of health services to treat violence and its effects such as depression and anxiety	452	6,240
Production related – lost productivity through absenteeism	679	876
Consumption related – cost of damage to property and belongings, and reduced economies of scale at the household level	1,403	7,395
Administrative and other – other costs to government, including cots of policing, justice and temporary accommodation	1,039	1,707
Second generation – costs to children who were in households experiencing violence	98	357
Transfer costs – changes in economic efficiency due to lost tax and additional welfare payments	595	2,431
Total	**7,741**	**102,440**

The impact of Women's Health Services

Women's Health Services contribute to gendered violence prevention in a range of ways. They partnered with 673 other organisations last financial year to promote the primary prevention of violence—including by raising awareness of violence and its causes, delivering training and seminars, and collecting and disseminating evidence about how different groups of women experience violence and what works to prevent it (see case study). Some Women's Health Services also directly provide support services to women who have experienced violence.

Women's Health Services impact: gendered violence prevention

- **$6.0 million was spent on gendered violence prevention activities in 2022-23.**
- **8,282 people were directly reached through these activities.**
- **221 partnerships with communities were maintained or expanded.**
- **452 new organisations were reached.**
- **459 related initiatives were delivered by partner organisations.**

In doing so, Women's Health Services are helping to realise the Victorian Government's vision to tackle the drivers of violence and build prevention structures and systems. This vision is set out in the *Free from Violence* strategy, which was adopted on the recommendation of the Royal commission into Family Violence in 2016.

The collective impact that Women's Health Services are leading and championing through their primary prevention work may be contributing to Victoria having lower rates of gendered violence than the rest of Australia.

Impact Economics and Policy estimates that Victoria's lower rates of physical and/or sexual violence compared to the national average mean that an estimated **22,000 fewer women** experience violence each year, producing economic savings of **$600 million** a year. The cost savings over a lifetime are almost **$8 billion**.

Case study

TOGETHER FOR EQUALITY & RESPECT

THE TOGETHER FOR EQUALITY AND RESPECT (TFER) partnership is a cross-sector collaboration of organisations in Melbourne's east that have worked together to prevent violence against women since 2012.

Women's Health East acts as the lead and backbone organisation and employs the manager to coordinate and resource the partnership, support collective action across the region, and build the capacity of partner organisations to deliver effective primary prevention activities.

Between 2019 and 2021, the partnership delivered a range of evidence-based health promotion programs and capacity building initiatives to prevent violence against women.

An evaluation of this work found that:

- 12,069 people took part in a TFER activity, such as a project, training or co-design process
- 469,379 people saw, read or heard a gender equality message developed by TFER partners.

The evaluation also found that TFER partners had observed positive changes in knowledge, attitudes and behaviours among their colleagues and participants in prevention programs and initiatives.

It also found that that TFER has built a capable, trained and expert workforce and a mechanism for coordinated and collective action in partner organisations and across multiple settings.

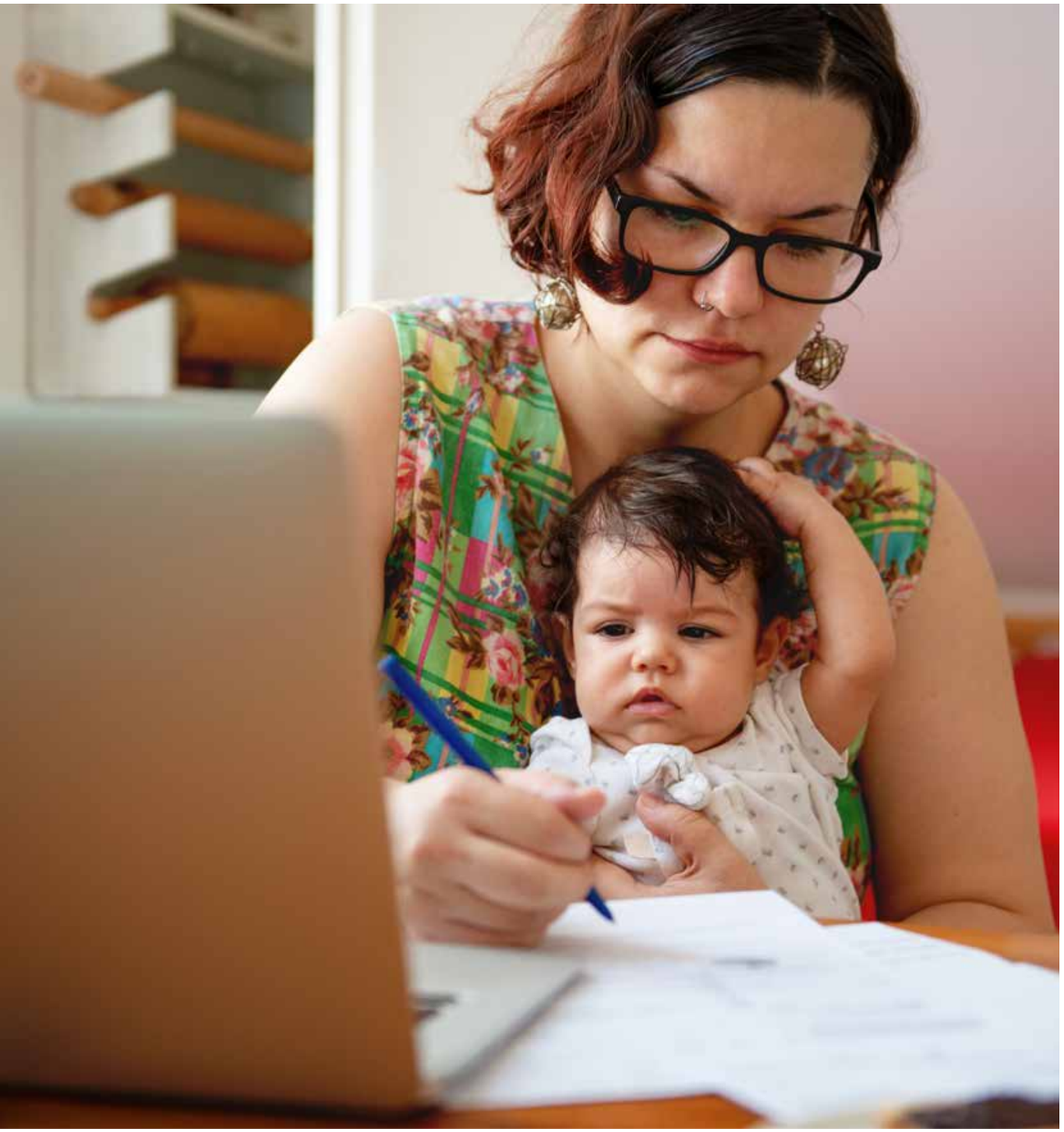
Sexual and reproductive health

Women's Health Services have long championed better access to sexual and reproductive health care for women and girls across Victoria.

The evidence

There are significant disparities in access to sexual and reproductive health care for Victorian women and girls, including unintended and teenage pregnancies, access to contraception and abortion, and rates of sexually transmitted infections:

- **Unintended pregnancy**. About one quarter of adults have experienced an unintended pregnancy (themselves or their partner), according to a national survey.[34] Women who live in rural areas, have a lower socioeconomic position or have experienced sexual coercion are significantly more likely to have had an unwanted pregnancy.
- **Teenage pregnancy**. Rates of teenage pregnancy in Victoria have declined materially over time—from 12.2 live births per 1,000 women aged younger than 20 in the previous two years in 2016, to 8.2 in 2020.[35] These rates are also much lower than the national average—in 2021, 0.38% of Victorian girls aged 15 to 19 gave birth, compared to 0.66% nationally.[36] However, rates are materially higher than the average in regional and rural areas of Victoria, and for Aboriginal and Torres Strait Islander girls.
- **Access to contraception**. Australia has relatively low uptake of forms of long-acting reversible contraception, which is considered more effective than other methods—and Victoria has much lower uptake than other states.[37] There are also big regional differences, which may be explained by access—some types of procedure are only available in Melbourne and large regional centres.[38]
- **Access to abortion**. Abortion is a common, safe and legal medical procedure used to end a pregnancy by medication or surgery. While use of medication abortion services by Victorian females has generally been increasing, the availability of these services varies considerably. Access to services is limited outside metropolitan areas—for example, over 55% of prescriptions for medical abortion through the Pharmaceutical



Benefits Scheme were issued from prescribers in the City of Melbourne local government area. Further, many hospitals do not provide the full suite of sexual and reproductive health services, which impacts on access to abortion particularly for women in rural areas, women in low socioeconomic areas, migrant women, Aboriginal women and women from LGBTIQA+ communities.[39]

- **Sexually transmitted infections**. Rates of chlamydia infection among Victorian women have been falling over time, and rates of gonorrhoea and syphilis have been gradually increasing.[40] Some regional and rural local government areas have rates several times above the average, as do Aboriginal and Torres Strait Islander females, on average. Infections including chlamydia, gonorrhoea and urinary tract infections have a significantly greater impact on women than men in Victoria in terms of years of life lost to death and disability.[41]
- **Reproductive conditions**. Over 12,000 disability adjusted life years (which measure premature death and disability due to a disease) were lost to women in Victoria in 2018 as a result of reproductive conditions including genital prolapse, polycystic ovarian syndrome and endometriosis. By comparison, only 635 disability adjusted life years were lost to men from reproductive conditions.[42]

Poor women's sexual and reproductive health imposes a range of costs on society, including the costs of pain and suffering, expenditure on the health system, lower productivity and workforce participation, and poorer educational and earnings outcomes for children.

For example, chronic pelvic pain suffered by Australian women has been estimated to impose $65 billion in economic costs each year, mainly due to absenteeism and presenteeism.[43] Painful menstruation has been found to affect over 90% of girls and young women, causing many to report difficulty concentrating and many to miss school or study as a result.[44]

The impact of Women's Health Services

Women's Health Services help to empower women and girls to make informed decisions about their sexual and reproductive health. They actively provide trusted information about sexual and reproductive health to women and girls across Victoria in a range of languages, including through community health education programs, social media, and the 1800 My Options free phone and internet service operated by Women's Health Victoria.

By enabling other organisations to deliver better health care, Women's Health Services further advance sexual and reproductive health. They provide training and education to the health workforce about specific health issues (see case study), provide expert advice to local governments and Local Public Health Units, and advocate for greater research on menstrual health, pelvic pain and other under-researched areas of women's health.

Victoria's Women's Health Services also successfully advocated for the decriminalisation of abortion in Victoria and for expanding access to contraception and abortion services across the state.

Women's Health Services impact: sexual and reproductive health

- **$5.1 million** was spent on sexual and reproductive health activities in 2022-23.
- **6,048** people were directly reached through these activities.
- **130** partnerships with communities were maintained or expanded.
- **155** new organisations were reached.
- **230** related initiatives were delivered by partner organisations.

Women's Health Services have driven the development and implementation of the Victorian Government's *Women's Sexual and Reproductive Health Plan 2022-30*. They are helping to achieve the strategy's goals of empowering women to make decisions about their sexual and reproductive health, and to support access to safe high-quality services that are free from stigma, racism and discrimination.

Case study

1800 MY OPTIONS (WOMEN'S HEALTH VICTORIA)

1800 MY OPTIONS is a phone and web-based service operated by Women's Health Victoria. It gives women across Victoria free information about contraception, pregnancy options (including abortion) and sexual health.

The service helps women to access services by drawing on strong partnerships with the sexual and reproductive health sector and maintaining a geo-mappeddatabase of almost 450 trusted health service providers.

Since commencing operations in March 2018, it has supported more than 28,000 callers. In 2020-21, the service supported over 4,000 callers and almost 30,000 website users. It helped to alleviate overall stress and anxiety around access to sexual and reproductive health services during the COVID-19 pandemic.

Extended funding allowed the service to increase its operating hours by two hours each weekday, which was followed by a one-third increase in the number of calls. In 2021-22, 1800 My Options supported 5,500 callers, and in 2022-23 it supported over 7,000 callers and almost 100,000 website users.

An independent evaluation in September 2020 found that the service is unique and integral to the sexual and reproductive health service system. It helps reduce stigma, manage demand, empower clinicians and reach people living in communities where there are additional barriers to access.

Case study

EDUCATING HEALTH CARE PRACTITIONERS ON MEDICAL ABORTION

Several Women's Health Services have run professional development training sessions to improve health care practitioners' understanding of medical abortion.

In April 2023, **Women's Health in the North** (in partnership with **GenWest**, North Western Melbourne Primary Health Network and the Royal Women's Hospital) delivered training on early medical abortion to 42 participants.

The content was developed collaboratively by these organisations as well as local GPs, pregnancy counsellors and sexual health nurses.

Of participants who completed an evaluation survey after the training, 95% said that their confidence to become a provider of early medical abortion increased following the training.

In June 2023, **Women's Health in the East** partnered with **Women's Health Grampians** and **Women's Health in the South East** to facilitate two workshops involving over 60 participants. Almost all participants reported that their learning needs were met and/or they found the content of the workshop relevant to their work. Many participants also reported increased confidence to apply their knowledge of women's sexual and reproductive health as a result of the workshops.

These sessions are likely to have improved women's access to medical abortion.

While it is difficult to quantify the range of benefits this work has achieved, it is clear the Women's Health Services are contributing to sustained improvements in women's sexual and reproductive health.

Impact Economics and Policy estimates that as a result of Victoria having a lower rate of teenage births than the national average, there were over **500 fewer teenage mothers** in Victoria in 2021.

Impact Economics and Policy also estimates that Victoria's lower rates of several sexually transmitted infections among women has led to **2,660 fewer infections** of three STIs, which has saved about **$1.4 million** in lifetime healthcare costs (see Table 5).

TABLE 3 ESTIMATED IMPACT OF LOWER RATES OF STIS AMONG VICTORIAN WOMEN IN 2022[45]

STI	Cases per 10,000 women, Victoria	Cases per 10,000 women, Australia	Avoided infections from Victoria's lower rate	Lifetime health costs avoided ($'000)
Chlamydia	29.9	35.8	1,961	885
Gonorrhoea	5.6	7.4	583	255
Syphilis	1.0	1.4	116	238
Total			**2,660**	**1,378**

Mental health and wellbeing

Women's Health Services are key players in the primary prevention of poor mental health and wellbeing among women. Women disproportionately suffer from poor mental health, which has significant costs in terms of pain, suffering, health care and economic participation.

The evidence

Almost one in five Australians are estimated to experience mental illness in any given year.[46] In Victoria, a survey in 2019 found that:

- one in three (36%) females had ever experienced anxiety or depression
- one in five (19%) said they were diagnosed with anxiety or depression in the last year
- one in four (24%) had sought help for a mental health related problem in the last year
- one in five (21%) had high or very high levels of psychological distress
- one in five (18%) said they had low or medium feelings of life being worthwhile
- one in eight (12%) said they never, or did not often, feel valued by society.[47]

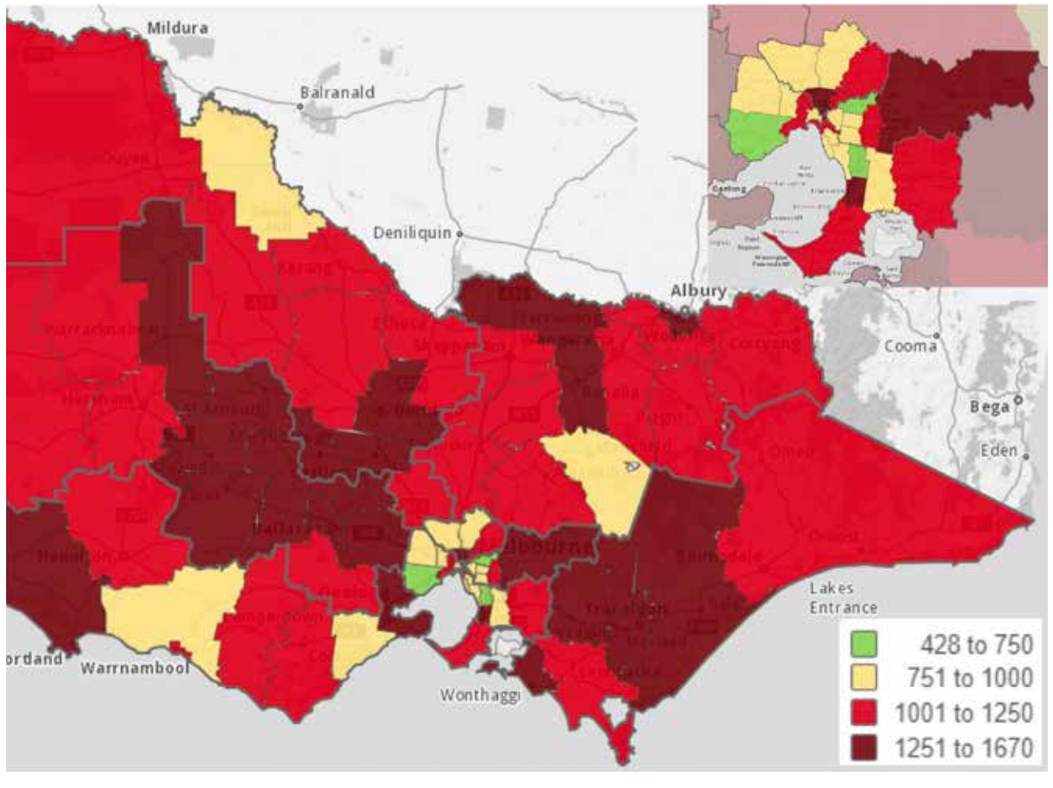
Rates of mental ill-health are likely to have increased further during the COVID-19 pandemic. When the same survey was conducted in 2020, the proportion of Victorian females who were diagnosed with anxiety or depression increased to 38%, and the share reporting high or very high levels of psychological distress increased to 27%.[48] (Data from more recent surveys is not yet available.)

The evidence also shows that some groups experience much higher than average rates of psychological distress, anxiety, depression, mood disorders and/or substance use disorders. Mental ill health is worse, on average, for:

- young women aged between 18 and 24[49]
- women in some regional and rural areas, and areas with lower levels of socio-economic advantage (see Figure 5)[50]
- women and couples experiencing pregnancy
- LGBTQIA+ people
- Aboriginal and Torres Strait Islander people
- people with a disability
- immigrants and refugees who have experienced trauma.

Some of these groups are also disproportionately affected by discrimination and racism, stigma, health inequity, violence and harassment, social isolation and experiences of intergenerational trauma.

FIGURE 5 NUMBER OF WOMEN PER 10,000 POPULATION EVER DIAGNOSED WITH A MENTAL HEALTH CONDITION LASTING 6 MONTHS OR MORE[51]



The costs of poor mental health

The most significant cost is the pain and suffering of people with a mental illness, including diminished health and, in some cases, premature death.

Other costs include expenditure on mental healthcare and treatment (much of which is paid by governments), the cost of the time and effort spent by family members and friends in caring for people with a mental illness, and the costs of lost social and workforce participation by people who suffer mental illness. Poor mental health also reduces work hours and productivity.

Impact Economics and Policy estimates that poor mental health for Victorian women and girls imposes costs in the order of **$36 to $41 billion a year** to the economy and society (see Table 4).

TABLE 4 ESTIMATED ANNUAL COST OF MENTAL HEALTH, VICTORIAN FEMALES (BASED ON PREVIOUS ESTIMATED BY THE PRODUCTIVITY COMMISSION)[52]

Cost category	$ billion per year
Costs to the economy	**7.9 – 12.8**
Healthcare and related expenditure	2.9
Loss of productivity due to lower workforce participation, absenteeism and presenteeism	2.2 – 7.2
Informal care provided by family and friends	2.8
Cost of disability and premature death	**27.7**
Total cost	**35.6 – 40.6**

The impact of Women's Health Services

Women's Health Services help to improve the mental health and wellbeing of women across Victoria through their primary prevention activities, community health promotion and education programs (see case study), and work to build the evidence base for women's health. They also advocate for more gender-responsive mental health services and champion the lived experience of women in policymaking. Much of this work helps to target the socio-economic causes of poor mental health and wellbeing, including gender inequality, a lack of social inclusion, and poor access to health care.

Women's Health Services impact: mental health and wellbeing

- **$3.1 million was spent on mental health and wellbeing activities in 2022-23, with 9 of the 12 women's health services running specific activities in this area.**
- **1,765 people were directly reached through these activities.**
- **143 partnerships with communities were maintained or expanded.**
- **64 new organisations were reached.**
- **104 related initiatives were delivered by partner organisations.**

Their work contributes to meeting the objectives of the Victorian Government's public health and wellbeing plan, which recognises that wellbeing is a key determinant of overall health and supporting higher levels of wellbeing goes beyond just the mental health system.[53] Women's Health Services are also well placed to support the Government's upcoming *Wellbeing in Victoria* plan when it is released in 2023-24.

The impact Women's Health Services are having on mental health outcomes is hard to measure, especially given the influence of the COVID-19 pandemic in recent years. However, even a small contribution to improving mental health and wellbeing will have large economic benefits.

Impact Economics and Policy estimates that preventing long-term mental ill-health would have annual benefits of about **$100,000 per person**. Even a 0.5% reduction in the cost of long-term mental ill-health among Victorian women and girls (for example, by avoiding 1,762 women and girls suffering from a long-term mental health condition) would have economic benefits of about **$178 million** a year.

Case study

WORKFORCE OF MULTILINGUAL HEALTH EDUCATORS (WOMHEN)

THE WORKFORCE OF MULTILINGUAL HEALTH EDUCATORS (WOMHEN) project was established in 2020 during the COVID-19 pandemic. It involves several WHSs and is coordinated and supported by the **Multicultural Centre for Women's Health** (MCWH). Through this program, WHSs deliver in-language evidence-based and culturally safe health education to women from refugee and migrant backgrounds. Since 2021, the project has employed over 50 health educators speaking 22 languages across metropolitan and rural women's health services.

The program has supported thousands of women to make informed decisions about their and their children's health care.

It supports their mental and physical health, including their community and social connections, confidence to access and navigate health and other systems, and confidence to promote healthy relationships within their families and communities.

Achievements in 2022-23 include:

- **GenWest** delivered more than 22 health education sessions, reaching 326 people between the ages of 20 and 85 from over 17 different cultural backgrounds.
- **Women's Health in the North** undertook work to build evidence and recommendations on the mental health challenges of the region's migrant and refugee women in the context of COVID-19 to guide effective community health promotion action.
- **Women's Health East** established a unit delivering evidence-based in-language health promotion to over 470 refugee and migrant women who speak Mandarin and Hakha-Chin. This covered topics such as mental health and wellbeing, healthy ageing, healthy relationships, family communication and how to access local support services.

Women in a changing society

Women's Health Services have been increasingly focusing on the role of women in a changing society and the gendered impacts of climate change and disasters.

The evidence

Climate change, emergencies and disasters often affect women more than men. In times of change and disaster, there can be heightened social pressures to conform to gender stereotypes (e.g. expectations of men to be protectors and providers, and of women to be selfless), leading to a deterioration in gendered inequalities in health, social and economic outcomes.

These social pressures can cause significant harm for women in terms of family violence and poor mental health.[54] There can be costs in terms of personal suffering, health care and lost productivity.

For example, the 2009 Black Saturday bushfires led to a increase in mental health issues (affecting 19% of women) and family violence (affecting 7% of women). The economic costs of these impacts have been estimated to be almost $2 billion.[55]

One study estimated that a flood in Victoria affecting 100,000 people had significant mental health impacts – imposing economic costs of about $260 million.[56]

Family violence increased significantly during the COVID-19 pandemic, with many women being affected for the first time. Family violence support organisations in Victoria reported a large increase in demand from clients who experienced a range of pre-existing other needs (e.g. mental health, financial stress or housing instability) that were exacerbated by the pandemic.[57] Analysis by Impact Economics and Policy found that the increase in family violence imposed over $5 billion in annual economic costs in NSW alone.[58]

The impact of Women's Health Services

'Women in a changing society' is an emerging area of activity for Women's Health Services across Victoria, and is likely to expand as services build and share the evidence base for what works. In 2022-23 there were 4 services delivering specific activities in this area, and in 2023-24 this has increased to 5 services.

Recent activity by several Women's Health Services has involved building the evidence base for how gender and disasters intersect, advocating for a gendered lens in disaster recovery work, and directly assisting community members to adapt to climate change and to lead local adaptation efforts (see case study).

The COVID-19 pandemic demonstrated how disasters can affect women and men differently. Many Women's Health Services have been focused on understanding these gendered impacts of the pandemic and influencing the associated policy responses. Several have also helped to drive better healthcare and vaccination in hard-to-reach communities, such as by upskilling multilingual health educators to support migrant and refugee women.

Women's Health Services impact: women in a changing society

- **$548,000 was spent on women in a changing society activities in 2022-23, with 4 of the 12 women's health services running specific activities in this area.**
- **1,227 people were directly reached through these activities.**
- **27 partnerships with communities were maintained or expanded.**
- **5 new organisations were reached.**
- **42 related initiatives were delivered by partner organisations.**

Ongoing Women's Health Service activity in this area is likely to have significant economic value in light of climate change and the increasing risk of natural disasters. Research by the World Bank has shown that the impacts of natural disasters can be reduced by increasing women's participation in leadership roles and by applying a gendered lens to climate adaptation and to disaster planning, response and recovery.[59]

Case study

SUPPORTING FLOOD RECOVERY

Several Women's Health Services have done work to help women in their regions respond to flooding disasters, with a strong focus on promoting mental health and resilience. These include:

- **Women's Health Loddon Mallee** (WHLM) promoted women's positive mental resilience and social and emotional wellbeing following widespread flooding in the region in 2022. WHLM established partnerships across the region to understand the experiences of women and to identify gaps, opportunities and resources that can support their recovery. It also applied an intersectional lens in centring the voices of women in community flood recovery activities.
- **GenWest** supported migrant and refugee women affected by the Maribyrnong River flooding in 2022. This included identifying ways to help these women to receive health and human rights information, share stories, and receive mental health support pathways.
- **Women's Health Goulburn North East** (WHGNE) undertook a stakeholder mapping exercise to identify 17 partner organisations to work with to support women and families affected by flooding in the region. WHGNE has been collaborating with these partners to provide resources, training and wellbeing pop-up events for the community. This includes providing small grants for local-place based initiatives to respond to locally identified needs, and providing trauma resilience packs to support people working with children and families.

The benefits of higher funding

Despite the Victorian Government's longstanding support of Women's Health Services, their core government funding remained flat for over 30 years since they were established. Over this time, the population of Victorian women more than doubled.

As a result, between 1988 and 2021, core funding for Women's Health Services declined from about $4.35 per woman to $2.07 per woman. This meant Women's Health Services were increasingly stretched and constrained in building their primary prevention work through stakeholder engagement, education and advocacy.

In the 2022-23 Budget, the Victorian Government announced a two-year uplift in funding for the Women's Health Services, which saw their collective funding almost double to just over $20 million a year.

This increased funding has allowed Women's Health Services to scale up many existing activities—and commence new activities—building on their significant evidence base of what works in their regions and communities. They have been able to:

- deepen existing partnerships with other organisations and develop new partnerships;
- build workforce capacity across a greater number of organisations;
- advance inclusive and intersectional health promotion activities across Victoria to help reach more vulnerable and disadvantaged women;
- more effectively support the implementation of Victorian Government policies and strategies;
- attract and retain staff with specialist skills, including by offering longer employment contracts; and
- collectively invest in robust monitoring and evaluation to measure the effectiveness of activities at a policy, practice and outcomes level.

However, the additional funding was only provided for two years, and Women's Health Services funding is now set to revert to its previously low level from 2024-25—unless the Victorian Government takes action to maintain the current, higher funding levels into the future. (see Table 5).

TABLE 5 CURRENT GOVERNMENT FUNDING FOR WOMEN'S HEALTH SERVICES

$m	2022-23	2023-24	2024-25
Base funding	$10.7	$11.1	$11.1
Two-year funding boost	$9.5	$9.6	-
Total	**$20.3**	**$20.8**	**$10.4**
$/woman	**$5.98**	**$6.13**	**$3.06**

Reducing funding back to the prior base level next financial year would see a loss of the momentum, buy-in and opportunity that Women's Health Services have started to realise from the 2022 funding uplift. It would also place 83 women across Victoria at risk of losing employment, including migrant and refugee women who have found employment in Women's Health Services that recognises their lived experience and expertise.

A reduction in funding would also make it harder for Women's Health Services to advance primary prevention activity and contribute to realising the Victorian Government's policy priorities for women's health, gender equality and reducing family violence. It would undermine Victoria's national leadership in advancing the health and safety of women.

Maintaining the momentum

There is a strong rationale for government to invest in public health, gender equality and the prevention of violence, because they have significant and widespread benefits to the whole community.

The 2024-25 Victorian Budget should lock in the current level of Women's Health Service funding and make it permanent. It should also be indexed annually to ensure it keeps pace with projected growth in the population of Victorian women, and in line with inflation—with a one-off 5.45% boost in 2024-25 to reflect higher than usual inflation in the past year. This would match the increase that the Government is giving 800 community and social organisations in 2023-24.

Maintaining current levels of funding in real, per-woman terms will enable Women's Health Services to continue delivering better outcomes for Victoria's women and girls.

TABLE 6 **RECOMMENDED BASE FUNDING FOR WOMEN'S HEALTH SERVICES**

$m	2024-25	2025-26	2026-27	2027-28	2028-29
Total	**24.4**	**25.4**	**26.5**	**27.6**	**28.8**
$/woman	**6.94**	**7.11**	**7.29**	**7.47**	**7.66**

It will allow them to continue investing in more intersectional work to better cater to the needs of Victorian women facing above-average levels of disadvantage and who regularly face discrimination in the health care system, including LGBTQIA+ people, migrant and refugee women, and women with a disability.

It will also allow Women's Health Services to continue building the evidence base for what works in gendered and intersectional health promotion and primary prevention.

Over the longer term, the funding will help ensure that the benefits of Women's Health Services' enhanced primary prevention work are realised. There is strong evidence that addressing the social determinants of women's health requires sustained effort over the long term by a range of organisations working collectively.

Women's Health Services are uniquely positioned to lead and coordinate these efforts in a way that responds to regional and state-wide conditions, priorities and contexts. They know what works and how to deliver it.

Conclusion

Gender inequality comes at a substantial cost. It erodes physical and mental health, fuels family violence, hinders access to essential reproductive services, and obstructs economic growth. Addressing gender inequality through community-based models of primary prevention is a long-term, intergenerational commitment that necessitates sustained government investment.

Victoria's Women's Health Services have been at the forefront of global best practice in women's health since 1987, offering proactive, cost-effective solutions that enhance quality of life and reduce healthcare expenses. However, funding uncertainties threaten the progress they've made.

The impact of these services is evident in the numbers: thousands of women spared from violence, fewer teenage mothers, reduced healthcare costs, and improved mental health outcomes. But, despite recent funding increases, their work remains at risk when the current funding expires.

To safeguard the progress and benefits generated by Women's Health Services, it is imperative to lock in the current level of Women's Health Service funding and make it permanent. Adequately funded Women's Health Services not only advance the well-being of women but also contribute to more inclusive communities, alleviate healthcare costs, and enhance economic growth for all Victorians.

The solution is clear: invest in the future and continue the fight against gender inequality.

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