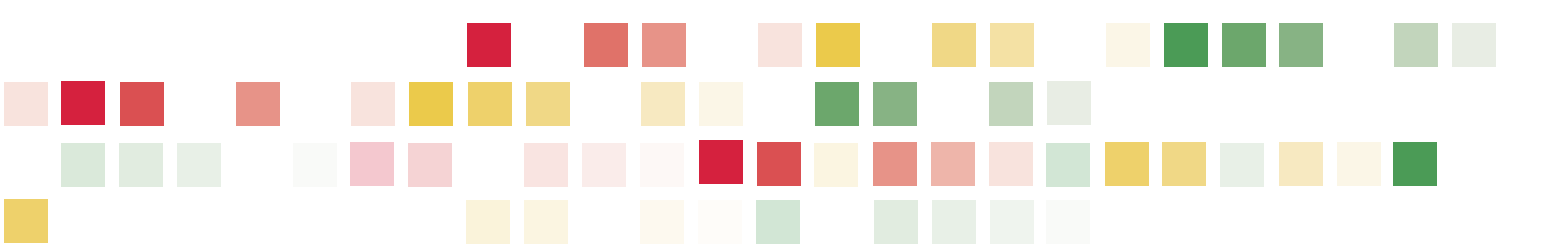




Action for Equity 2018-2022

A sexual and reproductive health
strategy for Melbourne's west



Acknowledgements

Women's Health West and the Action for Equity partnership acknowledge the traditional custodians of the land on which we work, the people of the Kulin Nation, and we pay our respect to Elders and community members past and present. We express solidarity with the ongoing struggle for land rights, self-determination, sovereignty and the recognition of past injustices. We express our hope for reconciliation and justice.

Action for Equity was developed in consultation with partner organisations, specialist organisations and key experts to ensure an inclusive and intersectional approach, acknowledging the diversity of communities in Melbourne's west.

Partners and other organisations who contributed to the development of *Action for Equity: A sexual and reproductive health strategy for Melbourne's west 2018–2022* include:

- Brimbank City Council
- Centre for Culture, Ethnicity and Health
- cohealth
- HealthWest Primary Care Partnership
- Hepatitis Victoria
- Hobsons Bay City Council
- IPC Health
- Maribyrnong City Council
- Melton City Council
- Moonee Valley City Council
- North Western Melbourne Primary Health Network
- Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
- Victorian Government Department of Education and Training
- Women's Health West (lead agency)
- Wyndham City Council

Key experts that were consulted in the development of the strategy include:

- Burnet Institute
- Dr Philomena Horsley, research consultant
- Multicultural Centre for Women's Health
- Positive Women Victoria
- Victorian Government Department of Health and Human Services
- Women with Disabilities Victoria

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Executive summary

Sexual and reproductive health is a human right and a fundamental contributor to people's optimal health and wellbeing (WHO 2010). Victoria's population is statistically among the healthiest in the world; however, the burden of sexual and reproductive health morbidity continues to rise (Department of Health and Human Services 2015). There are increasing rates of sexually transmissible infections (STIs), teenage fertility, unplanned pregnancy and low uptake of contraception (Women's Health West 2016a). These outcomes are influenced by sexual and reproductive health inequities, the term used to describe health inequalities that are socially produced, avoidable, unfair and systematic in their unequal distribution across the population (WHO 2015; VicHealth 2015).

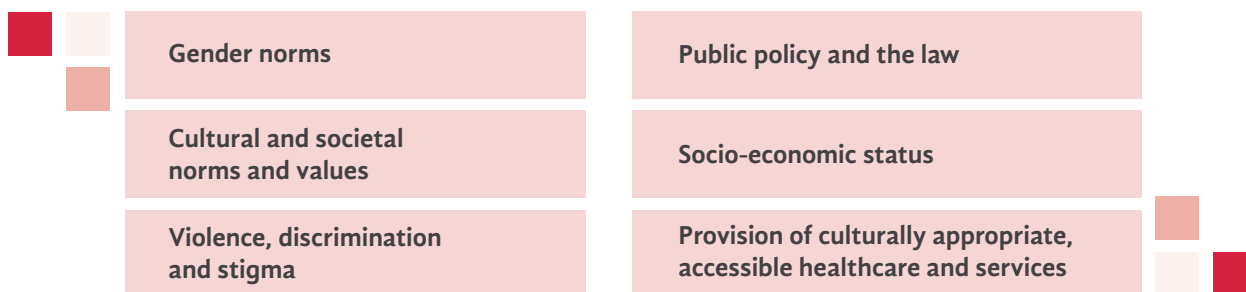
Action for Equity: A sexual and reproductive health strategy for Melbourne's west 2018–2022 is a four-year sexual and reproductive health promotion strategy for the western region of Melbourne, and the successor of *Action for Equity: A sexual and reproductive health plan for Melbourne's west 2013–2017* (Taylor & Vu 2013). It incorporates primary prevention initiatives that work to improve sexual and reproductive health outcomes for the community by redressing the social, cultural and economic drivers of sexual and reproductive health inequities.

Action for Equity's vision is a community where everyone has:

- Freedom to express their gender, sex, sexuality and individuality
- The right to healthy, respectful relationships and a pleasurable sex life
- The right to control decision making, to support active and informed decisions about their sexual and reproductive health free from violence (including reproductive coercion*), stigma and discrimination
- Equitable access to health services and programs that are inclusive and culturally sensitive and appropriate

The Action for Equity framework, which guides planning and action, is informed by the World Health Organization's commission on the social determinants of health (Solar & Irwin 2010), VicHealth's Fair Foundations framework for health equity (VicHealth 2015), and a comprehensive literature review by Deakin University (Women's Health West 2016b). We can promote fairness and opportunity for all communities to achieve better health and wellbeing by redressing the social determinants of sexual and reproductive health inequities. Mutually reinforcing objectives, and long-term strategies across settings and sectors, will generate and maintain the social and cultural change needed to achieve optimal sexual and reproductive health. The strategy also leverages off state government policies and leading practice to set out a regional roadmap and shared vision with a systems-change focus.

Action for Equity's six high-level objectives and 28 strategies align with the social determinants of sexual and reproductive health inequities, which are:



Action for Equity is led by a regional partnership and a backbone organisation - Women's Health West - that support the sharing of resources and knowledge. The strategy enables partners to align efforts under a common agenda, and to identify shared measures by utilising the diverse expertise of a range of sectors. Minimising duplication and fragmentation of health promotion action in this way is crucial for responding to the rapid population growth in Melbourne's west. The strategy is used as an authorising advocacy tool for organisations to prioritise sexual and reproductive health within and beyond their services. More information on governance, planning and evaluation can be found on page 11.

* Refers to reproduction/reproductive health-controlling behaviours by a partner. These may include contraception sabotage, forced pregnancy, limiting access to contraception or abortion, and forced sex (Children by Choice 2018).

History of Action for Equity

Women's Health West, the women's health service for Melbourne's west, has led a regional sexual and reproductive health partnership known as Action for Equity since 2009. The partnership launched *Action for Equity: A sexual and reproductive health plan for Melbourne's west 2013–2017* in 2012: Victoria's first regional sexual and reproductive health promotion strategy (Taylor & Vu 2013).

A governance structure comprising fifteen partner agencies oversaw the implementation of the strategy. The partnership included representatives from the women's and community health sector and local and state government, as well as an Aboriginal community-controlled organisation, ethno-specific organisations, and statewide and specialist sexual and reproductive health services.

Action for Equity's first iteration was visionary and ambitious in nature. The partnership successfully supported organisations to re-orientate and redirect their resources to implement 17 new sexual and reproductive health promotion programs, to enhance numerous existing programs, and to achieve impact across 14 key objectives. Programs were delivered to thousands of community members across the region. The partnership also successfully influenced policy and law reform, commissioned research, undertook sector and workforce development, implemented organisational strategies and plans, and delivered successful social marketing initiatives. The first iteration of Action for Equity was also an effective platform to attract new funds; numerous projects were resourced via a \$200,000 social impact grant from the Helen Macpherson Smith Trust.

A rigorous longitudinal evaluation framework underpinning the strategy's first iteration monitored and evaluated program impacts, as well as the efficiency of the regional partnership (Women's Health West 2017a). Comparable evidence informed methods and frameworks will be utilised in the second iteration, governed by the partnership's senior management committee.

Evidence for action

Sexual and reproductive health profile in Melbourne's west

Melbourne's west is one of Victoria's most vibrant and diverse regions. It is also home to many communities who experience poorer sexual and reproductive health outcomes when compared to the state average (Women's Health Victoria 2018). The following indicators illustrate why action continues to be necessary in Melbourne's west:

- Although there have been advances in testing and treatment, Melbourne's west still lacks specialised sexual health clinical services, despite facing rapid population growth and higher than average rates of sexually transmissible infections (STIs) and teenage fertility (Women's Health Victoria 2018; Australian Bureau of Statistics 2016)
- The asymptomatic nature and increasing rate of STIs such as chlamydia and gonorrhoea in Melbourne's west increase the long-term risk of poor reproductive health outcomes, such as pelvic inflammatory disease, chronic pelvic pain, and infertility (Department of Health 2014)
- People working in the unregulated sex industry in Melbourne's western suburbs have identified violence, exploitation and addiction as factors that influence entry into and continuation of street-based work. Limited access to education, social support networks and stable accommodation challenge sex workers' ability to exercise rights, autonomy and capacity to exit the industry (Women's Health West 2017c)
- Low uptake of cervical screening among those aged 20–24 in the west (as low as 28.7 per cent in some municipalities) highlights the need for health literacy education, culturally appropriate services and increased sector training (Australian Bureau of Statistics 2016)
- Five of the state's 14 prisons and 40 per cent of Victoria's prison population are in Melbourne's west, with a 49 per cent increase in female prisoner populations since 2010 (Corrections Victoria 2015). Prison populations are known to have an increased risk of acquiring STIs and blood-borne viruses (BBVs) (Australian Institute of Health and Welfare 2015)
- Rates of disengagement from formal education or employment among those aged 15–24 are higher in five (of six) local government areas of Melbourne's west than the greater Melbourne average (Atlas ID 2017). This reduces opportunities for education about sexual and reproductive health and respectful relationships.

Policy context

In recent years, the Victorian Government has increased its commitment to sexual and reproductive health promotion through a raft of statewide strategies. These include:

- *Victorian Public Health and Wellbeing Plan 2015–2019*
- *Victorian Hepatitis B Strategy 2016–2020*
- *Victorian Hepatitis C Strategy 2016–2020*
- *Victorian HIV Strategy 2017–2020*
- *Women’s Sexual and Reproductive Health: Key Priorities 2017–2020*
- *Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027*
- *Safe and Strong: A Victorian Gender Equality Strategy*

Action for Equity aligns with and leverages off these strategies, while being tailored to the unique characteristics and demographics of Melbourne’s west. These state strategies provide a greater commitment to collective primary prevention initiatives across a range of sectors and diverse partnerships. They also focus on redressing the social determinants of sexual and reproductive health inequity — such as a strong focus on eliminating stigma and discrimination — while being responsive, intersectional and culturally appropriate. Action for Equity is responsive to the changing policy landscape and to reform agendas, including the roll out of mandated respectful relationships education in Victorian schools.

Research informing the strategy

Action for Equity is informed by a primary prevention approach. Research shows that the burden of disease attributed to sexual and reproductive health is preventable (Temple-Smith & Gifford 2005). Women’s Health West conducted a literature review and analysis of the social conditions that underpin sexual and reproductive health and wellbeing in 2011, which subsequently informed regional practice via the development of a sexual and reproductive health framework (Women’s Health West 2011). The framework identified six social determinants of sexual and reproductive health inequities that must be redressed in order to achieve sustainable and equitable health outcomes.

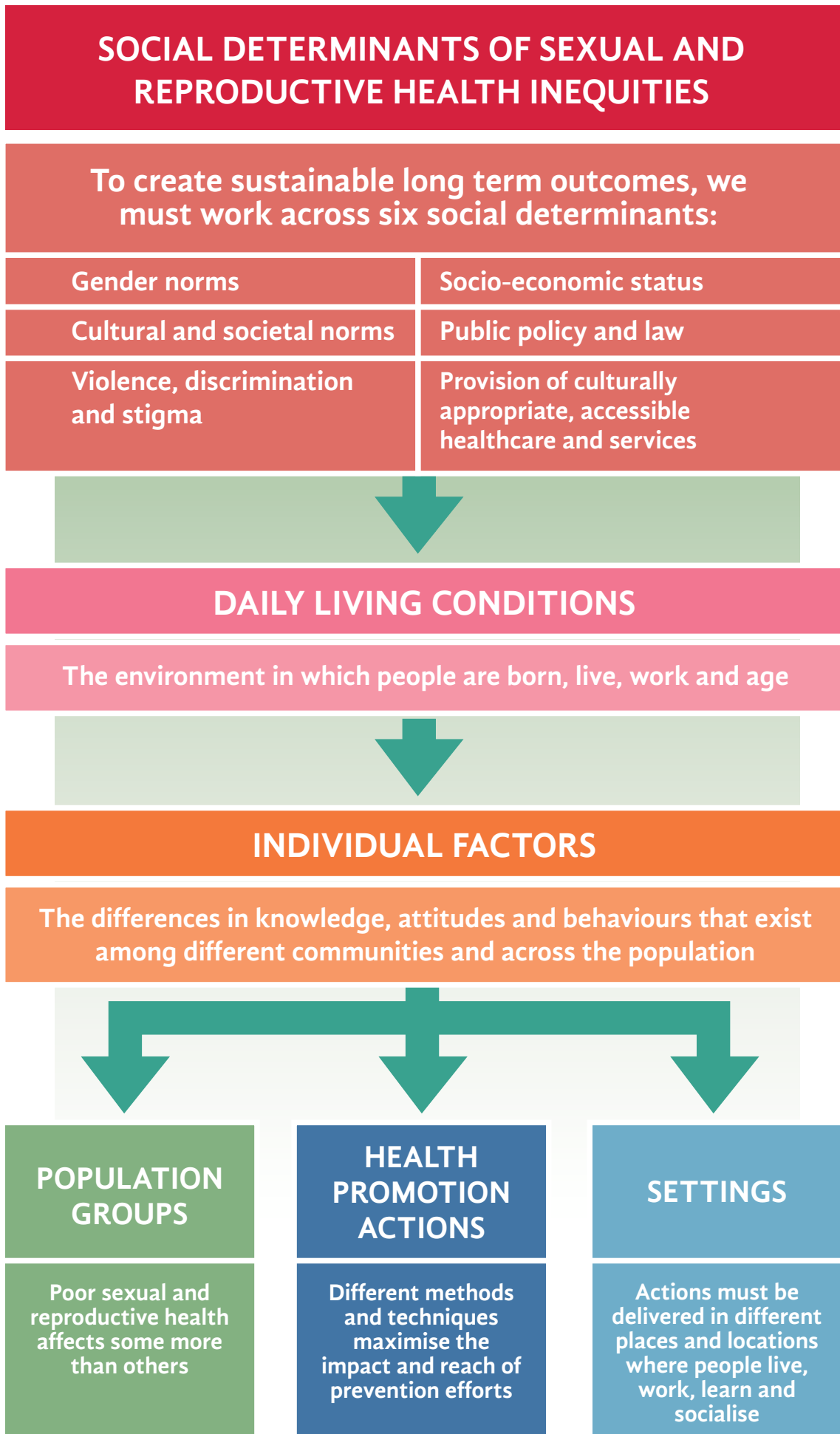
In 2016, the Action for Equity partnership commissioned Deakin University to undertake a rigorous review of the sexual and reproductive health inequities literature to assess the ongoing validity of the framework designed in 2010. This research was an international first and informs the evidence base for this iteration of Action for Equity (Women’s Health West 2016b).



The sexual and reproductive health promotion framework informing Action for Equity 2018–2022

The Action for Equity framework is informed by the World Health Organization’s commission on the social determinants of health (Solar & Irwin 2010), VicHealth’s Fair Foundations framework for health equity (2015), and the aforementioned literature review (Women’s Health West 2016b). The framework is a conceptual and planning tool. Its objectives and strategies are designed to guide action across Melbourne’s west in order to promote fairness and opportunities for all communities to achieve better sexual and reproductive health.

Sexual and reproductive health inequities exist across multiple levels, ranging from the macro (upstream, such as social, cultural and political influences on health) and meso (midstream, such as daily living conditions and experiences) to micro (downstream, or individual level influences). The Action for Equity framework has six key layers of influence detailed further on the following pages.



(Adapted from Women's Health West, 2011)

Social determinants of sexual and reproductive health inequities

Social, political and cultural contexts have a deep and powerful influence on health (Women's Health West 2016b). Supporting literature identifies six key themes to redressing sexual and reproductive health inequities (Women's Health West 2016b). These themes inform Action for Equity's high-level objectives and associated strategies. They are:

- Gender norms
- Cultural and societal norms and values
- Violence, discrimination and stigma
- Socio-economic status
- Public policy and the law
- Provision of culturally appropriate, accessible healthcare and services

Further background on the evidence base for the social determinants of sexual and reproductive health inequities can be found in Women's Health West's (2016b) publication *The health inequities of sexual and reproductive health: A review of the literature*.

Daily living conditions

The framework's mid-stream level of influence considers people's daily living conditions and experiences. Healthcare services, work and employment, education, and early childhood and parenting are all identified as daily conditions or experiences that can contribute to sexual and reproductive health inequities, which negatively impact on the health and wellbeing of individuals.

- Work and employment
- Early childhood and the experiences of parenting
- Education
- Healthcare service provision and delivery

Individual factors

Action for Equity acknowledges that individual differences in knowledge, attitudes and behaviours can compound sexual and reproductive health inequities. These result from the socioeconomic, political and cultural context, as well as daily living conditions and experiences.

- Sexuality and sexual expression
- Consent and violence
- Sexual practices
- Substance use
- Contraceptive practices
- Reproductive practices
- Sexual and reproductive health literacy
- Religious beliefs
- Prevention and screening

Population groups

Poor sexual and reproductive health disproportionately affects certain population groups in Australia, and in Melbourne's west (Women's Health Victoria 2018). Social stratification, the process that assigns individuals to different social positions, can create unequal distribution of power, money and resources (Women's Health West 2017a). The literature identifies a range of population groups that are disproportionately impacted by poor sexual and reproductive health and wellbeing outcomes:

- Women and girls
- Young people
- People living with HIV and other BBVs
- People from refugee and migrant backgrounds
- Aboriginal and Torres Strait Islander communities
- People with a disability
- Sex workers
- Gay, lesbian, bisexual, transgender and gender diverse, intersex and queer communities
- People experiencing homelessness
- Mid-life and older adults
- People who misuse alcohol and other drugs, including injecting drug use
- People in or being released from prison

Health promotion actions

Action for Equity adopts evidence-informed techniques for action to prevent poor sexual and reproductive health outcomes for communities in Melbourne's west (Women's Health West 2017a; Department of Health and Human Services 2017). Actions taken to promote health must involve multi-disciplinary methods and varied techniques, in order to effectively tailor interventions for diverse population groups, which maximises the impact and reach of prevention efforts (WHO 2018a; Our Watch, ANROWS & VicHealth 2015).

- Advocacy
- Policy and legislative reform
- Sector and workforce development
- Inclusive service and program delivery and coordination
- Sexual and reproductive health education and training
- Communication and social marketing
- Community education and capacity building
- Research, monitoring and evaluation

Settings

Effective, responsive and dynamic prevention interventions engage people where they live, work, learn, socialise and play (WHO 2018a). Settings are the places where social and cultural values are produced and reproduced (WHO 2018a). By working across settings and sectors, Action for Equity provides the opportunity for significant influence over the cultural, societal and gender norms, organisational practices and institutional structures that can drive change.

- Education and training institutions
- Health, community and women's services
- Prisons
- Media, arts and popular culture
- Sports and recreation
- Workplaces
- Federal, state and local government

Definitions

Action for Equity is informed by the following definitions of sexual and reproductive health:

Sexual health is a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.²²

Reproductive health addresses the reproductive processes, functions and systems at all stages of life.²³ It implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how to do so.²⁴ Reproductive health is a component of reproductive rights.²³

Reproductive rights refer to the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children, to have the information and means to do so and to attain the highest standard of sexual and reproductive health.²³ It also includes the right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents.²²

Guiding principles and values

- Sexual and reproductive health is a human right, irrespective of gender, sex, age, sexuality, ethnicity, religion and ability
- Actions to promote health must be informed by evidence to be effective
- Sustainable prevention is achieved through multi-sectoral population health interventions and collaborations that redress the social determinants of sexual and reproductive health inequities
- Sexual health and reproductive health have unique aspects but are inherently connected, and must consider sexuality and respectful relationships
- Health promotion initiatives must build on and respond to the needs and strengths of individuals, organisations and communities
- Health promotion programs, information and services must be equitable, responsive, culturally appropriate, respectful and accessible
- Approaches that acknowledge and redress intersecting systems of privilege and oppression (such as socio-economic status, age, ability, ethnicity, sex, gender and sexuality) at a range of levels (individual, structural, institutional) are crucial in ensuring appropriate and accessible sexual and reproductive health promotion programs and services (Women's Health West 2017b)

Vision

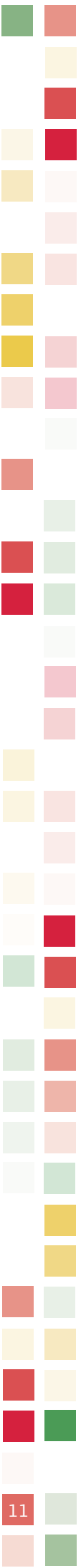
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- The right to control decision making, to support active and informed decisions about their sexual and reproductive health, free from violence (including reproductive coercion), stigma and discrimination
- Equitable access to health services and programs that are inclusive and culturally sensitive and appropriate

Governance, planning and evaluation

The Action for Equity partnership, led by Women's Health West, is responsible for strategic oversight and operational implementation of the strategy, supporting partner engagement, reporting and evaluation. This process is overseen by a senior management committee made up of leaders from partner organisations, and operationalised via practitioner committees and working groups. This strategy will be complemented by annual action plans to support partners to implement the work within their organisations.

Action for Equity is underpinned by a rigorous evaluation strategy that measures the strategy's process, impact and outcomes against its goal, objectives and strategies. This measures partners' influence and impact to generate the social and cultural change needed to achieve sexual and reproductive health equity for communities in Melbourne's west.



Goal, objectives and strategies

The overarching goal of Action for Equity is that ‘the highest standard of sexual and reproductive health for all people in Melbourne’s west is achieved’.

Gender norms

Objective 1: Challenge heteronormative discourses of gender, power and sexuality that privilege cisgender men to the detriment of women, intersex, and transgender and gender diverse (TGD) communities^{†*}

Strategy 1.1: Engage with communities to challenge normative concepts of masculinity and femininity to redress power imbalances associated with people’s sexual expression, identity and decision-making

Strategy 1.2: Increased sexuality and respectful relationships education and training in settings such as youth and justice services, sporting clubs, and education and training institutions

Strategy 1.3: Utilise the media, arts and popular culture to promote diverse understandings of gender, sex, and sexual identities through social marketing and advocacy

Strategy 1.4: Undertake prevention activities that support and promote reproductive rights, choice and shared responsibility for contraception, pregnancy and fertility management

Cultural and societal norms and values

Objective 2: Reduce dominant, pervasive and harmful cultural and societal norms and values that give rise to social stratification and sexual and reproductive health inequities

Strategy 2.1: Undertake community action and education on pornography and ‘revenge porn’ (including non-consensual sexting) that challenges violence-supportive attitudes, norms and practices

Strategy 2.2: Increase culturally appropriate, responsive and accessible sexual and reproductive health programs and information throughout Melbourne’s west, through workforce training and organisational commitment

Strategy 2.3: Challenge cultural norms and systemic discrimination relating to the sexual and reproductive rights of people with a disability through advocacy, workforce development and capacity building

Strategy 2.4: Increase coordination across the Family and Reproductive Rights Education Program (FARREP) to strengthen culturally appropriate services and work with communities to prevent female genital cutting

Strategy 2.5: Increase positive social norms, inclusive policies and service access, to promote and respond to diversity within families and parenting roles

[†] TGD refers to ‘people whose gender identity or expression is different from that which was assigned at birth or that which is expected of them by society’, a definition utilised by Transgender Victoria (2018).

* Extended explanation: men are privileged to the detriment of women; cisgender men and women are privileged to the detriment of TGD and intersex communities; and heterosexual men and women are privileged to the detriment of lesbian, gay and bisexual and queer communities.

Violence, discrimination and stigma

Objective 3: Challenge the norms, practices and structures that condone violence on the basis of gender, sex, sexuality and identity

Strategy 3.1: Ensure Action for Equity aligns with *Preventing Violence Together 2030: Western Region Strategy to Prevent Violence Against Women* (Women's Health West 2017b) to eliminate men's violence against women

Strategy 3.2: Undertake community action and education to decrease violence supportive attitudes associated with sexual violence, sexual harassment and reproductive coercion

Strategy 3.3: Undertake primary prevention and capacity building initiatives in settings such as workplaces and institutions for education and training, sports and recreation, and arts and popular culture, to prevent homophobia, biphobia and transphobia

Objective 4: Reduce sexual and reproductive health stigma and discrimination, and its intersection with forms of oppression, such as sexism, racism, ableism, homophobia, biphobia, transphobia and ageism, and discrimination on the basis of HIV, STI or BBV status

Strategy 4.1: Partner with specialist organisations and communities to reduce external and internalised stigma and discrimination associated with people's HIV, STI and BBV status, injecting drug use and engagement in sex work

Strategy 4.2: Build sector and workforce capacity, including among Action for Equity partners, to deliver sexual and reproductive health prevention practice that is equitable, culturally safe, non-judgemental and intersectional

Strategy 4.3: Undertake social marketing campaigns to reduce stigma and discrimination experienced by communities such as people who inject drugs, people in prison, sex workers, people living with HIV and other BBVs, and other marginalised groups

Socioeconomic status

Objective 5: Create equal distribution of sexual and reproductive health services, resources and opportunities for communities in Melbourne's west

Strategy 5.1: Advocate to local, state and federal government for sexual and reproductive health primary prevention funding in Melbourne's west

Strategy 5.2: Increase affordable, accessible sexual and reproductive healthcare and clinical services in Melbourne's west, including abortion, emergency contraception and other fertility management, HIV prevention, and testing and screening

Strategy 5.3: Advocate for increased research into contraceptive methods for women and men, and for the inclusion of safe and effective contraceptive methods on the Pharmaceutical Benefits Scheme (PBS)

Strategy 5.4: Work in partnership to prioritise sexual and reproductive health program and service provision for marginalised communities

Public policy and the law

Objective 6: Influence and inform social policy and legislative reform that promotes sexual and reproductive health rights

Strategy 6.1: Implement strategies to increase community and workplace awareness of, and accountability to, anti-discrimination legislation pertaining to sex, sexuality, parental status, pregnancy and breastfeeding, gender identity, and marital status

Strategy 6.2: Strengthen regional partnership advocacy and participation in social policy, law reform submissions and inquiries, to protect and uphold sexual health and reproductive rights

Strategy 6.3: Work in partnership with government to advocate, advise and influence the implementation of sexual and reproductive health policies, strategies and initiatives

Strategy 6.4: Advocate for effective harm minimisation strategies, including a medically supervised injecting room in Melbourne's west, to improve access to social, health and therapeutic services for people who inject drugs and reduce the transmission of BBVs

Provision of culturally appropriate, accessible healthcare and services

Objective 7: Increase access to culturally appropriate, inclusive and accessible healthcare and services in Melbourne's west

Strategy 7.1: Advocate for and support the development of a specialist sexual health clinical service in Melbourne's west to meet the needs of the growing population, including cohealth's Sexual and Reproductive Health Hub

Strategy 7.2: Conduct research to explore the experiences of sex workers in the unregulated sex industry to improve sexual and reproductive health equity, including through increasing social and health service access

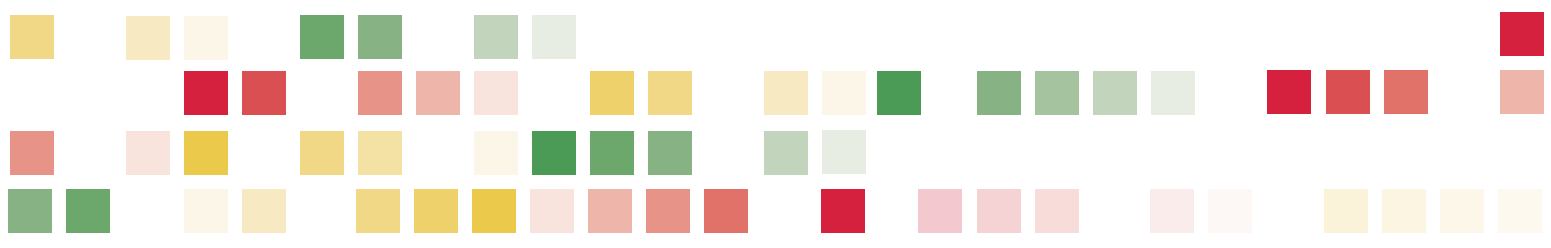
Strategy 7.3: Increase community awareness of and confidence to access sexual and reproductive health services, including screening, testing, treatment and support

Strategy 7.4: Increase Rainbow Tick accreditation⁺ among health and community services, government, sporting and leisure providers, and private businesses, to support safe and inclusive service and program delivery for gay, lesbian, bisexual, transgender and gender diverse, intersex and queer communities

⁺The Rainbow Tick supports organisations to understand and implement LGBTI inclusive service delivery and reassures LGBTI consumers and staff that Rainbow Tick organisations will be aware of, and responsive to, their needs' (Quality Innovation Performance Limited 2018)

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