

Submission to the Commonwealth Government on the new National Women's Health Policy



November 2009

**Council of Social Service of NSW (NCOSS)
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Recommendations

1. NCOSS strongly recommends that the National Women's Health Policy both recognises the valuable role of women's and community health organisations as providers of primary health and community services, and engages with them in the planning, development and delivery of those services.
2. NCOSS recommends the funding of pregnancy options counselling and support services for women.
3. NCOSS recommends that planning should be undertaken with State and Territory governments to improve transport for health as an essential component of increasing access to health services.
4. NCOSS recommends that strong consumer and community engagement should be a driving force behind the design and delivery of all health services. Actively engaging women as consumers of health services and supporting women to become producers at all levels of health services (from policy developers, managers, administrators and direct care providers) is a key mechanism to make the health system more responsive to the specific needs of women.
5. NCOSS recommends that the National Women's Health Policy should formally recognise and support the role women's and community health NGO's play in both making the health system more responsive to the specific needs of women, and promoting the participation of women in health decision making and management. This requires the Government to actively engaging women's and community health NGO's in policy and service development, and the provision of adequate, sustainable funding.
6. NCOSS recommends that Women's health NGO's are engaged as partners with Government in the development of preventative health policies and strategies. NGO health services offer an alternative to clinical and medical models of health care and provide a greater focus on health promotion and prevention¹. This is recognised in the NSW Community Health Review undertaken by the University of Wollongong
7. NCOSS recommends the use and development of existing resources, including a review of the existing data and research, before new research is commissioned to sure the most efficient use of program resources.

¹ Williams A, *A Healthy NSW: the valuable role of NGOs - Exploring the valuable role the not for profit community services sector plays in the NSW Health system (draft)*, Council of Social Service of NSW (NCOSS), Sydney, 2009.

Endorsements

1. NCOSS also endorses the submission of the Australian Women's Health Network² and supports the 24 recommendations regarding the new National Women's Health Policy.
2. NCOSS strongly endorses the National Women's Health policy being developed on a social determinants of health approach in order to create a fairer and more equitable society.
3. NCOSS endorses the five priority areas for action proposed by the Australian Women's Health Network of: economic health and well-being; mental health and well-being; preventing violence against women; sexual and reproductive health; and improving access to health services.

² Australian Women's Health Network, *Submission to the Commonwealth Government on the New National Women's Health Policy*, Australian Women's Health Network, Melbourne. July 2009.

About NCOSS

The Council of Social Service of NSW (NCOSS) is an independent non-government organisation (NGO) and is the peak body for the non-government human services sector in NSW.

NCOSS has as its vision a society where there is social and economic equity, based on cooperation, participation, sustainability and respect. NCOSS works with its members on behalf of disadvantaged people and communities towards achieving social justice in New South Wales.

It was established in 1935 and is part of a national network of Councils of Social Service, which operate in each State and Territory and at Commonwealth level. NCOSS membership is composed of community organisations and interested individuals. Affiliate members include local government councils, business organisations and Government agencies.

Through current membership forums, NCOSS represents more than 7,000 community organisations and over 100,000 consumers and individuals. Member organisations are diverse; including unfunded self-help groups, children's services, youth services, emergency relief agencies, chronic illness and community care organisations, family support agencies, housing and homeless services, mental health, alcohol and other drug organisations, local indigenous community organisations, church groups, peak organisations and a range of population-specific consumer advocacy agencies.

NCOSS' approach to health advocacy and policy

NCOSS convenes a number of forums and Policy Advice Groups to inform our work and engage the expertise and views of the sector. One such forum is the Health Policy Advice Group (HPAG). The NCOSS HPAG consists of peak and state-wide consumer and community non-government organisations that advise NCOSS on health policy issues, particularly access and equity issues for low-income and disadvantaged groups.

NCOSS believes that health policy and systems need to be based on principles that recognise health as a human right, the social determinants of health, and the importance of strengthening the role of the community and consumers in the development and delivery of health services.

The World Health Organisation Constitution states that: "The enjoyment of the highest attainable standards of health is one of the fundamental rights of every human being without the distinction of race, religion, political belief, economic or social condition."ⁱ

More specifically, the United Nations have explained that seeing health as a human right can be understood as:

*"The right to... an effective and integrated health system encompassing health care and the underlying determinants of health, which is responsive to national and local priorities, and accessible to all. Underpinned by the right to health, an effective health system is a core social institution, no less than a court system or a political system."*ⁱⁱ

Simultaneously, an approach based on the social determinants of health recognises that the cultural, social and economic environment in which people live shapes their health, and that inequalities in these areas leads to inequalities in health. Recognising the social determinants of health as a principle in the development and delivery of health and other human services builds on the recognition of health as a human right, and facilitates a process of integrated service delivery.

NCOSS also believes that across health policy and service delivery the community generally, and consumers of health services more specifically, should be involved in all aspects of health care design, from individual to systemic levels. Consumer engagement is essential to the development and delivery of accessible, effective, appropriate and patient-centred health services that lead to positive health outcomes.

These principles form the foundation of the work NCOSS undertakes in relation to advocacy and policy in Health.

Introduction

NCOSS welcomes the opportunity to provide input into the development of a new National Women's Health Policy and to comment on the Consultation Discussion Paper, *Development of a New National Women's Health Policy*³.

The development of a health policy specifically for women both affirms and addresses women's distinct health needs. These needs include specific risk conditions and behavioural risk factors, the types of conditions they experience, the symptoms of those conditions, and the appropriate responses to address those needs.

NCOSS has made comments on a number of issues in response to the guidance consultation questions.

NCOSS also endorses the submission of the Australian Women's Health Network⁴ and supports the 24 recommendations regarding the new National Women's Health Policy.

Overall Comments

Social determinants of health

NCOSS welcomes the recognition of the social determinants of health in the Consultation Discussion Paper. There is a significant body of international and national evidence⁵ that demonstrates how addressing the social determinants of health in health

³ Department of Health and Ageing. *Development of a New National Women's Health Policy: Consultation Discussion Paper 2009*. Canberra, 2009.

⁴ Australian Women's Health Network, *Submission to the Commonwealth Government on the New National Women's Health Policy*, Australian Women's Health Network, Melbourne. July 2009.

⁵ See for example, Commission on Social Determinants of Health, *Closing the gap in a generation: Health equity through action on the social determinants of health*, World Health Organisation, Geneva Switzerland, 2008. Or Health Promotion Journal of Australia, Social Determinants of Health Edition, Volume 17, Number 3, December 2006.

policy and services can reduce health inequities between both women and men, and also between different groups of women.

NCOSS therefore strongly endorses the National Women's Health policy being developed on a social determinants of health approach in order to create a fairer and more equitable society.

Multi-faceted, inter-sectoral approach

NCOSS supports the position of the Australian Women's Health Network that successfully reducing health inequalities requires action beyond the immediate health system⁶. It requires a multi-faceted, inter-sectoral approach that engages government departments, agencies, organisations and the community at the local, state and national levels. It must be driven by strong leadership and enforced through regular performance monitoring and accountability frameworks.

The report by the World Health Organisation, *Health Equity through Intersectoral Action*, warns that whole of government approaches may be limited in their capacity to influence social determinants of health and promote healthy lifestyles if such initiatives are not supported by comprehensive, ground up initiatives at local levels.⁷ However the study also indicated that Non-Government Organisation's (NGO's) can play a significant role in supporting inter-sectoral action across government and non government health initiatives.⁸ This is due to their ability to bring attention to health inequities and offer expertise in the planning and development of concrete strategies.⁹

NCOSS therefore strongly recommends that the National Women's Health Policy both recognises the valuable role of women's and community health organisations as providers of primary health and community services, and engages with them in the planning, development and delivery of those services.

Priorities for the National Women's Health policy

NCOSS endorses the five priority areas for action proposed by the Australian Women's Health Network of: economic health and well-being; mental health and well-being; preventing violence against women; sexual and reproductive health; and improving access to health services.

In relation to sexual and reproductive health, NCOSS strongly supports the removal of Abortion from the Crimes Act. NCOSS believes that Abortion is a medical procedure and should be regulated in the same way as all other medical procedures. The moral

⁶ Recommendation 1 in the Australian Women's Health Network, *Submission to the Commonwealth Government on the New National Women's Health Policy*, Women's Health NSW, Sydney, 2009, p18.

⁷ *Op cit* pg 111

⁸ WHO, 2008, *Health Equity through Intersectoral Action: An analysis of 18 country case studies*, Geneva, last accessed 27 August, 2009,

http://www.who.int/entity/pmnch/topics/health_systems/healthequity_who/en/index.html

⁹ *Op cit*, pg. 11

issues associated with abortion, in a plural society, are best left to the woman and her partner to manage in line with their own needs, medical advice and values.

The 2003 Australian Survey of Social Attitudes which canvassed the views of a random sample of 4,219 Australian voters (discussed in Betts 2004) found that 81% of those surveyed believed a woman should have the right to choose whether or not she has an abortion. This finding has been replicated in other recent studies

A lack of access to pregnancy options is frequently raised with NCOSS in consultations with NGO's. Increasing upfront costs and difficulties obtaining a termination from public hospitals has a disproportionate affect on women who are socio-economically disadvantaged, particularly young women and women in rural and regional areas who often face additional transport and accommodation costs to access termination services.

NCOSS recommends the funding of pregnancy options counselling and support services for women.

In relation to access health services, NCOSS would also submit that a key barrier for many women (and men) in accessing health services is a transport. This is a particular issue for Aboriginal and Torres Strait Islander people, people living in rural and remote areas, and single mothers who face barriers such as geographical distance to increasingly consolidated services, a lack of public transport, high cost of private transport, and high demand for Transport for Health services.

NCOSS recommends that planning should be undertaken with State and Territory governments to improve transport for health as an essential component of increasing access to health services.

Comments on guidance questions

1. Gender Equity

NCOSS supports a social determinates of health approach as an important way to progress gender health equity in Australia. According to the Women and Gender Equity Network, "*Gender relations of power constitute the root causes of gender inequality and are among the most influential of the social determinants of health.*"¹⁰ It also notes that addressing gender health inequities reduces overall health inequalities and therefore results in a more efficient use of resources.¹¹ NCOSS therefore re-iterates the comments of the Australian Women's Health Network that it is important that both sex and gender be recognised as a social determinant of health.

NCOSS would also draw the Department's attention to the seven priorities for action to address gender inequity in health identified in the report of the Women and Gender

¹⁰ Sen G, Östlin P, George A, *Unequal, Unfair, Ineffective and Inefficient Gender Inequity in Health: Why it exists and how we can change it. Final Report to the WHO Commission on Social Determinants of Health*, Women and Gender Equity Knowledge Network, 2007.

¹¹ Sen G, Östlin P, George A, *Unequal, Unfair, Ineffective and Inefficient Gender Inequity in Health: Why it exists and how we can change it. Final Report to the WHO Commission on Social Determinants of Health*, Women and Gender Equity Knowledge Network, 2007.

Equity Knowledge Network to the Commission on Social Determinants of Health.¹²
These are:

1. Address the essential structural dimensions of gender inequality
2. Challenge gender stereotypes and adopt multilevel strategies to change the norms and practices that directly harm women's health
3. Reduce the health risks of being women and men by tackling gendered exposures and vulnerabilities
4. Transform the gendered politics of health systems by improving their awareness and handling of women's problems as both producers and consumers of health care, improving women's access to health care, and making health systems more accountable to women
5. Take action to improve the evidence base for policies by changing gender imbalances in both the content and the processes of health research
6. Take action to make organisations at all levels function more effectively to mainstream gender equality and equity and empower women for health by creating supportive structures, incentives, and accountability mechanisms
7. Support women's organisations who are critical to ensuring that women have voice and agency, who are often at the forefront of identifying problems and experimenting with innovative solutions, who prioritise demands for accountability from all actors, both public and private, and whose access to resources has been declining in recent years.¹³

NCOSS recommends that strong consumer and community engagement should be a driving force behind the design and delivery of all health services. Actively engaging women as consumers of health services and supporting women to become producers at all levels of health services (from policy developers, managers, administrators and direct care providers) is a key mechanism to make the health system more responsive to the specific needs of women.

Women's and community health NGO's can play a key role in facilitating the participation of women in health decision making and management. In many NGO's clients participate in management structures, program development and delivery. The submission by Women's Health NSW notes that Women's Health Centres in NSW promote the participation of women in, "...*debate and decision-making about health issues, their own health care, health service policy, planning, delivery and evaluation.*"¹⁴

¹² Sen G, Östlin P, George A, *Unequal, Unfair, Ineffective and Inefficient Gender Inequity in Health: Why it exists and how we can change it. Final Report to the WHO Commission on Social Determinants of Health, Women and Gender Equity Knowledge Network, 2007.*

¹³ Sen G, Östlin P, George A, *Unequal, Unfair, Ineffective and Inefficient Gender Inequity in Health: Why it exists and how we can change it. Final Report to the WHO Commission on Social Determinants of Health, Women and Gender Equity Knowledge Network, 2007.*

¹⁴ Women's Health NSW, *Submission to the Commonwealth Government on the New National Women's Health Policy, Women's Health NSW, Sydney, 2009.*

A recent research report by NCOSS into the role of not for profit community services in the NSW Health system highlighted a number of ways that health NGO's, including women's and community health NGO's, facilitate client participation.¹⁵ Many NGO's deliver services through a client centered or community development model. This results in services and programs that are shaped and modified to meet the unique needs of individuals, families and communities. According to the Australian Council of Social Service, community organisations are generally better equipped to respond to a full range of client needs in a flexible way.¹⁶ Women's and community health NGO's are therefore well-placed to assist in the development of appropriate, targeted policies and programs.¹⁷

The social justice and equity focus of many women's and community health NGO's means that they have strong links with marginalised and disadvantaged women who are traditionally hard to reach and who may not access mainstream public health services. By giving space to or representing the voice of these women in the community, and through individual and systems advocacy, women's and community health NGO's provide a mechanism for the participation of these groups of women who would otherwise not be represented in the formal healthcare system.¹⁸

NCOSS recommends that the National Women's Health Policy should formally recognise and support the role women's and community health NGO's play in both making the health system more responsive to the specific needs of women, and promoting the participation of women in health decision making and management. This requires the Government to actively engaging women's and community health NGO's in policy and service development, and the provision of adequate, sustainable funding.

2. Health equity between women

NCOSS strongly supports the Australian Women's Health Network recommendation that the health and well-being needs and experiences of vulnerable groups of women be specifically addressed in the new National Women's Health Policy.¹⁹

NCOSS also submits that in addition to the groups of women identified to be at higher risk of a range of health problems in the Consultation Discussion Paper²⁰, there are a number of other groups of women who experience significant health inequalities that

¹⁵ Williams A, *A Healthy NSW: the valuable role of NGOs - Exploring the valuable role the not for profit community services sector plays in the NSW Health system (draft)*, Council of Social Service of NSW (NCOSS), Sydney, 2009.

¹⁶ Wren, T, 2009, *Submission to the Productivity Commission: Study into the Contribution of the Not for Profit Sector*, Australian Council of Social Services, Strawberry Hills

¹⁷ Williams A, *A Healthy NSW: the valuable role of NGOs - Exploring the valuable role the not for profit community services sector plays in the NSW Health system (draft)*, Council of Social Service of NSW (NCOSS), Sydney, 2009.

¹⁸ Williams A, *A Healthy NSW: the valuable role of NGOs - Exploring the valuable role the not for profit community services sector plays in the NSW Health system (draft)*, Council of Social Service of NSW (NCOSS), Sydney, 2009.

¹⁹ Recommendation 4 in the Australian Women's Health Network, *Submission to the Commonwealth Government on the New National Women's Health Policy*, Women's Health NSW, Sydney, 2009, p25.

²⁰ The groups identified in the Discussion Paper to be at higher risk of a range of health problems are Aboriginal and Torres Strait Islander Women, immigrant and refugee women, women from disadvantaged backgrounds, women from rural and remote areas, and women with a disability including mental illness.

should be addressed in the National Women's Health Policy. These include single mothers, lesbian and bisexual women, women carers, older women and young women and are explored in more detail below.

Single mothers

ABS figures show that women comprise the vast majority of one-parent families in Australia, at around 87% in 2006.²¹ The report found that, "...compared with other family types, one-parent families are considered to be at a higher risk of disadvantage, for example, in income, housing, employment and social participation."²²

The National Council of Single Mothers and their Children notes that many single mothers have also experienced domestic violence in previous relationships and may continue to be subjected to domestic violence even after separation.²³ According to the Parenting Research Centre single mothers are also twice as likely to experience depression as women who have partners due to the challenges of parenting, social isolation and stigma and discrimination in the community.²⁴

Lesbian and bisexual women

Lesbian and bisexual women may experience lower health outcomes than heterosexual women due to a combination of lifestyle choices associated with health risk factors, such as smoking and alcohol consumption, and through the effects of discrimination which can lead to avoidance of routine healthcare, under-diagnosis, and reduced access to services.²⁵

ACON, a community-based gay, lesbian, bisexual and transgender (GLBT) health and HIV/AIDS organisation, notes that lesbian and same-sex attracted women have specific healthcare needs that have traditionally not been addressed by the health system²⁶. These include sexual health, reproductive health and parenting, mental health, substance use, and same-sex violence^{27 28}. NCOSS notes ACON's expertise in this area and refers the Department to ACON's *Lesbian Women's Health Strategy 2008 – 2011* for more information

²¹ Australian Bureau of Statistics, *Australian Social Trends 2007 One-Parent Families*, Catalogue no. 4102.0, Canberra, 2007.

²² Australian Bureau of Statistics, *Australian Social Trends 2007 One-Parent Families*, Catalogue no. 4102.0, Canberra, 2007.

²³ Toni Greenwood, *Capacity Building & Social Inclusion of Marginalised Single Mothers*, National Council of Single Mothers & their Children Inc, Adelaide, 2009.

²⁴ Parenting Research Centre, *Information Sheet: The Single Mothers Information Project*, Accessed: 16 November 2009 at <http://www.parentingrc.org.au/staging/files/06062008100620SingleMothersBP.pdf>

²⁵ Ruth P McNair, 'Lesbian health inequalities: a cultural minority issue for health professionals', *Medical Journal of Australia*; Volume 178, pp643–645, 2003.

²⁶ ACON, *Turning Point – ACON Lesbian Women's Health Strategy 2008 – 2011*, Sydney, 2008

²⁷ Ruth P McNair, 'Lesbian health inequalities: a cultural minority issue for health professionals', *Medical Journal of Australia*; Volume 178, pp643–645, 2003.

²⁸ Ruth P McNair, 'Lesbian health inequalities: a cultural minority issue for health professionals', *Medical Journal of Australia*; Volume 178, pp643–645, 2003.

about the specific health needs and appropriate strategies for lesbian and same-sex women.

Women carers

Women comprise the majority of informal carers in Australia, accounting for 54% of all carers and 71% of all primary carers.²⁹ Yet they also have worse mental health and poor health status compared to other women.

According to the recent report on Australia's Welfare by the Australian Institute of Health and Welfare³⁰, women carers are significantly more likely to report poor health status than females of an equivalent age. Women carers also report significantly worse mental health and vitality;

"...the differences between the mental health scores of female carers and those of females in the general population were particularly noteworthy and does suggest that caring affects female carers' mental health more adversely than for male carers."³¹

As well as noting the significant health impacts of caring on women, the study also found that many female carers experienced considerable social disadvantage (such as isolation) and financial disadvantage (from reduced work hours or lost employment opportunities) that was frequently related to gender.³²

Women Prisoners

In the 2001 Justice Health Inmate Health Survey 55% of the women who responded had been subjected to at least one type of abuse in a relationship in the past 12 months. However 69% of women said that they had been involved in a violent relationship and 35% indicated that they had been in two or more such relationships.³³ There are also a high proportion of women prisoners who have a history of harmful drug and alcohol use - 1/3 of women from one sample drank alcohol to a harmful extent and 74% of women had used illicit drugs regularly in the 12 months prior to prison.³⁴ Women prisoners also have high levels of mental health concerns.

²⁹ Australian Institute of Health and Welfare 2009. Australia's welfare 2009. Australia's welfare series no. 9. Cat. no. AUS 117. Canberra: AIHW.

³⁰ Australian Institute of Health and Welfare 2009. Australia's welfare 2009. Australia's welfare series no. 9. Cat. no. AUS 117. Canberra: AIHW.

³¹ Australian Institute of Health and Welfare 2009. Australia's welfare 2009. Australia's welfare series no. 9. Cat. no. AUS 117. Canberra: AIHW, p225

³² Australian Institute of Health and Welfare 2009. *Australia's Welfare 2009*. Australia's Welfare Series No. 9. Cat. no. AUS 117. Canberra: AIHW, p219.

³³ Law and Justice Foundation, *Taking Justice in to Custody: The legal Needs of Prisoners*, Access to Justice and Legal Needs, Vol 5, July 2008, p.21.

³⁴ Law and Justice Foundation, *Taking Justice in to Custody: The legal Needs of Prisoners*, Access to Justice and Legal Needs, Vol 5, July 2008, p.22.

Older women

Older people generally experience a disproportionate share of the 'burden of disease' in Australia. In 2003, people aged 75 and over made up 6% of the total population yet experienced 25% of the total burden³⁵.

In 2008, women accounted for over two-thirds of the people aged 85 years and over. The Australian Institute of Health and Welfare notes that due to longer life expectancy older women have high rates of severe disability and are at risk of social isolation and financial hardship.³⁶

Younger women

The Consultation Discussion Paper identifies a range of health risk behaviours that tend to be more prevalent amongst young women, including smoking, alcohol use, self-harm and inconsistent use of contraception³⁷. It also identifies that anxiety and depression is the leading burden of disease for women aged 15 – 24 years at over 30%.³⁸

3. Focus on Prevention

NCOSS supports the inclusion of a health prevention approach in the new National Women's Health Policy. Increased health prevention and promotion programs and services are key to reducing the increasing demands and financial cost of the acute health care system.

NCOSS recommends that Women's health NGO's are engaged as partners with Government in the development of preventative health policies and strategies. NGO health services offer an alternative to clinical and medical models of health care and provide a greater focus on health promotion and prevention³⁹. This is recognised in the NSW Community Health Review undertaken by the University of Wollongong.⁴⁰

4. A strong and emerging evidence base

NCOSS welcomes the commitment to developing policies and strategies for women's health based on a strong and emerging evidence base.

NCOSS reiterates the comments by the Australian Women's Health Network that there is considerable existing data and evidence on a range of women's health issues that

³⁵ Australian Institute of Health and Welfare, *Australia's Welfare 2009*, Australia's Welfare Series No. 9. Cat. no. AUS 117. Canberra, 2009.

³⁶ Australian Institute of Health and Welfare, *Australia's Welfare 2009*, Australia's Welfare Series no. 9. Cat. No. AUS 117. Canberra, 2009.

³⁷ Department of Health and Ageing, *Development of a New National Women's Health Policy Consultation Discussion Paper 2009*, Commonwealth Government, Canberra, 2009, p7.

³⁸ Department of Health and Ageing, *Development of a New National Women's Health Policy Consultation Discussion Paper 2009*, Commonwealth Government, Canberra, 2009, p3.

³⁹ Williams A, *A Healthy NSW: the valuable role of NGOs - Exploring the valuable role the not for profit community services sector plays in the NSW Health system (draft)*, Council of Social Service of NSW (NCOSS), Sydney, 2009.

⁴⁰ Eagar, K et al. 2008, *Community health at the crossroads: which way now? Final report of the NSW Community Health Review* Centre for Health Service Development, University of Wollongong

should be compiled and reviewed before additional new research is commissioned. NCOSS would refer the Department to the submission of Women's Health NSW in relation to the Women's Health State-wide Database⁴¹ as an example of existing resources that can be used to underpin the development of women's health programs and services.

NCOSS recommends the use and development of existing resources, including a review of the existing data and research, before new research is commissioned to sure the most efficient use of program resources.

5. A life-course approach

NCOSS makes no comments on this issue.

Conclusion

NCOSS would like to thank the Commonwealth Government for the opportunity to provide this submission.

For inquiries or further information in relation to this submission, please contact Solange Frost, Senior Policy Officer (Health) NCOSS on 02 9211 2599 ext. 130 or solange@ncoss.org.au.

ⁱ World Health Organisation Constitution, available at:
http://www.who.int/entity/governance/eb/who_constitution_en.pdf

ⁱⁱ UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of mental and physical health, 2006

⁴¹ Women's Health NSW, *Submission to the Commonwealth Government on the New National Women's Health Policy*, Women's Health NSW, Sydney, 2009, p15.