



Australian Government

Department of Health and Aged Care

National Women's Health Advisory Council

TERMS OF REFERENCE

A significant body of research has identified there are important health disparities between men and women. Women and girls are at greater risk of poorer health outcomes across a range of common health conditions. This is particularly true for women and girls who face additional disadvantage – including First Nations women, the LGBTIQ+ community, migrant and refugee communities and those who live in rural and remote regions.

The Australian Government has committed to deliver a National Strategy to Achieve Gender Equality, which will be led by the Minister for Women Katy Gallagher. Improving women's health and wellbeing will be a crucial pillar of this Strategy. To do this, addressing sex and gender differences within the health system is a high priority for the Government.

The National Women's Health Advisory Council (the Council) will provide strategic advice and recommendations directly to Government on how to improve the nation's health system to provide better, more targeted and effective healthcare for Australian women to ensure improved health outcomes, reduce health complications post treatment and provide a more effective investment in the nation's health.

In doing so, the Council will provide advice on the implementation of the National Women's Health Strategy 2020-2030 (Strategy), which outlines a national approach to reducing inequalities and improving health outcomes for all women and girls. The Strategy highlights the significance of gender as a key determinant of women's health and wellbeing and aims to strengthen gender equity and enhance women's and girls' engagement with the health system.

The Council will deliver annual reports to Government on its progress and provide clear recommendations to improve health outcomes for Australian women and girls. The Government may seek advice from the Council at any time outside of annual reporting.

The Council will also identify key performance indicators, targets, and data sources to assess and evaluate improvements or declines in women's health across the health system to advance implementation of the National Women's Health Strategy 2020-2030.

Membership

Representatives are invited to participate for an initial period of 3 years from 2022-2023 to 2024-25. Members may nominate a proxy to attend meetings provided details of the proxy are advised to the Secretariat at least one day prior to the Council meeting.

Roles and responsibilities

The Council will provide advice to the Australian Government on priority issues facing the health of women and girls in Australia, progress on implementation of the Strategy and recommendations for action.

The National Women's Health Advisory Council will provide advice and recommendations to improve women's health outcomes and access to information, healthcare and services. Its remit will include issues such as:

- Differences between the sexes in treatment, health outcomes and Australian Government funding within the health system.
- Approaches to consideration of sex and gender in health and medical research and clinical trials. In particular, medical research for health conditions that impact women and girls, and opportunities to improve fit-for-purpose representation in research, clinical trials and investigational testing and distribution of research funding, with a focus on ensuring women have improved health outcomes where disparities exist.
- The evidence base for treatment, management and diagnosis of health conditions where outcomes are known to differ by sex and/or gender, and how sex and gender bias impacts health outcomes, such as delayed diagnoses for women and girls across a wide range of conditions and diseases, including but not limited to ADHD and autism, endometriosis and cardiovascular disease.
- Appropriate engagement and co-design with consumers to identify issues and support research, including taking into account the lived experiences of women navigating the healthcare system, including differences between the sexes with respect to treatment of pain and medical consent.
- Mechanisms for policy, practice and regulation to incorporate sex and gender sensitive approaches to support the safety, efficacy and quality of medical devices, diagnostic tools and clinical guidelines and treatments, including prescription of medication.
- Measures to improve health and wellbeing outcomes for women in priority populations, such as First Nations women; lesbian, bisexual, transgender, intersex and queer people; culturally and linguistically diverse people; lower socio-economic; regional and remote communities; and those with a lived experience of disability.
- Accessibility and affordability of sexual and reproductive healthcare, addressing health issues across the life course including menstruation, contraception, medical and surgical terminations, fertility and pregnancy care, and menopause.
- Opportunities to reduce clinician bias through health workforce training and education.
- Areas for improvement in health policies, guidelines and health promotion tools to improve health literacy of women and girls, particularly in areas where there is significant difference in disease presentation, progression or product utilisation by sex or gender.
- Advice on the development of a monitoring and reporting framework to guide National Women's Health Strategy 2020-2030 implementation and collection of data against this framework to assess and evaluate implementation progress.

The Council's work will complement existing Commonwealth initiatives that aim to address sex and gender bias in the health system, including through the National Health and Medical Research Council and the Therapeutic Goods Administration's Women's Health Products Working Group. The Council may also consider whether there is scope to leverage existing state and territory initiatives towards a national approach.

Duties of the Chair

The Assistant Minister for Health and Aged Care, the Hon Ged Kearney MP, will Chair the Council. Where the Chair is absent, the Minister may appoint a deputy chair from the committee or refer the chair to Deputy Secretary for Primary and Community Care, Department of Health and Aged Care.

The Chair and Chair's representative:

- approve the agendas for meetings;
- direct business of Committee meetings;

- promote participation by members during meetings; and
- approve and publish the meeting communiqué.

Advisers

- Advisers will contribute topic-specific knowledge and share relevant research in their area of expertise.
- Advisers may be invited to select meetings at the discretion of the Chair or the Chair's representative.

Observers and attendees

- Observers and other attendees may be invited at the discretion of the Chair or the Chair's representative.
- Observers and other attendees may be invited to speak on a specific topic or item.

Meetings

- The Council will meet four times a year face-to-face, or virtually as determined by the Chair or Chair's representative. Additional meetings may be scheduled at the discretion of the Chair or the Chair's representative.
- Out of session papers may be circulated with approval of the Chair or Chair's representative and shall be recorded in the minutes of the next scheduled meeting.
- Meeting papers will be circulated electronically two to five business days in advance of scheduled meetings, unless agreed by the Chair.
- The Committee adopts a consensus approach to developing advice and recommendations.
- A communiqué will be issued after a meeting of the Council. The communiqué will be prepared by the Secretariat and cleared through all Members, prior to being issued at the discretion of the Chair. All communiqués will be posted on the Department of Health and Aged Care website.

Secretariat

- Secretariat functions will be performed by the Department of Health and Aged Care.
- The Secretariat will circulate action items and meeting outcomes to Council members and the Chair within 10 business days following a meeting.