



WRANA
WOMEN'S RIGHTS ACTION
NETWORK AUSTRALIA

Working for Women's Human Rights

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Re: Inquiry into Therapeutic Goods Amendment (Repeal of Ministerial responsibility for approval of RU486) Bill 2005

Thank you for the opportunity to present this submission.

The Women's Rights Action Network Australia (WRANA) supports the repeal of the Ministerial responsibility for approval of RU486, and supports, as an alternative a medically-based examination by the Therapeutic Goods Administration.

Over the past three years WRANA has consulted with women across Australia as we have prepared an alternative report to the Australian Government's Fourth and Fifth Periodic Report on the implementation of the Convention on the Elimination of All forms of Discrimination Against Women (CEDAW). The CEDAW Committee will review this report on 30 January 2006.

The CEDAW Shadow Report, prepared by WRANA and endorsed by 101 women's and community organisations, identified that access to RU486 was an important issue for women across Australia, particularly those in rural and remote areas. On the basis of consultations (in four different languages) with over 1000 women, representing many more women who used their services, our report recommended that RU486 be made available in Australia.

Please find attached the pages addressing reproductive health from our report. The full report is available at www.wrana.org.au

Kind regards,

Caroline Lambert
Co-Convenor, National Working Group on the CEDAW Shadow Report
WRANA Board Member

Positive Developments

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Reproductive health

Abortion law reform in the last 10 years has strengthened women's right to access safe and legal abortions in Western Australia (1998) and Tasmania (2001). In 2002 the Australian Capital Territory removed all references to abortion from its Criminal Code. Emergency contraception, or the "morning after" pill, was recently made available for over-the-counter, non-prescription purchase, for women and girls over the age of 14, increasing its availability as an emergency contraceptive. See recommendation in relation to reproductive health in "challenges in implementing Article 12".

Challenges in implementing Article 12

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Reproductive Health

- The ACT is the only state to have fully decriminalised abortion
- All other states contain provisions on abortion in their criminal law (in four jurisdictions laws are still based on the UK *Offences Against the Person Act 1861*)
- SA, the NT, WA and Tasmania have legislation which prescribes conditions for abortion, which must be met for an abortion to be considered legal. In all circumstances, conditions relate to perceived risk to the woman
- Victoria, NSW and Queensland rely on common law interpretations of the criminal law to make abortion available

In five jurisdictions, abortions are commonly available up to 20 weeks (Qld, NSW, Victoria, SA, WA). In Tasmania and the NT abortions are commonly available up to 14 weeks. In the ACT there are no legislative restrictions on access to abortions.

Abortions after the time frames specified above are increasingly subject to a strict and cumbersome set of procedures. For example, in WA after 20 weeks of pregnancy, two medical practitioners from a panel of six appointed by the Minister have to agree that the mother or unborn child has a severe medical condition. These abortions can only be performed at a facility approved by the Minister.¹

In 2005, the Director of Public Prosecutions in NSW initiated legal action against a doctor for performing what it has been claimed is an unlawful abortion. This is the first prosecution since 1973.

Access to abortion is limited by financial constraints, age and place of residence:

- Medicare provides funding for termination of pregnancy, although Children by Choice note that the Medicare rebate does not cover the full costs of service provision. As such, many women must pay between \$160 to \$600 for a first trimester abortion. This does not constitute equal access to TOP as asserted by the government
- Young women face additional barriers to accessing abortion, particularly if they are under 16
- Place of residence has a tremendous impact on access to abortion. For example:
 - In Queensland, abortions are only available in private clinics

¹ Children by Choice, "Website: Australian Abortion Law and Practice, [Http://Www.Childrenbychoice.Org.Au/Nwww/Auslawprac.Htm](http://www.Childrenbychoice.Org.Au/Nwww/Auslawprac.Htm)," (2005).

- In all other states/territories, abortions are available in private clinics and to a limited degree in public hospitals (though these lists are often quite small and the demand outstrips the supply)
- For the most part, private clinics are located in capital cities
- In Tasmania, while abortions are available in the public health system, women must travel to Hobart to obtain an abortion in a private clinic, and women reported that travelling to Melbourne is a common option
- Abortions are only available in Darwin and Alice Springs in the Northern Territory
- Access to abortion in rural and regional WA is severely constrained

In early 2005 members of the Australian Government (including the Minister for Health) made comments in relation to removing Medicare payments for terminations. In October 2005 two backbenchers from the Coalition Parties renewed calls for RU486 to be made available in Australia.

CEDAW Committee consideration of the issue

The issue of abortion was considered in the initial report and the second periodic report. Questions concerned access for young women to abortion, harmonisation of family-planning, contraception and abortion policies, and dissemination of information on family planning and abortion facilities.

We recommend that the CEDAW Committee

- Advise state/territory governments that abortion should be decriminalised in all jurisdictions.
- Call for increase Australian Government funding for termination of pregnancy (TOP), to address the growing gap between the Medicare Rebate and the cost of service provision
- Recommend that the Australian and state/territory governments should examine schemes to address the barriers to access of sexual health services and education faced by women in rural, regional and remote areas
- Recommend that the Australian Government should positively consider lifting the ban on the importation of RU 486 and take positive steps to support its importation and sale in Australia