



Public Health Association
AUSTRALIA

***Submission on Australian Institute of
Health and Welfare Amendment
(Assisted Reproductive Treatment
Statistics) Bill 2019***

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Preamble

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public's health in Australia.

The PHAA works to ensure that the public's health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people's health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.



Public Health Association
AUSTRALIA

The current inquiry into the Bill

PHAA policy

PHAA welcomes the opportunity to provide input to the Committee's consideration of the *AIHW Amendment (Assisted Reproductive Treatment Statistics) Bill 2019*.

PHAA believes that women and men should be empowered with adequate fertility and preconception health-related knowledge to enable informed reproductive decisions. Fertility and preconception health promotion should be an intrinsic part of women's and men's sexual and reproductive health and family planning education.

Assisted Reproduction services are becoming an increasing reality for many Australian families. This creates a growing need for quality customer knowledge about ART technology and ART services in Australia.

However a 2019 national survey of Australian men and women aged 18 to 45 years who were planning to have a child found that:

- the majority of people underestimated, by about 10 years, the age at which male and female fertility starts to decline
- the majority also had inadequate knowledge of when in the menstrual cycle a woman is most likely to conceive
- about 40% were unaware of the adverse effects of obesity and smoking on fertility.¹

Furthermore, an international study found that most people overestimate the effectiveness of ART.²

Family-centred preconception health services should offer tailored, individualised support prior to conception to both healthy couples and those with complex, chronic illnesses. Health promotion programs and campaigns should include information about the impact of lifestyle factors on fertility and reproductive outcomes.

PHAA believes that research should be undertaken to inform fertility and preconception health promotion strategy development, implementation and evaluation of outcomes.

Research should also be undertaken on how to improve the uptake of preconception care guidelines by health professionals, such as the recent RACGP and RANZCOG guidelines and gauge women's and men's attitudes towards preconception care.

Further information on PHAA's position can be found in our [Fertility and Preconception Health](#) policy position statement.

The Bill

PHAA believes strongly in the principle of empowerment of people over their health care decisions. The Bill touches directly on this principle in regard to ART services. The Bill would require the collection of data on –

- how many women underwent procedures at the clinic
- which assisted reproductive treatments they received
- the age of each woman, the number of resulting clinical pregnancies
- the number of resulting live births.

All of this information will assist clients to make optimal health choices.

PHAA submission on the AIHW Amendment (Assisted Reproductive Treatment Statistics) Bill 2019

It is unusual to specify a particular domain of data collection in the charter legislation of the AIHW. However, the ART sector is an unusual sector. There have been consistent concerns about the collection and promotion of performance information, which is vital to customers who are operating under crucial constraints of time in accessing effective services.

The concerns also indicate a serious problem with voluntary performance data collection by the sector. As the introductory speech for the Bill notes, “In 2016, ACCC took IVF clinics to task for publishing misleading claims about their success rates - such as using their higher clinical pregnancy rates rather than live birth rates.”

Data is collected under the Australian and New Zealand Assisted Reproduction Database (ANZARD) process, but this is only high-level outcome data, and is not of specific use to guide client decisions on a case-by-case basis.

The effective operation in the United States since 1992 of the ART Success Rates database, published by the Centers for Disease Control and Prevention (CDC) proves that such performance data collection is both possible and effective. The Bill would help bring similar information to Australian clients.

PHAA therefore supports the current Bill.

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References

1. Alteri A, Pisaturo V, Nogueira D, D'Angelo A. Elective egg freezing without medical indications. *Acta Obstet Gynecol Scand.* 2019;98(5):647-52.
2. Hammarberg K, Setter T, Norman RJ, Holden CA, Michelmore J, Johnson L. Knowledge about factors that influence fertility among Australians of reproductive age: a population-based survey. *Fertil Steril.* 2013;99(2):502-7.