

1. PURPOSE AND SCOPE

This document provides an overview of Sexual Health Victoria's (SHV) advocacy framework, which supports the planning and mapping of advocacy plans. This framework accompanies the SHV Advocacy Plan 2024-2028.

This framework applies to all SHV employees, Board and Board committee members, contractors, volunteers, students and trainees.

2. FOUNDATIONS OF SHV ADVOCACY

Advocacy forms a critical part of achieving SHV's vision *for all people to enjoy optimal sexual and reproductive health and wellbeing*. Advocacy can take on many forms and there is no set way to advocate for change. There are considerable complexities involved in changing systemic policy, legislation and funding. Advocacy frequently involves working against long-entrenched values, attitudes and opinions, customs and established systems. Therefore, careful consideration is needed to develop methods of advocacy that consider the issue from all angles, have clear and feasible objectives, and address the potential barriers to change.

SHV advocacy is based on a human rights-based approach. As stated in the World Health Organisation (WHO) Constitution, *"the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition"* (WHO, 2020). SHV advocacy is founded on human rights-based understandings that:

- SRRH is a human right, creating legal and financial obligations on state/national government to ensure all people can access timely, acceptable and affordable SRRH care and education.
- Health policy and funding must prioritise the needs of those experiencing the strongest barriers to SRRH care and education, to enable equity of access and engagement. This includes, but is not limited to, Aboriginal and Torres Strait Islander, LGBTIQ+, disabled, culturally and linguistically diverse, and regional, rural and remote communities.
- Key stakeholders are meaningfully involved in planning, co-design and enactment of advocacy efforts to ensure they are driven by evidence, expertise and lived experiences.

WHO (2023) identify four core components of the right to health. As applied to SRRH, these are:

- **AVAILABILITY:** Sufficient quantity of public SRRH care and education facilities, goods and services to eliminate existing gaps in coverage, including health and education workforce and geographical rurality.
- **ACCESSIBILITY:** SRRH health and education facilities, goods and services are accessible to all people. This includes four intersecting dimensions: inclusion (non-discrimination), physical accessibility, economic accessibility (affordability) and information accessibility.
- **ACCEPTABILITY:** SRRH care and education services and facilities are ethical, person-centered and cater to the specific needs of diverse communities.
- **QUALITY:** SRRH care and education are based on evidence-based best practice and adhere to medical and educational legislation, policy and regulatory requirements. Key components of quality include: safety, efficacy, person-centeredness, timeliness, equity, efficiency and integration with other health and educational services.

3. SHV'S ADVOCACY PLANNING FRAMEWORK

SHV draws on Young and Quinn's (2012) Advocacy Planning Framework (APF) to strengthen our advocacy efforts. The APF is a practical, multidimensional planning tool based around three pillars, with the core overlap between them representing the strategic focus for advocacy efforts (refer to Figure 1).

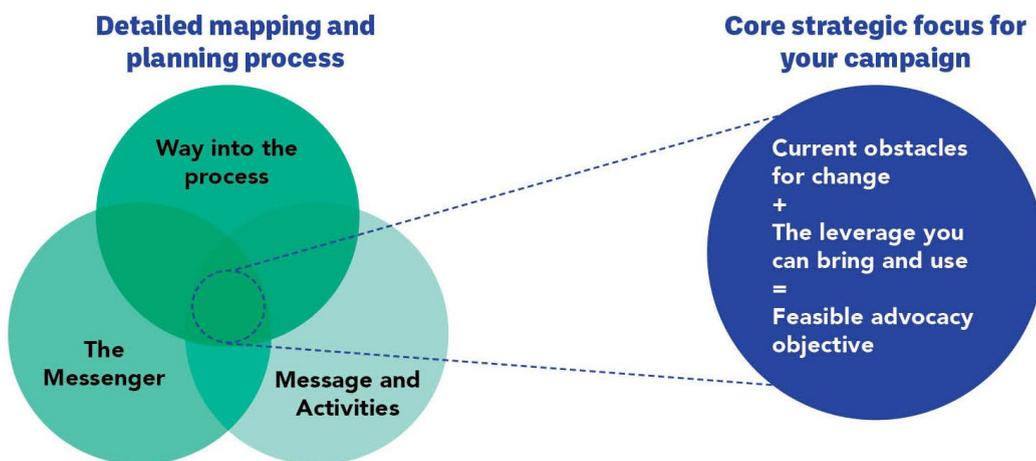


Figure 1. Advocacy Planning Framework (APF; Young & Quinn, 2012).

4. SHV'S APPROACH TO ADVOCACY

SHV utilises various strategies to advocate for positive change in sexual and reproductive health and education. Whilst we will always strive to use cooperative and respectful strategies, we will also be courageous and confrontational. Our approach will be evidence-based and values-driven, and based on the advocacy objectives, desired outcomes and barriers to achieving these outcomes (Figure 2).

SHV's goal for 2024-28 is to place stronger focus on cooperative and evidence-based advocacy, by continuing to share our expertise and strengthen our relationships with key decision makers.



Figure 2. SHV advocacy activities and goals, based on Young and Quinn's (2012) APF.

5. STAGES OF STRATEGIC ADVOCACY

The APF outlines a clear process for planning advocacy initiatives (see Figure 3 below). This process is designed to strengthen advocacy efforts and increase the likelihood of positive change.

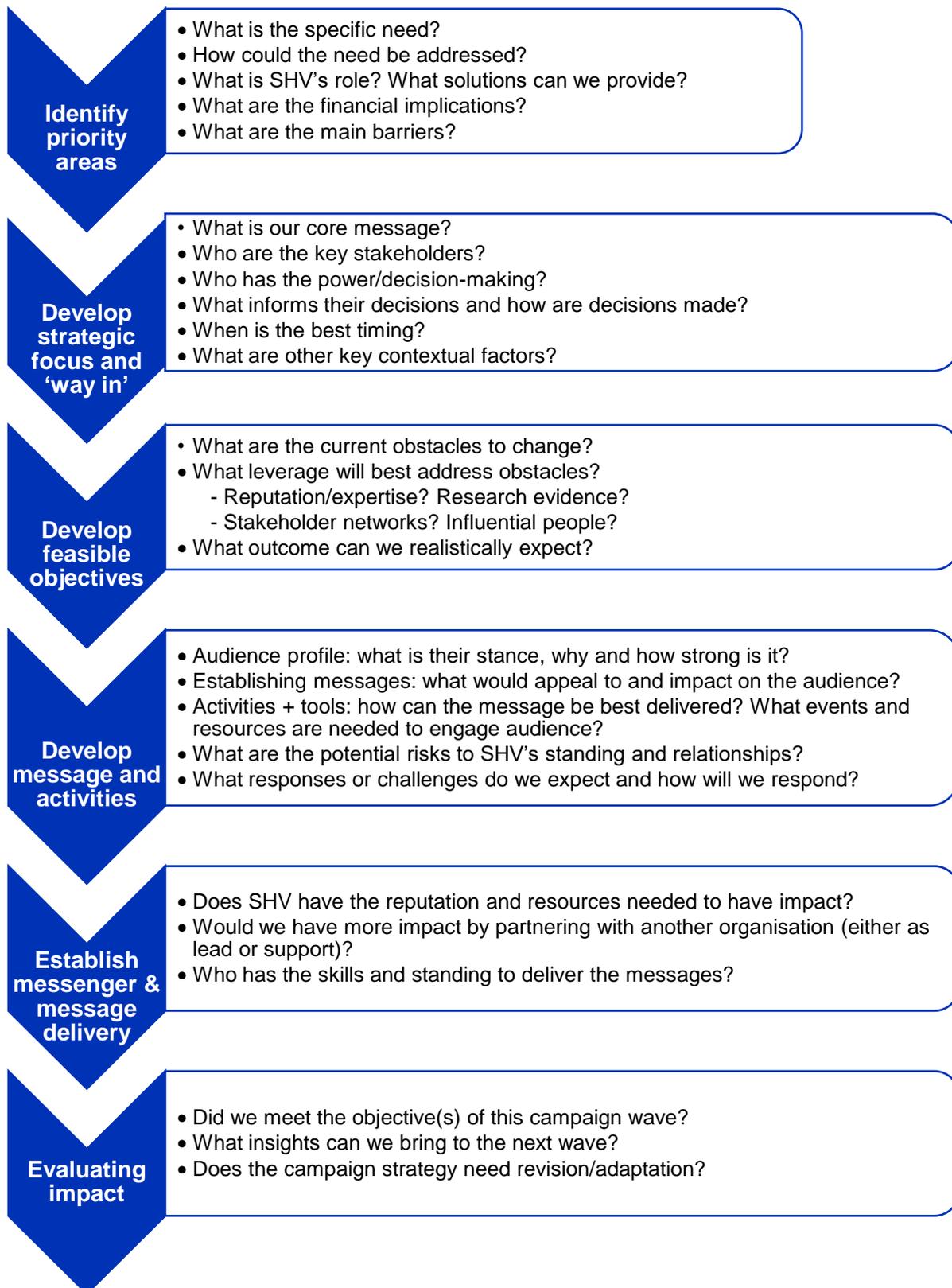


Figure 3. Stages of advocacy.

All SHV advocacy efforts will continue to be founded on:

- The latest evidence, professional expertise and lived experiences
- Collaboration with other organisations and community groups to enact change
- Cooperation with government and regulatory bodies
- A human rights approach that supports all people to experience optimal health and wellbeing, and make health decisions that are right for them

6. COMMUNICATION TOOLS

A range of communication methods can be used to increase the potential impact of advocacy efforts. The recommended types of communication for specific target audiences are outlined in Figure 4 below.

Types of advocacy communication tools targeting specific audiences

Target Audiences	Experts	Informed non-experts	The general public
Written	<ul style="list-style-type: none"> • Policy studies • Research papers • Working Papers • Police reports • Policy-oriented journal articles 	<ul style="list-style-type: none"> • Policy briefs, memos and fact sheets • Newsletter • Policy reports 	<ul style="list-style-type: none"> • Op-ed articles in newspapers • Letters to newspapers • Ads, banners, posters, t-shirts, stickers
Oral	<ul style="list-style-type: none"> • Conference presentations • Less formal presentations at one-to-one meetings or lobbying • Presentations to working groups and public hearings 		<ul style="list-style-type: none"> • Radio and TV programs • Public meetings and hearings • Speeches to the public
Audio visual		<ul style="list-style-type: none"> • Documentary videos • Advocacy based advertising 	
Information & Communication Technology	<ul style="list-style-type: none"> • Dedicated advocacy websites 	<ul style="list-style-type: none"> • E-mail campaigns • Dedicated advocacy websites or pages • Social networking sites: Facebook, Twitter • SMS/text campaigns 	
Communication Tools each Audience is Exposed to			

Figure 4. Methods of communication (Young & Quinn, 2012).

7. SHV RELATED DOCUMENTS

- SHV Strategic Plan 2023-28.
- SHV Advocacy Plan 2024-2028

8. REFERENCES

- Young, E., & Quinn, L. (2012). Making research evidence matter. A guide to policy advocacy in transition countries. Open Society Foundations: Budapest, Hungary.

Document Control	
Document Title:	SHV Advocacy Framework 2024-28
Document Number:	REA-FRW-001
Version no:	2
Responsible Officer/ Department:	Research, Evaluation and Advocacy
Written/updated by:	Dr Cat Kirby Head of Research
This version changes:	<ul style="list-style-type: none"> • Updated to new format • Addition of document scope • Additional information included about foundations of SHV advocacy
Approved by:	Caroline Mulcahy Chief Executive Officer
Approval Date:	27 NOV 2024
Next Review Date:	01 NOV 2026