Appendix 1

Associations between some chronic conditions and incontinence

- Chronic diseases are the leading cause of disability and are responsible for 9 in every 10 deaths in Australia.[1]
- Cardiovascular disease, cancer, chronic obstructive pulmonary disease and T2DM responsible for three quarters of these.[1]
- Three quarters of Australians over the age of 65 have at least one chronic condition that puts them at risk of serious complications and premature death.[2]
- The following table from the Australian Institute for Health and Welfare (AIHW 2014) identifies:
    - (i) chronic long-term conditions that are commonly managed by GPs,
    - (ii) those that most commonly cause death,
    - (iii) those that are the greatest burden of disease, and (iv) those that are the costliest.[3]

Table 4.1: Common chronic diseases in Australia

Common long-term conditions in 2011–12	Persons	% of population
Arthritis	3,265,400	14.8
Back pain/problems/disc disorders	2,805,500	12.7
Hypertension	2,262,000	10.2
Asthma	2,254,600	10.2
Depression	2,143,100	9.7
Most common chronic conditions managed by GPs in 2012–13	**% of chronic conditions**	**% of all GP visits**
Hypertension (non-gestational)	15.4	8.6
Diabetes (non-gestational)	7.6	4.2
Depression	7.3	4.1
Arthritis	6.8	3.8
Lipid disorders	6.0	3.3
Most common causes of death in 2011	**Persons**	**% of all deaths**
Coronary heart disease (I20–I25)	21,513	14.6
Cerebrovascular disease (I60–I69)	11,251	7.7
Dementia and Alzheimer disease (F01, F03, G30)	9,864	6.7
Lung cancer (C33, C34)	8,114	5.5
Chronic lower respiratory diseases (J40–J47)	6,570	4.5
Greatest burden of disease in 2010[a]	**Disability-adjusted life years (DALYs)**	**% of all DALYs**
Coronary heart disease	471,550	7.8
Low back pain	420,734	7.0
COPD	208,819	3.5
Depression	191,566	3.2
Cerebrovascular disease	183,477	3.1
Most costly disease groups in 2008–09	**Amount ($ billion)**	**% of total allocated health expenditure**
Cardiovascular diseases	7.74	10.4
Oral health	7.18	9.7
Mental disorders	6.38	8.6
Musculoskeletal	5.67	7.6

- Many chronic diseases considered a significant risk factor for developing incontinence. These include diabetes mellitus, various cancers, neurological disorders and musculoskeletal disorders that can impact on movement and activity such as osteoarthritis and osteoporosis.[4]
- Increased incontinence prevalence with growing chronic disease burden.[4]
- Social and physical isolation caused by severe incontinence can increase the risk of developing other chronic diseases due to reduced physical activity/ increased sedentary behaviours.[4]
- Population prevalence of incontinence in Australia estimated at ~20%, similar to other global estimates. Prevalence increases in populations living with chronic diseases.[4]

T2DM and urinary incontinence

- 1.2 million Australians (6% total population) living with diabetes (type 1 and type 2).[3]

- Large study (n=81,845) of female American nurses aged 30 and over, conducted from 1996 to 2000 found that 17% of all urinary incontinence could be attributed to T2DM.[5]
- The 2001–2002 National Health and Nutrition Examination Survey (USA) found that women presenting with T2DM or pre-diabetes (impaired fasting glucose) were more than twice as likely to report urinary incontinence as women with normal fasting glucose levels (34-35% vs 16%).[6]
- The mechanisms of T2DM pathophysiology that directly contribute to urinary incontinence are still not fully understood. Thought to be a combination of hyperglycaemia induced polyuria, increased BMI, increased prevalence of constipation, microvascular damage, and diabetic medications (such as metformin).[6,7,8]
- Minimal data on male incontinence and association with diabetes mellitus.

Neurological disorders, stroke and incontinence

- Multiple sclerosis Parkinson's disease and dementia are examples of neurological disorders associated with an increased risk and prevalence of incontinence (both urinary and faecal).[9,10,11,12]
- Stroke is also associated with an increased risk.[10]
- In 2014, there were 51,000 strokes reported in Australia. Approximately 12,000 of these resulted in death.[3]
- Over 100,000 Australians are currently living with Parkinson's disease or multiple sclerosis.[3]
- Also a strong association between dementia and increased incontinence prevalence.[9]
- 40-60% of patients admitted to hospital after a stroke present with some urinary incontinence, with 25% still being incontinent post discharge.[10]
- ~75% of people with multiple sclerosis report urinary incontinence at some point.[11]
- 45% of people with Parkinson's disease on Parkinsonism symptoms report urinary incontinence.[12]

Cancer and incontinence

- In 2017, it is estimated that 31% of all Australian deaths can be attributed to cancer.[3]
- From 2007 to 2012 there was 410, 530 new cancer diagnoses in Australia.[3]
- Prostate cancer is the most common cancer affecting males. Almost all men experience some incontinence following radical prostatectomy (RP), 87% by 1 month follow up.[13,14]
- Other cancers commonly associated with incontinence include colorectal cancer, urethral cancer, bladder cancer, various gynaecological cancers (cervical, uterine, ovarian) and brain and spinal cord cancers (due to a degenerative effect on nerves that control bladder and pelvic muscles).[15]
- Often cancer treatments contribute to incontinence as much as the cancer itself. This includes radiation or surgery to pelvic area (that can irritate the bladder and urinary tract), chemotherapy that can cause nerve damage and hormone imbalances, and hormone therapies which can dry out the urethra.[15]

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Appendix 2

CHA position on the National Health Amendment (Decisions under the Continence Aids Payment Scheme) Bill 2021

1. CHA supports the National Health Amendment (Decisions under the Continence Aids Payment Scheme) Bill 2021 that provides a mechanism for internal review of decisions by the Secretary of the Department of Health under the CAPS Instrument and for independent merits review by the AAT.
2. CHA agrees that few CAPS participants are likely to seek independent merits review by the AAT, when the annual maximum payment is only $635.10 (rate for 2021–22).
3. CHA is mindful that while 1 in 4 Australians experience incontinence, only about 135,000 people are currently eligible for CAPS.
4. CHA receives over 6,000 calls to the National Continence Helpline every year from callers seeking financial assistance with the cost of continence products. Some callers report being deemed ineligible for CAPS as their registered health professional had not listed on the application form the exact wording of one of the health conditions listed in the CAPS Schedule Part 1 – Eligible neurological conditions or Part 2 - Eligible other conditions. Callers regularly report financial stress in the lead up to their annual payment in July each year and that CAPS provides for less than a quarter to a third of their annual expenditure on continence aids.
5. CHA's position is that decision-making about eligibility for the Continence Aids Payment Services must be made more transparent through annual publication of:
    a. Total number of complete and incomplete applications for the Continence Aids Payment Scheme (CAPS)
    b. Decision time from receipt of complete application to determination of eligibility
    c. Total number of eligible new applicants
    d. Total number of ineligible new applicants or participants who become ineligible and the reasons for their ineligibility including:
        i. not an Australian permanent resident or citizen
        ii. does not have permanent and severe incontinence confirmed by a registered health professional
        iii. health condition is not an eligible neurological or eligible other condition
        iv. incontinence is treatable or night-time bed wetting only
        v. has a DVA Gold or White Card, and can get help through the Rehabilitation Appliances Program
        vi. receives Australian Government funded home care and their plan includes continence support
        vii. a permanent resident in an Australian Government funded aged care facility getting a subsidy for continence aids products
        viii. has a funding package from the NDIS that includes continence support
        ix. in prison or have been living overseas for 3 or more years in a row.
        x. has died
        xi. other reason

e. Information on how the Department of Health and Services Australia work with CAPS applicants to resolve issues relating to their eligibility

6. CHA's position is that the Continence Aids Payment Scheme (CAPS) must be reviewed as a matter of urgency to address:
    i. The adequacy of the payment in meeting the hygiene and dignity requirements of Australians living with permanent and severe incontinence
    ii. The adequacy of the payment in ensuring Australians living with permanent and severe incontinence do not experience financial stress or hardship due to expenditure on continence aids
    iii. Establishing a mechanism for regular review of the schedule of eligible conditions causing permanent and severe incontinence
    iv. Review of the policy rationale for the difference in eligibility for CAPS between neurological conditions and other health conditions causing permanent and severe incontinence
    v. Review of the pension card requirement for CAPS applicants with non-neurological conditions including comparison to similar schemes such as the Stoma Appliance Scheme which provides free stoma appliances and products to nearly 50,000 Australians.
7. CHA calls on the Australian Government to consult with the Australian community on the physical, emotional, social, workforce participation and financial impacts of living with incontinence and the actions required to ameliorate these impacts.

Appendix 3

The CAPs Scheme: State and Territory Arrangements

Victoria

State-wide Equipment Program (SWEP):

Eligibility:

- be a permanent resident of Victoria or
- hold an Australian Government Visa or
- be an asylum seeker or
- hold a temporary protection Visa, and
- Have a disability of a permanent nature or are frail aged and living at home.

(Note: this scheme does not fund disposable pads or pants).

Continence items funded under SWEP:

- Anal plugs
- Anal irrigation systems
- Catheters (long term and intermittent)
- Catheter drainage tubing, connectors, straps and valves
- Condom drainage systems
- Drainage bags
- Drainage bottles and connectors
- Intra vaginal bladder supports
- Washable bedding and chair pads
- Washable briefs and pads

New South Wales

EnableNSW:

Eligibility:

- Designed for NSW residents who have exhausted their CAPS allowance but require further assistance with incontinence aids, equipment and products.
- Experience moderate to severe incontinence, or
- Bladder and/or bowel dysfunction

Queensland

Medical Aids Subsidy Scheme (MASS)

- Be a permanent resident of QLD
- Hold a Pensioner Concession Card (issues either by Centrelink or DVA), Health Care Card, Centrelink Confirmation Concession Card Entitlement Form or Queensland Seniors Card
- Not be in receipt of assistance from other government programs including WorkCover or DVA Rehabilitation Appliances Program, NDIS, National Injury Insurance Scheme or compensation or damages in respect of their disability
- You may receive MASS assistance in addition to CAPS

Western Australia

Continence Management and Support Service (CMASS)

Eligibility:

- Be at least 16 years of age and a permanent resident of WA
- Have a defined chronic or intractable continence condition (lasting 6 months or more)
- Hold a Pensioner Concession Card or Health Care Card
- Not be in receipt of a Commonwealth Home Care Packages (Level 1 to 4) or living in a Commonwealth funded high-level residential care home
- Not have an approved NDIS plan
- You may access CAPS at the same time

ACT

ACT Equipment Scheme (ACTES)

Eligibility (must be referred by a health care professional):

- Be a permanent resident of Australia
- Be a resident of the ACT for minimum 6 months
- Be ineligible to receive assistance from other government-funded schemes, including the NDIA, private health funds or through a Home Care Package
- Hold a current Centrelink Pension or Low-Income Health Care Card in the applicant's name. This does not include Seniors Health Care Card or Mobility Allowance Health Care Card
- Not have an approved Home Care Package
- Not have an approved NDIS plan
- Is not claiming costs through a private health insurance fund

Tasmania

Community Equipment Scheme (CES)/ TasEquip

This service provides referrals to other healthcare services

Eligibility:

- Be a permanent Tasmanian resident
- A Centrelink benefit recipient – Health Care, Pensioner Concession, and
- Living in the community, and
- Ineligible for Home Care Package level 3 or 4, Workers Compensation, MAIB, DVA or NDIS.

Northern Territory

Disability Equipment Program (DEP)

Eligibility (must be referred by an approved healthcare professional)

- Permanent resident of the Northern Territory
- Permanent moderate to severe incontinence
- Equipment needs are greater than would be covered by CAPS
- Ineligible for CAPS
- Are living in or returning to the community
- Require items of approved equipment on a permanent or long term basis; and

- Are beneficiaries of a full Centrelink Disability Support or Aged Pension. Some exclusions apply for children, Special Consideration applicants and existing clients prior to 8 April 2013.

South Australia

No state-based scheme – residents need to apply to national programs for support.

A

Appendix 4

Potential Partners

National organisations, initiatives, and networks

Name and website	Description	Priorities	Similarities	Differences
Australasian Birth Trauma Association (ABTA) birthtrauma.org.au	ABTA is a peer-led organisation dedicated to supporting women, partners, and families after birthrelated trauma. They advocate for a multidisciplinary approach to supporting birthing families and provide research and information on their website on a range of related topics and provide training to support health and community sectors. ABTA also run the Peer2Peer Chat Online program, a volunteer-led initiative providing support to those who have experienced birth-related trauma through 1-on-1 chat sessions with a specially trained Peer Support Volunteer.	• Awareness - Raise community awareness • of birth-related trauma. • • Understanding - Enhance community understanding about birth-related trauma and health care, for the benefit • of individuals, families and health care professionals. • Support - Provide trusted peer-led support services for people affected by birth-related trauma. • Sustainability - Underpinning the three other strategic goals, this goal aims to build long-term organisational sustainability.	• National focus and reach. • Focus on education and awareness raising • initiatives • Advocacy to support community. • Advocacy for collaborative, multi-disciplinary approaches. • Support for workforce capacity building and training.	• ABTA focuses on all birthrelated trauma. • ABTA is volunteer run and led. • ABTA is a peer-led organisation.

Australian and New Zealand Urological Nurses Society (ANZUNS) anzuns.org	ANZUNS is the peak professional organisation for urology nursing in Australia and New Zealand. ANZUNS is membership-based, and membership is for Registered Nurses (Divisions 1 or 2 or NZ equivalent) based in Australia or New Zealand and working in or with an interest in urology. Registration with the Nursing and Midwifery Board of Australia	• Education - Create the opportunity for • Urology Nurses to undertake research-based practice through education. • Expertise - Provide expertise through the provision of guidelines, standards of practice and special interest groups. • Leadership - To provide leadership to facilitate collaboration amongst urology health professionals.	Peak body with national • focus and reach. • Support for workforce capacity building and training. • Provides and distributes evidence-based information and resources. • Facilitates events to build member knowledge and skills in areas related to urology.	Bio-medical and surgical focus. Dominant focus on one discipline. Does not focus on consumers.

Name and website	Description	Priorities	Similarities	Differences
	(NMBA) or the Nursing Council of New Zealand (NCNZ) is required to be eligible for full membership. ANZUNS facilitates activities, including special interest groups and special projects, to support members to network, and access training and education. They also provide scholarships and awards to support advancement of urological nursing knowledge and skills.			

Australian Sports Commission (ASC) www.ausport.gov.au	ASC is the Australian Government agency responsible for supporting and investing in sport at all levels. ASC's role is to increase involvement in sport and enable continued international sporting success through leadership and development of the sports sector, targeted financial support and the operation of the Australian Institute of Sport (AIS).	The ASC's strategic goals are to: • Lead and enable the world's best sport system • Involve more Australians with sport at all levels • Drive innovation in sport. Their key focus areas are to: • Build the capability of sport and the people involved • Advocate for sport and its positive influence on Australia • Promote and support inclusive and diverse sporting environments • Drive though leadership and innovation inspiring world's best practices • Optimise our facilities to advance sport and inspire Australians to get involved.	• Provides and distributes evidence-based information and resources. • Focus on building system and workforce capacity. • Interested in addressing barriers to participation in sports. • National focus and reach.	• Allocates funding and resources. Dominant focus on the sports sector. •

Name and website	Description	Priorities	Similarities	Differences

Continence Nurses Society Australia (CoNSA) www.consa.org.au	CoNSA is a national professional interest group of nurses and midwives whose scope of practice encompasses knowledge and advanced practice skills in continence care. CoNSA supports its membership through advocacy, policy development, research, education, and establishment of clinical practice standards. CoNSA promotes continence across Australia.	• Represent the interests of nurses and midwives in continence care • Promote and advocate the role of the Nurse Continence Specialist • Develop, share, and sustain quality governance processes that can be used by all organisations with a continence service • Provide a comprehensive and useful information sharing service to members • Develop positive and productive relationships with all levels of government and non-government organisations, industry, professional and consumer organisations • Promote and disseminate evidencebased continence care that places the person with continence needs and their family at the centre of the care • Advocate for people with incontinence and other bladder and bowel concerns, their families, carers, and unregulated workers • Provide support and promote professional ongoing education on continence care • Contribute to policy on continence care • Promote research that will contribute to evidence-based practice for continence care.	Focus on continence care and promotion. Focus on promoting practice standards, and research and evidence for practice. Focus on promoting evidence-based continence care that centres consumers, carers and families. • Advocates for people affected by incontinence, their carers, and families. • Provides and distributes evidence-based information and resources. National focus and reach.	• Dominant focus on Nurse Continence Specialist. • Dominant focus on providing information and services to nurses. • Limited information about health promotion and primary prevention. • Collaborates with ANZUNS to hold the Meeting of the Waters conference for Continence and Urology Nurse Specialists.

Name and website	Description	Priorities	Similarities	Differences

Department of Health and Aged Care www.health.gov.au	The Department of Health and Aged Care develops and delivers policies and programs, and advises the Australian Government on health, aged care and sport.	The Department of Health and Aged Care's strategic priorities include: • Better health and ageing outcomes for all Australians • An affordable, quality health and aged care system • Better sports outcomes.	• Focus on raising awareness and providing information and advice to the community. • Works on initiatives and programs to deliver services and activities in health, aged care, and sport. • National focus and reach.	• Manages grants and tenders to deliver activities, goods, and services. • Develops policy to provide solutions to challenges across health, ageing and aged care, and sport. • Regulates the health and aged care system to protect health and safety of service users.
Gynaecological Awareness Information Network (GAIN) www.gain.org.au	GAIN is a not-for-profit organisation run by volunteers that aims to provide women with the opportunity, knowledge, confidence and support necessary to achieve optimal gynaecological and sexual health.	GAIN's objectives are to: • Engage and involve the community by advocating for the promotion of gynaecological and sexual health; • Bridge the gap between the health professionals and the community; • Empower women to be actively and confidently involved in their gynaecological and sexual healthcare; • Work to reduce the stigma associated with gynaecological health and associated conditions.	• Focus on addressing stigma associated with pelvic floor health. • Provision of resources and information.	• Volunteer-run organisation. • Broad focus on sexual health and gynaecological issues. • Website does not have information regarding pelvic floor dysfunction.
Healthy Male www.healthmale.org.au	Healthy Male is a national organisation established in 2000 that facilitates action on men's health to advocate for change, empower men and boys to take action on their health, build the capabilities of the health system and	• Healthy Male identifies six pillars for that underpin its work: • Enduring – building a strong, viable, resilient organisation that demonstrates value and stands the test of time.	• Funded through the Australian Government Department of Health. • Provides evidence-based information and resources,	• Focus on men's health and wellbeing. Broad focus on health and wellbeing.

Name and website	Description	Priorities	Similarities	Differences
	workforce, and prioritise efforts to address health and wellbeing inequalities among men.	• Partnering – strengthening existing and building new alliances and partnerships to inform our work, extend our reach • and enable collective action. • Influencing – advocating for men's health • issues and priorities, influencing policy and practice, amplifying the voices of men and boys from all walks of life and driving the translation of research into meaningful action. • Empowering – informing, education, encouraging, supporting and empowering men and boys to take action on their health. • Building capacity – informing, education and supporting the health workforce to proactively engage with and meet the needs of men and boys across their life course and reducing system-level barriers to best care. • Reducing inequity – focussing efforts on priority population groups to co-create solutions and facilitate collective action to close the health and wellbeing divide.	including for pelvic floor exercises. Engages in advocacy for system change. National focus and reach.	

Jean Hailes for Women's Health www.jeanhailes.org.au	Jean Hailes for Women's Health is a national not-for-profit organisation dedicated to improving women's health across Australia through every life stage. They work in public health, research, clinical services and policy.	• Women of all backgrounds and situations are well informed about their health and healthcare options, and know how to access high-quality health services relevant to their needs. • All research relevant to the health needs of women in Australia is made available to health professionals and women in a way that enabled both groups to easily access, understand and make use of it. • That all state, territory, local and Australian Government policies with an impact on women's health are informed both by women's' needs and the latest evidence.	• Provides and distributes evidence-based information and resources. • Supports and engages in awareness raising initiatives. • Focus on building system and workforce capacity. • Works across public health, prevention, clinical services, and policy. • National focus and reach.	• Dominant focus on women's health and wellbeing. Broad focus on health and wellbeing.

Name and website	Description	Priorities	Similarities	Differences

Name and website	Description	Priorities	Similarities	Differences
Pregnancy Birth and Baby www.pregnancybirthbaby.org.au	Pregnancy, Birth and Baby is a national government service providing support and information for expecting parents and parents of children, from birth to five years of age. They provide free, non-judgemental emotional support and reassurance, guidance on children's growth, behaviour and development, and referrals to local services.	• Providing emotional support and information for expecting parents and parents of children.	Provides evidence-based information and resources. • National focus and reach.	• Focus on service access and provision. • Focus on early intervention and treatment, care and recovery. • Does not have a focus on prevention/health promotion.
Prostate Cancer Foundation of Australia (PCFA) www.pcfa.org.au	PCFA is a community-based organisation for prostate cancer research, awareness and support.	• To be Australia's leading charity fund for Australian-based prostate cancer research, • To protect the health of existing and future generations of men in Australia. • To improve quality of life for Australian men diagnosed with prostate cancer and their families.	Provides evidence-based information and resources. Awareness raising in the wider community. National focus and reach.	• Provides funding for prostate cancer research initiatives. • Focus on prostate cancer. • Focus on men.
Urology Society of Australia and New Zealand (USANZ) www.usanz.org.au	USNZA is the peak membership organisation for urological surgeons and other health professionals working in the field of urology.	• Increase the understanding of urological conditions and their treatment while improving the experience and outcomes for patients, and strengthening the	Produces, distributes, and promotes a wide range of evidence-based information and resources.	• Member-based organisation. Biomedical approach.

	They support members by providing a range of benefits, services, and programs that aim to increase the understanding of urological conditions and their treatment while improving the experience and outcomes for patients, and strengthening the relationships between organisations and individuals working in urology.	relationships between organisations and individuals working in urology.		• Primarily focused on and works with those working in urology. • Does not have a primary prevention or health promotion framework.
Women's Healthcare Australasia (WHA) women.wcha.asn.au	WHA is a member-led organisation for maternity and women's healthcare services. They have more than 145 maternity services participating, including tertiary women's hospitals from across Australia, metropolitan maternity units, regional and rural hospitals. WHA runs nine themed learning networks available for their members to share data and research, and to connect with national and international experts. WHA also facilitates collaboration between member organisations and other peak bodies to improve services outcomes in maternal health.	• Optimise health and wellbeing for • women and families through partnering in the design and delivery of maternity and newborn services. • Continuously improving the safety, quality, and equity of healthcare for women and babies. • Enhancing value in women's and babies' healthcare. • Accelerating sharing and learning among peers about excellence and innovation. • Supporting health services to contribute to a healthy, sustainable future for women, families, and the environment.	Provides and distributes evidence-based information and resources. • • National focus and reach. • Workforce capacity • building.	• Member-based organisation. Focus on clinical care. Focus on women's maternal health. • Does not have a primary prevention or health promotion framework.

State organisations, initiatives, and networks

Name and website	Description	Priorities	Similarities	Differences
Victoria				
1800 My Options www.1800myoptions.org.au	1800 My Options is Victoria's free and confidential phoneline and information service for sexual and reproductive health. The service is run by Women's Health Victoria.	The guiding principles for 1800 My Options are to provide all Victorians with: • A non-clinical and non-judgemental service. • Centralised and comprehensive service information. • Referral pathways to relevant, trusted clinical, support and counselling services. • Non-preferential referral pathways, based on client's needs and location. • Coordinated and interconnected approach to service delivery.	• Provides and distributes evidence-based information and resources.	• State-based organisation. Does not have a focus on continence. • Provides referrals and information directly to consumers. • Focus on sexual and reproductive health broadly, with a strong focus on access to pregnancy options, including contraception and abortion care.
Multicultural Centre for Women's Health (MCWH) www.mcwh.com.au	MCWH are part of Victoria's Women's Health Program and one of the three state-wide women's health services. They are a community-based, not-for-profit organisation led by, for and with women from migrant and refugee backgrounds. They work to increase migrant and refugee women's opportunities for health and wellbeing in Australia	• Advancing sexual and reproductive rights • • Improving mental health and wellbeing • Preventing violence against women and children • Enhancing workplace health and wellbeing • Support COVID-19 recovery.	Provides and distributes evidence-based information and resources. Operates from a primary prevention and health promotion framework.	• State-based organisation. Focus on women from migrant and refugee backgrounds. Focus on providing bilingual health education services and multilingual information.

Name and website	Description	Priorities	Similarities	Differences
	through bilingual health education, advocacy, and leadership.			
Victoria's Women's Health Services (WHS) https://www.health.vic.gov.au/public-health/improvingwomens-health	Victoria's Women's Health Services are funded by the Victorian Government through the Women's Health Program. WHS work to promote gender equality and improve health and wellbeing outcomes for women across Victoria.	• Advance gender equality • Improve sexual and reproductive health and wellbeing • Prevent gender-based violence • Improve women's mental health and wellbeing • Gender in a changing climate.	• Provides and distributes evidence-based information and resources. • Focus on improving system and workforce capacity. • Operates from a primary prevention and health promotion framework. • Engages in system advocacy.	• A state-based system, with most services operating and coordination action at a regional/local level. • Focus on women.

Women's Health Victoria whv.org.au	WHV are part of Victoria's Women's Health Program and one of the three state-wide services. They are a health promotion, advocacy and support organisation and work to build system capacity for a gendered approach to health that reduces inequalities and improves women's health outcomes. WHV also run 1800 MyOptions and Counterpart – a service that connects and supports women with caner to live well.	• Sexual and reproductive health. • Prevention of violence against women. • Women and cancer. • Mental health and body image. • Women's equality. • Healthy and active living.	• Provides and distributes evidence-based information and resources. • Organise and deliver capacity building activities to improve system practice. • Operates from a primary prevention and health promotion framework. • Engages in system advocacy.	• State-based organisation. • Focus on women.

Name and website	Description	Priorities	Similarities	Differences
New South Wales				
Sydney Pelvic Clinic: Centre of Excellence for Pelvic Health www.sydneypelvicclinic.com.au	Sydney Pelvic Clinic is a physiotherapist-led clinic that specialises in the treatment and management of pelvic floor dysfunction. They offer individual consultations and care, as well as group exercise programs.	Provision of clinical services to support pelvic floor health.	• Provides and distributes evidence-based information and • resources.	• Clinical services and programs. Provides tailored information for transgender and nonbinary people.
Queensland				

Pelvic Floor Physiotherapy qldpfc.com.au	Pelvic Floor Physiotherapy is a multi-disciplinary clinic that specialises in the treatment and management of pelvic floor dysfunction.	Provision of clinical services to support pelvic floor health.	• Provides and distributes evidence-based information and resources.	• Clinical service and programs.

International organisations, initiatives, and networks

Name	Description	Priorities	Similarities	Differences
International Continence Society www.ics.org	The International Continence Society is a charity and member-based organisation with a global health focus that strives to improve the quality of life for people affected by urinary, bowel and pelvic floor disorders by advancing pure, applied, and clinical science through education, research, and advocacy.	To be the global home of science and clinical education for lower urinary tract symptoms, incontinence, and pelvic floor disorders.	• Provides evidence-based information and resources. • Multi-disciplinary approach that includes research and advocacy for primary prevention and health promotion.	• Global focus. • Member-based organisation. • Focus on research and education.

The Pelvic Floor Society thepelvicfloorsociety.co.uk	The Pelvic Floor Society is a member-based organisation that facilitates networks, education and training between members and is underpinned by a multi-disciplinary approach to pelvic floor health	• Support clinical and collaborative trials that address specific questions related to pelvic floor dysfunction. • To facilitate the interchange of information on pelvic floor disorders between members and other interested parties in the UK and worldwide. • Support and develop educational initiatives, a training curriculum, and provide courses related to the investigation and management of pelvic floor problems. • Organise and fund national pelvic floor clinical and research fellowships. • To provide a forum for members to engage in critical discussion on the investigation, diagnosis, management of pelvic floor disorders. • Set and monitor standards of pelvic floor investigation and management. • Engage with the NHS, DOH, CRGs, NICE and other bodies to develop a strategic approach to the provision and commissioning of pelvic floor services. • Provide an advisory role to the Royal colleges and related specialist societies.	• Provides evidence-based information and resources. Focus on pelvic floor health. • Multi-disciplinary approach. •	• Member-based organisation. • Focus on clinical care and management.

Name	Description	Priorities	Similarities	Differences

Continence New Zealand (Continence NZ) www.continence.org.nz	Continence NZ is a multi-disciplinary body that promotes continence throughout New Zealand.	• Improve public awareness. • Educate health professionals. • Encourage research into continence.	Promotes continence and pelvic floor health. Provides evidence-based information and resources. Takes a multidisciplinary approach.	Region focus in New Zealand.
World Federation for Incontinence and Pelvic Problems (WFIPP) wfipp.org	WFIPP is a global, member-based organisation comprised mostly of patient advocacy organisations, as well as doctors, non-government organisations, and non-commercial entities.	For people living with incontinence and pelvic floor dysfunction, WFIPP's mission is to: • Be the patient voice. • Be heard in society and by policy-makers. • Be a global umbrella for national organisations. • Encourage an open public debate and break stigma and taboos.	Advocacy for consumers. Provides and distributes evidence-based information.	Global focus Focus on promoting consumer voice.