

# Public Consultation on the refresh of the National Strategic Framework for Chronic Conditions

## Submission details

1. Which stakeholder group best describes you? Please tick all that apply.

(Required)

- Federal Government
- State Government
- Local Government
- National private non-government organisation
- National not for profit non-government organisation
- Jurisdictional private non-government organisation
- Jurisdictional not for profit non-government organisation
- **Academic or researcher**
- Health professional/clinician
- Consumer/person living with a chronic condition
- Family member or carer of a person living with a chronic condition
- Interested member of the public
- Prefer not to say

## Part 1: Overview of the Framework

2. Have you engaged with and used the Framework, and if so, how? Please tick all that apply. There is also the option to include any other information about your engagement with the Framework in the 'Other' open-text response box.

(Required)

- To improve my understanding of the healthcare system
- An organisation that I am engaged with shared the document with me
- I have discussed it with a healthcare professional
- I am a health professional who has used the Framework to inform my clinical practice
- I read it out of personal interest
- **To guide the development of policies, programs and/or projects for the organisation I represent**
- My organisation has shared this document with our members/consumers
- To guide our organisation's funding models and initiatives
- I, or the organisation I represent, have not utilised the Framework in any capacity
- I, or the organisation I represent, did not know about the Framework prior to this consultation
- (Optional) Other:

3. The Vision of the Framework (Vision) is: "All Australians live healthier lives through effective prevention and management of chronic conditions."

To what extent do you agree the Vision is still relevant?

- Agree
- **Somewhat agree**
- Neither agree nor disagree
- Somewhat disagree
- Disagree
- Not applicable

(Optional): Please provide further comments about your response, including any suggested amendments to the Vision.

While the Centre for Women's Health Research (CWHR) agrees that the Vision is still relevant, it is our opinion that the Vision does not take into consideration the complexity of managing chronic conditions, nor the barriers and challenges associated with accessing quality health care. Further, the Vision disregards additional health and service disparities faced by some Australians, particularly those identified as priority populations. We suggest considering amendments to the Vision to ensure equitable access to prevention and management efforts. Further, we believe the Vision should acknowledge the importance of early intervention and coordinated care in the prevention and management of chronic conditions. In addition, there should be a comparison group if the word 'healthier' is used (e.g. healthier than the previous generation). We suggest: *All Australians live healthy lives through equitable access to effective prevention, early intervention, and integrated management strategies for chronic conditions.*

*There are 7 enablers to achieving the Vision included in the Framework. Each of these enablers are shown below.*

4. Please provide a score from 0-10 to demonstrate how important you think each of the enablers are (with 0 being not at all important and 10 being very important).  
(Required)

- Governance and leadership — supports evidence-based shared decision-making and encourages collaboration to enhance health system performance. **9**
- Health workforce — a suitably trained, resourced and distributed workforce is supported to work to its full scope of practice and is responsive to change. **10**
- Health literacy — people are supported to understand information about health and health care and appropriate health care settings, to apply that information to their lives and to use it to make decisions and take actions relating to their health. **8**
- Research — quality health research accompanied by the translation of research into practice and knowledge exchange strengthens the evidence base and improves health outcomes. **10**
- Data and information — the use of consistent, quality data and real-time data sharing enables monitoring and quality improvement to achieve better health outcomes. **8**
- Technology — supports more effective and accessible prevention and management strategies and offers avenues for new and improved technologically driven initiatives. **8**
- Resources — adequate allocation, appropriate distribution and efficient use of resources, including funding, to address identified health needs over the long-term. **10**

(Optional): Are there any other enablers you think should be included in the Framework?

Equity should be considered a key enabler to achieving the Vision. The Framework identifies priority population groups who experience unique challenges and barriers in accessing prevention and/or treatment services for chronic conditions. Similarly, the Framework identifies determinants of health that influence the prevention, treatment, and management of chronic conditions. Many of these barriers and determinants are underpinned by social and economic inequity. The Framework should acknowledge this and, in turn, support upstream interventions aimed at reducing health disparities.

## Part 2: Objectives of the Framework

### Objective 1: Focus on prevention for a healthier Australia

*The Framework identifies determinants of health that influence the prevention, treatment and management of chronic conditions. Several are listed below. These are commonly referred to as the social, cultural, environmental and economic or commercial determinants of health.*

- *Employment*
- *Income level*
- *Living in a rural/regional/remote location*
- *Education*
- *Language and writing skills*
- *Refugee or migration status*
- *Housing*
- *Living with a disability*
- *Promotion of unhealthy products*
- *Social connection*
- *Racism and discrimination*
- *Air and water quality*
- *Climate change*
- *Opportunities to take part in physical activity*
- *Weight related stigma*
- *Access to safe, nutritious and culturally appropriate food*

1. Please discuss which, if any, of the above determinants of health have most significantly impacted you or the work of your organisation. Additionally, are there any other determinants of health that you think the Framework should focus on? If yes, please note them.

(Optional)

Findings from the Australian Longitudinal Study on Women's Health (ALSWH) have highlighted the influence of many of the above factors on the prevention, treatment, and management of chronic conditions. For example, lower levels of education and difficulty managing on income have been associated with an increased risk of disability from chronic disease, compared to those with higher levels of education [1]. ALSWH findings have also suggested geographical barriers to accessing care for chronic conditions, particularly for those living in rural and remote areas [2]. Changes to women's employment status following diagnosis with chronic conditions have also been reported, with women shown to transition out of the work force following diagnoses with endometriosis [3]. The Framework should further emphasise the sociodemographic and work-related challenges associated with chronic disease prevention and management among women. Further, the Framework should guide efforts to support workforce participation by women with chronic conditions.

Social connection has also been associated with multiple chronic conditions (comorbidity) among women. ALSWH findings demonstrated that women aged 45-50 reporting low social relationship satisfaction were more than twice as likely to have multiple chronic conditions, compared to those with high social relationship satisfaction [4]. This underscores the need to integrate social connections into the prevention and management of chronic conditions.

CWHR believes that gender should be identified as a determinant of health that influences the prevention, treatment, and management of chronic conditions. As identified in *Working for Women:*

*A Strategy for Gender Equality*, gender inequity affects healthcare access and health outcomes. The ongoing issue of gender bias in health care and research has led to disparities in the prevention, diagnosis, and treatment of chronic conditions between men and women [5, 6]. Gender-based violence has also been linked to chronic conditions. For example, ALSWH findings have revealed that women who have experienced sexual violence are more likely to report depression and anxiety. Additionally, women who have experienced sexual violence are more likely to have two or more physical conditions, including diabetes, reproductive health conditions, asthma, and heart disease. Finally, ALSWH findings have also demonstrated that women who had experienced sexual violence have higher healthcare costs than those who had not experienced sexual violence [7].

The Framework should acknowledge the role of sexism, gender bias, and medical misogyny in the health and service disparities experienced by women suffering from chronic conditions. Further, the Framework should incorporate gender-specific strategies to address the unique needs and challenges faced by women in the prevention, diagnosis, and management of chronic conditions.

#### References:

1. Rahman, M. M., Jagger, C., Princehorn, E. M., Holliday, E. G., Leigh, L., Loxton, D. J., Beard, J., Kowal, P., & Byles, J. E. (2022). Onset and progression of chronic disease and disability in a large cohort of older Australian women. *Maturitas*, *158*, 25-33. <https://doi.org/10.1016/j.maturitas.2021.11.007>
2. Dolja-Gore, X., Depczynski, J., Byles, J., & Loxton, D. (2024). Mental health service use and cost by Australian women in metropolitan and rural areas. *Australian Journal of Rural Health*, *32*(1), 162-178. <https://doi.org/10.1111/ajr.13078>
3. Rowlands, I., Hockey, R., Abbott, J., Montgomery, G., & Mishra, G. (2022). Longitudinal changes in employment following a diagnosis of endometriosis: Findings from an Australian cohort study. *Annals of Epidemiology*, *69*, 1-8. <https://doi.org/10.1016/j.annepidem.2021.10.005>
4. Xu, X., Mishra, G. D., Holt-Lunstad, J., & Jones, M. (2023). Social relationship satisfaction and accumulation of chronic conditions and multimorbidity: a national cohort of Australian women. *General Psychiatry*, *36*(1), e100925. <https://doi.org/10.1136/gpsych-2022-100925>
5. Wilson, L. F., Doust, J., Mishra, G. D., & Dobson, A. J. Symptom patterns and health service use of women in early adulthood: a latent class analysis from the Australian Longitudinal Study on Women's Health. *BMC Public Health* *23*, 147. <https://doi.org/10.1186/s12889-023-15070-7>
6. World Health Organisation (WHO). (2024). *Gender and health*. [https://www.who.int/health-topics/gender#tab=tab\\_1](https://www.who.int/health-topics/gender#tab=tab_1)
7. Townsend, N., Loxton, D., Egan, N., Barnes, I., Byrnes, E., & Forder, P. (2022). *A life course approach to determining the prevalence and impact of sexual violence in Australia: Findings from the Australian Longitudinal Study on Women's Health*.

Objective 2: Provide efficient, effective and appropriate care to support people with chronic conditions to optimise quality of life

*One of the aspirational outcomes of Objective 2 of the Framework is that people with chronic conditions have equitable access to quality health care. Pages 35-36 of the Framework discuss this in further detail.*

2. To what extent do you agree with the following statements?

(Required)

Australians with chronic conditions can easily access primary care services, including regular care with a GP and/or allied health providers.

- Agree
- Somewhat agree
- Neither agree nor disagree
- **Somewhat disagree**
- Disagree
- Not applicable

Australians with chronic conditions can easily access specialty healthcare services when required.

- Agree
- Somewhat agree
- Neither agree nor disagree
- **Somewhat disagree**
- Disagree
- Not applicable

(Optional): Please provide further comments about any of your responses to the previous statements.

ALSWH findings have highlighted the significant costs associated with accessing health care and managing chronic conditions, suggesting that it is not easy for women to access healthcare services when required. Costs incurred as part of chronic disease diagnosis and management for women include those for private health insurance, specialist appointments, travel expenses, medications and prescriptions, and other treatment-related expenses. Qualitative analyses have revealed a sense of frustration regarding the divide between public and private health sectors, with women sharing the view that specialist health services are often only available for those who can afford it [1]. As previously mentioned, ALSWH findings have also suggested geographical barriers to accessing care for chronic conditions, particularly for those living in rural and remote areas [2]. The Framework should acknowledge socioeconomic disparities in chronic disease prevention and management to support interventions that aim to provide equitable access to quality health care.

References:

1. Dobson, A., Forder, P., Hockey, R., Egan, N., Cavenagh, D., Waller, M., Xu, Z., Anderson, A., Byrnes, E., Barnes, I., Loxton, D., Byles, J., & Mishra, G. (2020). *The impact of chronic conditions: Findings from the Australian Longitudinal Study on Women's Health. Report prepared for the Australian Government Department of Health.*
2. Dolja-Gore, X., Depczynski, J., Byles, J., & Loxton, D. (2024). Mental health service use and cost by Australian women in metropolitan and rural areas. *Australian Journal of Rural Health*, 32(1), 162-178. <https://doi.org/10.1111/ajr.13078>

*Another of the aspirational outcomes of Objective 2 of the Framework is effective sharing of information and data. Pages 37-38 of the Framework discuss this in further detail.*

3. To what extent do you agree with the following statement?

(Required)

I have access to health information and data, and use this to help make decisions regarding the prevention, diagnosis, treatment and management of chronic conditions.

- Agree
- Somewhat agree
- **Neither agree nor disagree**
- Somewhat disagree
- Disagree
- Not applicable

(Optional): Please provide further comments about your response, and if appropriate, provide examples of ways you have or have not used information and data.

As indicated in *Strategic Priority Area 2.4: Information Sharing*, the Framework promotes the availability of quality research findings that inform new solutions to service delivery to respond to changing population needs. The Framework also takes a life-course approach, as indicated in *Strategic Priority Area 1.3*, by considering critical life stages and optimal intervention points, which is supported by ALSWH findings. To achieve the Framework's objectives, CWHR believes that the Framework should support the strengthening of and investment in longitudinal studies on specific population subgroups, such as women. ALSWH follows women across different stages of life, enabling the identification of critical periods and transitions that influence the development and progression of chronic conditions. Further, data sources such as ALSWH should be utilised to measure, evaluate, and progress towards the objectives of the Framework.

### Objective 3: Target priority populations

*The Framework aims to act as a broad overarching guidance document that is inclusive of the full spectrum of chronic conditions.*

#### 4. To what extent do you agree with the following statements?

(Required)

Australians living with chronic conditions, including myself, friends/family, patients, or members of the organisation I represent if applicable, are recognised in the Framework.

- Agree
- Somewhat agree
- Neither agree nor disagree
- **Somewhat disagree**
- Disagree
- Not applicable

The Framework is representative of the diversity of population groups in Australia.

- Agree
- **Somewhat agree**
- Neither agree nor disagree
- Somewhat disagree
- Disagree
- Not applicable

The Framework recognises the individual needs of the many different groups in Australia.

- Agree
- **Somewhat agree**
- Neither agree nor disagree
- Somewhat disagree
- Disagree
- Not applicable

The Framework provides guidance about how the prevention and management of chronic conditions can be tailored to the needs of different population groups.

- Agree
- Somewhat agree
- **Neither agree nor disagree**
- Somewhat disagree
- Disagree
- Not applicable



The Framework includes the following list of priority populations, but notes this list is not exhaustive.

- *Aboriginal and Torres Strait Islander people*
  - *People from culturally and linguistically diverse backgrounds*
  - *Older Australians*
  - *Carers of people with chronic conditions*
  - *People experiencing socio-economic disadvantage*
  - *People living in remote, or rural and regional locations*
  - *People with disability*
  - *People with mental illness*
  - *People who are, or have been incarcerated*
5. Please provide information known to you on the experiences of people with chronic conditions in the above, or additional, priority population groups including any challenges and barriers in accessing prevention and/or treatment services that you think may be of relevance to the refresh of the Framework.  
(Optional):

As previously mentioned, ALSWH findings have highlighted the challenges of managing chronic conditions faced by those living in rural and remote areas, as well as those who have difficulty managing on their available income [1, 2].

ALSWH findings have also highlighted the intersection between chronic conditions and mental health conditions [3, 4]. For example, women with chronic physical conditions, including cardiovascular disease, diabetes, and arthritis, have been shown to have a higher risk of depression and anxiety, compared to those without these chronic physical conditions [3]. Similarly, increased mental health symptoms have been associated with the onset of chronic physical health conditions (including diabetes, cancer, hypertension, cardiovascular disease, asthma and bronchitis) [4]. Addressing mental health alongside chronic physical conditions is crucial to provide holistic care and improve overall well-being. The need for integrated care should be better reflected in the Framework.

In addition to the priority populations outlined in the Framework, women who have experienced violence should be considered as another vulnerable group. ALSWH findings highlight the significant and long-term impact of violence on women's physical and mental health [5, 6]. This group of women experience unique health challenges and service needs, which should be recognised within the Framework.

#### References:

1. Rahman, M. M., Jagger, C., Princehorn, E. M., Holliday, E. G., Leigh, L., Loxton, D. J., Beard, J., Kowal, P., & Byles, J. E. (2022). Onset and progression of chronic disease and disability in a large cohort of older Australian women. *Maturitas*, *158*, 25-33. <https://doi.org/10.1016/j.maturitas.2021.11.007>
2. Dolja-Gore, X., Depczynski, J., Byles, J., & Loxton, D. (2024). Mental health service use and cost by Australian women in metropolitan and rural areas. *Australian Journal of Rural Health*, *32*(1), 162-178. <https://doi.org/10.1111/ajr.13078>
3. Dobson, A., Forder, P., Hockey, R., Egan, N., Cavenagh, D., Waller, M., Xu, Z., Anderson, A., Byrnes, E., Barnes, I., Loxton, D., Byles, J., & Mishra, G. (2020). *The impact of chronic conditions: Findings from the Australian Longitudinal Study on Women's Health. Report prepared for the Australian Government Department of Health.*

4. Xu, X., Mishra, G. D., & Jones, M. (2019). Trajectories of mental health symptoms for women in their 20s predict the onset of chronic physical conditions in their 30s: Two decades of follow-up of young Australian women. *J Affect Disord*, 246, 394-400. <https://doi.org/10.1016/j.jad.2018.12.106>
5. Townsend, N., Loxton, D., Egan, N., Barnes, I., Byrnes, E., & Forder, P. (2022). A life course approach to determining the prevalence and impact of sexual violence in Australia: Findings from the Australian Longitudinal Study on Women's Health.
6. Loxton, D., Dolja-Gore, X., Anderson, A. E., & Townsend, N. (2017). Intimate partner violence adversely impacts health over 16 years and across generations: A longitudinal cohort study. *PLOS ONE*, 12(6), e0178138. <https://doi.org/10.1371/journal.pone.0178138>

### Part 3: Focus on the Future

6. Potential barriers for people with chronic conditions are shown below. Which of these barriers do you believe significantly impact Australians living with chronic conditions (including yourself if applicable)? Please select all that apply.

(Required)

- Difficulty in finding an appropriate healthcare provider or facility
- **Long wait lists**
- **Lack of coordinated care and communication between health professionals**
- **Lack of information sharing and exchange between healthcare providers**
- **Financial cost of healthcare**
- Limited awareness and understanding of chronic conditions and/or prevention by patients and/or carers
- Limited understanding of the healthcare system by patients and/or carers
- **Limited knowledge of some chronic conditions by healthcare professionals**
- Stigma associated with chronic conditions and risk factors
- **Stigma of accessing healthcare**
- **Not being able to attend appointments due to geographical location/transport**
- Difficulty using technology to receive or navigate healthcare services
- Lack of health promotion education and prevention activities
- Low English proficiency and other language challenges
- **Limited availability of publicly funded health programs**
- Lack of access to research and data
- **Lack of culturally safe healthcare**

(Optional): Are there any other barriers that you would like to draw attention to?

In addition to the above barriers, CWHR believes the following should be considered due to their impact on the prevention and management of chronic conditions:

- Medical misogyny and gender bias: As previously indicated, *Working for Women: A Strategy for Gender Equality* identifies that gender inequity affects healthcare access and health outcomes. Gender bias in health care and research can lead to disparities in the prevention, diagnosis, and treatment of chronic conditions between men and women. For example, women often may encounter a lack of access to decision-making power, discriminatory or dismissive attitudes from healthcare providers, and substandard or delayed treatment [1]. This also has the potential to contribute to other barriers listed above. For example, gender bias may exacerbate difficulties in finding appropriate healthcare providers, limit knowledge of certain chronic conditions among healthcare professionals, and perpetuate stigma associated with accessing healthcare services. Gender has the potential to limit an individual's access to healthcare information, services, support, and the outcome of these encounters.

- Exposure to domestic violence: Another critical barrier that warrants attention is abusive situations that impact access to healthcare [2, 3]. Women experiencing intimate partner violence may face obstacles in attending appointments due to safety concerns and controlling behaviours of abusers [2].

#### References:

1. World Health Organisation (WHO). (2024). *Gender and health*. [https://www.who.int/health-topics/gender#tab=tab\\_1](https://www.who.int/health-topics/gender#tab=tab_1)
2. Loxton, D., Townsend, N., Forder, P., Barnes, I., Byrnes, E., Anderson, A., Cavenagh, D., Egan, N., Tuckerman, K., & Byles, J. (2021). *Australian women's mental health and wellbeing in the context of the COVID-19 pandemic in 2020. Report prepared for the Australian Government National Mental Health Commission*.
3. Papas, L., Hollingdrake, O., & Currie, J. (2023). Social determinant factors and access to health care for women experiencing domestic and family violence: Qualitative synthesis. *Journal of Advanced Nursing*, 79, 1633-1649. <https://doi.org/10.1111/jan.15565>

*As part of the refresh of the Framework, condition-specific Action Plans and Strategies will be reviewed to ensure that the documents are complementary to, and build on, the Framework.*

7. Do you support this description of the inter-relationship between the Framework and condition specific Action Plans and Strategies?

(Required)

- **Yes**
- No
- Not applicable

*The condition-specific Action Plans and Strategies include a number of commonalities in priorities and actions.*

*It is proposed to embed these common priorities and actions in the refreshed Framework. Therefore, any condition-specific guidance would be focussed on tailored actions for that condition, where the need exists.*

8. Do you support this approach?

(Required)

- **Yes**
- No
- Not applicable

*Many common issues and challenges can be found in the prevention, treatment and management of different chronic conditions. Several of these issues are listed below.*

- *Multi-disciplinary care*
- *Managing multimorbidity*
- *Continuity of care across life stages*
- *Transitions of care as a patient moves across and through the health system*
- *Enhanced and targeted support for priority populations*
- *Health promotion and education*
- *Self-management*
- *Life stage transitions*
- *Embedding prevention in the continuum of care*

9. Do you believe a focus on these common issues is relevant, accurate and appropriate for Australians living with a chronic condition?

(Required)

- **Yes**
- No
- Not applicable

(Optional): Please elaborate on your response and/or include any other common issues across chronic conditions that you would like to note.

As previously indicated, CWHR believes that gender bias underpins many challenges faced by women in accessing quality health care for the prevention and management of chronic conditions. In addition to condition-specific action plans and strategies, the refresh of the Framework should also consider key strategies relating to women's health, including *Working for Women: A Strategy for Gender Equality* and the *National Women's Health Strategy 2020-2030*. Further, input should be sought from the *National Women's Health Advisory Council*, to guide efforts to address gender bias in the health system.

*COVID-19 has had significant impacts on the Australian healthcare system, including the prevention, treatment and management of chronic conditions.*

10. Please describe any impacts (positive or negative) of COVID-19 that you would like to highlight.

(Optional):

The COVID-19 pandemic has posed many challenges for the prevention, treatment, and management of chronic conditions in Australia. ALSWH findings have demonstrated that:

- Many women experienced delays in accessing healthcare services, including routine check-ups, screenings, and elective procedures [1, 2]. These delays could potentially exacerbate chronic conditions, leading to worsened health outcomes and increased healthcare burden in the long-term. Addressing the backlog of postponed appointments and procedures remains a critical priority to mitigate the impact of delayed care on individuals living with chronic conditions.
- Of the women who utilised Telehealth consultations during the COVID-19 pandemic, some were satisfied and found these beneficial, while others felt it limited the quality of care provided [3]. While telehealth offers a convenient alternative for some individuals, it may present challenges for those with chronic conditions. This emphasises the importance of tailored, person-centred care models.

- The COVID-19 pandemic had a significant impact on women's mental health, including chronic mental health conditions [4]. Due to the intersection between chronic conditions and mental health, integrating mental health support services into chronic disease management programs is crucial to effectively address the multifaceted needs of individuals impacted by the pandemic.

Addressing delayed healthcare access, adapting to changes in healthcare utilization patterns, and prioritising mental health support are essential steps towards mitigating the impact of the pandemic on individuals living with chronic conditions.

#### References:

1. White, J., Cavenagh, D., Byles, J., Mishra, G., Tooth, L., & Loxton, D. (2022). The experience of delayed health care access during the COVID 19 pandemic in Australian women: A mixed methods exploration. *Health & Social Care in the Community*, 30(4), e1384-e1395. <https://doi.org/10.1111/hsc.13546>
2. Loxton, D., Forder, P., Townsend, N., Byrnes, E., Barnes, I., Mishra, G., Tooth, L., & Byles, J. (2020). *Australian Longitudinal Study on Women's Health COVID-19 Survey Report 4: Survey 4, 10 June 2020. Report prepared for the Australian Government Department of Health.*
3. Mishra, G., Dobson, A., Tooth, L., Chan, H-W., Forder, P., Townsend, N., Egan, N., Cavenagh, D., Hockey, R., Barnes, I., Byrnes, E., & Loxton, D. (2023). *COVID-19 and its impact on health care use: Findings from the Australian Longitudinal Study on Women's Health. Report prepared for the Australian Government Department of Health.*
4. Loxton, D., Townsend, N., Forder, P., Barnes, I., Byrnes, E., Anderson, A., Cavenagh, D., Egan, N., Tuckerman, K., & Byles, J. (2021). *Australian women's mental health and wellbeing in the context of the COVID-19 pandemic in 2020. Report prepared for the Australian Government National Mental Health Commission.*

11. Which of the following statements are most important to you in terms of how the Australian Government enhances and uses the Framework in the future? Please select up to 5 options. (Required)

- Greater promotion of the Framework to peak bodies to increase awareness
- **Greater promotion of the Framework to health professionals and researchers to increase awareness**
- Greater promotion of the Framework to consumers and the general public to increase awareness
- **Increased focus on how organisations can work together to improve the management of chronic conditions**
- Improve the collaboration between state and territory governments and the federal government
- **Refresh the content of the Framework to be better aligned with other state and territory, national and international policies, strategies and plans**
- Refresh the content of the Framework to focus on emerging risks and issues (e.g. the use of e-cigarettes)
- **Refresh the content of the Framework so it reflects the post COVID-19 health landscape**
- Increased focus on the importance of lived experience in the Framework
- **Greater emphasis on the needs of priority populations**