



Te Kāwanatanga o Aotearoa
New Zealand Government

Women's Health Strategy

July 2023

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Associate Minister of Health's foreword

As Associate Minister of Health, I am honoured to present the Women's Health Strategy, the first New Zealand strategy dedicated to women's health and wellbeing.

The Women's Health Strategy sets an ambition to achieve pae ora, healthy futures, for all women. We will achieve this by better prioritising women's health and wellbeing needs, and by supporting women to live longer in better health, in healthy families and healthy environments.

Aotearoa New Zealand is making progress towards gender equity. We are seeing many of our young women achieve through education and thrive in a range of professions. Women make up most of the health workforce. These women are the heart of our health care and can be credited with the overall high-quality healthcare that women, and all people, enjoy in Aotearoa New Zealand.

There have been legislative changes to enable leave for domestic violence, miscarriage and stillbirth. Paid parental leave is being extended and payments are being increased.¹ There are also extensions to free Early Childhood Education.² There have been changes to reduce pay equity gaps for nurses, 88 percent of whom are women³. Such initiatives recognise women's realities and so support women in the workforce.

However, some key challenges persist. This includes inequities in health outcomes, with women spending more of their lives in poor health. Women have shared experiences of not being heard or prioritised when they seek care for their health and the health of their whānau.

Women are more likely to be carers, more likely to be sole parents, and to have a low income, all of which can contribute to poorer health outcomes. Inequities and challenges are bigger for many groups of women, including wāhine Māori, Pacific women, rural women, and disabled women. To improve women's health, we need a system that will address these inequities and prioritise women's realities.

The Women's Health Strategy reflects kōrero that we have had with a range of women, their whānau and communities, and members of the health and wellbeing sector, across the country. It also sets the direction for addressing key challenges identified for women and whānau and builds on work that is already happening to address issues that disproportionately affect women, like *the New Zealand Carers Strategy*,⁴ and *Te Aorerekura – the National Strategy to Eliminate Family Violence and Sexual Violence*.⁵

¹ <https://www.mbie.govt.nz/business-and-employment/employment-and-skills/employment-legislation-reviews/extending-paid-parental-leave/>

² <https://www.beehive.govt.nz/release/cheaper-childcare-20-hours-free-ece-extended-two-year-olds>

³ Health Workforce Analytics and Intelligence, Te Whatu Ora | Health New Zealand (2023). Analysis of 2022 workforce data (unpublished source).

⁴ [The New Zealand Carers' Strategy - Ministry of Social Development \(msd.govt.nz\)](https://www.msd.govt.nz/strategy/the-new-zealand-carers-strategy)

⁵ [National Strategy to Eliminate Family Violence and Sexual Violence | Te Puna Aonui](https://www.aonui.govt.nz/strategy/national-strategy-to-eliminate-family-violence-and-sexual-violence)

I thank and acknowledge the women, whānau, organisations, and sector groups that shared or gathered insights, experiences, and aspirations for women's health through the engagement on the Pae Ora strategies.

The Strategy identifies priorities and sets the direction for change that will guide health sector entities and organisations to prioritise and improve women's health and wellbeing in a coordinated way. We know that embedding these priorities in our core health system accountability documents, including the Government Policy Statement on Health, and Te Pae Tata - New Zealand Health Plan, will be central to our success.

I acknowledge all women in Aotearoa New Zealand for their diverse strengths and contributions, those who advocated for the development of a Women's Health Strategy, and those who continue to advocate for healthier futures for women in Aotearoa New Zealand. Many women are using their voices to create change, including those that contributed to the 2019 report, *Hearing and Responding to the Stories of Survivors of Surgical Mesh*.⁶ This follows a long legacy of women leading change to support better outcomes for current and future generations.

I know there is more to do to honour women's voices, and to achieve pae ora, healthy futures, for women and their whānau. The Women's Health Strategy will guide and motivate us as we realise this vision.

Hon Willow-Jean Prime

Associate Minister of Health

⁶ Wailling, J., Marshall, C., & Wilkinson, J. (2019). *Hearing and responding to the stories of survivors of surgical mesh: Ngā kōrero a ngā mōrehu – he urupare* (A report for the Ministry of Health). Wellington: The Diana Unwin Chair in Restorative Justice, Victoria University of Wellington.

Executive summary

The Women's Health Strategy sets the direction for improving the health and wellbeing of women over the next 10 years. It sets long-term priorities which will guide health system progress towards equity and healthy futures for women.

Our vision is pae ora – healthy futures - for women. All women will live longer in good health, have improved wellbeing and quality of life, and be part of healthy and resilient whānau and communities within healthy environments that sustain their health and wellbeing.

There will be equitable health outcomes for wāhine Māori, which is a commitment under Te Tiriti o Waitangi.

There will also be equity of health outcomes between men and women, and between all groups of women

The Women's Health Strategy is informed by women and our evidence. The strategy focusses on health needs and experiences that are different for, or specific to, women. This strategy sits alongside the other Pae Ora strategies: New Zealand Health Strategy, the Hauora Māori Strategy, Te Mana Ola – the Pacific Health Strategy, the Rural Health Strategy, and the Health of Disabled People Strategy. All Pae Ora strategies set direction for the health system that will make improvements for populations of women.

A common theme we heard in our engagement was that gender bias is affecting women's health and wellbeing and their experiences in the health system. Women, the health sector, and organisations that support women, told us that women are often not heard or understood when they access health care, and there is a lack of knowledge and understanding and support in many areas of women's health.

We also heard that racism is a root cause of health inequity and a routine experience for wāhine Māori, and that addressing structural racism and meeting commitments under Te Tiriti o Waitangi must happen to improve the health outcomes of wāhine Māori.

We heard from women and their communities about the many roles and responsibilities that women hold, including community work and caring roles. Work is needed to ensure that health services are accessible and effective for women and their whānau.

The Women's Health Strategy sets out the following goals to guide health entities in their work to achieve the vision for women's health and wellbeing:

- The Government and health system protect the indigenous rights of wāhine Māori, who are able to exercise tino rangatiratanga – self-determination and mana motuhake - over their health and wellbeing. Kaupapa Māori services are accessible to all wāhine Māori who wish to access them.

- Women are leaders within the health system, including wāhine Māori and diverse groups of women.
- The health system recognises and meets the needs and aspirations of all women and their whānau who will experience equitable health outcomes. All women and their whānau will:
 - feel welcomed and valued by the health system
 - not experience gender bias, racism, or other discrimination within health care
 - be empowered to have ownership over their health
 - receive high quality, evidence-based care and support that is appropriate to their gender, culture, context, age, and life stage
 - have more options, including access to kaupapa Māori services for wāhine Māori.

Four strategic priorities set a clear direction on the changes needed in the next 10 years to move towards achieving the goals and ensuring our health system is fairer, stronger, more sustainable, and responsive to women.

Priority 1: A health system that works for women is our overarching priority which sets out our ambitions for system change. Achieving a health system that works for all women requires us to address gender bias, racism, and other forms of discrimination and bias, including how these influence the design and operation of the health system and women's experience within it. These are the necessary enablers to achieving the ambitions in priorities 2, 3 and 4, which focus on specific issues women face within the health system.

Priority 2: Improving care for services specific to women. Women told us about how barriers like stigma and gaps in service availability and information make it hard to access some forms of health care. Priority 2 includes a focus on sexual and reproductive health, pelvic and menstrual health. Priority 2 also includes women's gynaecological cancers.

Priority 3: Better outcomes for mothers, whānau and future generations. We also heard that pregnant women and people are not always able to access pregnancy care that meets their needs. This includes lack of access to early and ongoing support and a lack of continuity between pregnancy and early years care. Inequities in access and perinatal outcomes have been shown to be worse for wāhine Māori, Pacific, and Asian women. This informed priority 3, which focuses on what needs to change to improve the health and wellbeing of mothers and young children and ensure the health of future generations.

Priority 4: Living well and ageing well. Women also told us that they want to live longer in good health, in environments that support good health, and with better support for conditions and life stages that affect women's health. Priority 4 focusses on prevention and early intervention to better manage conditions and life stages, like menopause as well as how the health system can better response to the determinants of women's health.

The priorities set out in the Women's Health Strategy, and the other Pae Ora strategies, will inform the Government Policy Statement on Health and the New Zealand Health Plan.

Together these documents will guide the health sector in better prioritising and responding to women's health needs and experiences.

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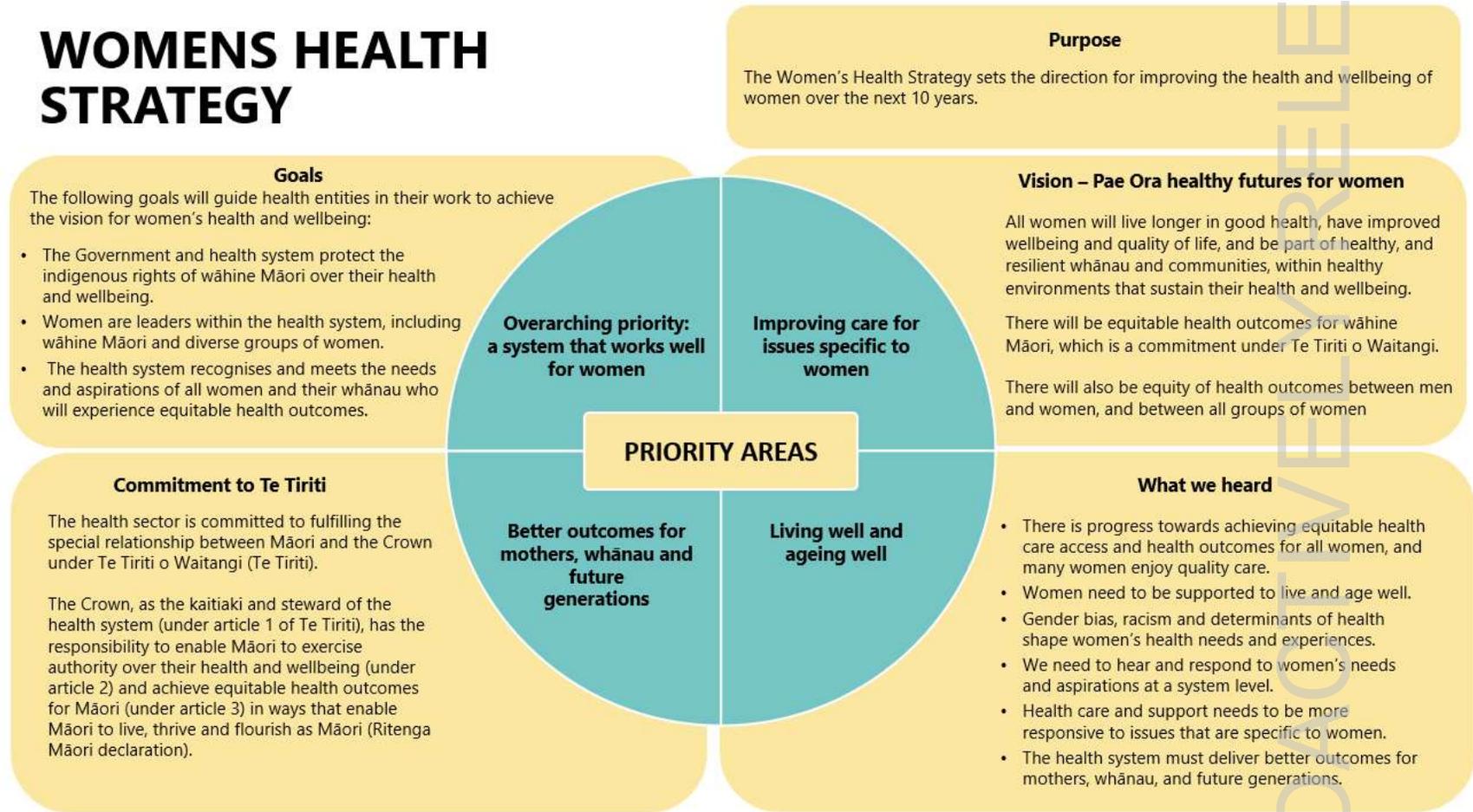
Figure 1.1 Some of the Women’s voices that informed the strategy



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Figure 1.2 Women’s Health Strategy on a page



Introduction

The purpose of this document

The Women's Health Strategy sets the direction for improving the health of women over the next 10 years. It sets long-term priorities which will guide health entities progress towards equity and healthy futures for all groups of women.

This is the first New Zealand Women's Health Strategy, and is a response to significant advocacy from women. The strategy is an acknowledgment that we need to do better for women to support them to live well, age well and experience equitable health outcomes.

The strategy recognises our commitment to wāhine Māori under Te Tiriti o Waitangi – to provide for tino rangatiratanga, equitable health outcomes, active protection, options and working in partnership. There are significant shifts needed to meet the Crown's obligations to wāhine Māori under Te Tiriti o Waitangi and we must acknowledge mana wāhine, the strengths and special role of wāhine Māori.

We have listened to what is most important to women for their health and wellbeing and these voices sit at the heart of the strategy.

New Zealand's health system, like many others, has not been designed well for women or for people who identify outside of the male/female gender binary. This results in a system-wide "gender bias," which is when ideas, policies and practices favour people of one gender other those of other genders. Gender bias can happen at an interpersonal level, for example in interactions between and individual or whānau and a health professional, and at the systematic level, for example in how the health system is designed, funded and operates.

Gender bias in the health system, means that the health system often does not respond well to women's health and wellbeing needs. Gender bias can result in gaps in research on women's health, lack of information and services for health conditions that only effect women or are more common in women, delays in diagnosis, and barriers to access to health services and support that disproportionately affect women.

In addition to gender bias which effects all women, some groups of women also experience other forms of bias and discrimination, including racism, both within the health system and in wider society. Racism is a root cause of health inequity. It operates at multiple levels with various pathways to health. Bias and racism have resulted in the unequal distribution of power and resources, and differential access and exposure to the broader determinants of health. As a result, wāhine Māori and Pacific women are more likely to experience disproportionate rates of health risk, poor health outcomes, and shorter life and health expectancy. It also presents as cultural bias within the health system, experienced by Māori, Pacific, Asian and other ethnic women.

Other groups of women experience various forms of bias. This includes disabled women experiencing ableism and rainbow communities experiencing transphobia and homophobia.

The Women's Health Strategy is one of the 6 health strategies required under the Pae Ora Act that are being published in 2023, as part of making effect of the health reforms. Together the suite of health strategies guide collective efforts to achieve the goals of equity and pae ora. This direction will inform future decisions on Government objectives and health and wellbeing approaches, and in turn guide service priorities and the performance of health entities.

Prioritising women as a population group sets the direction for a whole of system shift where women and their whānau are supported to thrive. Women need to receive equitable consideration and resourcing within the health system. This requires the health system to review and then prioritise addressing areas of women's health and wellbeing where there are significant knowledge and service gaps. The strategy is a call for action across the system broadly and in key areas of women's health where gaps are resulting in preventable disease and death for our women and future generations of women.

Specific actions and decisions on investment will be made as part of confirming the Government Policy Statement on Health and Te Pae Tata, the New Zealand Health Plan, that come into effect from July 2024. In addition, planning and design of local services will also be guided by locality plans and Iwi-Māori Partnership Boards.

It is recognised that not everyone who experiences the health issues covered in strategy are women. The health needs discussed in this strategy can be experienced by people with diverse gender identities and expressions and sex characteristics. This includes those with variations of sex characteristics or intersex people, transgender men, non-binary people, takatāpui and MVPFAFF+.

While the term 'women' is used throughout the strategy, priorities in this health strategy will be relevant to wider groups of people. It is intended that the development and design of specific actions flowing from this strategy will be inclusive of rainbow voices and work to drive services and approaches that respond to rainbow needs and aspirations. We also recognise that not all women will experience some of the health issues that are referred to as 'women-specific' throughout the strategy.

The structure of this document

Part 1 describes a long-term vision for women's health and sets goals which guide our progress towards this vision.

Part 2 provides an assessment of the current state of women's health and wellbeing, and health system performance for women as well as key themes from engagement

Part 3 identifies the priority areas, and the changes needed in these areas, to achieve our 10-year vision for women's health and wellbeing.

Part 4 describes the next steps for how these changes can be delivered, including how the strategic direction will inform actions for health entities.

Part 1: Our vision for women's health

Our vision

Our vision is pae ora – healthy futures - for women. All women will live longer in good health, have improved wellbeing and quality of life, and be part of healthy, and resilient whānau and communities, within healthy environments that sustain their health and wellbeing.

There will be equitable health outcomes for wāhine Māori, which is a commitment under Te Tiriti o Waitangi.

There will also be equity of health outcomes between men and women, and between all groups of women

Our goals

The following goals will guide health entities in their work to achieve the vision for women's health:

- The Government and health system protect the indigenous rights of wāhine Māori to exercise tino rangatiratanga – self-determination and mana motuhake - over their health and wellbeing. Kaupapa Māori services are accessible to all wāhine Māori who wish to access them.
- Women are leaders within the health system, including wāhine Māori and diverse groups of women.
- The health system recognises and meets the needs and aspirations of all women and their whānau who will experience equitable health outcomes. All women and their whānau will:
 - feel welcomed and valued by the health system
 - not experience gender bias, racism, or other discrimination within health care
 - be empowered to have ownership over their health
 - receive high quality, evidence-based care and support that is appropriate to their gender, culture, context, age, and life stage
 - have more options, including access to kaupapa Māori services for wāhine Māori.

A commitment to Te Tiriti o Waitangi

The health sector is committed to fulfilling the special relationship between Māori and the Crown under Te Tiriti o Waitangi (Te Tiriti). Regarding the text of Te Tiriti and declarations made during its signing – the Crown, as the kaitiaki and steward of the health system (under article 1 of Te Tiriti), has the responsibility to enable Māori to exercise authority over their

health and wellbeing (under article 2) and achieve equitable health outcomes for Māori (under article 3) in ways that enable Māori to live, thrive and flourish as Māori (Ritenga Māori declaration).

The Crown's approach to meeting its obligations under Te Tiriti is outlined in section 6 of the Pae Ora (Healthy Futures) Act 2022. The legislation contains specific provisions intended to give effect to the Crown's obligations.

In particular, the health sector principles in section 7 of the Act guide the Minister of Health, Manatū Hauora | Ministry of Health and health entities in how they carry out their functions. The health sector principles incorporate key outcomes and behaviours derived from the principles of Te Tiriti, as articulated by the courts and the Waitangi Tribunal, including:

- **Tino rangatiratanga:** Providing for Māori self-determination and mana motuhake in the design, delivery and monitoring of health and disability services.
- **Equity:** Being committed to achieving equitable health outcomes for Māori.
- **Active protection:** Acting to the fullest extent practicable to achieve equitable health outcomes for Māori. This includes ensuring that the Crown, its agents, and its Treaty partner under Te Tiriti are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity.
- **Options:** Providing for and properly resourcing kaupapa Māori health services. Furthermore, the Crown is obliged to ensure that all health services are provided in a culturally safe way that recognises and supports the expression of hauora Māori models of care.
- **Partnership:** Working in partnership with Māori in the governance, design, delivery and monitoring of health and disability services – Māori must be co-designers, with the Crown, of the primary health system for Māori.

These principles are central to achieving our vision of pae ora | healthy futures for Māori. The inter-connected elements of pae ora acknowledge the importance of mauri ora, whānau ora and wai ora to Māori health and wellbeing and the need to work collectively and in collaboration with the communities our system serves, with iwi, hapū and Māori communities, and with the wider organisations that contribute to the health and wellbeing of whānau.

Our commitment to Te Tiriti o Waitangi is described in greater detail in the Hauora Māori Strategy, published in parallel with this document.

The Hauora Māori Strategy and Whakamaua: Māori Health Action Plan 2020-2025⁷ provide guiding outcomes and priorities for the health sector, so that all Māori, whoever they are and wherever they are from can flourish and thrive.

⁷ [Whakamaua: Māori Health Action Plan 2020–2025](#)

Part 2: Women's health and wellbeing

What we heard

This list draws out the overarching themes in health system performance for women, and many of the key insights on women's health from engagement on the Pae Ora strategies. You can read more about our engagement process and what we heard in [[link to engagement summary report](#)].

There is progress towards achieving equitable health care access and health outcomes for all women, and many women enjoy quality care

- Women are noticing a shift towards the health system hearing and empowering those with lived experience.
- Organisations that represent women told us about great programmes and services that improve the accessibility of care for women, including the Woman's Health Bus, which delivers women's health care across the Otago and Southland regions.

Women need to be supported to live and age well

- Improving women's health will also lead to better health outcomes for their whānau.
- There is a need for a greater focus on prevention, screening, and early intervention.
- Women want better information about key life stages, including, menopause and ageing, including information about how to live and eat well at every stage.
- Good mental wellbeing is integral to women's overall health and wellbeing, and it is affected by concerns about whānau, friends and women's environments.
- Women want the health system to prioritise issues that cause poor health in women, including issues that are more common in women.

Gender bias, racism and determinants of health shape women's health needs and experiences

- Women tend to put their own health last, prioritising the needs of their whānau first.
- Women experience barriers to health service access, including cost, transport, and access to childcare.⁸ Health services tend not to consider women within their broader whānau and environmental context.
- Bias and discrimination, including gender bias, racism, ableism, transphobia and homophobia are present in the health system. These affect access and quality of care, have a compounding effect for many women and drive inequities in health outcomes.

⁸ Ministry of Health (2022) Annual Update of Key Results 2021/22: New Zealand Health Survey

- Wāhine Māori have shared experiences of racism and bias in the health system and don't feel they can trust it. These experiences included members of the workforce dismissing or ignoring health symptoms.
- Asian and other ethnic women experience racism and cultural barriers to accessing healthcare, including language barriers and a lack of translation services.
- Determinants of health, including income level, exposure to family violence/sexual violence and access to healthy food, contribute to health outcome inequities between men and women, as well as inequities between groups of women.
- Many women do not feel heard, validated, or taken seriously by health care workers regarding their symptoms, including pain. This affects the timeliness of diagnosis and treatment, particularly for conditions that mostly affect women.

We need to hear and respond to women's needs and aspirations at a system level

- The health and social systems need to empower women and their families to make decisions to support pae ora, healthy futures.
- Wāhine Māori need to be in decision making roles and heard when advocating for the health and wellbeing of themselves and their whānau.
- Women want to be treated as a whole person, rather than as a single issue, and to be considered within their broader social and cultural context.
- Women are an essential component of the health workforce. There is a need to support women, particularly wāhine Māori, Pacific women, and other key groups of women including disabled women to train in health professions, and to better recognise and value women working the health system.

Care and support needs to be more responsive to issues that are specific to women

- There is a lack of understanding, support and treatment options for conditions or experiences that specifically affect women, such as endometriosis and menopause, and conditions that look different between genders, like heart disease.
- Stigma, whakamā and lack of accessible women's health education affect women's openness about health conditions, as well as their access to support for issues with menstruation, sexual health, and mental health and wellbeing.
- While the amount of information available about women's health is improving, women want their daughters and the next generation to have access to more information, including on menstrual, pelvic, and sexual health.

The health system must deliver better outcomes for mothers, whānau, and future generations

- Wāhine Māori are the holders of whakapapa with deep connection to te taiao, land, iwi and communities. Health services and programmes, including those for pregnancy and early years, need to recognise and uphold mana wāhine.

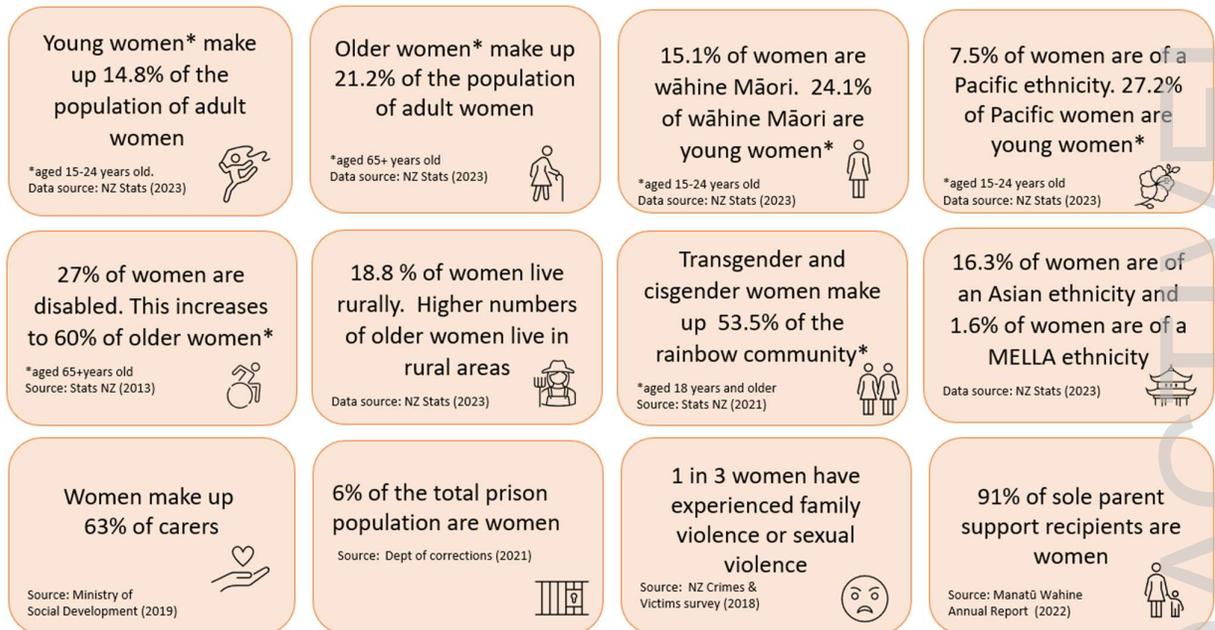
- Access to health care and support in the period of pregnancy through to the early years is not equitable leading to poorer perinatal outcomes for some groups of women and their whānau.
- All groups of women and their whānau want to see a better health system, and better health and wellbeing, for the next generation.

Diversity

Women make up just over 50 percent of the total adult population of New Zealand. Women identify with many different population groups, identities and cultures. Women are diverse, and have their own unique contexts, strengths, world views, experiences, identities, preferences, and choices. Some population statistics about the women of New Zealand are described below.

We acknowledge that not everyone who experiences the health conditions and experiences covered in this strategy are women. People with diverse gender identities, expressions and sex characteristics that may experience the health needs discussed in the strategy include people with variations of sex characteristics or intersex people, transgender men, non-binary people, takatāpui and MVPFAFF+.

Figure 2.1 Population statistics on New Zealand women



Wāhine Māori

“Me aro koe ki te hā o Hineahuone. Mai te tīmatanga, ko Papatūānuku, te whaea whenua, ko Hineahuone te ira tangata tuatahi, he wāhine. Tihei Mauri ora!

Pay the heed to the dignity of Māori women. From the beginning of time was Papatūānuku, the Earth Mother, then Hineahuone the first human created a woman. I sneezed and therefore I live!”

Te mana o te wāhine is embedded within a Māori worldview and celebrated within Māori creation narratives. In a traditional Māori worldview, there is balance between the intrinsic value of men and women, both reliant on each other for survival, and both contributing to the collective wellbeing of whānau, hapū and iwi. Wāhine Māori hold special status as ‘whare tangata’ house of the people, which recognises their role as central to continuing whakapapa.⁹

During engagement in early 2023, wāhine Māori shared their aspirations for pae ora – healthy futures. Wāhine Māori told us that for them, pae ora involves:

- Mauri ora: being content, balanced, protected, strong, special, and positive.
- Whānau ora: healthy women ensure healthy families and communities.
- Wai ora: connection to nature and having access to a healthy and safe environment.

To develop health system that works for wāhine Māori, the indigenous rights of Māori and tino rangatiratanga need to be recognised, with mana wāhine and mātauranga Māori at the centre.

While there have been some improvement for wāhine Māori in recent time, including rising life expectancy, decreasing rates of cervical cancer and smoking rates, there are still significant health inequities driven by the structural and social determinants of health. For example, Wāhine Māori experience higher levels of poverty and socioeconomic disadvantage that non-Māori men and women, and Māori men. Wai 2700, the Mana Wāhine Kaupapa Inquiry includes claims related to the impact of Crown policies and actions on the health and wellbeing of wāhine Māori and their whānau.¹⁰

Health and health system performance for wāhine Māori is discussed in more detail through “Women’s health and health system performance”. Achieving pae ora for wāhine Māori requires an ecosystem of change that redistributes power, privilege, resources, and opportunity to create an equitable health system that ensures all wāhine Māori, whoever they are and wherever they are from, can thrive and flourish.

The Hauora Māori Strategy and Whakamaua: Māori Health Action Plan 2020-2025¹¹ provides

⁹ Kotuku Partners. Hauora Wāhine Māori. Recent directions for Māori women’s health 1984-1994. A report prepared for the Population Health Services Section of the Ministry of Health and the Ministerial Advisory Committee on Women’s Health. Wellington; 1994.

¹⁰ [Mana Wāhine Kaupapa Inquiry | Waitangi Tribunal](#)

¹¹ [Whakamaua: Māori Health Action Plan 2020-2025](#)

guiding outcomes, priorities and actions for the health system, so that:

- wāhine Māori can exercise their authority to improve their health and wellbeing
- the health system is fair and sustainable, and delivers more equitable outcomes for wāhine Māori
- the health system addresses racism and discrimination for wāhine Māori
- the health system includes and protects mātauranga Māori
- The Women's Health Strategy sits alongside the other Pae Ora strategies in setting direction for system change to address inequity for wāhine Māori.

Medium to long term trends

Our population of women is becoming increasingly diverse. In 20 years, the populations of women aged 65 and over are projected to more than double for Māori, Pacific, and Asian ethnicities, with European women aged 65 and over increasing by 40 percent.¹² Whilst life expectancy for women is expected to increase, so is the time women spend living in poor health.

A more diverse and ageing population of women living longer in poor health has a range of implications for the future health system. This includes workforce, system sustainability and culturally safe models of care.

We are seeing more public health emergencies including disease outbreaks, as well as natural disasters caused by climate change. These emergencies disproportionately affect women. For example, women were more impacted by the COVID-19 job losses due to greater numbers of women working in tourism-characteristic industries, such as accommodation, passenger transport, travel agencies, sightseeing operators, and cafés and restaurants.¹³

Women's health and health system performance

Women's life expectancy and time spent in good health

Health-adjusted life expectancy (health expectancy) represents the number of years people live in good health. While men have a shorter life and health expectancy than women, women spend more time living in poor health.

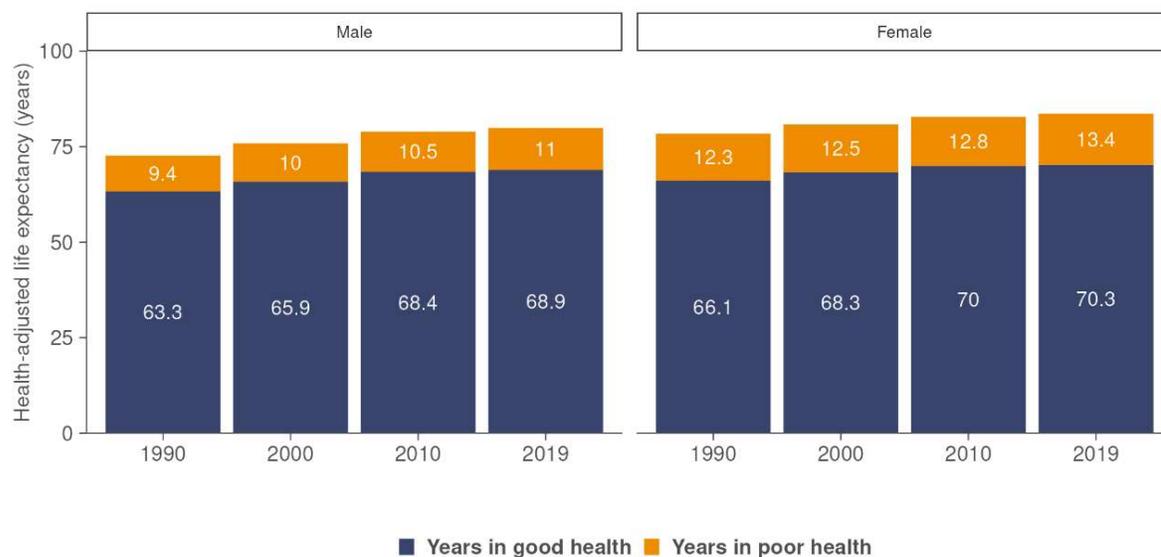
In 2019, women spent 13.4 years living in poor health, with men spending 11.0 years living in poor health. For people born in 2019, life expectancy was 3.7 years longer for women than

¹² [National ethnic population projections: 2018\(base\)–2043 | Stats NZ](#)

¹³ [COVID-19's impact on women and work | Stats NZ](#)

for men (83.6 years vs 79.9 years)¹⁴. However, much of the difference was due to more time spent living in poor health (13.4 years vs 11.0 years).

Figure 2.2 Healthy life expectancy and years in poor health, by sex at birth, for key years from 1990 to 2019¹⁵



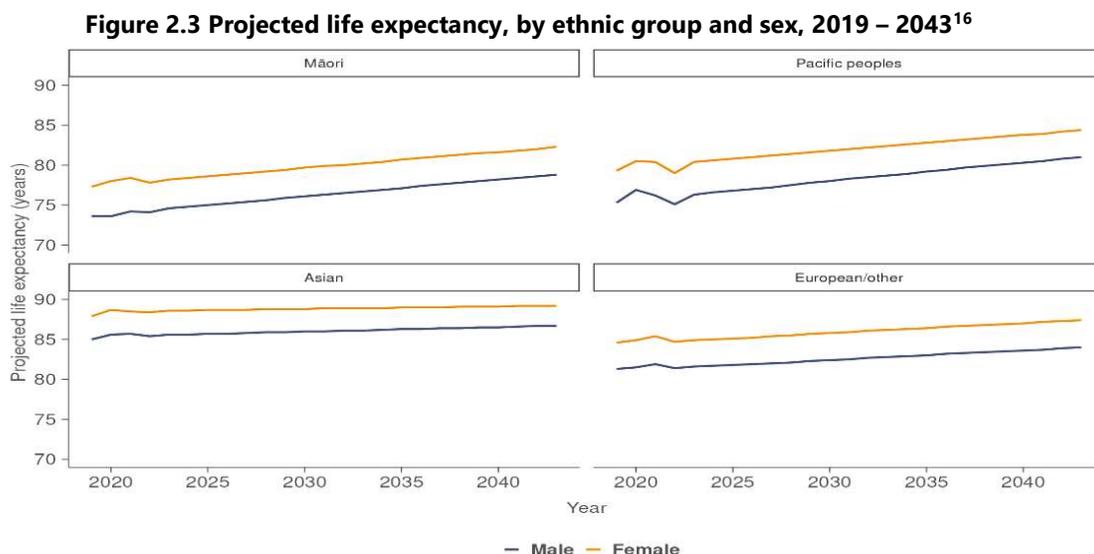
Source: Institute for Health Metrics and Evaluation (2020)

Since 2010, health-adjusted life expectancy has only increased slightly for women (from 70 to 70.3) while years spent in poor health has had a greater increase (12.8 to 13.4 years).

There are stark inequities - life expectancy for wāhine Māori and Pacific women (77.1 years and 79 years) is lower than for European or Asian men (81 years and 85.1 years).

¹⁴ Ministry of Health. 2020. *Longer, Healthier Lives: New Zealand’s Health 1990–2017*. Wellington: Ministry of Health.

¹⁵ Institute for Health Metrics and Evaluation. 2020. *Global Burden of Disease Study 2019 (GBD 2019) life tables 1950-2019*. URL: <https://ghdx.healthdata.org/record/ihme-data/gbd-2019-life-tables-1950-2019> (accessed 18 April 2023).



Source: Stats NZ. 2022

Major causes of poor health for women

The top five causes of disease burden for females of all ages (based on Disability Adjusted Life Years) are ischaemic heart disease low back pain, chronic obstructive pulmonary disease, stroke, and falls.¹⁷

For women aged 50 to 69, low back pain, breast, lung cancers and disease and osteoarthritis are the top disease burdens. For women 70 years and older, ischemic heart disease, Alzheimer’s, and other dementias as well as stroke, lung disease and falls are the top causes on disease burden.

Figure 2.4: Top 5 burdens of disease for women at different ages (based on Disability Adjusted Life Years), Global Burden of Disease statistics, 2019¹⁸

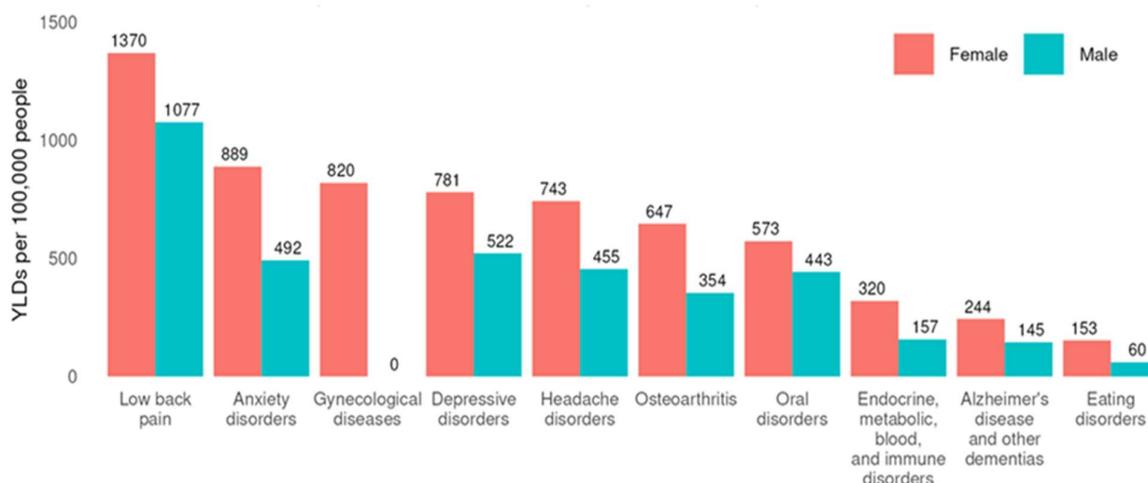
Females (15-49)	Females (50-69)	Females (70+)
Gynaecological diseases	Low back pain	Ischemic heart disease
Low back pain	Breast cancer	Alzheimer’s disease and other dementias
Anxiety disorders	Tracheal, bronchus and lung cancer	Stroke
Depressive disorders	Chronic obstructive pulmonary disease	Chronic obstructive pulmonary disease
Headache disorders	Osteoarthritis	Falls

¹⁶ <https://nzdotstat.stats.govt.nz/wbos/Index.aspx?DataSetCode=TABLECODE8615> (accessed 15 June 2023)

¹⁷ <https://vizhub.healthdata.org/gbd-compare/>.

¹⁸ [Institute for Health Metrics and Evaluation \(2021\)](#)

Figure 2.5: Selected causes of years lived with disability by sex, Global Burden of Disease statistics, 2019



The top burdens of disease for women vary between ethnic and social groups

Lung cancer makes the greatest contribution to the gap in life expectancy between Māori and non-Māori non-Pacific women. Ischemic heart disease is the second largest cause to the gap in life expectancy gap for Māori women, and the second leading cause of healthy life years lost. Other non-communicable diseases, including diabetes, chronic lung disease, and stroke are also leading contributors to the gap in life expectancy between Māori and non-Māori non-Pacific women.¹⁹ Major causes of death for Pacific women include diseases of the circulatory system, cancer, endocrine, and nutritional and metabolic diseases.

Time spent in good health for rainbow women and gender diverse people may differ to that of non-rainbow women. For example, the *Counting Ourselves* survey found that five out of every seven trans and non-binary participants aged 15 and older (71 percent) reported high or very high psychological distress, compared with only 8 percent of the general population in Aotearoa New Zealand.²⁰

Women’s mental health and wellbeing

Women’s mental health and wellbeing is influenced by a range of social, cultural, environmental, and economic conditions. Women disproportionately report depressive and anxiety symptoms and are more likely to be diagnosed with anxiety, depression, or other mood disorders.²¹ In comparison men experience different symptoms that may not be as well captured by mental health surveys, accounting for some of the difference between

¹⁹ Walsh M, Grey C. The contribution of avoidable mortality to the life expectancy gap in Māori and Pacific populations in New Zealand—a decomposition analysis. *N Z Med J.* 2019;132(1492):46-60.

²⁰ [Counting Ourselves | Aotearoa New Zealand Trans and Non-Binary Health Survey](#)

²¹ Ministry of Health (2022) Annual Update of Key Results 2021/22: New Zealand Health Survey

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diagnosis rates for women and men. Evidence also suggests that Autism Spectrum Disorder assessment tools may be less sensitive for girls and women, and that training for clinicians needs include autism presentation in girls and women.²²

Mental health and wellbeing outcomes can vary between groups of women, with younger women and young wāhine Māori experiencing higher rates of psychological distress.²³ People in rainbow communities are over twice as likely as non-rainbow people to experience daily feelings of depression, and rainbow young people, including cis-gender women and transgender people, report high rates of self-harm and attempted suicide.²⁴

Many women in New Zealand experience substance related harm with wāhine Māori and Pacific women experiencing higher rates of harm that affect them and their whānau.²⁵ For women who are pregnant, there are significant risks of harm to the developing baby including risk of foetal alcohol spectrum disorder.²⁶ Māori, Pacific, and Asian women experience higher levels of gambling harm than Pākehā women.²⁷

Health conditions and issues that are more common in women

There are several health conditions are more likely to affect women compared to men. This includes osteoporosis, autoimmune diseases, urinary incontinence, headache disorders and, certain cancers.

Osteoporosis is experienced by over half of post-menopausal women over 60 years old, compared to just 1 in 3 men over 60 years.²⁸ Osteoporosis leads to increased risk of hip fractures in postmenopausal women, with women having a one in three lifetime risk of osteoporotic fractures.

Autoimmune conditions that are more common in women include lupus and rheumatoid arthritis. Some submitters on the strategy reported low specialist health workforce rheumatologists (autoimmune condition specialist) numbers in some regions impacting women's access to these services.

There are also health conditions that are more common in women because of women's longer life expectancies, including dementia. Dementia rates in women are about 30 percent higher compared to men in those aged 80 years and over.

²² van der Mer, L & Evans, K. (2021). The autism diagnostic process in New Zealand, Final Report.

https://www.autismcrc.com.au/sites/default/files/reports/1-058_NZ-Diagnostic-Practices_Final-Report_2021.pdf

²³ Ministry of Health (2022) Annual Update of Key Results 2021/22: New Zealand Health Survey

²⁴ Fenaughty, J., Ker, A., Alansari, M., Besley, T., Kerekere, E., Pasley, A., Saxton, P., Subramanian, P., Thomsen, P. & Veale, J. (2022). Identify survey: Community and advocacy report. Identify Survey Team.

²⁵ Ministry for Women Manatū Wāhine. Ministry's input into the inquiry into mental health and addiction.

²⁶ Rankine, J., et al., (2013). Women and Alcohol in Aotearoa/New Zealand Te waipiro me ngā wāhine i Aotearoa.

²⁷ Te Hiringa Hauora & Kupe. (2018). Health and Lifestyles Survey 2020. Retrieved from <https://kupe.hpa.org.nz/#/>

²⁸ Osteoporosis | Healthify

Access to health care for issues specific to women

Stigma is a known issue in women's sexual and reproductive health.²⁹ Women told us they can feel embarrassed about accessing health services for sexual health and gynaecological concerns due to stigma. This can stop women from talking with others about gynaecological health, which limits understanding of what is normal and when health advice is required. Stigma, in the form of shaming, can be worse for groups of women who experience cultural beliefs or biases that prevent discussion of sexual health and gynaecological concerns. This can include Pacific, Asian and other ethnic women, young women and wāhine Māori, rainbow people and disabled women.³⁰

Pelvic health conditions

Through engagement we heard that many women live with pelvic pain or heavy bleeding. Even when women have a diagnosis, there are often barriers to treatment for pelvic health conditions, including cost barriers and long wait times.

Endometriosis is an example of how the health system performs in relation to women's pelvic health, and how this affects women's health and wellbeing. Endometriosis affects 10 percent of women of reproductive age and accounts for 19 percent of all chronic pain in New Zealand.¹ The health system takes an average of eight years to diagnose endometriosis, which affects women's quality of life, including through negative effects on their schooling, employment, relationships, and mental wellbeing.³¹

Women's cancers

Women's cancers are those that only affect women or people assigned female at birth, such as gynaecological cancers (ovarian, cervical, and endometrial cancer), or that disproportionately affect women, such as breast cancer. Breast cancer is the most common cancer affecting women. Of all women's cancer deaths, cervical cancer causes the most deaths of wāhine Māori under 30 years³² and breast cancer causes the most deaths for all women under 65.³³

30-50 percent of all cancers are preventable, with the main modifiable cancer risk factors being tobacco, poor nutrition, inadequate physical activity, excess body weight, alcohol, exposure to UV radiation, workplace carcinogens, and chronic infections.³⁴

Compared to men, women in New Zealand have more opportunities for prevention of some cancers. For example, HPV vaccination is fully funded in New Zealand for those aged nine to

²⁹ Hussein, J., & Ferguson, L. (2019). Eliminating stigma and discrimination in sexual and reproductive health care: a public health imperative. *Sexual and reproductive health matters*, 27(3), 1–5. <https://doi.org/10.1080/26410397.2019.1697103>

³⁰ Pretious H, Temple V. NZCSRH Feedback for Practitioner Training Project: Experiences of Disabled Clients Accessing Sexual and Reproductive Healthcare in Aotearoa. May 2022

³¹ Tewhaiti-Smith, J., Semprini, A., Bush, D. et al. An Aotearoa New Zealand survey of the impact and diagnostic delay for endometriosis and chronic pelvic pain. *Sci Rep* 12, 4425 (2022). <https://doi.org/10.1038/s41598-022-08464-x>

³² Health Quality and Safety Commission. A window on the quality of Aotearoa New Zealand's health care 2019 – a view on Māori health equity. Wellington: Health Quality & Safety Commission; 2019.

³³ [Historical cancer data – Te Whatu Ora - Health New Zealand](#)

³⁴ [Te Aho o Te Kahu - The State of Cancer in New Zealand 2020](#)

26 years and prevents 90 percent of cervical cancers.³⁵ There are also cervical cancer and breast cancer screening programmes available for women.

From July 2023, cervical screening will change from a smear test to an HPV test. Women will have the choice to self-test. The National Cervical Screening Programme and Breast Screening Aotearoa are working with wāhine Māori and Pacific women to codesign screening programmes that will address the screening equity gap that exists. There are also innovative programmes that have been developed in the area of early cancer detection, including a programme for Pacific women that aims to detect endometrial cancer early.

Access to contraception

Access to effective contraception is important for the health and wellbeing of women of reproductive age. Barriers to contraceptive access can lead to unintended pregnancies and sexually transmitted infections. One area where women want change is in access to long-acting reversible contraceptives (LARC).

Whilst LARC are highly effective contraceptives, some forms of LARC are also used as treatment for menstrual conditions, including pain and heavy menstrual bleeding³⁶ as well as menopause symptoms. Whilst there has been additional funding for LARC in recent years, there has been inconsistency of funded LARC access criteria across the country as well as varied access to trained LARC providers. This has resulted in a lack of equitable access to LARC and cost barriers.

Menopause

Menopause is a normal life stage that women in New Zealand typically experience between the ages of 45 and 55 years old. Around 70 percent of women have significant symptoms associated with menopause and 40 percent will see a doctor for menopause symptoms.³⁷

We heard that many women feel that they did not receive good care for when they seek support for perimenopause and menopause symptoms. Women told us they felt there was a lack of GP education around menopause.

Menopause hormone treatment is now included in treatment pathways, and many GPs have upskilled in perimenopause and menopause. However, there is a lack of publicly funded clinics in New Zealand. This means that for women that require specialist support for their menopause symptoms, this care is only available for those able to pay.

Inequities in perinatal outcomes and health care access

Key findings of the Mortality Review Committee identified that ethnic, deprivation, and age inequities persist. This included the finding that Māori, Pacific peoples, Indian populations, those aged under 20 years, and those living in areas of high deprivation all experience worse

³⁵ [Te Aho o Te Kahu - The State of Cancer in New Zealand 2020](#)

³⁶ <https://www.familyplanning.org.nz/advice/periods/abnormal-periods>

³⁷ <https://healthify.nz/hauora-wellbeing/m/menopause/>

perinatal outcomes than those of New Zealand European ethnicity.³⁸ Disabled women and pregnant people also face significant challenges when accessing pregnancy care, including experiencing judgement from health providers for choosing to have a baby.³⁹

We know that there are significant issues with access to early pregnancy care in New Zealand. Not only is there a shortage of around 1,000 midwives across the country, but there is also limited availability of kaupapa Māori and Pacific services. 50 percent of wāhine Māori do not access maternity care in the first trimester.⁴⁰ In 2018, less than half of pregnant Pacific women registered with a lead maternity carer (LMC).⁴¹ Rural women are also disproportionately affected by these workforce shortages, with 11 percent of midwives that register a location of work serving rural areas, whilst 18 percent of 0-4 year olds live in rural communities.

There has been a lack of wider support services available for women and pregnant people during pregnancy and the early years. For example support with existing physical and mental health conditions, alcohol and substance use, as well as conditions that develop during pregnancy and birthing, such as gestational diabetes, back and pelvic injury, and perinatal distress. Lack of access to these services means that LMCs can become the sole support for women, causing extra pressure and stress on the LMC workforce.

Maternal mental health

In New Zealand, between 10 percent and 20 percent of birthing parents experience perinatal distress to a level requiring mental health support. Maternal mortality as suicide is the top cause of maternal mortality for wāhine Māori. Focusing on maternal mental wellbeing before pregnancy, during pregnancy, and into the first few years of a child's life has been identified as the most effective way to break cycles of intergenerational disadvantage and improve perinatal outcomes.⁴²

Work underway

Work towards improving pregnancy and early years outcomes is underway. Kahu Taurima is the joint Te Aka Whai Ora and Te Whatu Ora approach to maternity and early years (pre-conception to five years old, or the 'First 2000 days of life') for all whānau in Aotearoa New Zealand. Kahu Taurima is reconfiguring maternity and early years services to support well connected, easy to navigate, and culturally affirming health services for all women and families, and specifically for wāhine Māori and whānau.⁴³ Budget 2022 invested in improving

³⁸ <https://www.hqsc.govt.nz/assets/Our-work/Mortality-review-committee/PMMRC/Publications-resources/15thPMMRC-report-final.pdf>

³⁹ Donald Beasley Institute. (2022). My Experiences, My Rights: A Monitoring Report on Disabled People's Experiences of Health and Wellbeing in Aotearoa New Zealand. [Monitoring Short Report]. New Zealand Disabled People's Organisations Coalition.

⁴⁰ Health Quality and Safety Commission. A window on the quality of Aotearoa New Zealand's health care 2019 – a view on Māori health equity. Wellington: Health Quality & Safety Commission; 2019

⁴¹ Ministry of Health. 2023. *Te Mana Ola: The Pacific Health Strategy*. Wellington: Ministry of Health.

⁴² The Helen Clarke Foundation (2022). *Āhurutia Te Rito: It take a village*.

⁴³ Te Whatu Ora (2022). *Te Pae Tata Interim New Zealand Health Plan 2022* <https://www.tewhātuora.govt.nz/publications/te-pae-tata-interim-new-zealand-health-plan-2022/>

access to community-based specialist infant and maternal mental health services, including kaupapa Māori services.⁴⁴

Determinants of poor health and wellbeing for women

Multiple factors (determinants of health) combine to affect the health and wellbeing of women and their whanau. These include genetics, environment, and circumstances such as relationships, societal attitudes and available choices, income, caring responsibilities.

As highlighted throughout this strategy, gender bias is a key of determinant of health for women and influences their experience within the health system. Gender bias interacts with a range of other determinants, including but not limited to the following:

Racism is a root cause of health inequity, operating within and outside the health system. It results in unequal distribution of power and resources, and differential access and exposure to the broader determinants of health. Within Aotearoa New Zealand, extensive research has produced clear evidence of the presence of racism in the health system and its impact on health outcomes.⁴⁵ Racial health inequity affects Māori, Pacific, Asian and ethnic communities, with Māori and Pacific peoples the two groups most historically affected in Aotearoa. Racism has resulted in wāhine Māori experiencing poorer health outcomes, including lower life expectancy, trauma, and inequities including experience of mental distress, substance use, maternal suicide rates and cancer. For example, whānau Māori report that bias contributes to delayed diagnostic testing when presenting with cancer symptoms. Manatū Hauora is undertaking work to support the way the health system understands, reacts and responds to racism in health, this includes identifying and shifting the conditions that hold unfair and unjust health outcomes in place.⁴⁶

Family violence and sexual violence harms women's physical, mental, and spiritual health and can result in trauma. Women are 2.5 times more likely to experience intimate partner violence with around 1 in 3 women experiencing family violence and sexual violence at some stage in their life.⁴⁷ Disabled women and people in rainbow communities are more likely to experience intimate partner violence than other women and disabled men.⁴⁸

⁴⁴ <https://www.beehive.govt.nz/release/hundreds-benefit-additional-maternal-health-support#:~:text=The%20Government's%20Budget%202022%20investment,expectant%20mothers%20around%20the%20country.>

⁴⁵ Manatū Hauora. 2019. *Achieving equity in health outcomes: Summary of a discovery process*. URL: www.health.govt.nz/system/files/documents/publications/achieving-equity-in-health-outcomes-summary-of-a-discovery-process-30jul2019.pdf (accessed 4 May 2023).

⁴⁶ Manatū Hauora. 2023. *Ao Mai te Rā: The anti-racism kaupapa*. URL: www.health.govt.nz/our-work/populations/maori-health/ao-mai-te-ra-anti-racism-kaupapa (accessed 5 May 2023).

⁴⁷ [NZCVS-Lifetime-SV-IVP.pdf \(justice.govt.nz\)](https://www.justice.govt.nz/assets/Uploads/NZCVS-Lifetime-SV-IVP.pdf)

⁴⁸ Fanslow JL, Malihi ZA, Hashemi L, Gulliver PJ, McIntosh TKD. Lifetime Prevalence of Intimate Partner Violence and Disability: Results From a Population-Based Study in New Zealand. *Am J Prev Med*. 2021 Sep;61(3):320-328. doi: 10.1016/j.amepre.2021.02.022. Epub 2021 Jul 21. PMID: 3441922

Housing and homelessness. Women are less likely than men to be homeowners, with Pacific women having the lowest rates of home ownership. Wāhine Māori, young women, and women with lived experience of mental distress and substance harm are more likely than other groups of women to be homeless, or living in emergency or overcrowded accommodation.⁴⁹

Socioeconomic deprivation and financial stability. Women overall are more likely to have a low income than men. Wāhine Māori experience higher levels of hardship than non-Māori men and women, and Māori men, across a range of measures, including low income, unemployment, and access to motor vehicles. Pacific, ethnic, and disabled women have the lowest median weekly incomes out of the total New Zealand population. Lower incomes mean that women are disproportionately affected by health care costs such as primary care fees, dental costs and prescription charges.⁵⁰ Many women enter retirement with significantly lower savings than men due to lower wages and more time spent outside of paid employment over the course of their lives.⁵¹

Unpaid carers are people who care for friends, family, whānau and aiga members with a disability, health condition or illness who need help with everyday living. Women make up 63 percent of unpaid carers, with older women as the largest group. Unpaid carers are less likely to be partnered and more likely to be sole parents. Younger carers are more likely to be Māori and Pacific. Caring is associated with reduced health and wellbeing and has an economic cost, including loss of income and lost opportunities to participate in education.⁵²

Women in prison are a vulnerable population who typically have high and complex health requirements. 68 percent of women in prison have been the victim of family violence and sexual violence (including in state settings). 52 percent have suffered post-traumatic stress disorder, 75 percent have a diagnosed mental health condition and 62 percent have both mental health and substance disorders. Wāhine Māori make up 66 percent of women in prison⁵³.

Unhealthy environments. Environments, including availability of nutritious food, access to green space, clean air and fresh water are fundamental to physical, mental, emotional and spiritual health and wellbeing. A key theme in engagement with wāhine Māori was that their connection to taiao, the natural environment, as crucial for their wellbeing. Women and girls are more likely to feel unsafe in public spaces, and non-Pākehā women are more likely to feel unsafe due to experiencing both gendered and racialised harassment.

⁴⁹ Fraser B, White M, Cook H, Chisholm E, Ombler J, Chun S, Tareha H, Pierse N. Service usage of a cohort of formerly homeless women in Aotearoa New Zealand. *SSM Popul Health*. 2021 Jun 8;15:100842. doi: 10.1016/j.ssmph.2021.100842. PMID: 34169140; PMCID: PMC8209275

⁵⁰ Ministry of Health. 2023. *Health and Independence Report 2022: The Director-General of Health's Annual Report on the State of Public Health*. Wellington: Ministry of Health.

⁵¹ KiwiSaver Demographic Study, Retirement Commission, 2022 <https://retirement.govt.nz/news/latest-news/new-data-reveals-for-the-first-time-largest-breakdown-of-kiwisaver-balances-across-all-ages-and-genders/>

⁵² [The New Zealand Carers' Strategy - Ministry of Social Development \(msd.govt.nz\)](https://www.msd.govt.nz/strategy/the-new-zealand-carers-strategy)

⁵³ [Corrections Wahine - E rere ana ki te pae hou 2021 - 2025.pdf](#)

Prevention of poor health and wellbeing in women

Addressing determinants of health can prevent and reduce health inequities experienced by women, including between groups of women. The leading contributors to the 7.3 year life expectancy gap between wāhine Māori and non-Māori women are caused by exposure to unhealthy environments, substance use, including tobacco and alcohol use and poor nutrition. These risk factors are rooted in structural racism and influenced by related factors including poverty, family violence and sexual violence.⁵⁴

Women told us that their communities play a significant role in keeping them healthy and active. We know that isolation can cause of vulnerability for older people, including women who experience higher levels of social isolation (women living alone and not volunteering or helping whānau). Reducing barriers and supporting women to engage in physical activity to keep them moving improves their quality of life, reduces the risk of injuries such as hip fracture, and has the potential for significant cost savings for the health system.

⁵⁴ Grey C. The contribution of avoidable mortality to the life expectancy gap in Māori and Pacific populations in New Zealand—a decomposition analysis. NZ Med J. 2019;132(1492):46-60.[acc](https://www.nzma.org.nz/journal/132-1492/46-60)

Part 3: Priority areas for women's health and wellbeing action

Opportunities and priorities

The health reforms are an opportunity to redesign the health system so that it better reflects the needs of the people it serves. Part 2 of this strategy highlighted that although women make up over half of New Zealand's population, our health system is not delivering for women. Achieving pae ora for women requires changes across the health system and wider sectors.

Priority areas for realising our vision for women's health

Achieving our vision and making progress towards our goals for women's health requires system level shifts and focussing on key areas of women's health and wellbeing. Our 4 interconnected priority areas are:

Priority 1: A health system that works for women.

Priority 2: Improving care for issues specific to women.

Priority 3: Better outcomes for mothers, whānau and future generations.

Priority 4: Living well and ageing well.

Priority 1, a health system that works for women, sets out the system level shifts and enablers to drive change within the health system and help us to achieve these goals. Priority 1 is overarching across the other priorities.

Priorities 2, 3 and 4 highlight areas of specific focus within the broader system. These focus areas were developed by what we heard from women, groups and organisations that support women, and those working in the health sector about key challenges and opportunities in women's health.

Priority area 1. A health system that works for women

What we heard

"Ngā wāhine e ngaro ana." (wāhine missing/not heard by system) Ngā Wānanga Pae Ora 2023 participant

"I want to feel heard, not rushed. Take the time to read the notes about me and my history, come to an appointment with understanding and empathy, I am not a robot, and neither are you" – Women's Health Strategy engagement participant

"Many wāhine Māori don't completely trust the health system" Ngā Wānanga Pae Ora 2023 participant

"My ideal system would be one in which it was safe for people of all identities to be openly, authentically themselves; it would provide professionals who are well-trained and willing to listen and to learn and to work in partnership; and it would give time and space for patients to share their experience and be believed when they do." – Written submission on the Women's Health Strategy

Why this is a priority

Women's needs and experiences are not equitably considered in the design and operation of the health system or prioritised in health research. There is clear evidence of bias in the health system⁵⁵ and such bias affects health system performance for women, particularly wāhine Māori. There is also evidence that cost barriers in the health system disproportionately affect women.⁵⁶

Many women also do not feel that their voices are heard and responded to, both in their interactions with health care providers, and at the system and service level. For women to trust the health system, all women need to be confident that they will receive quality care, that is in keeping with the Code of Health and Disability Services Consumers' Rights, and meets their needs and aspirations. The health system needs to meet Te Tiriti obligations address health inequities for wāhine Māori. Through engagement wāhine Māori told us that they want to see action and accountability for this. We must support self-determination for wāhine Māori over their health and wellbeing, partner with wāhine Māori and hear and respond to their voices and choices in the design and delivery of health care for women. Wāhine Māori told us that this includes having wāhine Māori in decision making roles in the

⁵⁵ Manatū Hauora. 2019. *Achieving equity in health outcomes: Summary of a discovery process*. URL: www.health.govt.nz/system/files/documents/publications/achieving-equity-in-health-outcomes-summary-of-a-discovery-process-30jul2019.pdf (accessed 4 May 2023).

⁵⁶ Ministry of Health. 2023. *Health and Independence Report 2022: The Director-General of Health's Annual Report on the State of Public Health*. Wellington: Ministry of Health.

health system and being involved in the design and delivery of health care services and programmes.

Addressing the different manifestations of racism requires a systems-change approach, strong collaboration, and a commitment to shifting the conditions that create, maintain, and perpetuate health Māori inequity at multiple levels. We need continue work that has been started to address racism and cultural bias within the health system⁵⁷ to address health inequities experienced by wāhine Māori, Pacific, Asian and other ethnic women.

It is also important that we hear from women from all stages of life, as young women will set the course of our future health system, and older women represent the life experience and needs of our growing older population.

Lack of consideration of women's needs, experiences and aspirations causes women to face inequities in access to health information, accessing health care, getting timely diagnoses, and receiving the appropriate treatment. It also means that the healthcare does not respond to differences in needs and experiences between groups of women, which leads to health inequities across New Zealand and between groups of women. This includes major health inequities for wāhine Māori.

Our priority is to achieve system change for women's health, so that all women have access to health information and services that are accessible, culturally, and clinically safe for women, and informed by evidence and the voices of women. There is a need to ensure that healthcare for women is better coordinated, across health care services and programmes, as well as across parts of New Zealand

Priority 1 sets out the system changes needed across all areas of the health system to achieve pae ora for women. These are necessary enablers to achieving the ambitions in priorities 2, 3 and 4, which focus on specific issues women face within the health system.

What it will look like in the future

There will be improved equity of service access and outcomes for all women and between groups of women.

Te mana o te wāhine is acknowledged and the voices of wāhine Māori are prioritised with recognition of their indigenous rights. Wāhine Māori are able to exercise self-determination over their health and wellbeing. Mātauranga Māori is respectfully included and protected in the health system, in commissioning and service delivery, and kaupapa Māori models of care are available for wāhine Māori.

Women's health leadership and the voices of diverse women will be present at all levels of the system, including in governance, service design, delivery, and system monitoring. Consumer engagement will be aligned with the code of expectations for engagement with consumers and whanau, as required by the Pae Ora Act. There will be equitable prioritisation

⁵⁷ Manatū Hauora. 2023. *Ao Mai te Rā: The anti-racism kaupapa*. URL: www.health.govt.nz/our-work/populations/maori-health/ao-mai-te-ra-anti-racism-kaupapa (accessed 5 May 2023).

and resourcing of women's health services, health and wellbeing support services and women's health research. Clear governance mechanisms will support joined up, safer services for women with a focus on system level quality improvement, innovation, and sustainability across all health entities and inclusive of localities.

Health data makes women and their realities visible, and a gender lens is applied to health research to ensure there are no significant research gaps in women's health. Women's health services, pathways and treatments will be based on evidence based practice for women. Women's health service design will see women within a whānau context and consider their realities. For example, services will better support women caring for children or others to access health care.

The health workforce will be representative of all groups of women, and will value women in the workforce, including their clinical, cultural, and lived experience skillsets. There is more health education and investment in keeping women well (disease prevention), as well as improved access to primary care to support early intervention. The health workforce will be more responsive to women's health needs, including in areas of health where women present differently or experience different outcomes to men.

Partnerships across the system, with communities and cross-government, are increased in number and strengthened. Partnerships contribute to healthier communities and addressing wider determinants of health for women contributing to improved health outcomes and social and economic outcomes.

What needs to change

Health entities need to:

- Actively address bias and discrimination in all forms, including gender bias, racism and cultural bias, as root causes of health inequity. Stigma must also be actively challenged, through public health, education, training, and accountability mechanisms.
- Ensure there are proactive and accessible pathways for wāhine Māori to be in leadership and decision-making roles within the health system. We also need to ensure accessible pathways to health leadership positions for all women across the health system, with an active focus on supporting a diversity of female leaders.
- Prioritise of services and programmes by Māori for Māori, recognition of te mana o te wāhine, and regional commissioning aligned with locality plans agreed by Iwi-Māori Partnership Boards. This includes recognising and respectfully including mātauranga Māori, and recognising the healing potential of kaupapa Māori approaches, of rongoā Māori, and whānau-centred and Māori-led health care for wāhine Māori.
- Listen to the voices of women of all ages. This requires action from policy makers, service commissioners, service coordinators, health professionals and education and training providers.

- Ensure that health policy and commissioning includes equitable prioritisation and resourcing of women's health support, with a focus on prevention, early intervention and areas of unmet need. Health services and programmes are designed to be accessible for all groups of women. This includes reduced cost barriers, offering flexible opening hours (for women with caring responsibilities), disability accessible services, services that are welcoming of rainbow people, young women and diverse groups of women. This includes culturally responsive services for Pacific, Asian and other ethnic women.
- Improve coordination and governance structures within and across women's health to support more joined up health services, continuous quality improvement, and better mechanisms and pathways for women and whānau to hold the system accountable.
- Address data and research gaps on women's health and wellbeing, including through supporting increased participation of women in clinical trials, and addressing data gaps for women's health and wellbeing. This evidence needs to inform improved health policy, service and programme commissioning, pathways, and treatments.
- Ensure that health workforce recruitment and retention strategies support diverse women to enter and thrive in the health workforce. Workforce policies and procedures need to recognise women's health and wellbeing requirements and make health a safer and more attractive place to work for women.
- Ensure the health workforce has access to information and training that promote skills and capabilities in managing and supporting women's health needs, including sex and gender differences across all areas of health, women's life stages, the impacts of conscious and unconscious bias and discrimination, and determinants of health.

Links to other Pae Ora strategy priorities

Priority 1 is for overarching system level change and links across all other Pae Ora strategy priorities. This includes priorities across the strategies related to:

- voice, autonomy, and self determination
- access to and redesign of health care
- health workforce
- a learning culture and accountable system partnering for health and wellbeing.

Priority area 2: Improving health care for issues specific to women

What we heard

"When I started talking about my ovarian cancer diagnosis publicly my family initially responded negatively. I was told that it was something private that shouldn't be discussed with other people. Now they are my biggest champions (...) but the societal and cultural barriers to talking about it still exist." - Written submission on the Women's Health Strategy

"I have had my reproductive care minimised and ignored, because healthcare professionals can't imagine a disabled person being a parent as an option." - Commenter on Tātou, the online discussion platform for the Pae Ora strategies

"Gynaecological care, including recognition and management of impactful conditions that inflict pain, fatigue and other symptoms that are sometimes minimised is a current gap." - Written submission on the Women's Health Strategy

"The basic tests were coming back "normal" or they "didn't know what was wrong" so therefore I "must have been fine" and there was "nothing more to be done" (...) I believe this shows a lack of insight and training around Endometriosis, at no fault of their own because whilst Endometriosis affects 1 in 10 women in New Zealand it is rarely spoken about nor trained for(...)" - Written submission on the Women's Health Strategy

Why this is a priority

There are a range of issues that are specific to women and people assigned female at birth. This includes aspects of sexual health and reproductive health, including access to some contraception, diagnosis and treatment of gynaecological conditions, and gynaecological cancers. Through engagement, we heard from many women and groups representing women about these issues.

A range of barriers prevent women and people from seeking health care for these issues, and having conversations about these aspects of their health. This includes stigma and lack of access to information about these health conditions. Stigma and discrimination can be real or perceived and has important implications, including the delivery of sexual and reproductive health care.⁵⁸ Women also face challenges with accessibility and availability of

⁵⁸ Hussein, J., & Ferguson, L. (2019). Eliminating stigma and discrimination in sexual and reproductive health care: a public health imperative. *Sexual and reproductive health matters*, 27(3), 1-5. <https://doi.org/10.1080/26410397.2019.1697103>

care, with information gaps, lack of treatment pathways and lack of prioritisation of issues, which can result in significant unmet need for women.

We heard that women with endometriosis are affected by a lack of available information around menstrual health, as well as being unfairly affected by a lack of management and treatment guidance for health practitioners, and limited availability of specialist treatments.

While all women are affected by these challenges, additional access barriers, as outlined in Part 2, result in inequitable outcomes for some groups of women. We heard how wāhine Māori and whānau Māori feel that bias can result in lack of timely diagnostic testing for conditions, including cancer symptoms. We also know that wāhine Māori and Pacific women have lower rates of cervical screening and are more likely to die from cervical cancer than other groups of women.

Inequities for groups of women highlights the need for health information and women's health care that is culturally safe, and informed by mātauranga Māori, Pacific, Asian and ethnic cultural knowledge. We also know that current services for issues specific to women and people assigned female at birth are not sufficiently accessible for disabled women, and that promotion and delivery of services are often not inclusive of rainbow communities.

System change in these areas of women's health requires us to proactively address stigma, alongside the system changes outlined in priority 1, to support improved access to high quality services specific to women, and equitable health outcomes for all groups of women.

What it will look like in the future

Women and whānau feel safe and confident to discuss women-specific health needs, supported by non-judgemental environments. All women, including young women, have accessible, non-stigmatising information about menstruation and sexual and reproductive health. This includes advice on healthy sexual relationships and their rights, with a focus on prevention of family violence and sexual violence including female genital mutilation. This allows women to feel confident seeking help for women-specific health issues when they need to.

Women have timely access to services and programmes that are responsive to their sexual and reproductive health needs, including pelvic health conditions. All women can access sexual and reproductive healthcare closer to home, including choice of contraceptive options. Inequities in access to screening and treatment are reduced, and inequities in health outcomes.

There are equitable levels of screening for cervical cancer and equitable outcomes for women's cancers. There is equity for wāhine Māori and Pacific women across women's cancers.

When women seek help for women-specific issues, they receive culturally safe care, timely diagnosis, and treatment. This includes services and programmes that are welcoming of and responsive to rainbow communities, young women, and disabled women. When needed, women have access to the support and specialist services that they need, and effective

management and treatments. This includes equitable access to support from allied health workforces and specialist gynaecological care. It also includes culturally appropriate advice supports for women experiencing family violence and sexual violence.

What needs to change

Health entities need to:

- Ensure that women have accessible, culturally safe information and education on women-specific health issues to reduce stigma and enable more women to access health advice. Health entities should partner with women, communities, and education providers to design and promote this.
- Prioritise health research on women specific issues across prevention, screening, and treatment.
- Support the health workforce to improve their understanding and knowledge of women specific issues and follow best practice pathways of care to support timely screening, diagnosis, treatment and management of issues including pelvic health conditions, such as endometriosis, and women's cancers.
- Prioritise commissioning accessible sexual and reproductive health care, which addresses access barriers including cost and distance, with efficient and culturally safe women's pathways of care across the country, including in rural areas.
- Ensure there are high quality programmes and services relating to women specific issues are designed with diverse women and people to be culturally appropriate and accessible for all women and tailored to local communities. For example, cervical screening programmes for Pacific women, gender affirming care for transgender people and disability accessible sexual and reproductive health information and services.
- Enable the primary and community healthcare workforce to access evidence-based health education and training, on women-specific issues, this includes LARC insertion and removal and early medical abortion.
- Ensure that all treatment and support for health issues specific to women is with their informed consent. This is supported by investment in providing clear, accessible evidence-based advice on options and treatments, and supported decision making and language translation for women who need these.

Example: Listening to women and responding to surgical mesh injury

In response to the pain and distress caused to women who have experienced complications because of pelvic mesh surgery Manatū Hauora co-designed a model of care with women and whānau effected by surgical mesh injury and those from the health sector. Te Whatu Ora implemented the national surgical mesh injury service in early 2023.⁵⁹ This service supports and cares for women who experience complications from surgical mesh inserted as part of treatment for Stress Urinary Incontinence or Pelvic Organ Prolapse.

Women are referred to the service via their GP or specialist and a health navigator is assigned to work with each woman to develop an individual treatment and care plan.

The multidisciplinary team includes health navigators, physiotherapists, social workers, psychology services, credentialed surgeons, pharmacists, sexual health therapists, specialist pain medicine doctors, occupational therapists, dietitians, and nurses. Care and support options include continence care, pain management, physiotherapy, psychology, surgery, cultural, spiritual and language support.

Telehealth consults are an option for some appointments and accommodation expenses may be covered for the woman and a support person.

Although this service has only been operating since April 2023, it highlights an example of how listening to women can result in a model of multidisciplinary care that seeks to be responsive to the different needs of women.

There are opportunities for similar approaches to be applied in other areas of women's health.

⁵⁹ [The New Zealand Female Pelvic Mesh Service – Te Whatu Ora - Health New Zealand](#)

Links to other Pae Ora strategy priorities

- New Zealand Health Strategy Priority 2: Flexible appropriate care
- Hauora Māori Strategy Priority 4: Enabling culturally safe, whānau centred and preventative primary health care
- Te Mana Ola: Pacific Health Strategy Priority 4: Haitiaaga moui malolo (Access)
- Te Mana Ola: Pacific Health Strategy Priority 2: Te pāruru`anga, te apii`anga, e te akateretere`anga (disease prevention, health promotion and management of illness)
- Health of Disabled People Strategy Priority 2: Ensure that the health system is designed by and accessible for disabled people and their whānau, and provides models of care that suit their needs –
- Rural Health Strategy Priority 3: Services are available closer to home for rural communities

Priority area 3. Better outcomes for mothers, whānau, and future generations

What we heard

“Knowing my future is safe ... My mokopuna, my whānau [brings me happiness].” – Ngā Wānanga Pae Ora 2023 participant

“Whakapapa continues through me. Ma te wāhine ka ora ai te iwi.” – Ngā Wānanga Pae Ora 2023 participant

“[Good health and wellbeing looks like being] protected and respected - as a teen mum I am often judged and made to feel like I have done something wrong(...)” - Engagement participant, Women’s Health Strategy

“Models of care need to reflect how women want to be cared for. Should incorporate Pacific cultural values. There are successful examples of holistic models...” - Engagement on Mana Ola – the Pacific Health Strategy

“Failing to provide prevention and early intervention assessment and recovery services to women at-risk or experiencing peri-natal depression has a far greater cost to New Zealand than the cost of providing it.” – Written submission on the Women’s Health Strategy

Why this is a priority

Healthy mothers, and whānau are particularly important in the pregnancy and early years of child’s life, as these early stages of life lay the foundations for the child’s future as well as future generations.⁶⁰ Many of those who engaged on the Women’s Health Strategy called for improvements in the care of pregnant women and people, and new mothers. The message “healthy mothers are needed for healthy whānau” was consistent across all groups of women we engaged. Healthy mothers, and whānau are particularly important in the pregnancy and early years of child’s life, as these early stages of life lay the foundations for the child’s future as well as future generations.

Care and support around the time of pregnancy, and into a child’s early years, is therefore a key opportunity to invest in good outcomes for women and whānau, including by rebuilding trust where it has been lost. For wāhine Māori and their whānau, this care needs to include recognition of the status and care requirements of hapū māmā and pēpi from a mātauranga Māori world view. Approaches to support whānau at the earliest opportunity have the greatest potential to advance wellbeing.

⁶⁰ The Helen Clarke Foundation (2022). Āhurutia Te Rito: It take a village.

Many women and pregnant people miss out on this important care. This can be due to workforce shortages, lack of cultural diversity of workforce, lack of culturally safe care, fragmented services and other access barriers to pregnancy and early years services and supports. This includes a range of supports, including maternity providers, perinatal mental health support, management of gestational diabetes and pelvic floor physiotherapy.

The effects of access barriers, on top of determinants that cause stress during the perinatal period, can lead to significant inequities between groups of women in health care access and outcomes at this time. This includes significant inequities for wāhine Māori, Pacific women, Indian women, young women, women living in high deprivation areas, and their whānau.⁶¹

What it will look like in the future

The vital role and contribution of mothers to the health of future generations is recognised through investment in women's health, and the health of their whānau during the period of pregnancy through to the early years of a child's life.

Wāhine Māori will have access to welcoming and quality antenatal and birthing care, including wrap-around support for wāhine hapū. This will include options for kaupapa Māori pregnancy and early years care.

Wāhine Māori will have access to whānau orientated interventions providing intensive support during the early years of their child's life, that seek to address and minimise stress for wāhine Māori and whānau. This includes preventative and longer term support including for mental health and wellbeing, oral health, and ongoing support to prevent gestational diabetes turning into diabetes.

The health system will support maternal mental wellbeing and empower parents and whānau to self-determine, building their capacity and confidence, strengthening informal support networks, and cultural connection.

All women and pregnant people will experience high quality, consistent care from a trusted care provider throughout their pregnancy and birthing into the early years of their child's life. This includes early engagement from the antenatal period with a key person who builds a strong, trusting relationship with the women and her whānau. It also includes early screening for a range of factors, including mental wellbeing and family violence and sexual violence to support timely access to other supports, like mental health services, pelvic physiotherapy and specialist services for family violence and sexual violence.

There is focus on non-judgemental prevention, early intervention, and support in all health services during pregnancy, birthing, and the early years of a child's life. This includes advice and support around alcohol and substance use, smoking, health eating, postnatal care and mental health and wellbeing.

⁶¹ <https://www.hqsc.govt.nz/assets/Our-work/Mortality-review-committee/PMMRC/Publications-resources/15thPMMRC-report-final.pdf>

All women and pregnant people and their whānau receive support for the health of the mother/parent, baby and whānau. Health services are welcoming of disabled women, transgender people and rainbow women, and women of all cultures and ethnicities.

Maternity and early years care provision will be welcoming and culturally safe. A range of additional health and wellbeing support, including practical support, is accessible to all women and pregnant people and their whānau during the period of pregnancy through to the early years to support healthy and safe family environments.

Women and pregnant people report positive experiences of care during this period including their wellbeing being supported and flexible care that respond to what matters to them and their whānau. Perinatal, maternal, and early years health outcomes are equitable and improved for all, setting up women and the future generations to experience better health and wellbeing throughout their lives.

What needs to change

Health entities need to:

- Continue work to join up care and create pregnancy and early years care pathways to improve quality, safety, and equity of outcomes for all pregnant women and people, and their whānau into the first few years of their child's life. To support this, programmes and services need to engage diverse groups, including wāhine Māori, Pacific women, Asian and other ethnic women, rainbow communities, and disabled women to ensure that they are culturally safe, accessible and gender affirming.
- Ensure affordable, quality and culturally safe antenatal and birthing care, including wrap-around support, for wāhine hapū, and for wāhine Māori and whānau during the early year of a child's life. This will include options for Kaupapa Māori pregnancy and early years care and support. Commissioning of pregnancy and early years services will be informed by wāhine Māori, and locality plans approved by Iwi-Māori Partnership Boards.
- Ensure that commissioning and delivery of pregnancy and early years services deliver sustainable, high quality integrated care, across hospital, primary and community settings.
- Invest in pregnancy and early years programmes and services that support nurturing, safe, health promoting environments and address key determinants of health that influence children's early development.
- Ensure that communities are resourced and incentivised to deliver intergenerational wellbeing solutions to improve equitable outcomes for wāhine Māori and whānau and other women and families.

- Ensure that the pregnancy and early years workforce is developed and retained. This requires recruitment of, and support for, a representative and culturally safe workforce.
- Prioritise post-partum care and support for women and people who have given birth. This includes access to timely, quality pelvic floor physiotherapy and mental health and addiction services.

Example: Healthy Mother Healthy Future (HMHF) Asian Perinatal Wellbeing Project

The HMHF project offers support for Asian mothers during the time of pregnancy and after their baby is born. The project aims to address poor perinatal outcomes in Asian women by offering accessible support and letting women know it is ok to ask for help. This includes delivering resources, and online workshops in multiple languages as well as providing practical support to connect women to their communities as well as provide food, formula, and nappies when these are required.⁶²

Links to other Pae Ora strategy priorities

- New Zealand Health Strategy Priority 2: Flexible, appropriate care
- New Zealand Health Strategy Priority 6: Partnerships for health and wellbeing
- Hauora Māori Strategy Priority 2: Strengthening whole-of-government commitment to Māori health
- Te Mana Ola: Pacific Health Strategy Priority area 2: Te pāroru`anga, te apii`anga, e te akateretere`anga (disease prevention, health promotion and management of illness)
- Health of Disabled People Strategy Priority 2: Ensure that the health system is designed by and accessible for disabled people and their whānau, and provides models of care that suit their needs

Rural Health Strategy Priority 5: A valued and flexible rural health workforce

⁶² <https://www.asianhealthservices.co.nz/News-Events/News-Updates/healthy-mother-healthy-future-hmhf-asian-perinatal-wellbeing-project-2022#:~:text=Waitemat%C4%81%20DHB%20would%20like%20to,improving%20their%20accessibility%20to%20relevant>

Priority area 4. Living well and ageing well

What we heard

"[A good and fair system looks and feels like] equal outcomes – equity is the mechanism to achieve this." – Ngā Wānanga Pae Ora participant

"There is not enough understanding, communication or education around perimenopause and menopause. I feel like I am going through the emotional rollercoaster of puberty again yet having to hold down a job and family while feeling brain dead and crazy – NOBODY talks about this stuff." - Women's Health Strategy engagement participant

"When ethnic women are well, they are empowered, and this makes other ethnic women happy to see..." – Pae Ora strategies ethnic communities engagement participant

"As you get older things start coming up. I'd like to talk to someone in a group, not take drugs. I'm on those for depression." – Pae Ora strategies engagement with older people

"For me healthy futures is not this fragmented systemic failure, it's something quite holistic that really understands the needs of carers." – Women's Health Strategy engagement participant

Why this is a priority

Too many women are living with illness, disability and long-term health conditions that could have been prevented or the impacts minimised. Poor health and wellbeing affect women's ability to enjoy and fully participate in life. This includes affecting their ability to work, both in paid employment and unpaid caring responsibilities, and to connect with and contribute to their whānau and their communities.

We need to support women to live and age well, at every stage of life. To achieve this, we need to address conditions and issues that are more common in women, and top causes of health loss for women. We also need to address causes of inequities between groups of women, and determinants that affect women's health and wellbeing. Submissions on the Women's Health Strategy reinforced the importance of living and ageing well for women, and supporting women to live full and productive lives.

Living and ageing well can look different for women depending on their experiences. We also know that some groups of women, including wāhine Māori and Pacific women, experience significant inequities in the number of years lived and the time they spend in

good health. For example, inequitable rates of chronic lung disease contribute to the life expectancy gap between wāhine Māori and non-Māori women.⁶³

There are several conditions are more likely to affect women, including breast cancer, autoimmune diseases, and osteoporosis. There are also health issues and conditions, like isolation and dementia, that are more common in women because overall they are living longer than men. There are also health conditions that can present differently in women, such as mental health conditions and autism,⁶⁴ and issues that affect women differently, including gambling related harm.⁶⁵

The health system needs to recognise differences in how women present with disease and how women respond to treatments. There is evidence of challenges in access, availability of information, and treatment and management pathways across these issues.

What women need to live and age well can vary depending on life stages and experience of determinants of health, and access to healthy environments. Key life stages for girls and women include puberty, pregnancy for some, and menopause. However, as outlined in part 2, many girls and women are not receiving the information, advice and support their need to live well at every life stage.

Determinants that affect women's ability to live and age well access to good nutrition, use of alcohol and other drugs, access to a warm, dry home, and exposure to family violence and sexual violence, including elder abuse. Access to healthy environments, including connection to communities and safe relationships are important at every stage of life to reduce the risk of issues like isolation and gendered violence. Wāhine Māori told us that wai ora and connection to taiao was essential for pae ora for them and their whānau.

What it will look like in the future

Women experience improved health and wellbeing, at every age and stage and inequity of health outcomes between groups of women are reduced throughout the life course. This is supported by women being enabled to live in safe and healthy environments alongside their whānau and communities.

System complexity is reduced for women caring and navigating different services on behalf of whānau with complex needs. For carers, this looks like receiving better, more coordinated support from the health and social systems, as well as feeling less stressed and connected to their communities.

Women's life stages are recognised as key opportunities to promote good health and wellbeing. This is enabled by accessible, culturally safe health information, access to screening, and health services and support. These are available for conditions that are more

⁶³ Walsh M, Grey C. The contribution of avoidable mortality to the life expectancy gap in Māori and Pacific populations in New Zealand—a decomposition analysis. *N Z Med J.* 2019;132(1492):46-60.

⁶⁴ Ministry of Health (2022) Annual Update of Key Results 2021/22: New Zealand Health Survey

⁶⁵ Palmer du Preez, K., Paavonen, A. M., & Bellringer, M. E. (2021). Theoretically informed gender analysis for gambling harm reduction: a New Zealand study

common in or differently experienced by women, and for key life stages, like puberty, menopause, and healthy ageing.

There is more support for women with long term mental and physical health conditions. As a result, all women, including women with conditions that are more common among or present differently in women, experience high quality, equitable care, and improved health outcomes

Technology and innovation support accessible remote healthcare options for women including digital health services and mobile service options to for improved health and wellbeing.

What needs to change

Health entities need to:

- Support women to live well through the prioritisation of prevention, screening and early intervention programmes and models of care that address determinants and whole of life issues for women.
- Ensure that women have access to culturally appropriate, non-judgemental, information about women's key life stages, healthy life choices, and health issues that are more common in women, or differently experienced by women.
- Provide health professionals with information about women's health and wellbeing, enabled by education, training, and research. This includes information on:
 - supporting women through key life stages, such as puberty, perimenopause and menopause, and available treatments and support
 - supporting women experiencing issues and conditions that are more common in women, and available treatments and supports
 - how illness, disability and health conditions present in women differently, and effective treatments and support
 - embracing cultural safety, with healthcare professionals and organisations engaging in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care to wāhine Māori, as defined by wāhine Māori.
- Prioritisation of pathways, treatments, services, to prevent and manage health issues and conditions that are more common in women, including perimenopause and menopause and autoimmune diseases.
- Partner across the health system and government agencies, and with communities to address determinants of health, including tobacco, poor nutrition, inadequate physical activity, connection to nature and communities and alcohol consumption and substance use. This includes investing in accessible and timely services and support for alcohol and substance use.

- Partner with Ara Poutama Aotearoa: Department of Corrections to better address women's health needs within prisons and as they transition out of prison.
- Provide better support for carers, including improving accessibility of respite care. Partner with other agencies, including ACC, Whaikaha – the Ministry of Disabled People, and the Ministry of Social Development to make it easier for carers to navigate on behalf of those they care for.
- Prioritise safe and effective models of care, that support women to live well for longer, with greater independence. This includes minimising the effects, or delaying the onset, of health conditions more common in older women, including frailty and dementia.
- Support women to remain connected to their communities, especially as they age, to reduce social isolation and poor mental wellbeing.
- Health technology and innovation needs to be better utilised to support system access and health monitoring for women.

Example: Young wāhine Smoking Cessation project: a health equity challenge

The 2016 NZ Health Survey showed that self-reported daily smoking for wāhine aged between 18 and 24 was 42.7 percent compared with 8.6 percent of non-Māori women of the same age. Reducing smoking rates has the potential to significantly improve wāhine and their whānau outcomes across a range of health indicators, including lung conditions and cancers.

The Manatū Hauora funded a project to understand and address the high smoking rates of young wāhine. The study identified barriers to wāhine stopping smoking related to their environments. Wāhine knew smoking was bad for their health but continued to smoke as a coping mechanism due to stress.⁶⁶

Several prototypes were launched, led by Māori health providers. Success factors were found to be:

1. Taking a **broad wellbeing approach** – looking to address whole-of-life issues facing young wāhine and addressing smoking cessation within this context.
2. **Reframing quitting in the context of living well** – using goal setting and planning processes to identify and prioritise personal and whānau wellbeing goals that are important to the women.
3. **Being responsive to the needs of women with priorities set by the wāhine** – employing a 'whatever it takes' mentality when responding to engagement issues and supporting women to lead their own development and set their own priorities.
4. **Making non-smoking more attractive than smoking** – creating positive, social and supportive environments for the women by facilitating connections with their peers.

⁶⁶ Ministry of Health (2020). *Young Māori Women Smoking Cessation: Designing out inequity case study*. <https://www.tewhātuora.govt.nz/for-the-health-sector/health-sector-guidance/vaping-and-smokeless-tobacco-products/insights-into-maori-women-smoking/>

5. **Using culture as a connector and enabler** – using tikanga (Māori cultural practices and principles) to connect women to each other and their cultural roots, and to affirm their identity as Māori.

Approaches that consider women's realities, such as described in the young wāhine smoking cessation study have the potential to be applied across a range of areas of health to reduce inequity between groups of women and support them live and age well.

Links to other Pae Ora strategy priorities

- New Zealand Health Strategy Priority 2: Flexible, appropriate care
- New Zealand Health Strategy Priority 5: A resilient and sustainable system
- New Zealand Health Strategy Priority 6: Partnerships for health and wellbeing
- Hauora Māori Strategy Priority 4: Enabling culturally safe, whānau centred and preventative primary health care
- Hauora Māori Strategy Priority 2: Strengthening whole-of-government commitment to Māori health
- Te Mana Ola Priority 1: Vaqāqacotaka na yavutu ni tiko bulabula (Population health)
- Health of Disabled People Strategy Priority 3: Ensure that the health system is part of a coherent cross-government system that addresses broader drivers of poor health and wellbeing
- Rural Health Strategy Priority 2: Prevention: Paving the path to a healthier future

Part 4: Delivering our commitment to change

Turning strategies into action

One of the objectives of the health system reforms is to better align and integrate the accountability arrangements that set direction and priorities for health agencies. The reforms put in place a new approach that aims to ensure clarity and coherence, from long-term strategic objectives to shorter-term priorities and expectations.

This new approach provides clear roles for key documents, underpinned by statutory requirements in the Pae Ora (Healthy Futures) Act:

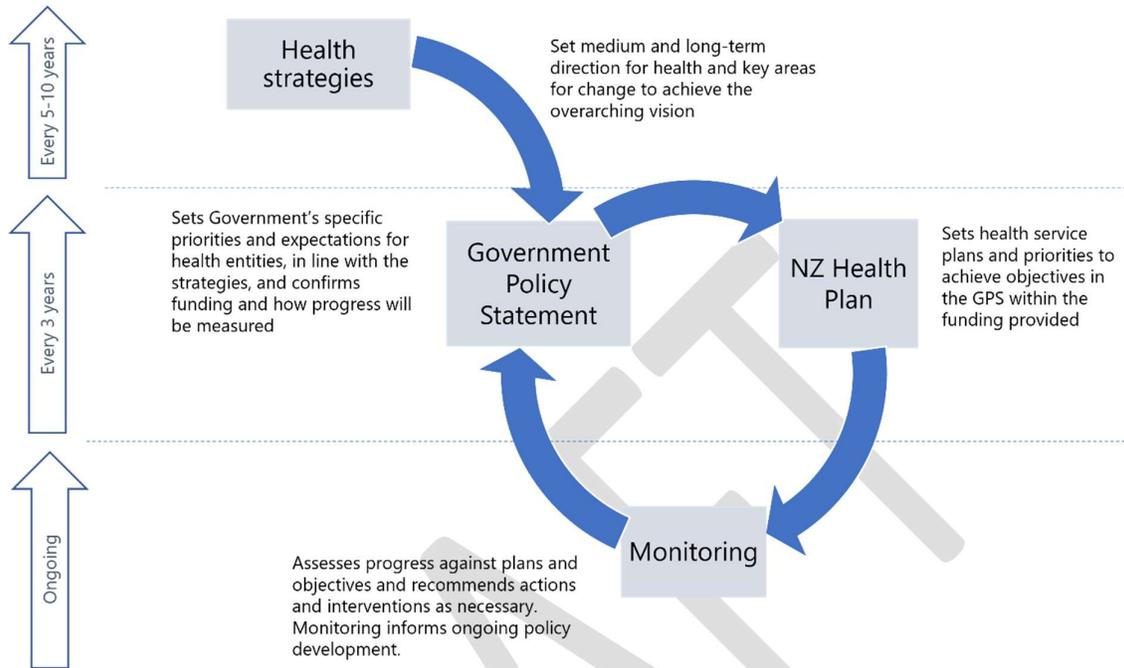
Health strategies are intended to set a long-term (five to ten years) direction for improving health and identify priorities and opportunities for the health system. The strategies provide a vision and indicate the types of change necessary over the medium and long term. Strategies do not make commitments to particular actions or require health entities to undertake specific activities – instead, they describe potential choices and issues to be considered, to inform the decisions that the Government will make on what actions are taken forward, and when. Health entities must take the strategies into account in carrying out their responsibilities.

The Government Policy Statement on Health (GPS) sets out the specific priorities and expectations for the health system over a three-year period. It is the key document for Government to set its priorities, confirm actions for entities and funding for the health system, and detail how success will be measured. The GPS will reflect the long-term direction of the strategies and include more detailed actions for health entities in the short-term that work towards the strategy aims. The GPS is agreed by Ministers, and health entities must give effect to it.

The New Zealand Health Plan (NZHP) | Te Pae Tata is a three-year national service plan, that specifies the service priorities and areas for improvement that will achieve Government's expectations in the GPS. The NZHP includes more detailed plans for health services, programmes and enablers that show how the health entities will meet priorities within the funding available. The NZHP is developed by health entities and approved by Ministers.

These documents work together to set a consistent direction for the health system, which is then developed into more specific actions and costed service plans that span a multi-year period, as illustrated in the diagram below.

Figure 4.1 System architecture



This new approach provides a clear pathway for translating strategies into action and monitoring the impact of strategies and the performance of agencies. The role of health strategies is critical to providing the long-term vision and priority areas that inform decisions on the other documents.

As the Government determines the first three-year GPS for 2024-2027, and in subsequent cycles, the strategies will be turned into clear expectations and actions that will provide the opportunity to achieve the changes set out.

Monitoring outcomes

The health strategies set a direction towards achieving pae ora | healthy futures for all New Zealanders and include goals to eliminate health inequities and improve outcomes. Monitoring progress towards this vision requires a long-term approach to measuring key health outcomes.

The GPS will set requirements for measures and indicators that will be used to monitor and assess the progress of the health system, and of individual entities, in achieving these goals. These measures will combine more enduring and long-term outcomes that are closely linked to the strategies, as well as more specific measures that reflect three-year priorities and help

drive action in certain areas. They will support Manatū Hauora, in its stewardship role, to track delivery of the strategies and report on impacts over time.

Ensuring high-quality data will be essential to monitoring outcomes. This is particularly the case for monitoring inequities between population groups, which require a breakdown of data to make comparisons and develop insights. The current health data sets contain numerous gaps, both for certain groups (e.g., Pacific, rainbow, and rural communities) and services (e.g., primary and community care), that will need to be addressed through purposeful, targeted data and analytics plans to ensure that the intended impact of the strategies can be appropriated monitored for all groups.

Ongoing evaluation

In addition to monitoring the intended outcomes of the strategies to account for the success of their delivery, it is also important to ensure ongoing evaluation of the strategy direction itself to assure that this remains appropriate.

Over the coming years as the strategies are developed into firm actions in the GPS and NZ Health Plan and then implemented, it will be necessary to invest in ongoing research and evaluation to continue to build our understanding of the direction and evolve it where needed. This may include:

- Evaluating the impact of the Pae Ora (Healthy Futures) Act, the effectiveness of its implementation and lessons for the system structure.
- Evaluating the new accountability approach, the roles of strategies, the GPS and NZ Health Plan, and the effectiveness of their delivery and alignment in achieving system goals.
- Evaluating the process undertaken to develop the health strategies, to draw insights on the benefits of different engagement approaches, analysis, and development.
- Continuing to work with women in monitoring and evaluation of progress within the health system towards the goals and vision set out the Women's Health Strategy.
- These areas for evaluation will be developed further to support a refreshed approach to research across the health system.

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