

Briefing

Overview of sexual and reproductive health

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To:	Hon Casey Costello, Associate Minister of Health		
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Contact for telephone discussion

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Minister's office to complete:

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| <input type="checkbox"/> Approved | <input type="checkbox"/> Decline | <input type="checkbox"/> Noted |
| <input type="checkbox"/> Needs change | <input type="checkbox"/> Seen | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn | |

Comment:

Overview of sexual and reproductive health

Security level: IN CONFIDENCE **Date:** 1 March 2024

To: Hon Casey Costello, Associate Minister of Health

Purpose of report

1. This briefing responds to your request for an overview of sexual and reproductive health, as this falls within your new delegation. This is shared advice from the Ministry of Health | Manatū Hauora (the Ministry) and Health New Zealand | Te Whatu Ora. Te Aka Whai Ora | Māori Health Authority was also consulted.

Summary

2. Good sexual and reproductive health is important for everyone across the life course. It enables people to have positive and safe sexual experiences, the capability to reproduce and the freedom to decide if, when, and how often to do so.
3. The sexual and reproductive health portfolio encompasses a broad range of issues and services, responsibility for which span different parts of the Ministry. Key areas include:
 - a. promotion of positive, healthy, and consensual sexual relationships
 - b. access to safe and effective contraception and sterilisation services
 - c. implementation of the Abortion Legislation Act 2020 making abortion care part of standard healthcare
 - d. assisted reproduction, including access to publicly funded fertility services
 - e. the prevention, early diagnosis, and treatment of sexually transmitted infections (STIs).
4. Current issues and risks in this portfolio for you to be aware of include:
 - a. despite the law change and increasing availability of early medical abortion, barriers to accessing abortions still exist, particularly for people living in socioeconomically deprived areas. There is also a lack of specialised training for clinicians to provide abortions for gestation over 12 weeks and 6 days
 - b. there are current gaps in our STI surveillance system due to the statutory requirement to report gonorrhoea, syphilis, and HIV anonymously. Intended to support testing through reducing stigma and fear of identification, this requires additional work from clinicians and hinders contact tracing which reduces the coverage, quality and timeliness of our surveillance information
 - c. there is a low rate of human papillomavirus (HPV) immunisation in New Zealand, despite it being highly effective at preventing cervical cancer and other cancers caused by HPV infection.
 - d. access to publicly funded fertility services is limited due to funding constraints.
5. The Ministry is providing you with 3 other briefings on women's health, family and sexual violence and Safe Areas around abortion services. You will also be copied into a

forthcoming briefing to the Minister of Health, Hon Dr Shane Reti, about the increasing incidence of syphilis (including congenital syphilis).

6. A summary table of upcoming milestones, opportunities and announcements for your involvement is provided in Appendix 1.
7. A list of key stakeholders and groups for you to engage with are provided in Appendix 2.
8. We can provide you with further information on any matters raised in this briefing at your request.

Recommendations

- a) **Note** that sexual and reproductive health is a broad delegation with a range of issues, and certain population groups experience worse outcomes.
- b) **Note** the key issues within each area of sexual and reproductive health.



Dr Andrew Old
Deputy Director-General
Public Health Agency | Te Pou Hauora
Tūmatanui

Date: 28/02/2024

Hon Casey Costello
Associate Minister of Health

Date:

Overview of sexual and reproductive health

Background

You have been delegated responsibility for sexual and reproductive health

1. The Minister of Health, Hon Dr Shane Reti has delegated responsibility for matters relating to sexual and reproductive health to you, as Associate Minister of Health.
2. You have also been delegated responsibility for women's health, maternity health, and family and sexual violence, which have many overlaps with this portfolio. Officials will provide you with separate briefings on those matters.

What is sexual and reproductive health?

3. Good sexual and reproductive health can be defined as a complete state of physical, emotional, mental and social wellbeing in all matters relating to sexuality. It implies that people are able to have positive, respectful and safe sexual experiences, the capability to reproduce, and the freedom to decide if, when, and how often to do so.
4. Sexual and reproductive health are separate domains in their own right, but are also intricately linked. Many of the factors that contribute to poor sexual and reproductive health outcomes share the same common determinants, such as stigma, discrimination and marginalisation.

Roles of key agencies in sexual and reproductive health

5. The Ministry is the chief steward of the health system and lead advisor for the Government on matters relating to policy, regulation and monitoring of the sexual and reproductive health system.
6. Health New Zealand is responsible for funding primary sexual and reproductive health care services which include general practice and community-based providers such as Sexual Wellbeing Aotearoa (formerly Family Planning) and Youth One Stop Shops. Specialist gynaecology and sexual health clinics provide hospital-based care for more serious sexual and reproductive health issues.
7. Pharmac fully funds a wide range of contraceptive medications and devices, which are available on prescription. These include:
 - a. condoms
 - b. oral contraceptives
 - c. emergency contraceptives
 - d. injectable contraceptives
 - e. long-acting reversible contraceptives (LARCs) including intrauterine devices (IUDs) and subdermal implants.
8. Pharmac also funds a variety of medicines and vaccines used to prevent and treat sexually transmitted infections. Vaccines include those to prevent HPV, hepatitis C and hepatitis B. Medicines to prevent transmission of HIV include Pre-Exposure Prophylaxis (PrEP) and Post-exposure Prophylaxis (PEP).

9. Non-government organisations (NGOs) such as Sexual Wellbeing Aotearoa (formerly Family Planning) and the Burnett Foundation (formerly the AIDS Foundation) are also contracted to deliver publicly funded clinical and health promotion sexual and reproductive health services.

Key areas

10. Sexual and reproductive health covers a broad range of topics, including:
 - a. positive, healthy and consensual sexual relationships
 - b. contraception and sterilisation
 - c. access to abortion
 - d. assisted reproduction
 - e. sexually transmitted infections.

Positive, healthy and consensual sexual relationships

Context

11. Strong public health settings support consensual and healthy sexual relationships which improve people's health and mitigate the risk of sexual violence. A mix of interventions can be undertaken to target societal attitudes, values, personal knowledge, skills and behaviour, as well as access to services, to enable improved outcomes for sexual and reproductive health. Family violence and sexual violence are significant public health issues that require a health system that is well-equipped to prevent, screen and respond to violence.
12. The Ministry has provided you with a separate briefing on family and sexual violence which provides more detail on the work underway to respond to and prevent family violence and sexual violence across the health system (*H2024035482 refers*).
13. School-based education also plays an important role in supporting young people to develop healthy positive relationships, and in facilitating positive conversations about sexual and reproductive health between children, youth and whānau. Education guidelines around school-based relationships and sexuality education are the responsibility of the Minister of Education.

Current services/activity

14. Health New Zealand and Te Aka Whai Ora currently hold small contracts with Māori, Pacific, and other community-based sexual health promotion agencies to provide education around sexuality, consent, and healthy relationships.

Contraception and sterilisation

Context

15. Contraception allows for sexually active individuals and couples to decide if, when, and how many children they will have. The increasing use of contraception improves educational, economic, and health-related outcomes.

16. Rates of unintended pregnancy for teenagers have dropped significantly in the last 15 years. This change is associated with having sex for the first time at a later age, high pornography and social media usage replacing in person contact, better sexuality education, and the availability of funded long-acting reversible contraceptives (LARCs).
17. Access to condoms (as well as other barrier devices such as dental dams) also reduces the transmission of STIs, which itself promotes reproductive health through avoiding severe infections that may cause chronic issues, including infertility.

Key issues

18. Cost can be a significant barrier to contraceptive access. Unintended pregnancy is most common amongst young people who live in areas of deprivation. Becoming a parent as a teenager starkly reduces education and work opportunities. By age 25, those who became parents as teenagers earn one third of the income of matched cohorts.
19. Other significant barriers to contraception include stigma around sexual activity, a lack of health literacy, and the prevalence of misinformation about contraceptive choices and options, particularly amongst young people.

Current services/activity

20. Government-funded contraception can be accessed at a range of sites including:
 - a. general practice and primary care
 - b. pharmacy - trained pharmacists are able to prescribe oral contraceptives including emergency contraceptives
 - c. hospitals - some hospitals also provide tubal ligation (female sterilisation), post-partum and post abortion contraception
 - d. community-based service providers - such as Sexual Wellbeing Aotearoa (formerly Family Planning), which has 33 clinics nation-wide, and Youth One Stop Shops which have 13 clinics.
21. Vasectomies (male sterilisation) are available through private health providers.

National Contraceptive Access Programme (CAP)

22. A national Contraceptive Access Programme (CAP), funded at \$6 million per annum, began in July 2019 to make contraception more affordable for women on low incomes. In the 4 years leading up to June 2023, the CAP provided 163,500 quality and low-cost (maximum \$5) contraceptive consultations, and 51,600 free procedures to insert and remove LARCs. Additionally, the CAP funds training for health practitioners to increase the quality of care, choice, and safety of available contraception, and safe LARC procedures.
23. The CAP has been effective in increasing access to contraception for women on low incomes, Māori, and Pacific women. However, more can be done to reach other underserved populations including young people, women who have left state care, women with specific health conditions (eg, predisposition to uterine cancer), women with mental health or substance addictions, and women who have recently terminated a pregnancy. Including young people under the CAP and increasing community and web-based sexual health promotion is likely to be effective in reducing rates of unintended pregnancy.

24. A review of the CAP programme is underway to achieve quality improvements, and greater consistency in pricing, eligibility and reporting across regions. A report on the review can be provided to your office on request.
25. Some forms of LARCs, including Mirena intrauterine devices (IUDs), are also used as treatment for menopause symptoms and menstrual conditions, such as pain and heavy menstrual bleeding. Pharmac's decision to fund Mirena, combined with Health New Zealand's decision to fund the CAP service, have helped make these highly effective contraceptives more affordable. Since these changes were introduced in 2019, Mirena use has increased five-fold.

Access to abortion

Context

26. Access to safe, timely and respectful abortion care is an essential core component of sexual and reproductive healthcare.
27. There are 2 main methods of abortion available in New Zealand:
 - a. medical abortion involves taking a pill or the use of a medication (prescribed either in person or via telehealth) and is available up to 10 weeks of pregnancy, and
 - b. surgical abortion, which involves a minor surgical procedure.
28. The Abortion Legislation Act 2020 removed abortion from the Crimes Act 1961 and made abortion care part of standard healthcare.

In the years following the reform Abortion numbers have remained stable. In 2020 13,246 abortions were performed. In 2021 13,257 abortions were performed and in 2022 14,164 abortions were performed in New Zealand. People are now accessing these services earlier in their pregnancies. Rates of surgical abortion continued to decrease and later medical abortions for patients over 16 weeks' gestation accounted for 1.8% of all procedures.

Key issues

Barriers to access

30. Despite the law change and increasing availability of early medical abortion (EMA) some barriers to access persist. While the average gestation at time of abortion for non-Māori and non-Pacific was 7 weeks 6 days in 2021, it was almost a week later for Māori and several days later still for Pacific peoples. In addition, people living in the most socioeconomically deprived areas accessed services on average 1 week later than those in the least deprived areas.
31. This is a significant issue as abortions at later gestations may require more invasive procedures and carry an increased risk of complications.

Specialised training for abortions

32. Lack of specialised training for clinicians to perform medical abortions for gestation over 12 weeks and 6 days is likely to result in an increasingly restricted service as the current workforce is ageing and not being replaced adequately.
33. Further reduction of second trimester (particularly surgical) abortion services will mean pregnant people will have to either continue unwanted pregnancies, or be forced to

have an abortion as a late stage medical procedure, which requires a longer inpatient stay, additional procedures, and expected trauma of having to deliver a stillborn.

Current services/activity

34. A national abortion telemedicine service (DECIDE) was rolled out from 1 November 2022 to improve timely and equitable access to abortion. DECIDE compliments other abortion care services across New Zealand and together they are improving access to abortion care.
35. 2022 represents the first year that EMAs were greater than surgical abortion rates. EMA accounted for 7,171 (50.6%) of all abortion procedures (an increase of 7%), and surgical abortion was 6,764 (47.8%) of all abortion procedures (decrease of 6%).
36. The first-trimester national abortion training package was launched in November 2022, targeting those who want to provide abortion services in primary care.
37. In March 2022, an amendment to the Contraception, Sterilisation, and Abortion Act 1977 was made to enable the creation of Safe Areas around abortion service providers. Safe Areas aim to protect the safety, wellbeing, privacy and dignity of people accessing or providing abortion services. Eleven Safe Areas had been established by October 2023. You received advice from the Ministry on 23 February 2024 related to recommendations for additional Safe Areas around abortion provider services (*H2024035845 refers*).
38. The Contraception, Sterilisation, and Abortion Act 1977 requires the Director-General of Health to undertake a periodic review at least every 5 years on whether there is timely and equitable access to abortion and abortion counselling services, and whether there is any evidence of 'sex selective' abortion. The outcomes and recommendations of the review are due before the New Zealand Parliament as soon as practicable after receiving advice at the end of March 2025.

Assisted human reproduction (including access to publicly funded fertility services)

Context

39. Assisted human reproduction includes IVF (in vitro fertilisation), receiving or becoming a sperm or egg donor, or using a surrogate. Advancements in fertility treatment, such as assisted reproductive technologies (ARTs), has meant infertility is increasingly being overcome.
40. The Human Assisted Reproductive Technology Act 2004 (the HART Act) regulates ART and human reproductive research in New Zealand. The HART Act creates the framework for determining which assisted reproductive procedures may be performed in New Zealand and prohibits certain specific actions from ever being undertaken.
41. Advice on the clinical and ethical oversight of ARTs are overseen by ACART (Advisory Committee on Assisted Reproductive Technology) and ECART (Ethics Committee on Assisted Reproductive Technology).

Key issues

Limited public funding

42. There is limited public funding to resource fertility services, which means access to these services are restricted as a result.

Endometriosis

43. Endometriosis¹ can have a significant impact on reproductive health as well as general wellbeing and the ability to participate in work, school and social activities. Along with common pelvic pain and other pain-related symptoms that can be severe, endometriosis can cause problems with getting pregnant.
44. Diagnosis of endometriosis can often be difficult as it shares similarities with other health conditions. There is commonly an 8 year lag between symptom onset and diagnosis, which can become stressful for these patients, as without a diagnosis they can be labelled as malingerers or hypochondriacs.
45. There is currently no cure for endometriosis, so treatment aims to reduce and control symptoms, decelerate the development of the disease, and improve patients' quality of life.

Current services/activity

Fertility treatment and services

46. Publicly funded fertility treatment is determined by a clinical priority assessment criteria (CPAC) tool that is specified for fertility services where each patient is considered on a case-by-case basis. Along with this, patients are required to be New Zealand citizens or eligible to live in New Zealand for at least 2 years.
47. There are specialist fertility clinics in Auckland, Hamilton, Wellington, Christchurch, and Dunedin. The Fertility Plus clinic in Auckland is a public clinic. All others are private clinics that also take eligible public patients via a contract with Health New Zealand. Fertility Associates is the largest, running all private clinics except for 1 (Repromed in Auckland).

Endometriosis guidelines

48. Guidelines published in March 2020 aim to improve the diagnosis and management of endometriosis through early recognition of symptoms suspicious of endometriosis and empowering primary health care practitioners to make a suspected diagnosis and commence management. Health New Zealand is currently exploring options to increase the awareness and uptake of these guidelines by primary health care professionals.

Sexually transmitted infections

Context

49. STIs have a direct impact on sexual and reproductive health through chronic illnesses, infertility, pregnancy and neonatal complications and cancers, as well as causing further harm through stigmatisation. Effective prevention and early treatment of STIs can reduce

¹ Endometriosis is a condition where tissue similar to the inner lining of the uterus grows outside of the uterus, in areas such as the ovaries, bowel or bladder, and lining of the abdomen, affecting up to 1 in 10 women and girls.

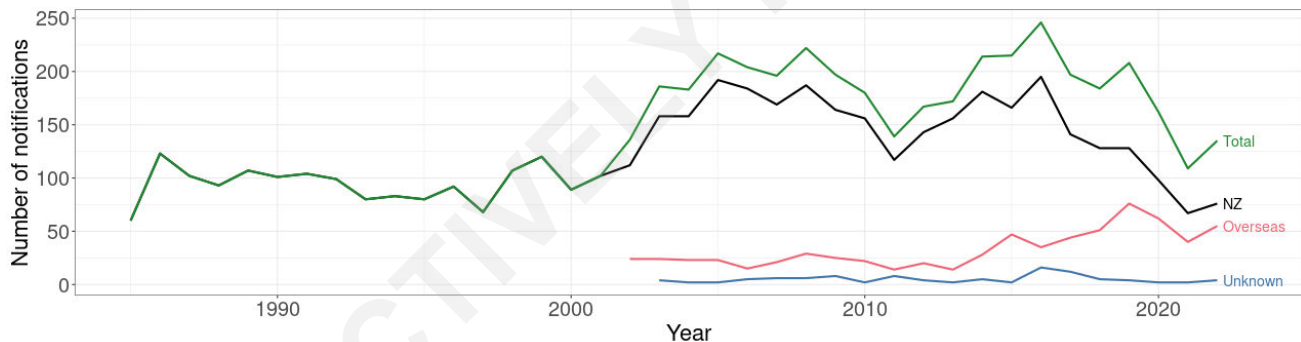
transmission of STIs, prevent serious health consequences, and prevent additional health costs.

50. Disease burden from STIs is often unequal across ethnicities, genders and levels of social deprivation. This is due to a complex range of factors including barriers to testing and treatment, and social attitudes. Addressing barriers in the communities most affected is central to effectively addressing the health impacts of STIs.
51. In recent years, many high-income countries have experienced increases in some STIs, and additional infections which are traditionally transmitted via other routes but can also be spread by sexual contact have emerged, such as mpox, zika virus, shigella and E. coli.

Overview of key STIs

52. HIV (human immunodeficiency virus) attacks the human immune system and impairs the body's ability to combat infections and cancers. HIV is treatable with daily medication, and people who are adequately treated can expect a normal lifespan and cannot pass the infection on. Without treatment, HIV leads to acquired immunodeficiency syndrome (AIDS), which is associated with high morbidity and mortality.
53. Overall rates of new HIV diagnoses are low in New Zealand and have declined significantly since a peak in 2016 (see figure 1 below). The decrease in New Zealand transmission is mainly due to a decrease in transmission among men who have sex with men (MSM), along with the uptake of pre-exposure prophylaxis (PrEP).

Figure 1: Number of HIV notifications by year (1985-2022) by place of first diagnosis



54. Syphilis can cause serious illness if untreated, including neurological involvement. As well as being acquired through sexual contact, it can be transmitted from mother to foetus during pregnancy. Of the pregnancies of untreated infected women, three quarters will result in adverse outcomes, including stillbirth, neonatal death and congenital syphilis. Once identified, syphilis is easily treatable, and appropriate treatment prevents morbidity from acquired syphilis and substantially reduces the risk of adverse outcomes in pregnancy.
55. Gonorrhoea and chlamydia are frequently asymptomatic, which can make detection difficult. However, serious morbidity may occur with these infections including pain and discharge. For women, infection can lead to pelvic inflammation, ectopic pregnancies and infertility, and infection of a newborn during birthing.
56. Human papillomavirus (HPV) is a very common STI. Approximately 80% of sexually active people will contract HPV at least once prior to age 45 years. HPV is asymptomatic for the majority of people, and in about 90% of people the immune system will clear the infection without treatment. However, persistent HPV infection has been linked to the

development of genital warts, cervical cancer, and ano-genital and head and neck cancers. The HPV vaccine and the National Cervical Screening Programmes (NCSP) are both important aspects of preventing adverse outcomes of HPV.

Key issues

Gaps in our surveillance system

57. While a range of important STIs are notifiable diseases, surveillance of gonorrhoea, syphilis and HIV are currently required to be reported anonymously. The rationale for making these infections anonymously notifiable was to avoid stigma or fear from patients of their STI being recorded in a database and therefore encourage uptake of testing. However, this has resulted in a necessity to develop workaround systems (rather than using the usual notifiable disease process) to collect information about these diseases, which reduces the coverage, quality and timeliness of our surveillance information.
58. These systems involve considerable time requirements on busy clinicians who must fill out separate, anonymous online forms for each case they diagnose, rather than being able to use the data they are routinely collecting in the course of their clinical assessment.
59. The Ministry is planning to review the list of notifiable diseases and develop a robust process to address these issues. This will include consideration of those notified anonymously and the potential benefits and risks of any changes to this approach.

Antimicrobial resistance is a growing issue for STIs

60. Antimicrobial resistance (AMR) is a global public health threat across many different infectious organisms. In terms of STIs, AMR in gonorrhoea is of particular concern, with some strains emerging overseas that are only treatable with last-resort antibiotics. There is concern among experts internationally that gonorrhoea may become untreatable with the current suite of antibiotics at some point in the future.
61. A gradual increase in the proportion of gonorrhoea cases diagnosed which are resistant to first-line, common antibiotics has been observed in New Zealand.
62. Work to mitigate the spread of antimicrobial resistance is complex and requires cross-agency action across the human, animal and plant sectors. The Ministry of Health and the Ministry for Primary Industries work closely together on AMR and intend to update New Zealand's AMR action plan during 2024. AMR in STIs will be considered as part of this work.

HPV immunisation is low²

63. The HPV vaccine is highly effective at preventing cervical cancer and other cancers caused by HPV infection, however currently there is low uptake of the HPV vaccination in New Zealand.
64. Among those eligible to receive the vaccination, only 68.4% have completed their first dose, and 38.8% completing their second, final dose.

² Note responsibility for immunisation sits with the Minister of Health, Hon Dr Shane Reti

Legislative settings could be reviewed to better respond to emerging infections

65. Current legislative settings create challenges in responding to emerging STIs, as well as other pathogens.
66. Under the Medicines Act 1981, if a supplier of a medicine decides not to submit an application to Medsafe for distribution in New Zealand, this makes it an unapproved medicine that can only be supplied pursuant to section 29 of the Medicines Act via a medical practitioner. Section 20 of the Medicines Act prohibits the advertising or promotion of the availability of an unapproved medicine.
67. In practice, this means if a vaccine or medicine becomes available, but the supplier chooses not to make an application to distribute this in New Zealand, it cannot be advertised to New Zealanders, making it difficult to raise public awareness.
68. One example of this is with the mpox vaccine, which is only available in certain cities in New Zealand and can only be prescribed after a medical consultation. As a result, mpox vaccination coverage in the eligible population is very low, and New Zealand remains at risk of further mpox importations and domestic spread.
69. Noting that you also have the delegation for the Therapeutics Products Act, you may want to consider how legislative settings could better respond to emerging infections during any future review of the Medicines Act 1981.

Current services/activity

STBBI Strategy and cross-agency STBBI Programme

70. In March 2023, the Aotearoa New Zealand Sexually Transmitted and Blood Borne Infection (STBBI) Strategy | Ngā Pokenga Paipai Me Ngā Pokenga Huaketo Mā Te Toto: Te Rautaki O Aotearoa 2023-2030 (the Strategy) was published.
71. The vision of the Strategy is 'An Aotearoa New Zealand where STBBI are prevented and where all people living with STBBI live long and healthy lives free from stigma and discrimination'.
72. A cross-agency STBBI Programme has been established to support delivery of the Strategy and the action plans that sit under it: the National HIV Action Plan, National Syphilis Action Plan, and National Hepatitis C Action Plan; as well as Hepatitis B and contracts with other STBBI related non-governmental and community organisations such as the Needle Exchange programme.

National HIV Action Plan

73. The National HIV Action Plan for Aotearoa New Zealand 2023-2030 (the HIV Action Plan) was also published in March 2023. The HIV Action Plan aims to eliminate HIV transmission in New Zealand and ensure that people living with HIV have healthy lives, free from stigma and discrimination. To support implementation of the HIV Action Plan, Budget 2022 allocated \$18 million of dedicated funding over 4 years. This was in addition to existing spend for HIV prevention and treatment. Health New Zealand is leading implementation of the HIV Action Plan with support from the Te Aka Whai Ora and the Ministry.

74. Since publication of the HIV Action Plan, community HIV service providers have been funded to:
- a. scale up peer and community-led programmes and resources that focus on connecting and empowering people living with HIV
 - b. deliver programmes that increase knowledge and access to combination prevention for communities that have migrated from high HIV prevalence countries
 - c. scale up innovative HIV testing and provide workforce training to conduct testing.
75. Clinical guidance has also been developed for combination prevention for pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) prescribing in primary care.

National Syphilis Action Plan

76. The National Syphilis Action Plan, published in 2019, aims to guide a coordinated and systematic response to interrupt ongoing transmission of infectious syphilis and to prevent congenital syphilis.
77. Work underway includes:
- a. developing a teaching package for midwives on syphilis and congenital syphilis to provide training and information on having sensitive conversations with women on syphilis and other sexually transmitted infections
 - b. pre-implementation planning to roll out a second routine antenatal screen for syphilis across all regions (noting this is already in place in the Northern Region). There is high-level support in Health New Zealand and Te Aka Whai Ora for a second antenatal screen for syphilis, but implementation is subject to confirmation of the funding required which includes laboratory costs
 - c. an audit of antenatal screening for HIV which includes syphilis
 - d. piloting a new surveillance system for sexually transmitted infections including gonorrhoea, syphilis, and chlamydia based on real-time laboratory reporting of testing led by the Institute of Environmental Science and Research (ESR).
78. The Minister of Health, Hon Dr Shane Reti, has requested separate advice on current trends and activities relating to syphilis, due 14 March 2024, which will be copied to you.

National Hepatitis C Action Plan

79. Upcoming priorities for the hepatitis C work programme include:
- a. implementing a training programme for nurses and pharmacists to support Maviret (an antiviral medicine used to treat Hepatitis C infection) reclassification
 - b. rerunning the successful 'Stick it to Hep C' campaign to raise awareness about hepatitis C testing, treatment and cure
 - c. raising awareness, particularly targeted to Māori at risk of hepatitis C
 - d. implementing a hepatitis C national prototype project in selected Emergency Departments led by the Northern Region
 - e. increasing access to testing and treatment through more nurse led clinics and peer-led point-of-care testing to be delivered in the community and mobile clinics

- f. progressing development of a hepatitis C surveillance system/registry.

Some populations experience worse outcomes

- 80. Across sexual and reproductive health, certain populations experience worse outcomes with regard to STIs, sexual violence and access to reproductive care.
 - a. Populations that are disproportionately affected by STIs include gay, bisexual and other men who have sex with men, Māori and Pacific peoples, young people, and migrants from countries with a high prevalence of STIs. Our understanding of epidemiology for STIs is incomplete for other key populations including sex workers, transgender and nonbinary people.
 - b. Populations disproportionately affected by sexual violence include women, transgender and nonbinary people, disabled people and people in prisons.
 - c. People living in rural areas are likely experience barriers to accessing sexual and reproductive health care. This is both due to distance as well as stigma and whakamā around accessing sexual health services in small communities. Many rural areas have high proportions of Māori living in these communities, especially in the North Island.
- 81. It is important that work to promote sexual and reproductive health considers the needs of the populations noted above and prioritises action that will reduce inequities. Additionally, careful consideration needs to be given for how to improve and promote sexual and reproductive health in rural communities.
- 82. As a Treaty partner, the Crown has a specific obligation to protect Māori health and ensure that Māori have at least the same level of good sexual and reproductive health as non-Māori. We know that current inequities in sexual and reproductive health experienced by Māori reflect access barriers to quality health promotion and health services, a lack of culturally appropriate care across the health system and socioeconomic factors such as poverty.

Next steps

- 83. Officials can provide you with further information on any matters raised in this briefing at your request.

Appendix 1: Upcoming milestones/opportunities/announcements

The table below provides a summary of upcoming milestones and opportunities for your involvement.

Date	Activity/milestone
March 2024	<p>March 2024 will mark one year since the publication of the STBBI Strategy and HIV Action Plan.</p> <p>Over the next few months, Health New Zealand are increasing HIV contact tracing capability and capacity to work with people newly diagnosed with HIV by funding 7 FTE in sexual health services distributed across the regions. The focus will be on areas where there is low access to sexual health care, high rates of HIV infections and likely co-infections such as other sexually transmitted and blood borne infections such as syphilis.</p> <p>Health New Zealand is also establishing new sexual health clinical leadership roles (up to 2 FTE) across the regions to work with healthcare settings to improve HIV responsiveness, particularly around the roll out of HIV testing. They will provide clinical leadership to the HIV sector and offer specialist guidance, training and implementation support.</p>
4 March 2024	HPV Awareness Day http://www.direct.hpv.org.nz/resources/hpv-awareness-day
July 2024	Rerun the 'Stick it to Hep C' campaign around World Hepatitis Day 28 July.
28 July 2024	World Hepatitis Awareness Day http://www.who.int/campaigns/world-hepatitis-day
1-30 September 2024	Cervical Screening Awareness Month http://www.timetoscreen.nz/cervical-screening
4 September 2024	World Sexual Health Day https://worldsexualhealth.net/world-sexual-health-day
26 September 2024	World Contraception Day http://www.familyplanning.org.nz/
2 November 2024	World Fertility Day
17 November 2024	Cervical Cancer Elimination Day of Action http://www.who.int/campaigns/cervical-cancer-elimination-day-of-action
18-24 November 2024	World AMR Awareness Week
25 November 2024	White Ribbon Day International Day for the Elimination of Violence Against Women http://www.un.org/en/observances/ending-violence-against-women-day
1 December 2024	World AIDS Day http://www.nzaf.org.nz/

The table below outlines activities and milestones in 2024 where specific dates are yet to be confirmed. Further information can be provided on these activities at your request.

Date TBC in 2024	Increasing contact tracing capability and capacity to work with people newly diagnosed with HIV by recruiting 7 FTE in sexual health services distributed across the regions.
Date TBC in 2024	Recruit new sexual health clinical leadership roles (up to 2 FTE) across the regions to work with healthcare settings to improve HIV responsiveness, particularly around the roll out of HIV testing.
Date TBC in 2024	A quality and consistency review of the CAP service is underway and will be implemented. A report will be made available later this year.
Date TBC in 2024	The Ministry is currently collating and checking the abortion reporting figures for 2023. They will be available by mid-2024.

PROACTIVELY RELEASED

Appendix 2: Key stakeholders in the sexual and reproductive health sector

Organisation	Role of organisation	Key people
Reproductive health		
Sexual Wellbeing Aotearoa (formerly 'Family Planning New Zealand') https://sexualwellbeing.org.nz/	<p>Aotearoa's largest, national provider of sexual and reproductive health services. The organisation helps people to make decisions about their sexual and reproductive health and wellbeing. Sexual Wellbeing Aotearoa runs clinics, provides information, advice, and education — online and in person.</p>	<p>Jackie Edmond, Chief Executive</p>
Fertility New Zealand https://www.fertilitynz.org.nz/	<p>Fertility New Zealand is committed to supporting, advocating for and educating all people who face infertility challenges at all stages of their journey and beyond.</p> <p>Fertility New Zealand was first established in 1990 as The Fertility Society of New Zealand, with the merging of regional infertility societies. In 2002 it became Fertility New Zealand. Fertility New Zealand is a Charitable Trust managed by a CEO and governed by a Board.</p>	<p>Lydia Hemingway, Chief Executive Officer</p>
Endometriosis New Zealand https://nzendo.org.nz/	<p>Endometriosis New Zealand represents people who live with endometriosis in New Zealand. They work with people affected by endometriosis, service providers and researchers.</p> <p>The organisation originally started as a regional support group in 1985, and has been a Registered Charitable Trust since 1994.</p>	<p>Tanya Cooke, Chief Executive</p>
New Zealand College of Sexual and Reproductive Health (NZCSRH) https://nzcsr.org.nz/	<p>NZCSRH is a specialist medical college that provides training, education and support for doctors, nurses, midwives and other health professionals working in sexual and reproductive health.</p>	<p>Dr Joanna Lambert, Chair</p>
New Zealand Sexual Health Society Incorporated (NZSHS) https://www.nzshs.org/	<p>NZSHS is a group of professionals working or interested in the field of Sexual Health. Membership is multidisciplinary and includes doctors, nurses, counsellors, educators, health promoters and others in Public Health working in the field of sexually transmissible infections, including HIV/AIDS, and sexual and reproductive health.</p>	

<p>DECIDE – National Abortion Telehealth Service https://www.decide.org.nz/</p>	<p>DECIDE is Aotearoa New Zealand’s National Abortion Telehealth Service, funded by Health New Zealand and run by Sexual Wellbeing (formally Family Planning New Zealand), and Magma Healthcare. They provide information about abortion, abortion services and how people can access abortion care in New Zealand, as well as early medical abortion by phone service (telemedicine) across New Zealand.</p>	
<p>HIV/AIDS</p>		
<p>Burnett Foundation (formerly New Zealand AIDS Foundation) https://www.burnettfoundation.org.nz/</p>	<p>The Burnett Foundation Aotearoa has been at the forefront of the community response to HIV in Aotearoa for nearly 40 years. It focuses on preventing HIV transmission, combatting stigma and maximising the wellbeing of those most affected by HIV.</p> <p>The organisation originally started as a grassroots response in the early 1980s, and is now a Registered Charitable Trust.</p>	<p>Joe Rich, Chief Executive</p>
<p>Body Positive Inc https://www.bodypositive.org.nz/</p>	<p>Body Positive Inc. is a peer support organisation, founded by and run for, all people living with HIV in New Zealand.</p>	<p>Mark Fisher, Executive Director</p>
<p>Toitū Te Ao https://www.toituteao.org/</p>	<p>Toitū Te Ao provides support and advocacy for Māori, Polynesian and indigenous people living with HIV.</p>	
<p>Positive Women https://positivewomen.org.nz/</p>	<p>Positive Women Inc. is a support organisation for women and families living with and affected by HIV. The organisation also provides HIV awareness through educational programmes with a focus on the de-stigmatisation of HIV.</p> <p>The organisation was established in 1990.</p>	<p>Jane Bruning, National Coordinator</p>
<p>AIDS Epidemiology Group https://www.otago.ac.nz/aidsepigroup</p>	<p>The aims of the AIDS Epidemiology Group are to:</p> <ul style="list-style-type: none"> • monitor the epidemic of HIV / AIDS in New Zealand through ongoing surveillance • develop, and when appropriate, to apply, new methods of monitoring and evaluation, and • contribute to the wider knowledge of HIV infection and AIDS. 	<p>Dr Sue McAllister, Group Leader</p>

Cross-issue groups		
<p>Women's Health Action (WHA) https://www.womens-health.org.nz/</p>	<p>WHA aims to reduce inequalities, draw attention to the social determinants of health and take an assets-based approach to health promotion and disease prevention. They have special interests in maternal and child health (including breastfeeding); body image (including weight and size-based discrimination); sexual and reproductive justice; and screening.</p> <p>WHA is a charitable trust, founded in 1984 by women's health activists Phillida Bunkle and Sandra Coney (as Fertility Action). The organisation had its beginnings in reproductive health and rights and came to national prominence in exposing the 'Unfortunate Experiment' at National Women's Hospital which resulted in the landmark Cartwright Inquiry and subsequent 'Cartwright Report' in 1987/1988.</p>	<p>Isis McKay, General Manager</p>
<p>Aotearoa New Zealand Sex Workers' Collective (NZPC) (previously the New Zealand Prostitutes' Collective) https://www.nzpc.org.nz/</p>	<p>The NZPC Aotearoa New Zealand Sex Workers' Collective is run by sex workers, for sex workers, and advocates for the rights, safety, health, and wellbeing of all sex workers. The organisation is committed to working for the empowerment of sex workers, so that sex workers can have control over all aspects of their work and lives.</p> <p>The organisation's services focus on workers rights, HIV and STI prevention, and education. They also provide safer sex supplies to sex workers, and offer free sexual health clinics at their community bases.</p> <p>The organisation was formed in 1987.</p>	
Key individuals		
<p>Professor Cindy Farquhar</p>	<p>Role: Professor, Faculty of Medical and Health Sciences, Obstetrics and Gynaecology, University of Auckland; Fertility Specialist, Fertility Plus</p>	
<p>Dr Terryann Clark</p>	<p>Role: Professor, School of Nursing, University of Auckland; Cure Kids Chair in Child and Adolescent Mental Health, School of Nursing, University of Auckland</p> <p>Interests: Youth health</p>	
<p>Dr Sue McAllister</p>	<p>Role: AIDS Epidemiology Group Leader, University of Otago</p>	

	Interests: Epidemiological surveillance of HIV infection and AIDS in New Zealand
Associate Professor Peter Saxton	Roles: Associate Professor, School of Population Health, University of Auckland; Adjunct Associate Professor, AIDS Epidemiology Group, University of Otago Interests: AIDS epidemiology research, sex and prevention of transmission study (SPOTS)
Professor Ed Gane	Role: Professor of Medicine, University of Auckland; Deputy Director, New Zealand Liver Transplant Unit; Chair of the National Hepatitis C Oversight Group Interests: Hepatitis C and Hepatitis B
Dame Catherine Healy	Role: National Coordinator, New Zealand Prostitutes Collective Interests: Sex workers' rights

ENDS.

Minister's Notes

PROACTIVELY RELEASED