

# Aide-Mémoire

## Women's health delegation

<b>Date due to MO:</b>	29 February 2024	<b>Action required by:</b>	N/A
<b>Security level:</b>	IN CONFIDENCE	<b>Health Report number:</b>	H2024035860
<b>To:</b>	Hon Casey Costello, Associate Minister of Health		
<b>Copy to:</b>	Hon Dr Shane Reti, Minister of Health Hon Matt Doocey, Associate Minister of Health Hon David Seymour, Associate Minister of Health		
<b>Consulted:</b>	Health New Zealand: <input checked="" type="checkbox"/> Māori Health Authority: <input checked="" type="checkbox"/>		

## Contact for telephone discussion

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**To:** Hon Casey Costello, Associate Minister of Health

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## Context

1. This aide-mémoire provides you with an overview of your women's health delegation and outlines opportunities for improving women's health. It sets out the specific roles the Ministry of Health | Manatū Hauora (the Ministry), Health New Zealand | Te Whatu Ora (Health NZ) and Te Aka Whai Ora | Māori Health Authority (Te Aka Whai Ora) have in delivering a quality and equitable health system for women in New Zealand.
2. There are opportunities to improve women's health through your wider Ministerial delegations. This aide-mémoire references several other briefings you have received on your delegations that are related to women's health. These briefings are on:
  - a. Maternity and early years (HNZ00038651)
  - b. Sexual and reproductive health, including improving access to abortion services and safe areas (H2024035864)
  - c. Surrogacy (H2024035866)
  - d. Family violence and sexual violence (H2024035115)
  - e. Aged care and dementia management (HNZ00037576)
  - f. Surgical mesh (H2024035861)
3. This aide-mémoire also provides information on opportunities for women's health within your delegations on the Therapeutics Products Act 2023 and surgical mesh.
4. Improving women's health and wellbeing requires action across the health system. Therefore, there are opportunities to improve women's health through collaborating with your Ministerial colleagues on portfolios that fall outside of your delegation (eg, health workforce, primary and community health care, and health research and clinical networks).
5. The Minister of Health's priorities of timely access, quality, workforce and infrastructure are key to improving women's health. However, achieving health equity for women, and between groups of women, will also require focus on the determinants of women's health and drivers of health inequity within and outside the health system.

6. New Zealand's first Women's Health Strategy was published in July 2023, and sets the direction for improving the health and wellbeing of women over the next 10 years. It was developed with significant sector and community input and was published alongside five other strategies required under the Pae Ora (Healthy Futures) Act 2022.
7. Pae Tū: Hauora Māori Strategy, and Te Mana Ola: The Pacific Health Strategy, set out specific health needs and priorities for Māori, including wāhine Māori and whānau, and Pacific peoples, including Pacific women.
8. We welcome the opportunity to provide further information on any of the matters outlined in this paper, or to discuss the contents of this aide-mémoire in more depth.

## Health entity roles

9. The Ministry, Health NZ and Te Aka Whai Ora, work together to deliver a quality and equitable health system for women in New Zealand. The health entities also work across government, and with iwi, hapū, community and sector groups, at national, regional and local levels to address wider determinants of women's health and wellbeing.
10. The Ministry is the steward of the health system and advises the Government on policy, sets direction, and regulates and monitors the health system to ensure it performs well and delivers better health outcomes for all New Zealanders, including women.
11. Health NZ is responsible for the day-to-day running of the public health system and commissions and provides most publicly funded health services through a nationally coordinated and regionally delivered health system. This includes women's health services, such as maternity services, sexual and reproductive health services, gynaecological services, and abortion services, alongside wider health services that support women's overall health and wellbeing, such as primary and community health care.
12. Te Aka Whai Ora provides policy and strategy advice to the Minister of Health and Associate Health Ministers on matters relevant to hauora Māori, including wāhine Māori. It also monitors, in co-operation with the Ministry and Te Puni Kōkiri, the performance of the health system in relation to hauora Māori. Te Aka Whai Ora commission, and co-commission with Health NZ, health services for wāhine Māori.

## Women's health status

### Women are diverse and experience differential and inequitable health conditions and outcomes

13. Women make up just over 50% of the total adult population of New Zealand. Women are diverse and identify with many different population groups and cultures, and have their own unique contexts, worldviews, identities, and preferences.
14. There are disparities in life expectancy between women and men, and between women of different ethnicities. While men have a shorter life and health expectancy than women, women spend more time living in poor health and living with disability.
15. The life expectancy for wāhine Māori and Pacific women (77.3 years and 79.3 years) are considerably lower than the life expectancy of European or Asian men (81.3 years and 85.3 years). Māori can expect to live fewer years independently and in good health compared with non-Māori. In 2013, Māori females had a health expectancy of 60.4 years, compared with 67.4 years for non-Māori females.

16. Some health conditions are unique to women, such as endometriosis, cervical and ovarian cancer, and menopause. Women also experience some health conditions differently to men, such as osteoporosis, gynaecological disorders, and certain cancers.
17. 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. For women 70 years and older, ischaemic heart disease, Alzheimer's disease, and other dementias, as well as stroke, chronic obstructive pulmonary disease, and falls are the top disease burdens.
18. Across the range of women's health indicators, Māori and Pacific women experience inequitable access and outcomes. **Appendix 1** provides further information on key population statistics for women in New Zealand.

### **Women have unique health and wellbeing needs and outcomes throughout the life course**

19. The start of menstruation is a key developmental stage for females and is associated with health issues including heavy menstrual bleeding, pelvic pain and endometriosis, along with access to contraception including long-acting reversible contraception (LARC). 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.
20. A healthy mother is particularly important during pregnancy and the early years of a child's life. These early stages of life lay the foundations for the child's future. Many women and their whānau miss out on important maternity and early years care and support. Primary maternity care data shows that of women giving birth in 2020, only 55.9% of wāhine Māori and 40.8% of Pacific women registered with a lead maternity carer (LMC) in the first trimester of pregnancy.
21. Menopause is a normal life stage that women in New Zealand typically experience between the ages of 45 and 55 years old. Around 70% of women have significant symptoms associated with menopause and 40% will see a doctor for menopause symptoms.
22. Aspects of ageing affect women differently or disproportionately than men. The number of women in New Zealand living with dementia is 20-30% higher than the number of men. Osteoporosis is experienced by over half of postmenopausal women over 60 years old, compared to just one in three men over 60 years. Women over 65 also experience higher levels of social isolation than men.

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

23. Multiple determinants of health combine to influence the health and wellbeing of women in New Zealand. Gender bias is a key determinant of health for women and influences their experience within the health system.
24. During recent engagement on the Women's Health Strategy, women told us that they 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 heard from women and their communities about the many roles and responsibilities that women hold, including community work and caring roles. We also heard that the health system is not well designed to support women.

25. Gender bias has resulted in gaps in research on women’s health, lack of information and a lack of services for health conditions that only affect women or are more common in women. 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 system and such bias affects health system performance for women, particularly wāhine Māori.
26. Gender bias also interacts with a range of other determinants of health, including racism, family violence and sexual violence, housing and homelessness, socioeconomic deprivation, financial stability, and living in unhealthy environments.
27. There has been extensive research that provides evidence of the presence of racism in the health system and its impact on health outcomes. Racism in the health system has contributed to wāhine Māori, Pacific and Asian women experiencing disproportionate rates of health risk, poor health outcomes and shorter life expectancy. Addressing structural racism and meeting commitments under Te Tiriti of Waitangi | The Treaty of Waitangi must happen to improve the health outcomes of wāhine Māori.
28. Other groups of women also experience forms of bias that negatively affects their health and wellbeing. This includes disabled women experiencing ableism and rainbow communities experiencing transphobia and homophobia.
29. Gender bias is also visible in rates of family violence and sexual violence (FVSV) in New Zealand. FVSV is a determinant of poor health that has significant and intergenerational impacts on individuals, families, whānau and communities. One in three women in New Zealand experience physical or sexual violence from a partner, and one in three women experience sexual assault in their lifetime. Wāhine Māori are more likely to be impacted by violence than any other ethnicity or gender. The combination of colonisation, racism and sexism in New Zealand increases impacts associated with intergenerational trauma for wāhine Māori. Disabled women and transgender women also experience higher levels of sexual violence and intimate partner violence.

### **Women are more likely to experience financial hardship and financial barriers to health care**

30. Women overall are more likely to have a lower 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 homelessness and housing need. Pacific, ethnic and disabled women have the lowest median weekly incomes out of the total New Zealand population.
31. While the impact of financial hardship is seen in many ways, women are more likely than men to say that they do not have enough money to meet their everyday needs. Women have less retirement savings on average than men despite living longer and, therefore, spending more time in retirement. There is evidence that cost barriers in the health system disproportionately affect women.

## **Guiding strategies for women’s health**

### **The Women’s Health Strategy**

32. The Women’s Health Strategy (the Strategy) is one of six strategies required under the Pae Ora (Healthy Futures) Act 2022. The Strategy was published in July 2023, and it is the first national women’s health strategy in New Zealand.

33. The Strategy sets long-term priorities that guide health system progress towards equitable and healthy futures for women over a 10-year period. The Strategy was developed with significant sector and community input. **Appendix 2** provides a visual representation of the Strategy.
34. The Strategy recognises that to develop a 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.
35. The Strategy has the following four priority areas:
  - a. **Priority area 1: A health system that works for women** – this is an overarching priority that sets out ambitions for change across all areas of the health system to achieve healthy futures for women.
  - b. **Priority area 2: Improving health care for issues specific to women** – this includes a focus on sexual and reproductive health, pelvic and menstrual health, and gynaecological cancers.
  - c. **Priority area 3: Better outcomes for mothers, whānau and future generations** – this focuses on equitable, early access to pregnancy care and joined up maternity and early years services. This priority is being progressed through the Kahu Taurima programme.
  - d. **Priority area 4: Living well and ageing well** – this is a focus on prevention and early intervention to better manage conditions and life stages, like menopause, as well as how the health system can better respond to the determinants of women’s health.

### Pae Tū: Hauora Māori Strategy

36. Pae Tū: Hauora Māori Health Strategy and Whakamaua: Māori Health Action Plan 2020–2025 drive improvement in long-term health outcomes for whānau Māori.
37. Pae Tū highlights the intersectionality of Māori health inequities, acknowledging some groups within the Māori population, such as wāhine Māori, require more tailored support.
38. Whakamaua: Māori Health Action Plan 2020-2025 includes a range of actions to focus efforts to improve Māori health, including wāhine Māori health and the health of their whānau, these objectives are:
  - a. accelerate and spread the delivery of kaupapa Māori and whānau-centred services
  - b. shift cultural and social norms
  - c. reduce health inequities and health loss for Māori
  - d. strengthen system accountability settings.
39. While there have been some improvements for wāhine Māori in recent times, including rising life expectancy and decreasing rates of cervical cancer and smoking, 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 than 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.
40. Many of the risk factors associated with the poorer health outcomes experienced by wāhine Māori are largely preventable through more targeted equitable population health approaches. For example, the rate of all-cancer mortality decreased by 35% for Māori compared to 28% for non-Māori over 22 years to 2018. These improvements have been driven by improvements in



risk factors; for example, the rate of wāhine Māori who were daily smokers reduced from 44% in 2011/12 to 20% in 2021/22.

41. During engagement on the Women's Health Strategy, wāhine Māori shared their aspirations for pae ora | healthy futures. Wāhine Māori told us that for them, pae ora involves:
  - a. mauri ora | being content, balanced, protected, strong, special, and positive
  - b. whānau ora | healthy women ensure healthy families and communities
  - c. wai ora | connection to nature and having access to a healthy and safe environment.
42. **Appendix 3** provides key themes from engagement with wāhine Māori on the Hauora Māori Strategy and Women's Health Strategy at Ngā Wānanga Pae Ora 2023.

### Te Mana Ola: The Pacific Health Strategy

43. Te Mana Ola, the Pacific Health Strategy for Aotearoa New Zealand, outlines the specific health needs and priorities for Pacific peoples and recommends actions to drive improvement in Pacific women's health.
44. Pacific health inequities are seen throughout the life course, beginning with pregnant women. Only 41% of Pacific women are enrolled with a lead maternity carer (LMC) in their first trimester, compared with 83% of European women. This has a direct impact on maternal and infant mortality. Pacific women also experience higher rates of endometrial, breast and cervical cancers, but have lower survival rates, and this has been linked to inequities in access to diagnostic health care.
45. Te Mana Ola priorities for Pacific women include:
  - a. ensuring women are well and in good health, including before and during pregnancy
  - b. ensuring Pacific women receive high-quality maternity care during pregnancy (increased LMC registration rates, decreased infant and maternal mortality rates)
  - c. resourcing maternity services tailored to the needs of Pacific women and babies
  - d. Pacific women experience reduced rates of breast, cervical and endometrial cancer
  - e. establish guidelines and services that provide high-quality diagnostic and treatment services for endometrial cancer.
46. The Ministry is currently implementing Te Mana Ola, which includes the development of Tupu Ola Moui: Pacific Health Chartbook (Tupu Ola Moui). Tupu Ola Moui will include measures and indicators for women's health and is intended to be published bi-annually. This provides an opportunity to monitor system performance specifically on Pacific health outcomes.

### Ola Manuia: Interim Pacific Health Plan 2022-2024

47. Ola Manuia is a key operational document linked to and informed by the Ministry's strategic Pacific documents and is a companion document to The New Zealand Health Plan. It includes actions related to Pacific women's health. Ola Manuia is led by Health NZ and will reach its expiry this year.

### Women's health portfolios

48. You have received, or will be receiving the following briefings under, or related to, your women's health delegation:

- a. Maternity and early years (HNZ00038651)
  - b. Sexual and reproductive health, including improving access to abortion services and safe areas (H2024035864)
  - c. Surrogacy (H2024035866)
  - d. Family violence and sexual violence (H2024035115)
  - e. Aged care and dementia management (HNZ00037576)
49. This section of the aide-mémoire provides an overview of opportunities for women's health within your delegations on the Therapeutics Products Act 2023 and surgical mesh. It also provides information on perimenopause and menopause, which was a key issue raised during engagement on the Women's Health Strategy and is not covered in the briefing on Sexual and reproductive health (H2024035864).

### Improving the regulation of medicines and medical devices that women use

50. Medicines and medical devices are currently regulated under the Medicines Act 1981 (the Medicines Act). While medicines undergo a comprehensive pre-market evaluation for their safety, quality and efficacy, the Medicines Act does not require medical devices to undergo an equivalent evaluation before being made available in New Zealand. This is out of step with international norms.
51. There are some medical products that are predominately used by women, for example LARC, and some products that are used to treat conditions more frequently experienced by women, such as surgical mesh. All contraceptive devices supplied in New Zealand must comply with the Medicines Act and the Contraception, Sterilisation and Abortion Act 19775 (the CSA Act). The CSA Act specifies product standards for some contraceptive devices, however there is no pre-market authorisation process that verifies the product standards are met.
52. The Therapeutic Products Act 2023 (the TPA) was enacted in July 2023 and would reform the regulation of how medicines, medical devices and natural health products, including establishing pre-market approval processes for medical devices. The Government has committed to repeal the TPA, [§ 9\(2\)\(f\)\(iv\)](#)
53. [§ 9\(2\)\(f\)\(iv\)](#)
54. Currently, many therapeutic products are given approval based on studies that do not represent women. This is because women are often underrepresented in health research and clinical trials. There are also examples of where practice in the use of medical devices has caused risks or harm to women, for example surgical mesh and implantable devices.

### Surgical mesh

55. Surgical mesh is a net-like fabric or tape medical device that can be introduced as part of surgery to help repair weakened structures in the human body. It can be used in the treatment of hernias and Stress Urinary Incontinence (SUI), and historically was also used in the treatment of pelvic organ prolapse (POP) in women.



56. In 2017, Medsafe used regulatory action to request information on the safety of urogynaecological mesh devices from the suppliers of mesh for POP. After Medsafe's inquiry, all suppliers of POP mesh advised Medsafe that their products would no longer be available on the New Zealand market. POP mesh is not legally banned in New Zealand but has not been available since 2018. SUI mesh continued to be available for use without restriction until 23 August 2023.
57. In response to ongoing concerns about the health systems' safeguards to provide mesh in the treatment of SUI, a time-limited pause has been placed on the use of mesh for SUI. The Ministry provided you with advice on this issue, including next steps, on 28 February (H2024035861).

### Perimenopause and menopause

58. Sexual and reproductive health was a key theme raised during engagement on the Women's Health Strategy, including perimenopause and menopause. A range of barriers, including stigma and lack of information, can prevent women from seeking health care for these issues and having conversations about these aspects of their health.
59. During engagement of the Women's Health Strategy, women reported that they did not feel that good care was provided when they sought support for perimenopause and menopause symptoms and that there was a lack of general practitioner education on menopause. Menopause hormone treatment is now included in treatment pathways, and many general practitioners have upskilled in perimenopause and menopause. However, due to the lack of publicly funded specialist clinics in New Zealand, this treatment is only available to those who are able to pay.
60. The Australasian Menopause Society (AMS) offers free webinars and e-learning for general practitioners and has members in most areas of New Zealand. The AMS also provides a wide selection of free videos and text-based information for women on menopause.
61. Health NZ and Te Aka Whai Ora<sup>1</sup> will be exploring ways to develop better public facing information on menopause and will contact menopause advocates to seek advice on the most critical information required.
62. Further information and advice on sexual and reproductive health for women is included in the briefing on Sexual and reproductive health, including improving access to abortion services and safe areas (H2024035864), which you will receive on 29 February.

### Opportunities for improving women's health outside your portfolio

63. Achieving equitable health outcomes for women in New Zealand will require systematic action across the health system. There are opportunities to improve women's health through collaborating on issues that fall outside of your delegation. These include, but are not limited to the following issues:
  - a. **Cancer screening:** There are some cancers that specifically affect women or people assigned female at birth, such as gynaecological cancers, or that disproportionately affect women, such as breast cancer. There is an opportunity to address barriers that women experience in cancer screening, especially through cervical and breast cancer screening programmes.

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<sup>1</sup> Until their disestablishment in June 2024.

- b. **Primary and community health care policy work programme:** The Minister of Health has requested advice on establishing a primary and community care work programme, including advice on future system and policy settings. This work is considering options for moving care closer to communities and hapū and locally led solutions to primary and community care. This work programme is likely to present opportunities to address barriers that affect women accessing primary and community health care.
- c. **Health workforce:** The health workforce is under considerable strain. An equitable and quality health system for women requires a larger workforce and a workforce that is culturally responsive to the diverse needs of women. Strategies and policies to support the maternity workforce, and to increase the number of midwives, provide an opportunity to better support pregnant women and their whānau.
- d. **National Clinical Networks Programme:** Health NZ and Te Aka Whai Ora are working to better support existing, and establish new, national clinical networks across a range of health issues. These networks will provide joint clinical leadership across local and regional boundaries. New clinical networks on maternity and neonatal care will be established during 2024.
- e. **Clinical Trials Programme:** The Ministry, Health NZ and Te Aka Whai Ora are working together to explore opportunities to improve infrastructure to support clinical trials and health research. We heard during engagement on the Women's Health Strategy that women are often not included within clinical trials, which has implications for the safety and quality of health care for women.
- f. **Consumer engagement and whānau voice:** Health NZ is working to embed the new code of expectations for health entities engagement with consumers and whānau. This provides an opportunity for women's voices to inform health commissioning and service improvement.
- g. **Mental health and addiction:** The health entities have a continuum of care in place to address the range of mental health needs that birthing parents and families can experience. Services range from primary care delivered by midwives and general practice, to support for mild to moderate needs available through the Access and Choice programme, to dedicated maternal mental health specialist services. There are opportunities to strengthen these services to ensure they respond to the diverse needs of women, with a specific focus on women experiencing inequitable outcomes.

## Cross-government opportunities

- 64. Improving women's health and wellbeing also requires work across government to address the wider determinants of health, such as employment and income level, exposure to FVSV, housing and homelessness, access to healthy food that contribute to health inequities between men and women, as well as disparities between groups of women.
- 65. The Ministry is involved in a range of cross-government work programmes that aim to improve women's health and wellbeing. This includes work with the Ministry of Social Development to implement the New Zealand Carers' Strategy and work with Te Puna Aonui agencies to address FVSV.
- 66. Ministry officials recently met with Kelly Coombes, Secretary for Women and Chief Executive, Ministry for Women, to discuss opportunities to develop measures and indicators for women's health and agreed that our agencies will work together to explore this further. The Ministry is

also supporting the Ministry for Women to upgrade its gender analysis tool 'Bringing Gender In' by participating in user testing. This tool is intended to support government agencies to apply a gender lens when developing policy and commissioning services.

67. At your request, we can provide further advice on opportunities to work across government to improve women's health and wellbeing.

## Areas of concern, issues and risks, and key stakeholders

68. The Women's Health Strategy is a 10-year strategy that was developed in response to significant advocacy from women and for women. Other Pae Ora Strategies also have an important role in driving women's health improvement. There is high stakeholder expectation for the implementation of these strategies and there will likely be an expectation that the Government Policy Statement for Health 2024-2027 and New Zealand Health Plan 2024-2027 include a clear focus on women's health.
69. The Minister of Health's priorities of timely access, quality, workforce and infrastructure are important to improving women's health. However, there is a risk that work programmes under these priorities are not implemented with a specific women's health lens, which recognises and actively addresses how gender bias and wider determinants impact on women's health and experiences in the health system. The potential impact of this risk is that health inequities between men and women, and between groups of women, could be perpetuated.
70. There is also a risk that the implementation of the Strategy will not be as timely as some stakeholders would expect, given the need for prioritisation in the context of current fiscal constraints across the health system.
71. There are also various women's health advocacy groups that were actively engaged in the development of the Women's Health Strategy that are likely to be seeking updates on commitments and actions from the health entities to address specific women's health issues. There are reputational and communications risks relating to stakeholder expectations.
72. **Appendix 4** provides a list of key stakeholders for women's health, including maternity and early years stakeholders. **Appendix 5** provides a list of women's health events this year. We can provide you with further advice on opportunities for engaging with relevant stakeholder groups.

## Next steps

73. At your request, we can provide you with further information on any of the work and issues outlined in this aide-mémoire. We also welcome a discussion with you to understand your priorities for women's health.

ENDS.



Emma Prestidge  
**Group Manager, Family and Community Health Policy**  
**Te Pou Rautaki | Strategy, Policy and Legislation**

## Appendix 1: Population statistics on New Zealand women (Women's Health Strategy)

### Women's health and wellbeing

Figure 3: Population statistics on New Zealand women

Young women make up **14.8%** of the population of adult women

Older women make up **21.2%** of the population of adult women

**15.1%** of women are wāhine Māori.  
**24.1%** of wāhine Māori are young women

**7.5%** of women are of a Pacific ethnicity.  
**27.2%** of Pacific women are young women

**27%** of women are disabled. This increases to **60%** of older women

**18.8%** of women live rurally. Higher numbers of older women live in rural areas

Transgender and cisgender women make up **53.5%** of the rainbow community

**16.3%** of women are of an Asian ethnicity and **1.6%** of women are of a MELLA ethnicity

Women make up **63%** of carers

**91%** of sole parent support recipients are women

**1 in 3** women have experienced family violence or sexual violence

**6%** of the total prison population are women

Sources: Stats NZ 2022, Stats NZ 2014, Stats NZ 2021, Ministry of Social Development 2019, Department of Corrections 2021, Ministry of Justice 2018, and Manatū Wāhine 2022.



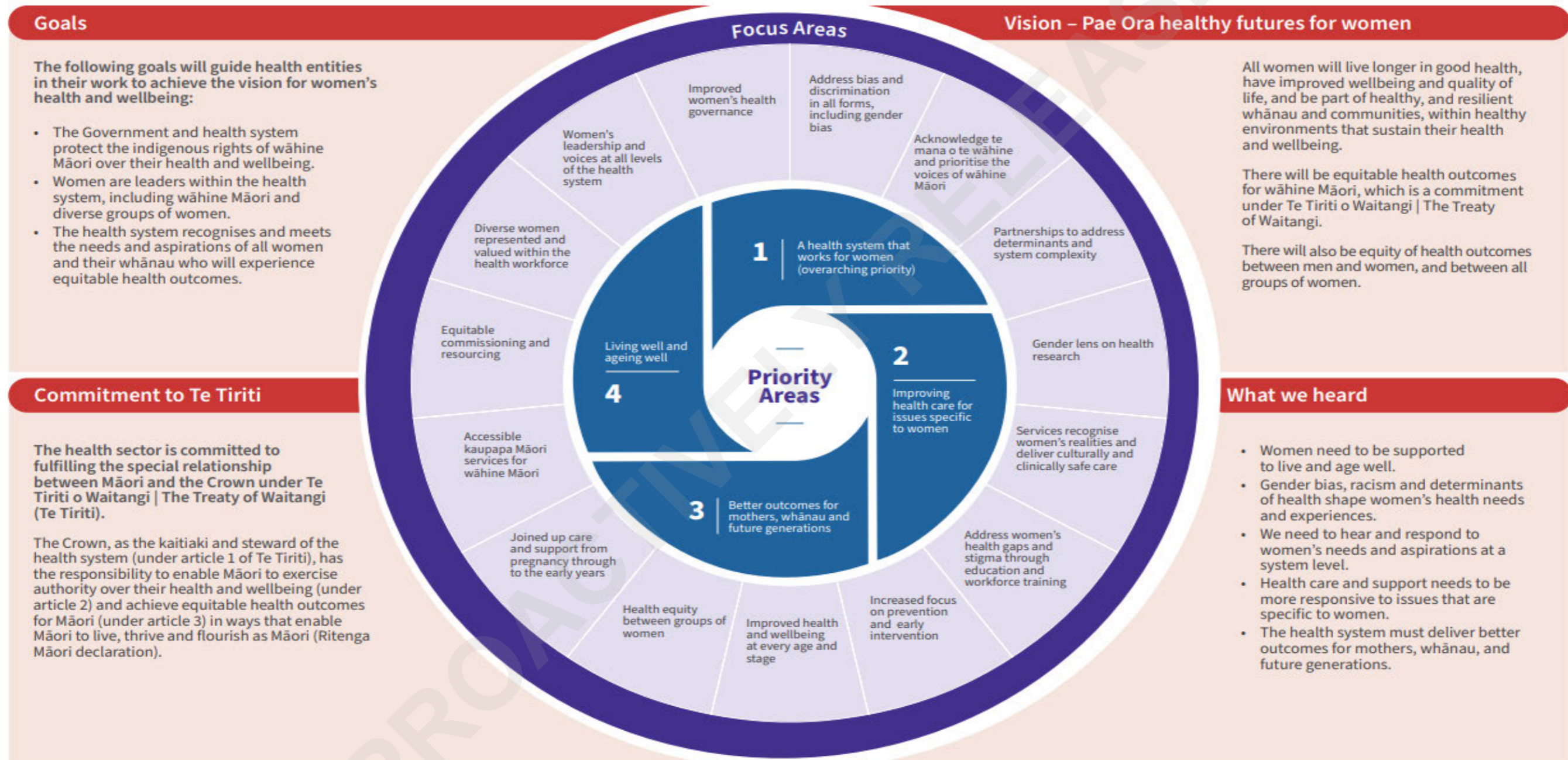


# Women's Health Strategy

## Purpose

The Women's Health Strategy sets the direction for improving the health and wellbeing of women over the next 10 years

Figure 2: Women's Health Strategy on a page





## Women's health empathy map themes



### Women experience pain points & challenges...

- A really full plate: wāhine are filling lots of roles and responsibilities and putting others first
- The system isn't designed for wāhine: wāhine feel invisible, disempowered, judged, unseen, unheard, and like the system doesn't care
- Compounding racism, sexism and discrimination of Māori women's experience: 'leaves a residue on their body and wairua'
- Multiple forms of mamae and trauma that are cumulative and intergenerational



### There are bright spots & strengths...

- Mana wāhine: valuing the strength, power, courage and resilience of wāhine, including their mātauranga
- Wāhine nourish many: giving, caring, advocating for whānau, uplifting, aroha, te whakapono



### Women need...

- Empowerment, time, space and resources to have what they need, make choices and live their dreams
- A village, anchors and support networks 'Who can I reach out to? Who understands what I'm going through?'
- Te ao Māori identity and connections
- Connection and care for Papatūānuku



### Women want...

- Locally-led, whānau, iwi and Māori designed and led supports
- Whānau centred, holistic supports that provide safe places and address access barriers (cost, short appointments, long waits)
- Investment in services and supports for wāhine eg kaupapa Māori services, Māori kaimahi, e.g. midwives
- Te ao Māori practices and approaches to services and supports - the ability for mātauranga to flourish

## Wāhine Māori persona



### Personas

Personas are fictional characters that are informed by real human experiences.

Good user personas are meaningful descriptions. Working with participants and their empathy maps, a series of personas were developed to represent the challenges, strengths and opportunities to achieve pae ora. Participants worked with illustrators to design personas that resonated with them.





## Appendix 4: Women's health stakeholder list

<b>Health sector and workforce Groups</b>	
Royal Australian and NZ College of Obstetricians and Gynaecologists	Ngā Maia Trust Aotearoa
Aotearoa NZ College of Midwives	NZ College of Sexual & Reproductive Health
Family Planning NZ	College of Nurses Aotearoa
Medical Council of New Zealand   Te Kaunihera Rata o Aotearoa	Māori Nursing Council of New Zealand   Te Kaunihera o Ngā Neehi Māori
The Royal New Zealand College of General Practitioners	The Royal Australian and New Zealand College of Radiologist
New Zealand Nurses Organisation	Midwifery Council - Te Tatau o te Whare Kahu
Pacifika Midwives Aotearoa	Heads of Schools – Nursing
The Royal Australian College of Physicians	Abortion Providers Group Aotearoa New Zealand
Wellington Hospital, Capital and Coast, Hutt Valley and Wairarapa Districts	Iwi-Māori Partnership Boards
<b>Research</b>	
Te Tatai Hauora o Hine Centre for Women's Health Research	University of Otago Department of Obstetrics, Gynaecology and Women's Health
Moana Research	Te Whariki Takapou
Centre for Asian and Ethnic Minority Research	Otago University, Department of Women's Childrens Health, Dunedin School of Medicine
<b>Women's advocacy</b>	
Māori Women's Welfare League	NZ Women in Medicine
National Council of Women New Zealand	Project Gender
Auckland Women's Health Council	P.A.C.F.I.C.A Inc
Auckland's Women's Centre	Women's Refuge
Rural Women NZ	Shakti NZ
Women's Health Action	Consumer Advocacy Alliance
Maternity Services Consumer Council	Family Planning New Zealand
Magma Health	
<b>Condition specific advocacy</b>	
Endometriosis NZ	Perinatal Anxiety and Depression Aotearoa
Talk Peach Gynaecological Foundation	
<b>Cancer</b>	
Hei Ahuru Mowai Cancer Leadership	Sweet Louise
Breast Cancer Foundation	Cure Our Ovarian Cancer Charitable Trust
Breast Cancer Aotearoa Coalition	Lung Cancer Foundation NZ
Smear Your Mea Trust	
<b>Maternal, Perinatal and Early Years</b>	
Nga Maia Māori Midwives	Te Ara o Hine – Tapu Ora Co-leads
National Maternity Monitoring Group	Infant and Young Child feeding committee
Midwifery Employee Representation and Advisory Service	Home Birth Aotearoa Trust
NZ Breastfeeding Alliance	B4 School Check Providers
Sands NZ	Well Child Tamariki Ora providers
Maternity and Well Child Tamariki Ora IT Vendors	Whānau Āwhina Plunket

<b>Cross-agency collaboration</b>	
Department of the Prime Minister and Cabinet	Oranga Tamariki
Te Puni Kōkiri	Ministry for Pacific Peoples
Whānau Ora Commissioning Agencies	Ministry of Foreign Affairs and Trade
Public Service Forum (Public Service Commissioner)	Health and Disability Commissioner
Ministry of Education	Whaikaha – Ministry of Disabled People
Social Wellbeing Agency	Ministry of Social Development- Te Manatū Whakahiato Ora
Health Quality Safety Commissioner	Coroner's Office
Police- Nga Pirihimana O Aotearoa	Ministry of Business, Innovation and Employment
Accident Compensation Corporation (ACC)	Ministry for Women
Ministry for Primary Industries	Ministry of Housing and Urban Development

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## Appendix 5: Key events for women’s health in 2024

Event	Date	Website	Area
International Women’s Day	8 March 2024	<a href="http://www.internationalwomensday.com/">www.internationalwomensday.com/</a>	Women’s health
International Midwives Day	5 May 2024	<a href="https://www.internationalmidwives.org/cm-events/international-day-of-the-midwife-2023.html">https://www.internationalmidwives.org/cm-events/international-day-of-the-midwife-2023.html</a>	Women’s health
Suffrage Day	19 September 2024	<a href="https://women.govt.nz">https://women.govt.nz</a>	Women’s health, Community
International Safe Abortion Day	28 September 2024	<a href="https://www.who.int/news-room/events/detail/2023/09/28/default-calendar/international-safe-abortion-day">https://www.who.int/news-room/events/detail/2023/09/28/default-calendar/international-safe-abortion-day</a>	Women’s health, Community
Baby Loss Awareness Week	9 October 2024	<a href="http://www.sands.org.nz/">www.sands.org.nz/</a>	Women’s health, Mental health, Parenting

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