Aide-Mémoire

Update on Surgical Mesh work programme for meeting with Sally Walker

Date due to MO:	18 March 2026	**Date of Meeting:**	23 March 2026
Security level:	IN CONFIDENCE	**Reference:**	H2026079895
To:	Hon Casey Costello, Associate Minister of Health		
Consulted:	Health New Zealand: ☐		
Proactive release:	This **title** is proposed by the Ministry of Health for proactive release: ☒		

Contact for telephone discussion

Name	Position	Telephone
Dr Amanda Rosenberg	Clinical Chief Advisor, Strategy and Policy Group	s 9(2)(a)
Ruth Isaac	Deputy Director-General, Strategy and Policy Group	

Author: Dr Amanda Rosenberg, Clinical Chief Advisor, Strategy and Policy Group

Aide-Mémoire

Update on Surgical Mesh work programme for meeting with the Director General and Sally Walker

Date due:	18 March 2026		
To:	Hon Casey Costello, Associate Minister of Health		
Security level:	IN CONFIDENCE	**Reference:**	H2026079895

About the Meeting

Purpose of Meeting

Following correspondence from Sally Walker expressing concerns she has regarding surgeons, the lifting of the surgical mesh pause, and the approach within the Ministry of Health, she has requested a meeting with you and the Director-General.

Details of Meeting

Date: 23 March 2026
Time: 10.15-10.45am
Venue: Minister Costello's office

Attendees

Sally Walker, recipient of the 2024 Kiwibank New Zealand Local Hero of the Year award, is a consumer advocate whose work has contributed to increased scrutiny of surgical mesh procedures in New Zealand.

Ms Walker is a mesh-injured consumer who has engaged extensively with health sector stakeholders to raise awareness of complications associated with mesh implants. Her advocacy has focused on improving informed consent processes, strengthening clinical accountability, and ensuring appropriate support for affected individuals.

In June 2022, Ms Walker co-led a petition to Parliament calling for the suspension of mesh sling procedures for stress urinary incontinence. The petition was supported by oral submissions to the Health Select Committee in early 2023.

In August 2023, Dr Diana Sarfati the previous Director-General of Health announced a national pause on mesh surgeries for stress urinary incontinence. Ms Walker supported this time-limited pause.

Ministry representatives The Director-General will be in attendance.

Other information n/a

Background and context

1. You are meeting with Ms Walker along with Audrey Sonerson, the Director-General of Health (DG), to discuss surgical mesh.

Surgical mesh

2. In August 2023, the use of surgical mesh for stress urinary incontinence (SUI) was paused to ensure patient safety. This decision was made by the then DG, on the recommendation of the Surgical Mesh Roundtable (SMRT).
3. The SMRT was established following the 2019 report and provides oversight and monitoring of the surgical mesh work programme and advice and recommendations to the Ministry of Health (the Ministry) and Health New Zealand (Health NZ) on the delivery of the work programme.

Progress since 2023

4. In August 2025 you received a briefing for information on the surgical mesh work programme [H2025068938 refers], and subsequently met with officials to discuss. In November 2025 you met with Sally Walker in Auckland [H2025072919 refers].
5. There were 19 recommendations that arose from the restorative justice process on surgical mesh. Sixteen of the 19 recommendations have been implemented. The following three remain in progress:
    a. Action 10: multidisciplinary education for Urology and Urogynaecology surgeons.
    b. Action 18: the modernisation of regulation of medical devices in New Zealand. Of note, in February 2026 the SMRT changed Action 18 from 'completed' back to 'in progress' noting the repeal of the Therapeutics Products Act. The status of Action 18 will be revisited as the Medical Products Bill progresses.
    c. Action 19: system safety addressed through the development of the Health Quality & Safety Commission's (HQSC) System Safety Strategy.
6. Additionally, four conditions must be in place before the pause can be lifted. These are:

Condition		Status
1	Implementation of credentialling of surgeons	Implemented
2	Publication of decision support tools for patients	Completed
3	Establishment of multi-disciplinary meetings to review each case	Established
4	Creation of a registry	In progress

7. Conditions 1 and 2 have been implemented or completed.

    a. *Condition 3:* In relation to condition 3, multi-disciplinary meetings (MDMs) that are able to review individual cases have been established. However, Health NZ have indicated that not every region has the full complement of skills that would ideally be available. The Ministry believes that it should be possible for specialists to work across regions when required to ensure that all women's cases have the benefit of review by a comprehensive MDM.

    b. *Condition 4:* On 16 February 2026 the implementation partner for the National Pelvic Floor Registry, the Centre for Health Outcomes Measure (CHOMNZ), commenced implementation of a registry and announced associated project milestones. The SMRT receives regular updates from Health NZ regarding the registry progress.

8. The Ministry provided a public update in August 2025 that reaffirmed that the pause would remain in place until each of the conditions are met. Once all conditions have been met, the SMRT will determine whether sufficient safety measures are in place to safely lift the pause and provide advice to the Director-General.

Consumer concerns

Lifting of the pause

9. Consumer advocacy groups have concerns about the readiness of the system, particularly around training in non-mesh procedures and the potential for a premature lifting of the pause.

10. The Ministry is continuing to work with sector partners and consumer representatives to ensure any return to mesh procedures is safe, transparent, and clinically justified.

Lived experience on the mesh work programme

11. A recent resignation of a consumer representative has caused some concerns among some consumer advocates as the person selected to replace the previous representative does not have mesh-injured lived experience.

12. The current structure of the SMRT has been carefully considered to balance a range of perspectives, including clinical, regulatory, and consumer voices. The SMRT sought consumer representation that was not limited to individuals with lived experience of surgical mesh harm, though familiarity with the health system and patient safety concerns was considered advantageous.

13. The process to select a new representative was transparent and clear, run by the Ministry and the HQSC. The Ministry continues to actively engage with a range of consumer voices and is running a working group to ensure these concerns are heard.

Concerns about surgeons circumventing protocols

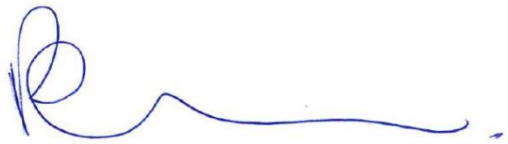
14. We understand Ms Walker may raise concerns about surgeons circumventing protocols. We do not have visibility of Ms Walker's specific concerns, however we note that credentialling, multidisciplinary review, and the pelvic floor registry participation are mandatory for both public and private surgeons performing stress urinary incontinence procedures. The safeguards put in place through the restorative justice system and the SMRT apply to all surgeons working in New Zealand regardless of where they operate.

Concerns about the Ministry's approach to surgical mesh

15. We understand Ms Walker may raise concerns about the Ministry's approach to surgical mesh. We do not have visibility of Ms Walker's specific concerns, but note the Ministry's role in leading the surgical mesh work programme, including convening the SMRT.

16. The SMRT is the oversight group responsible for providing advice and assurance regarding the surgical mesh programme of work and the pause on mesh use. The Ministry's Chief Medical Officer chairs the SMRT and the Ministry provides secretariat and administrative support for the SMRT.

17. While this group is chaired by a Ministry official, it has representation from across the health sector, the Ministry, the Colleges, ACC, HQSC, and consumer representation. Advice is administered as a collective and does not give preference to any single individual. If Ms Walker has any specific concerns about the Ministry's approach to surgical mesh, or the Ministry's specific role in the SMRT, she is encouraged to express them.



Ruth Isaac
Deputy Director-General
Strategy and Policy

s 9(2)(g)(i)