

10 October 2016

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## **Draft Sexual and Reproductive Health Action Plan**

Dear Jo

The New Zealand Medical Association (NZMA) wishes to provide feedback on the above action plan. The NZMA is New Zealand's largest medical organisation, with more than 5,500 members from all areas of medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders. Our submission has been informed by feedback from our Advisory Councils and Board.

1. We welcome the development of the Sexual and Reproductive Health Action Plan and commend the Ministry for the work it is doing to support this. We are disappointed, however, with the consultation process used to inform the development of this plan. The NZMA only learnt of the existence of this plan in September, and had to specifically ask for the opportunity to provide feedback. We note that the Ministry established a Sector Reference Group and Clinical Advisory Group in November 2015, and consulted with a number of organisations, excluding the NZMA. We understand that 168 recommendations for action were received following consultation, and that these have been used to inform the development of the action plan. As the largest medical association in New Zealand, the NZMA has considerable value to bring to the Ministry. We believe that our association should be consulted on all Ministry consultations,

regardless of the specific content. It is our view that targeted consultation is poor practice and has the risk of omitting the views of key stakeholders. This type of consultation should not happen.

2. We note that Māori and Pasifika are identified as priority populations across the action plan. It is of concern that, to the best of our knowledge, Te ORA (Māori Medical Practitioners Association) has also not been consulted to date to inform the development of the action plan. Before the action plan is finalised, we recommend that Te ORA and the Pasifika Medical Association are given the opportunity to provide feedback. Given that priority actions include promoting inclusiveness, with the LGBTIQ community identified as a priority community, we believe that the plan also needs to include Fertility Medicine. We suggest that the Ministry engage with representatives from Fertility Medicine to ensure that this important component of sexual and reproductive health is not missing from the action plan.

3. The above concerns about the consultation process notwithstanding, we consider the draft action plan to be generally reasonable. While we welcome the plan's strong focus on the equity of access to sexual and reproductive health services, we suggest that equal prominence be given to equitable outcomes. We are strongly in favour of promoting positive, respectful and age-appropriate, sex education. We commend the Ministry for incorporating a 'comprehensive sexuality education' approach into the plan, an approach that is also recommended by the UNFPA.<sup>1</sup> Comprehensive sexuality education enables young people to make informed decisions about their sexuality and health.<sup>2</sup> These programmes build life skills and increase responsible behaviours, and because they are based on human rights principles, they help advance human rights, gender equality and the empowerment of young people.

4. While we welcome the objective for young people to have the capacity to make healthy decisions about their sexual behaviour, alcohol and drug use can impair this capacity. We suggest that the action plan should specifically recognise and address the links between the harmful use of alcohol and adverse sexual health outcomes.<sup>3</sup>

5. We note that reducing unintended teen pregnancy is one of the priority actions for healthy young people. At a policy level, making contraception widely accessible is a key factor in achieving this. Research from the United States has associated the decline in teen pregnancy between 2007 and 2012 with improvements in contraceptive use. This decline occurred despite the prevalence of sexual activity among young people staying the same.<sup>4</sup>

6. We have concerns that the action plan fails to give a single mention to General Practice, particularly in the section on 'Health Services and Workforce Development Priority Actions'. GPs play an important role in sexual and reproductive health. Many interactions between GPs and young people also represent a potential for opportunistic interactions regarding sexual health, as well as a chance to form a trusting relationship at a time of personal change. We recommend that GPs be specifically identified and included in the section on workforce priority actions.

7. We consider it important for specialist sexual health services to be retained across New Zealand. Many people prefer to keep their specialist sexual health visits separate from their GP visits, primarily for social reasons. If existing specialist services are disestablished, there is a risk

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<sup>1</sup> <http://www.unfpa.org/comprehensive-sexuality-education>

<sup>2</sup> A good evidence-based discussion on why such approaches are better than other approaches is available from <http://www.advocatesforyouth.org/publications/publications-a-z/2390-sexuality-education>

<sup>3</sup> NZMA. Reducing alcohol-related harm. Policy Briefing. May 2015. Available from [https://www.nzma.org.nz/\\_data/assets/pdf\\_file/0017/42542/Alcohol-Briefing18.may.FINAL.pdf](https://www.nzma.org.nz/_data/assets/pdf_file/0017/42542/Alcohol-Briefing18.may.FINAL.pdf)

<sup>4</sup> Lindberg L, et al. Understanding the Decline in Adolescent Fertility in the United States, 2007-2012. J Adolesc Health. 2016 Aug 15. Available from [http://www.jahonline.org/article/S1054-139X\(16\)30172-0/pdf](http://www.jahonline.org/article/S1054-139X(16)30172-0/pdf)

that some people will not present to their GPs with diagnoses such as syphilis, and that STIs will increase in prevalence. Accordingly, we would like the plan to emphasise the need to preserve specialist sexual health services, in addition to recognising the importance of General Practice.

8. Finally, we consider that the priority populations identified for some of the actions in the plan are too extensive to be meaningful. For example, “all users of primary care” is listed as a priority population among other substantial groups for the actions relating to clinical leadership. We suggest that a more focussed approach to prioritisation will better help achieve significant change for vulnerable populations.

We hope that our feedback has been helpful and look forward to learning the outcome of this consultation.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Stephen Child', written in a cursive style.

Dr Stephen Child  
NZMA Chair