



MP for Dunedin North

Minister of Health

Associate Minister of Finance

Ms Amanda Ashley
fyi-request-7647-bdc78b53@requests.fyi.org.nz

15 MAY 2018

Ref: H201802983

Dear Ms Ashley

Response to your request for official information

Thank you for your request of 18 April 2018 under the Official Information Act 1982 (the Act) for

"I am aware of a document "Potential Priorities for Rainbow Policy" that is currently in consideration. And that it has previously been denied access under "Section 9(2)(f)(iv)"

I would like to;

- 1. Request disclosure of this document.*
- 2. Request a time frame for when this document will be made available given that Section 9 (2)(f) states "maintain the constitutional conventions for the time being which protect-" where the key point is "Time being".*
- 3 If the request is denied, then complete clarification of the reason and cited section of the Act as simply stating "Section 9(2)(f)(iv)" is not enough given the multiple "Or" definitions - cited below."*

This document is attached. I trust this information fulfils your request. You have the right, under section 28 of the Act, to ask the Ombudsman to review my response to this request.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'J Griffiths'.

Jarred Griffiths
Ministerial Advisor
Office of the Minister of Health

Security classification: In-Confidence

File number: AD-62-14-2018

Action required by: As soon as practicable

Potential priorities for Rainbow policy

To: Hon Dr David Clark, Minister of Health;
Hon Julie-Anne Genter, Associate Minister of Health

Purpose

This memo provides information on health and wellbeing issues for Rainbow people. Rainbow issues are best seen through a social model of health, which looks beyond issues of healthcare at the way factors in the environment, like stigma, affect health.

Key points

- The Ministry and other agencies already have work underway that will impact positively on Rainbow people.
- Issues that are currently topical, and are receiving media coverage, include the availability of gender reassignment surgery (which is patchy across the country); HIV and the drug PrEP; and the collection of data on gender identity by government, particularly through Census 2018.
- The Ministry has established quarterly meetings with a group of academics, researchers, clinical leaders and advocates from the transgender community, to strengthen the Ministry's knowledge and relationships with the community.
- While gender reassignment surgery is topical, it should be looked at in the context of a broader spectrum of transition-related healthcare to transgender people. A review of the model of care is required.
- Looking at this spectrum of transition-related care, and at the accessibility and suitability of wider healthcare for Rainbow people, could be potential priorities for the Ministry.
- We would welcome the opportunity to discuss with you what areas of Rainbow policy the Ministry should focus on.

Recommendations

It is recommended that you:

- | | | |
|----|---|--------------|
| a) | note that the Ministry and other agencies already have work underway that will have a positive impact on Rainbow people | Noted |
| b) | note that increasing access to gender reassignment surgery, ending HIV, and collecting data on Rainbow populations are currently topical issues | Noted |
| c) | note that the Ministry is meeting regularly with a group of transgender academics, researchers, clinical leaders and advocates, who have approached the Ministry seeking funding for a range of activities | Noted |

Contacts:	Hannah Cameron, Deputy Chief Policy Officer, Strategy and Policy.	s 9(2)(a)
	Dr Anna McMartin, Manager, Community Wellbeing, Strategy and Policy.	s 9(2)(a)

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|--|---------------|
| d) note that the following two areas could be potential priorities for the Ministry:
improving the whole spectrum of gender transition-related services (not just surgery) by developing a model of care; and improving the accessibility and suitability of healthcare for Rainbow people | Noted |
| e) agree to discuss with officials where the Ministry of Health should focus our work in the Rainbow policy area. | Yes/No |

Hannah Cameron
Deputy Chief Policy Officer
Strategy & Policy

Minister's signature

Date:

Minister's signature

Date:

Current work relevant to Rainbow people

1. The Ministry and other agencies are already doing work that will have a positive impact on Rainbow people. There is potential to build on existing or emerging work programmes to improve the health and wellbeing of Rainbow people.
2. The Intersex Clinical Network is already working to ensure that children born with intersex conditions are getting the right support.
3. The Ministry has developed a proposal for a ten-year Sexual and Reproductive Health Action Plan (SRHAP), which you will receive advice on. The draft SRHAP has a strong emphasis on health equity for different groups, including people on low incomes, youth, Māori, Pacific and the Rainbow community.
4. The draft SRHAP proposes actions in five key areas:
 - reproductive health
 - sexually transmitted infections (STIs) and HIV
 - sexuality and gender
 - sexual violence
 - information.
5. While all five areas of the SRHAP are relevant to Rainbow people, the 'sexuality and gender' area is particularly relevant. It focuses on inclusive schools, communities and health care. The issue of HIV prevention, discussed in the section below, is also strongly relevant.
6. The Government's youth-focused policies, both within and outside health, are expected to have a positive impact on the health and wellbeing of Rainbow young people. These policies include expanding School Based Health Services to all public secondary schools, and developing a sustainable funding model for Youth One Stop Shops (which anecdotally are preferred by Rainbow youth).
7. There is also scope to increase the focus on Rainbow people through other health policy commitments, such as the primary care review.

Current Issues

Gender reassignment surgery

8. Gender reassignment surgery is currently topical, although it is important to note that surgery is part of a broader spectrum of care for those seeking to transition their gender. Surgery is not sought by most transgender people.
9. However, the demand for health services to support people undergoing or considering gender transition is growing significantly, but public health service provision has not kept up with demand.
10. General practitioners are key providers of services to transgender people, with secondary services providing counselling and psychological services, hormone therapy and some gender affirming surgeries (eg, mastectomy, hysterectomy, orchidectomy, and facial appearance surgery). Gender reassignment surgery¹ is provided overseas and is funded through the Ministry of Health's High Cost Treatment Pool, which is set up to fund surgery that is only available privately or overseas.
11. Under current policy settings, which have not changed since 2004, up to four people every two years can receive publicly funded gender reassignment surgery. To improve the availability and

¹ The term is used here to refer to genital surgery, not other kinds of gender-affirming surgery to other parts of the body.

quality of surgery options for transgender people, a model of care would have to be developed, with a number of issues needing to be worked through:

- what minimum level of care DHBs should be required to offer to transgender people seeking to transition
- how services to support transition could be arranged, at DHB and/or regional and national level, so the limited expertise New Zealand has is made available across the country, and is consistent
- potentially adopting an 'informed consent' model, where transgender people can take the decision to transition themselves, without needing the agreement of a mental health professional
- how gender reassignment surgery can be better provided nationally, given the recent appointment to Counties Manukau DHB of a plastic and reconstructive surgeon with training in this surgery, which has raised the Rainbow community's expectations around the availability of surgery.

Ending HIV Big Gay Out

12. Ending HIV is the theme of this year's Big Gay Out, on 11 February in Auckland. Minister Genter has been invited to speak, and the Ministry is supporting her with speech notes. We understand the Prime Minister may also attend this event.
13. In 2017, Medsafe registered a new indication for the antiretroviral Truvada, registering it for pre-exposure prophylaxis (PrEP). PrEP keeps the 'viral load' low in people with HIV, preventing transmission to others. Men who have sex with men, transgender women who have sex with men, and people with partners with HIV infection are most at risk of HIV infection. Yesterday (7 February 2018), PHARMAC announced that it will be widening funded access to Truvada for use as PrEP in eligible people from 1 March 2018. This follows consultation on the proposal late last year. Up to 4,000 people could benefit from this treatment in New Zealand. There is likely to be high national stakeholder interest, and potentially international interest given New Zealand is one of the first countries in the world to publicly fund PrEP for the prevention of HIV.

Collecting data on gender identity

14. There has recently been public discussion around collecting data on diversity, in part because of the upcoming Census, and the decision not to include questions on sexuality and gender diversity.
15. Statistics New Zealand has developed a standard for the collection of data on gender diversity. The Ministry and other agencies have been involved in this work. Some parts of the health sector have adopted the standard, but others have not.
16. The challenge agencies now face is how to implement the standard. The Ministry is reaching out to other agencies to scope up the kinds of implementation questions we will need to answer.
17. Issues to work through include supporting health professionals to have confident, comfortable conversations about patients' gender identity, the IT costs associated with changing data collection, and timeframes needed to implement changes to data collection processes. It will be important for agencies to work through these issues together, to make sure consistent terminology is being used, and that agencies are identifying the same people consistently through their different data collections. This enhanced information will enable us to better understand and meet the needs of the Rainbow client group.

Sector engagement

18. The Ministry has set up a quarterly meeting with a group of academics, researchers, clinical leaders and advocates who work together on transgender issues (see Appendix One for their details). This group has raised the following suggestions with the Ministry, and may also raise them with you:

- the group is setting up a New Zealand Professional Association for Transgender Health (NZPATH), and is seeking \$15,000 from the Ministry to support a national hui this year
- the group wants a New Zealand guideline on standards of care for transgender people to be developed, and would like a financial contribution from the Ministry
- the group would like to work with the Ministry to improve our web content in relation to gender reassignment surgery.

The Ministry is willing to support all three areas, but does not have funding available to offer financial support.

Next Steps

19. In the Ministry's view, the following issues are potential priorities for the health of Rainbow people.

- Gender transition-related health services that are publicly provided for transgender people are provided by DHBs, with some GPs also providing hormone therapy, but service availability is patchy. More consistent access to gender-transition healthcare is needed across the country. Work is needed on a proposed model of care that includes a new national approach to gender reassignment surgery.
- Rainbow people (including transgender people) need access to healthcare that is accessible, appropriate, and affirms their gender and sexual identity. A key element of primary care accessibility is making sure health workforces have the capability to deliver Rainbow-inclusive services.

20. We would welcome a discussion with you, on where the Ministry should focus its efforts in relation to Rainbow policy.

END.

Appendix One: Network of transgender academics, researchers, clinical leaders and advocates, who the Ministry has an ongoing relationship with.

The following network of people has approached the Ministry for discussion. We have agreed to meet with them quarterly.

- Jeannie Oliphant – Clinical lead for Northern Region Transgender Health Services
- Duncan Matthews – Waitemata DHB, Transgender Health Project Manager
- Jack Byrne – Human rights consultant, TransAction
- Jaimie Veale – Waikato University Transgender Health and Wellbeing specialist, Australia and New Zealand Professional Association for Transgender Health Executive Board Member
- Tom Hamilton – Community advocate, works for Outline, Body Positive and Unitec
- Joey McDonald – Kāhui Tū Kaha, LGBTTI Liaison & Training programme lead.