

# Aide-Mémoire

## Request for approval to conduct study on “The health sector response to gender-based violence and sexual reproductive health programmes in New Zealand”

<b>Date due to MO:</b>	18 July 2024	<b>Action required by:</b>	NA
<b>Security level:</b>	IN CONFIDENCE	<b>Health Report number:</b>	H2024043224
<b>To:</b>	Hon Casey Costello, Associate Minister of Health		
<b>From:</b>	Emma Prestidge, Group Manager, Family and Community Health Policy, Strategy, Policy and Legislation, Ministry of Health   Manatū Hauora		
<b>Consulted:</b>	Health New Zealand: <input checked="" type="checkbox"/>		

### Contact for telephone discussion

Name	Position	Telephone
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# Aide-Mémoire

## Request for approval to conduct study on “The health sector response to gender-based violence and sexual reproductive health programmes in New Zealand”

**Date due:** Thursday 18 July 2024

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

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**Purpose:** This aide-mémoire provides advice to support your response to correspondence sent by **s 9(2)(a)** requesting to conduct a study in New Zealand titled *Gender-Based Violence and Sexual Reproductive Health Programmes in the Commonwealth and Selected African Countries*.

A drafted response is attached at **Appendix One**.

**Comment:** **Study Proposal**

- The study aims to analyse the response of the health sector to gender-based violence and sexual and reproductive health across 31 Commonwealth and selected African countries.
- The research findings are intended to generate insights and recommendations for a more effective health sector approach to gender based violence and to improve sexual and reproductive health.
- The study has three main goals:
  - *Understanding Context:* A detailed examination of health sector responses to gender-based violence, sexual and reproductive health, and violence against women and girls in various national and cultural settings to identify and share best practices and lessons.
  - *Structured Program Evaluation:* Assessing the effectiveness of health facility-based responses to gender-based violence, violence against women and girls and sexual and reproductive health in South Africa, evaluating the programs' functionality, implementation, and service delivery outcomes.
  - *Roadmap Development:* Using data from the first two goals, the study will create a strategic plan to enhance the delivery of gender-based violence, violence against women and girls, and sexual and reproductive health programs.

This is intended to promote a more coordinated and accountable health sector response for gender-based violence survivors.

- The study will employ a mixed-method approach, including a scoping review, health facility assessment and semi-structured interviews, programme evaluation, cross sectional user-satisfaction survey, and development of a framework for improving the gender-based violence and sexual reproductive health programme delivery.
- The Ministry of Health has been asked to:
  - Approve the study to be conducted following a favourable review from the National Ethics Committee.
  - Assist with identifying and appointing a dedicated contact person within the Ministry to facilitate our collaboration and ensure efficient in-country ethical clearance processes.
  - Provide essential data necessary for the study, specifically a comprehensive list of health facilities where gender-based violence and/or reproductive health services are actively provided.
  - Support in coordinating access to multiple facilities for data collection, ensuring streamlined communication and assistance with the health facilities in question.

### **Process for international research study approvals**

- The Ministry of Health does not have a role in approving international research study requests.
- There are key steps for the researchers to undertake in seeking approval for this study.
- International researchers wishing to conduct a study in New Zealand must obtain approval from the Health and Disability Ethics Committee (HDEC). As per the requirements of HDEC submissions, a locally based co-ordinating investigator must be nominated and listed in the HDEC application.
- It is the responsibility of the co-ordinating investigator to support international researchers to apply the research proposal to a New Zealand context. This is typically a New Zealand university; however, an Iwi Māori Partnership Board can also be considered as the named collaborator.
- Whilst Health New Zealand (HNZ) do not have a role in facilitating at this stage of the process, the central HNZ Research team can advise researchers on the process of applying for permission to undertake the study at New Zealand hospital sites. Any further

support from HNZ is subject to HDEC approval and careful consideration by HNZ.

- Following receipt of ethics committee, the central HNZ Research team can assist by providing co-ordinated reviews of hospital research offices sitting under the National Research Office and Approvals Manager.
- The researchers will also need to consult with HNZ to consider feasibility and implementation considerations for the health system, including obligations under Te Tiriti o Waitangi, the process to seek local approvals and implications for the health system and workforce. HNZ have advised that they would like to see a Māori focused approach given the study rationale. Further detail is provided below.

### **Benefits of conducting the study**

- The findings of the proposed study, including any gaps in the health sector's response to gender based violence, could help to inform policy, commissioning and service delivery decisions to strengthen the health sector's response. This could complement work currently underway by Te Puna Aonui agencies, with support from the Social Investment Agency (SIA) and Treasury, to evaluate family violence and sexual violence (FVSV) spend with a social investment lens.
- Strengthening the health sector's response to gender-based violence will help prevent further harm to those affected by violence and have a positive impact on range of social issues including physical and mental health, homelessness, and employment.
- Please refer to **Appendix Two** for further information on the health system's response to FVSV in New Zealand.

### **Risks and/or challenges**

- The researchers have listed understanding health sector responses to gender-based violence in various national and cultural settings as one of the key purposes for this study. However, the specific rationale of New Zealand being selected and any considerations for the cultural context of New Zealand have not been articulated in proposal documents.
- In collaboration with their research partner, the researchers will need to consider how their study will uphold Te Tiriti o Waitangi obligations. This will require the study to be co-led with Māori and conducted in a way that is culturally safe and responsive to the needs of Māori participants. Wāhine Māori are the most likely to experience intimate partner violence in New Zealand and as such,

it is important that their experiences are captured wholly during data collection and reflected in any recommendations that follow.

- The researchers will also need to consider how their study will uphold principles of Māori data sovereignty in recognition of the inherent rights and interests that Māori have in relation to the collection, ownership, and application of Māori data. HNZ recommend that the research includes an analysis by ethnicity and is conducted with Kaupapa Māori researchers to ensure these issues are addressed.
- Given the sensitive nature of this study, there is a substantive risk for the safety and emotional wellbeing of participating individuals. To mitigate this risk, participants who experience any psychological discomfort during questioning will be referred to a public health professional counselling service at the facility they were sampled from. As this will have cost and service implications on the New Zealand health system, feasibility would need to be considered and discussed with researchers prior to the approval of this study.
- The researchers have stated that there is a risk that they will not be able to keep participant information confidential, with no further explanation as to why or at what point of the study this risk is most prominent. This is a significant issue that researchers will need to carefully mitigate before applying for ethics approval in New Zealand. Confidentiality will also be critical for protecting Māori data sovereignty.
- While there is a need to improve the capability of the health sector's response to gender based violence, the health workforce is already under considerable pressure and there is a risk that providers will not have capacity to engage with researchers as required. The Ministry and HNZ can facilitate connections between researchers and willing providers where feasible and as capacity allows.
- There is a reputational risk that the study will highlight gaps in New Zealand's response to gender-based violence and sexual and reproductive health. However, we are aware that there are gaps and that more can be done to strengthen both the health system's response and wider Government response to FVSV. Te Aorerekura – the National Strategy to Eliminate Family Violence and Sexual Violence, acknowledges that systematic and societal change to eliminate FVSV will take time, concerted effort and collaboration.
- The Ministry have been asked to assist with providing the essential data necessary for the proposed research study, specifically a comprehensive list of health facilities where gender-based violence and/or reproductive Health services are actively provided. However, as neither the Ministry nor HNZ have oversight of this

data, access to essential data for this study will depend on the willingness of service providers to engage with researchers.

- It will be important for the Ministry and HNZ to consider the findings and any recommendations from this potential study in the context of integration the wider health system and FVSV, which will require effective cross-government collaboration.

### **Locality approvals**

- Locality authorisation must be obtained from each locality and can be done after HDEC submission but must be done before commencement of the study at that locality.
- Given that the procedures described in the study protocol will be conducted at New Zealand hospitals, to obtain locality authorisation researchers will need to request a locality approval from HNZ.
- HNZ provides oversight of the appropriate permissions required for the study as well as capacity and capability assessment at the local level to attain locality approval from each participating hospital site.
- Following HDEC approval, HNZ will support researchers through the local authorisation process, providing appropriate reviews and approvals where feasible.

### **Next steps**

- The Ministry will not have an approval role as requested by the researchers. The researchers will need to obtain a New Zealand co-ordinating investigator and submit an application for HDEC approval.
- Further work is needed to identify the operational support and resources required from New Zealand health services to conduct this study. HNZ is not currently in a position to endorse this study for the reasons outlined in this paper, however, the central HNZ research team can advise researchers on next steps towards obtaining approval for the study.
- If HDEC approval is obtained, HNZ can work alongside researchers to facilitate the local authorisations process, advise on key considerations for research in New Zealand, and consider operational support and resources required to conduct this study.
- Neither you nor the Ministry are required to provide approval for this study.

### **Recommendations**

- We recommend that your response to the request expresses general support for the development of this type of research study, subject to HDEC approval and further consideration by HNZ. A response has been drafted in line with this approach.
- Note that if the study is conducted and finds existing health-based responses are not effective in responding to gender-based violence, there may be reputational risk, and work to improve these responses would likely require funding and resources.
- Subject to the approval of this study in the future, you may wish to consider the findings of the report and any action taken thereafter. Ministry officials will keep you updated on progress and findings.



Emma Prestidge  
Group Manager, Family and Community  
Health  
**Strategy, Policy and Legislation**

PROACTIVELY RELEASED

# Hon Casey Costello

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Minister of Customs  
Minister for Seniors  
Associate Minister of Health  
Associate Minister of Immigration  
Associate Minister of Police



s 9(2)(a)

Ref. H2024043217

Dear s 9(2)(a)

Thank you for your correspondence of 20 April 2024 to the Minister of Health, Hon Dr Shane Reti, regarding Evidence-Based Solutions request for approval to conduct the study “Gender-Based Violence and Sexual Reproductive Health Programmes in the Commonwealth and Selected African Countries within the health sector of New Zealand”. Your correspondence has been transferred to me as the issues you raise fall within my responsibilities as Associate Minister of Health. I appreciate you taking the time to write and apologise for the delay in responding.

I recognise the importance of this research and welcome the opportunity to strengthen the health sector’s response to gender-based violence and sexual reproductive health in New Zealand.

However, I note that the Ministry of Health will not have a role in approving your research study as requested. International researchers wishing to conduct a study in New Zealand are required to obtain approval from the New Zealand Health and Disability Ethics Committee (HDEC). As per the requirements of HDEC submissions, a locally based co-ordinating investigator must also be nominated and listed in the HDEC application.

I suggest your organisation seek partnership with a New Zealand University or Iwi Māori Partnership Board to support your HDEC application. This will also support you to consider how your study will uphold Te Tiriti o Waitangi obligations and be conducted in a way that is culturally safe and responsive to the needs of Māori participants.

Health New Zealand is not currently in a position to endorse your study; however, I warmly invite you to connect with their National Research Office and Approvals manager who will be able to advise you on the next steps for obtaining ethical clearance in New Zealand. Deb Matich, National Group Manager Research Evidence, Research & Clinical Trials at Health New Zealand can provide this contact information at a later date when needed. You can connect with Deb at [deb.matich@tewhatuora.govt.nz](mailto:deb.matich@tewhatuora.govt.nz).

Thank you again for writing.

Yours sincerely

Hon Casey Costello  
**Associate Minister of Health**



## Appendix Two

### Gender Based Violence in NZ

- Violence against women is widespread in NZ. Women are twice as likely than men to experience intimate partner violence and almost three times more likely to experience sexual violence at some point during their lives.
- Between 2009 and 2018, there were 125 intimate partner deaths in NZ. Of those, 76% of the offenders were men and 70% of those killed were women.
- Wāhine Māori are more likely than any other ethnicity to experience intimate partner violence in their lifetime.
- Intimate partner violence and sexual violence also carry significant social and economic costs, including women experiencing isolation, losing their ability to work, losing wages, being unable to participate in regular activities, and a limited ability to care for themselves and their children.
- Gender based violence is linked to numerous adverse sexual and reproductive health outcomes, including risky behaviours, unintended pregnancies, and severe complications like miscarriages and maternal mortality.

### Health system response to Gender Based Violence

- HNZ has committed to progressing key initiatives funded by Health. These include:
  - Violence Intervention Programme
  - Integrated community-led responses
  - Non-fatal strangulation and Sexual Abuse and Assault Treatment Services.
- HNZ are currently exploring how their Violence Intervention Programme could potentially be expanded to build wider workforce capability to address FVSV in Aotearoa (e.g. in the maternity and early years workforces).
- HNZ are also exploring opportunities to strengthen Health's role in regional and local multi-agency responses to FVSV.
- In April 2024, the Ministry of Social Development released a report outlining FVSV service gaps in Aotearoa. This data is available and can be used to help inform the proposed research study.
- A broader overview of the health work programmes and opportunities for improving Health's response to FVSV has been provided to you on 19 February 2024 (**H2024035115**).

### Sexual Reproductive Health in New Zealand

- The Ministry is the lead advisor for the Government on matters relating to policy, regulation and monitoring of the sexual and reproductive health system.
- HNZ 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.

- HNZ 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.
- An overview of the sexual and reproductive health portfolio including key issues to be aware of has been provided to you prior to this briefing on 1 March 2024 (**H2024035864**).

PROACTIVELY RELEASED