



MARCH 2017



Kia ora

Welcome to the first edition of our new, digital *Forum* e-newsletter. We are excited to share it with you. We want to talk more directly to you, as a member. This new quarterly newsletter is just one way we'll be doing this.

This quarter's issue has a focus on access. What do we mean by access? We mean making our services, health care, and information easily available so that our clients can make their own informed decisions about how to achieve their desired health outcomes.

Improving access is a key part of our long-term strategic plan, and our vision: Whakamanahia – Equity. Access. Choice. When we looked at the articles in this issue of *Forum*, access is the theme that really jumps out - and that's a great thing. That means progress is happening around us - a cause to be celebrated.

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Ngā mihi,



Jackie Edmond
Chief Executive



Clinic news

Jadelle free for under 22s

From 1 February 2017, PHARMAC will fund the Jadelle implant on a Practitioner's Supply Order (PSO). This may sound complex, but the impact is incredibly practical. It means that women can come directly to our clinic to receive their implant, rather than having to go to the pharmacy, pay for a prescription, and then bring the Jadelle implant to their appointment at the clinic.

“Previously, each person needed a prescription, and it was a matter of lining everything up to make sure the client went to the pharmacy before their appointment to pick up and pay for their implant. We can now skip this step and have them in stock, like we would Depo Provera or an IUD. It is a much simpler system to provide the implant for the client,” our national medical advisor Dr Christine Roke says.

In terms of improving accessibility to long acting reversible contraception (LARC), this is a great improvement, and one Family Planning has been advocating for (we submitted a proposal to PHARMAC a few years ago). Moreover, for women under 22, the change will mean that the implant is now completely free.

Sexually transmitted infection self-testing pilot

Our Wellington clinic has been piloting a more client-centred approach to testing for sexually transmitted infections (STIs). In November last year, Margaret Sparrow Clinic (MSC) began offering clients the option to self-test for STIs.

“We put this in place as a way of addressing wait times,” our national medical advisor Dr Christine Roke explains. “Sometimes a client comes in but they haven’t made an appointment, and we can’t fit them in right then. So it’s a good idea if they can do the self-test, because the tests are done faster.”

Stella, one of the MSC receptionists, has been largely conducting the trial. When clients arrive requesting an STI test, Stella offers them the option to self-test. If they want to, she gives them a questionnaire to complete, and they do the test. If there are any problems in the questionnaire, she makes a follow-up appointment for the client.

“It’s been really interesting. Having Family Planning experience is really helpful as self-testing isn’t appropriate for every client, so knowing what questions to ask and being able to decide quickly what’s right for the client is important,” she observes.

Stella received training by one of the MSC nurse supervisors to conduct the pilot. She needed to learn to identify red flags in the questionnaire that may indicate the client needs to see a nurse as well as self-test.

“If there is any problem with a client’s results, we prefer to see the client in the clinic and talk with them. The benefit is we’re a step ahead because we’ve already got the results,” Dr Roke says.

The pilot is proving helpful for creating a more client-friendly approach to our services, providing quicker treatment, and enabling clients to do their own swabs.

“The point of the trial is to provide a faster, better service for clients. It also means the client is able to manage their own test. It’s quick compared to waiting

at a drop-in clinic,” central regional manager Jayne Davies says.

The trial is growing and is now being conducted in six of our clinics. Almost 60 people have self-tested so far. The next step is to train more receptionists so that the self-test option can be offered at even more clinics and much more regularly, even during busy times.

Contraceptive pill available over the counter

At the end of February, some oral contraceptive pills became available to buy at pharmacies without a prescription.

The decision by Medsafe to reclassify the pill allows specially trained pharmacists to sell oral contraception. Women who are 16 years and over, and who have been prescribed the pill within the last three years can buy up to a six-month supply. Those with risk factors, or who are using the pill for the first time, will need to first see a doctor first.

While this is a step towards increasing access for women who need contraceptives, we believe it will not help those who need it most, such as young people, Māori and Pasifika, because of the cost at pharmacies. We believe initiatives such as nurse prescribing will do more to expand access.

The cost at a pharmacy will reportedly be around \$45 for a three-month prescription, making it cheaper to come to Family Planning for \$27 than to buy over the counter. Moreover, for women under 22, the cost is free at our clinics.

“The women who are able to buy the pill at the pharmacy can afford to get it anyway, so it’s a decision of convenience rather than equity,” our chief executive Jackie Edmond says.

"Nevertheless, expanding options for where women choose to get their contraception is a good thing and, for some women, buying their pill over the counter will be very convenient."

Update: We expect to have some news about nurse prescribing within the next few months – we hope we can share more with you in the next issue of Forum.

Changes to the HPV vaccination

Exciting changes to the HPV vaccine programme came into effect from 1 January this year.

Firstly, the HPV vaccine, Gardasil 9, became funded for boys as well as girls. The age range has also been extended, with the vaccine now funded for everyone aged 9–26. Previously, it was funded for 9 to 20 year-olds. Furthermore, Gardasil9 has replaced Gardasil4, as it has extra protection for a further 5 types of HPV.

Family Planning is delighted that the vaccination programme has been expanded for boys, and that it is now funded for everyone up until their 27th birthday.

“This means boys are going to get protection from warts and other cancers associated with HPV, such as head and neck cancers, and genital cancers,” our national medical advisor Dr Christine Roke says. “That’s excellent. We are particularly delighted that the age range has been extended up to before their 27 birthday. Sometimes parents don’t want to immunise their children, and when the age range was 12 until 20, there was not much opportunity for people to make their own decision.”

While Gardasil has been most commonly used to protect against cervical cancer up until now, it has become clear that HPV viruses can cause many other types of cancer, including cancers in men. While restricting the vaccine to women in places where resources are limited makes sense (as cervical cancer is the biggest killer, numbers wise), in countries with more resources, it becomes sensible to offer the vaccination to young men as well.

Another reason to expand the vaccination is an ethical, inclusive one: vaccinating boys as well as girls extends protection to groups who are not protected by vaccinating only women, such as men who have sex with men (MSM). It thus becomes an issue of equity.

“While vaccinating young women offers ‘herd immunity’ to their sexual contacts, vaccinating men as well offers broader immunity for the community, particularly to groups who do not get protection from just women vaccination i.e. men who have sex with men. Hence there is a real ethical argument for offering the vaccination to men and women,” Associate Professor Nikki Turner from the Immunisation Advisory Centre told the Science Media Centre.

Vaccinating boys also sends the message to young men that sexual health is a shared responsibility.

Only a few countries have introduced the vaccination for men as well as women, including Australia since 2013, and the US since 2009, but already there are positive signs. In Australia, the gender-neutral vaccine programme has almost eliminated the early signs of HPV-related disease in young people, such as genital warts.

It’s worth noting that it is important young people get vaccinated *before* their first sexual encounters. Young people also have a stronger immune response to the vaccine, meaning they need only two doses, rather than three as adults would need.

Family Planning offers Gardasil9 in our Dunedin, Hamilton, Manukau, Newmarket and Takapuna clinics.

Key issues

Abortion Supervisory Committee calls for reform

The Abortion Supervisory Committee (ASC) published their annual report in February, and it contained a strong recommendation to review abortion law in New Zealand. The ASC is responsible for licensing abortion services and ensuring services are provided in accordance with the law.

The legislation that governs abortion law in New Zealand hasn't been updated since 1977. The report states that "over the last four decades, there have been significant changes to healthcare delivery as well as technological advancements in how we approach medicine. It is important to ensure that the legislation reflects the health sector as it currently is, and modern society." The current law creates confusion and administrative challenges for the Committee and for abortion providers.

Stop Press: The ASC made their case to review the law to the Justice and Electoral Select Committee at a public hearing on 16 March. There has been much noise in the press leading up to the hearing, with the main political parties taking opposite sides of the debate.

The ASC noted that because it is out of date, the current law leaves the door open to litigation. They have spent considerable time and resources fighting litigation since 2004. For example, an anti-choice group in 2015 sought litigation over whether the committee could issue an abortion license for medical abortions only, when the legislation solely refers to surgical abortions. A review of the law would solve such issues.

We welcomed the recommendation from the ASC. We need laws that are fit for purpose, rational and non-discriminatory. Our current abortion laws are none of these things. Improving abortion law in New Zealand would result in patient-centred abortion care for women, reduced stigma around abortion, health care savings and better health outcomes for women and whānau.

"It is the right time to review our abortion laws," says our chief executive Jackie Edmond. "New Zealand has been a world leader in women's rights and health in the past. At a time when some countries are taking steps to reduce women's rights and access to reproductive health care, New Zealand should challenge

this approach and provide an example of how to advance women’s health and human rights with modern, inclusive and evidence-based law-making.”

Quick facts:

- Abortion rates continue to trend downwards. The 2015 figure of 13,155 was steady on the 2014 figure.
- 88 per cent of women are provided with contraception at the time of their abortion.
- Abortion rates in women aged 20 to 24 have dropped from 41 abortions per 1,000 in 2003 to 23 abortions per 1,000 in 2015. Abortions in 15 to 19 year olds are down from 27 per 1,000 in 2007 to 11 per 1,000 in 2015.
- Abortion ratios (the number of abortions per 1,000 known pregnancies including live births, still births and abortions but excluding miscarriages) have also continued to drop. The total ratio for 2015 was 177 per 1,000 known pregnancies, down from 186 in 2014. This is the lowest ratio since 1993.

Read the Abortion Supervisory Committee annual report on their website, or find it [here](#). Read NZ Herald’s coverage of the hearing [here](#). Radio New Zealand’s The House summarised the ASC case to the Justice and Electoral Select Committee [here](#). Or, check out our Facebook page for these stories.

International news

The Healthy Families Project reaches Marakei Island, Kiribati

Our international programmes coordinator recently visited Kiribati to monitor the progress of our Healthy Families Project. During her trip, she visited the island of Marakei, one of the outer islands of Kiribati. We recently expanded the Healthy Families Project to the island. The population of Marakei is

approximately 2,800 with 43% of the population aged under 15.

Our visits are welcomed locally as an indication of Family Planning and New Zealand's commitment to supporting healthy families in Kiribati. Visiting also helps us to understand the activities implemented by the Kiribati Family Health Association (KFHA).

KFHA takes a holistic approach to working with the outer islands. They meet with different community leaders such as elders, church leaders and councillors prior to delivering activities. While this takes time, mobile clinics and training workshops are then well-received and well-attended in each village.

During our visit to Marakei, the council planted a coconut tree to mark the launch of the Marakei strategic plan, and to remind them of their commitment to healthy families.

Health Promotion team in Kiribati

Family Planning health promoters Geoff Meade and Kylie Cherrington have been selected from our Health Promotion team to facilitate a week of intensive workshops in Kiribati.

They leave New Zealand on 26 March to begin a second round of training for the Healthy Families Task Force – a specially appointed task force of local leaders and professionals who work with young people in the community on sexual and reproductive health issues. In 2016, the Kiribati Family Health Association selected 12 people to comprise a Healthy Families Task Force and this year, it has expanded to 20.

Geoff and Kylie will conduct a refresher training programme with the expanded taskforce – training the new members and expanding the knowledge of the original group.

Kylie and Geoff, from Whangarei and Gisborne respectively, were chosen after a rigorous interview process. It will be the first time they have visited

Kiribati.

In preparation for the workshops, they have conducted a thorough needs assessment and developed a customised training programme and manual for local leaders and educators which covers a wide range of sexual and reproductive health topics.

“It is an honour to have been selected to work on the next round of leadership training workshops in Kiribati. I know that we are both excited to have this opportunity,” Kylie says.

“Our aim is to support the exciting work that has been initiated by all those involved before us in the field of sexual and reproductive health and relationships in Kiribati,” Geoff explains.

Members of our health promotion team last visited Kiribati in 2016. While our international programmes staff travel regularly to the island, visits by health promoters offer a unique opportunity to pass on specific skills to local leaders and educators.

Our People

Linda Penno receives ONZM

Our former president Linda Penno was made an Officer of the New Zealand Order in the 2017 New Year Honours. A long-time advocate for women's health, she was awarded for services to women's health and reproductive rights.

Linda joined Family Planning Council in 1997 and became president in 2003. She also served on the governing council of the International Planned Parenthood Federation, volunteering her expertise in law and governance. We are thrilled for Linda and for the recognition for reproductive rights.

Family Planning honorary vice president Fran Wilde was made a Dame Companion of the Order of New Zealand in the same honours.

Dame Laurie Salas passes away

Notable New Zealand women's rights and peace activist Dame Laurie Salas passed away on 26 January, at the age of 94.

Dame Laurie had a long track record of activism in New Zealand and overseas. In 1982, she was appointed a Companion of the Queen's Service Order, and six years later she was made a Dame Commander of the Order of the British Empire. Dame Laurie was an honorary life member of Family Planning.

Death of Dr Helen McGill

Long standing members and former staff may recall former Christchurch doctor Helen McGill; she passed away in Wellington on 23 February at the age of 86.

Those who hold a copy of *Rocking the Cradle, Contraception, Sex and Politics in New Zealand* by Helen Smyth, can read of Dr McGill's presentation to the Royal Commission on Contraception, Sterilisation and Abortion.

New Director Health Promotion

Our new Director Health Promotion, Kelly Atkinson started with us on Monday 11 July and is based in our Wellington National Office.

As Director Health Promotion, Kelly leads a team of 20 health promoters from around the country, and drives our health promotion strategy to prioritise equity and reduce sexual and reproductive health inequalities.

Her current areas of focus include a health literacy-focused review of our sexuality education resources and the introduction of new tools and processes to strengthen regional planning and delivery of our programmes in line with the strategic framework.

Kelly brings 20 years' experience in the development, delivery and evaluation of health promotion, and has worked extensively on youth and community development programmes in Aotearoa New Zealand, the United States and the Asia Pacific region. Prior to joining Family Planning, Kelly held leadership roles with the Cancer Society of New Zealand.

A native of the San Francisco Bay Area, she became a New Zealand citizen in 2007.

Changes to Senior Management Team

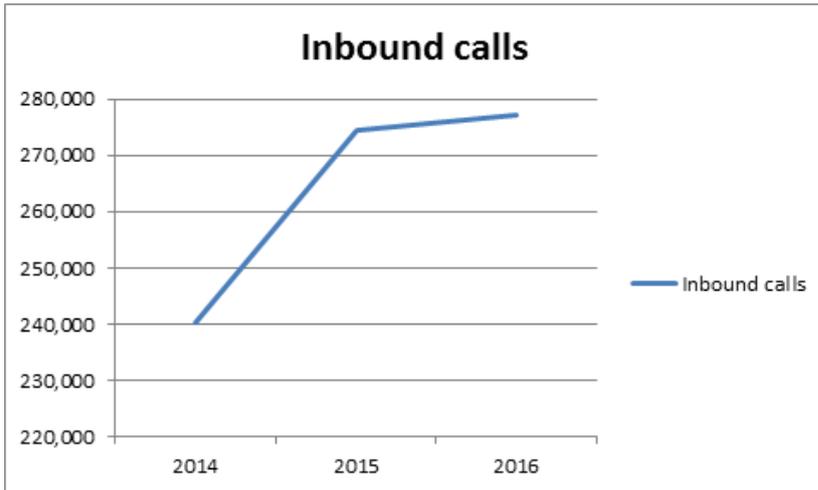
As well as welcoming Kelly, we made another change to our Senior Management Team (SMT) last year. With the strong focus on communication in our strategic framework, communication manager Sue Reid has joined SMT to reflect our organisational commitment to this work.

Sue has worked for us for the past 10 years – she celebrated her 10 year anniversary on 4 December. She has been involved with a number of major projects, including the redevelopment of the website and the establishment of our social media presence.

Organisational news

Client Contact Centre reaches new heights

Our Client Contact Centre (CCC), based in Hamilton, celebrated its third anniversary in mid-November last year. The team has gone from strength to strength, handling a growing number of calls. In 2016, they answered almost 40,000 more calls than in 2014.



	2014	2015	2016
Inbound calls	240,266	274,586	277,021

"Over the years we've refined our training and communication with clients to make it more streamlined and efficient. We are answering more calls than before in a shorter amount of time, which is great," CCC manager Ange Robinson says.

Update: On 7 February this year, the CCC processed their 60,000th Ask for an Appointment form. Ask for an Appointment started in January 2015 and has steadily grown in popularity since then.

Ask for an Appointment increases accessibility for people who may not be able to afford to call us, because they can simply fill in a form on our website and we contact them at a convenient time to arrange an appointment. This also means clients don't have to wait on the phone as they would during busy times – so it's a much more client-friendly service.

The CCC is now receiving around 3000 Ask for an Appointment requests per month.

Changes to clinics

Two of our clinics have undergone changes recently, with Lower Hutt clinic

moving premises and Greymouth clinic closing.

Lower Hutt clinic has moved to 21-23 Andrews Avenue in Lower Hutt (Level 4), near the riverbank car park at the southern end of Lower Hutt. Conveniently, the clinic is just a few doors down from the Vibe Youth Health Clinic for 10 to 24-year-olds, and opened its doors on 20 February 2017.

"The new clinic has been completely refurbished so it looks bright, fresh and new", central regional manager Jayne Davies says.

We made the decision late in 2016 to close our Greymouth clinic – low client numbers over many years had made the clinic unsustainable. The clinic shut its doors on 24 February. We are promoting the phone consultation service on the West Coast to allow us to offer some level of service in the region. Clients like the convenience and accessibility of speaking with a nurse on the phone, and any required prescriptions can be faxed to a pharmacy of their choice.

What do you think of *Forum's* new e-format? We always love to hear from you, so if you have any feedback, you are welcome to send it to us at communication@familyplanning.org.nz.

