NEW ZEALAND
Family Planning

Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health: The right to sexual and reproductive health – challenges and opportunities during COVID – 19

These survey responses are submitted by Family Planning New Zealand.

Key questions

1. Since the beginning of COVID-19 pandemic, States have adopted new policies, laws and other measures in response to the crisis. Please refer to the relevant measures in your country (or countries in focus) and their impact on the right to sexual and reproductive health. Please share information on opportunities and challenges.

Fortunately, New Zealand has experienced very little Covid-19 infection as compared to other countries. Since the start of the pandemic, we have had a total of 2,682 cases and minimal community transmission. There has been only one nationwide lockdown. On 25 March 2020, New Zealanders were required to isolate at home for 6 weeks, and only essential services like pharmacies, grocery stores and health providers remained open. Auckland, the largest city in New Zealand, was moved into short periods of lockdown on two other occasions in 2020 and 2021 due to other cases of community transmission being identified. Outside of these periods of lockdown, there have been few COVID-related restrictions, policies or laws impacting New Zealanders, with the one exception that our borders have been essentially closed since March. Only citizens and residents are able to enter the country and are required to stay in a managed isolation facility for two weeks upon their return.

During the lockdowns, clinical health care was considered an essential service by government, including sexual and reproductive health care. These services were able to be accessed with restrictions. Family Planning, New Zealand's only national provider of sexual and reproductive health services for primary health and sexual health promotion, was able to provide services during the lockdowns, however, most consultations were delivered through phone consultations. During the strictest alert level, the only face-to-face appointments were for contraceptives requiring injections or insertions. Family Planning provides early medical abortion (EMA) at two of our clinics. EMA was also a service provided to clients during lockdown.

In July 2020, Family Planning recieved a small amount of additional emergency funding from the government to help reduce wait times for appointments. The funding allowed our organisation to increase hours for existing staff, hire new clinical and administrative staff, and

address other cost pressures. While long waits for appointments and cost pressures existed prior to COVID-19, they were exaccerbated because of the lockdowns. The emergency COVID-19 funding illustrated that the government prioritised sexual and reproductive health care as essential health care during the pandemic.

One opportunity that arose due to the pandemic was the expansion of our organisational capacity to provide services through phone consultations. Family Planning had offered a small number of phone consultations to clients prior to the pandemic. The lockdown required us to dramatically change how we delivered services in a very short period of time. Our policies, procedures and systems were quickly updated, and staff were trained, so that most of our services could be delivered through a phone consultation during lockdown.

2. Please also specify legal or other measures introduced during the pandemic aiming at recognizing, or restricting, banning or criminalizing: a) access to legal abortion; b) consensual sex between adults; c) same sex sexual relations, d) consensual sex between adolescents of similar ages, e) sex work, f) same sex marriage, g) information on the right to sexual and reproductive health; h) HIV transmission and i) autonomy and free decision making on one's body and sexual and reproductive health.

There were no legal or other measures introduced due to the pandemic.

3. Regarding sexual and reproductive health care, what services, goods and information is being provided in your country (or countries in focus), during the pandemic?

As discussed, health care services, including sexual and reproductive health care are being delivered as usual.

  a. Any changes compared to pre-COVID 19? Has any service, good or information been deprioritized or defunded? Who is this affecting in particular?

No.

  b. Please explain if there has been any impacts on the availability, accessibility, acceptability or quality of sexual reproductive services during COVID – 19.

One of the challenges to providing sexual and reproductive health care in New Zealand during the global pandemic has been the oral contraceptive pill supply shortages. New Zealanders have access to a range of contraceptives, but not as many as many other developed countries. This is because the government drug-purchasing agency, PHARMAC, determines which contraceptives are funded. Not all contraceptives are funded and if they are not funded, they are generally not accessible to most people. For example, the contraceptive patch is not

funded, and therefore, there are currently no importers of this type of contraceptive in New Zealand and it is not available.

While a range of oral contraceptives are funded, during the pandemic, a number of the funded oral contraceptives were in short supply and some became unavailable. It was difficult for many clients to be told that their preferred brand of oral contraceptive was unavailable. It was also challenging for clinicians who had to stay up to date on which oral contraceptives were avaliable and which were not. Fortunately, PHARMAC did a good job communicating the supply problems with health practitioners (eg https://pharmac.govt.nz/medicine-funding-and-supply/medicine-notices/norimin/) and the agency quickly made changes and worked with suppliers to allow access to other medications.

This situation does highlight the challenges of having a limited number and tightly controlled supply of contraceptives. Expanding the number and type of funded contraceptives could help alleviate future challenges caused by any supply shortages.

c. Please also share information on other practical obstacles or challenges to access sexual reproductive services during the pandemic, and who were most affected.

While phone consultations can support more equitable access to health care in a pandemic, there can be barriers and issues to manage when providing virtual health care. Issues around safety, security and privacy are important considerations not only in terms of where and how the doctor is providing a consultation (eg in a private place), but where and how the patient can engage. For example, an adolescent who cannot discuss sexual and reproductive health issues if parents are in the house, or a woman experiencing domestic violence. When a virtual consultation is being considered, these are issues which can present significant barriers and must be addressed.

Māori, the indigenous people of New Zealand, and Pasifika people, face the greatest barriers to accessing primary health care in New Zealand, including sexual and reproductive health care. Barriers to accessing services during the pandemic contribute to inequity. It is important that solutions and initiatives to enable service provision during the pandemic, consider how the initiative could lessen rather than increase existing disparities.

d. Please also share good practices and opportunities in the provision of sexual and reproductive health care during the pandemic.

Refer to question 1.

4. In connection to questions 1 to 3, please also share other relevant information on legal, policy or other changes affecting the right to sexual and reproductive health and related health care in your country or countries in focus, unrelated to COVID-19.

At the start of the global pandemic, New Zealand was in the final stages of abortion law reform. A new law, the Abortion Legislation Act, passed on 23 March 2020, just before the country went into a COVID-19 lockdown. The new law removed abortion from the Crimes Act and removed the requirement that abortions needed to be authorised by two doctors based on strict criteria. From 23 March 2020, abortion can be provided by a health practitioner to anyone requesting one, up to 20 weeks gestation. After 20 weeks, an abortion can be provided if it is determined to be clinically appropriate by a health practitioner. The new law allowed EMA pills to be taken at home, where they were previously required to be taken at a specially licensed facility. The timing of this law change was incredibly important, as it enabled abortion to be provided through virtual consultations. A number of abortion providers were able to mail abortion medication to clients during the lockdown. This would have been prohibited under the old law.

5. Please indicate if your country, institution or organization has decreased financial support or aid to other State, donor or institution or programme in the area of sexual and reproductive health, including through international cooperation, compared to pre-Covid time.

We are not aware of any decrease in New Zealand development aid to other countries in the area of sexual and reproductive health.

6. Please indicate if your country, institution or organization has been affected by a decreased in financial support or aid, including through international cooperation, compared to pre-COVID time, and how this has affected sexual and reproductive health care.

N/A

Thank you for the opportunity to provide input.

Ngā mihi nui

Jackie Edmond
Chief Executive