

27 November 2025

withheld 9(2)(a)



Tēnā koe 

OFFICIAL INFORMATION ACT REQUEST

I refer to your official information request of 27 October 2025 for:

A. Policy and planning

- Any briefings, concept papers, meeting notes, or internal communications that discuss endometriosis being identified as, or proposed as, a Government priority area, strategic focus, or key deliverable within women's health, reproductive health, or chronic-pain policy.
- Any records describing how endometriosis was included in, linked to, or removed from broader initiatives such as the Women's Health Strategy, Planned-Care Recovery Programme, or Health System Indicators.
- Any references to equity, disability, or youth access dimensions within those discussions.

B. Ministerial advice and direction

- Any briefings, aide-memoires, or written advice provided to the Minister of Health, Associate Minister of Health, or Minister for Women that refer to an intended priority or focus on endometriosis, or to any decision to pause, defer, or de-prioritise such a focus.
- Any meeting records (agendas, minutes, attendee lists, summaries) where Ministers or officials discussed endometriosis as a priority or directed officials to alter its status.

C. Cross-agency engagement

- Any correspondence or meeting records between the Ministry and:
 - Te Whatu Ora | Health NZ
 - Te Aka Whai Ora | Māori Health Authority
 - Ministry for Women
 - Ministry for Disabled People | Whaikaha
 - Treasury, or the Department of the Prime Minister and Cabinet,
 - that reference endometriosis as a policy or service priority, or discuss its inclusion, exclusion, or deprioritisation.

D. Decisions and communications

- Any Cabinet papers, Cabinet minutes, or Cabinet Office feedback prepared by or received by the Ministry that relate to a Government priority or initiative on endometriosis.
- Any internal updates, programme reports, or change papers documenting that a decision had been made to de-prioritise, defer, or discontinue work on endometriosis as a distinct policy focus.
- Any media responses, speeches, written PQs, Oral PQs, or lines-to-take that refer to endometriosis as a Government priority, or note that it was no longer being progressed.

E. Other relevant materials

- Any analysis, data, correspondence, or summaries that, while not captured above, would reasonably help to explain the Government's or Ministry's approach to prioritising, funding, or coordinating policy or services for people with endometriosis.

Supporting women and girls to have good health and wellbeing by increasing awareness of women's health issues is an emerging area of work for the Ministry for Women. The Ministry has provided advice to our Minister and engaged with other organisations and agencies, like the Ministry of Health, about our health and wellbeing work programme. This includes a focus on health issues that have a particular impact on women, such as endometriosis. Copies of our advice where endometriosis is mentioned as a priority are enclosed (**see appendix 1**).

The documents are detailed in the attached document schedule. Some information has been withheld under the following sections of the Act:

Section of Act	Reason to withhold
9(2)(a)	To protect the privacy of natural persons.
9(2)(f)(iv)	To maintain the constitutional conventions for the time being which protect the confidentiality of advice tendered by Ministers of the Crown and officials.
9(2)(g)(i)	To maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers of the Crown or members of an organisation or officers and employees of any department or organisation in the course of their duty
9(2)(ba)(i)	protect information which is subject to an obligation of confidence or which any person has been or could be compelled to provide under the authority of any enactment, where the making available of the information would be likely to prejudice the supply of similar information, or information from the same source, and it is in the public interest that such information should continue to be supplied; or
18(d)	That the information requested is or will soon be publicly available

In terms of section 9(1) of the Act, I am satisfied that, in the circumstances, the decision to withhold information under section 9 of the Act is not outweighed by other considerations that render it desirable to make the information available in the public interest.

Official Information Act responses

Please note that this response, with your personal details redacted, may be published on the Ministry's website. If you have any concerns or comments related to this, please let us know by emailing ministerialservicing@women.govt.nz, within two weeks of the date of this letter.

You have the right to seek an investigation and review by the Ombudsman of this decision. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Nāku noa, nā



Anna Chalmers
Deputy Secretary – Engagement, Policy and Delivery

Documents released – 4			
	Date	Document	Section of the Act applied
1	26 June 2025	Memo: Women's health work programme and life course approach <i>Appendix 1 is withheld – internal draft</i>	9(2)(a) 9(2)(ba)(i) 9(2)(g)(i)
2	14 February 2025	Aide memoire: Meeting with Hon Casey Costello, Associate Minister of Health	9(2)(a) 9(2)(ba)(i) 9(2)(g)(i)
3	28 July 2025	Aide memoire: Meeting with Endometriosis New Zealand, Wednesday 30 July 2025	9(2)(a) 9(2)(ba)(i)
4	22 July 2025	Email: Ministry for Women to Ministry for Health regarding the Minister for Women's meeting with Endometriosis NZ	9(2)(a) 9(2)(ba)(i)
5	N/A	Cabinet paper: United Nations Committee on the Elimination of Discrimination Against Women (CEDAW): Concluding Observations – Next Steps and Publication of Actions (2025) <i>Publicly available here: Cabinet Paper: United Nations Committee on the Elimination of Discrimination Against Women (CEDAW): Concluding Observations - Next Steps and Publication of Actions (2025) Ministry for Women</i>	18(d)
6	N/A	Ministry for Women Statement of Intent 2024 - 2028 <i>Publicly available here: Statement of Intent 2024-2028 (2024) Ministry for Women</i>	18(d)
7	N/A	Draft letter: Minister for Women to the Ministers of Health <i>Withheld in full</i>	9(2)(g)(i)
8	N/A	Letter: Minister for Women to the Prime Minister – Priorities in the Women portfolio <i>Withheld in full</i>	9(2)(ba)(i)
9		Feedback on a Ministry of Health Cabinet paper <i>Withheld in full – Will be released as part of a Ministry of Health OIA request</i>	18(d)

Hon Nicola Grigg
Minister for Women

MEMO: Women's health work programme and life course approach

Date:	26 June 2025	Priority:	Medium
Security classification:	In Confidence	Reference:	MW MM 24-25 0219
Proactive Release:	This document will not be considered for proactive release		
Contact:	Anna Chalmers, Deputy Secretary, Engagement, Policy and Delivery, withheld 9(2)(a)		

Purpose

1. This memo provides information on the Ministry for Women's (the Ministry's) health and wellbeing strategic priority, including:
 - our priorities and work programme
 - applying a life course approach to the health and wellbeing work programme (**Appendix 1**)
 - a summary of key data on women's health (**Appendix 2**)

Key messages

2. The Ministry's goal to improve outcomes for women's health and wellbeing recognises that there is a 'women's health gap', where women spend more of their lives in poor health than men. Improving women's health and wellbeing has the potential not only to enhance women's quality of life but also to increase their economic empowerment.
3. Women experience significant changes throughout their lives (such as puberty, motherhood, and menopause) each bringing different health challenges. The Ministry is taking a life course approach, with an initial focus on women-specific health issues, such as menopause endometriosis, and women-specific cancers, maternal mental health, and rural women's health.
4. The Ministry is focusing its health and wellbeing work programme on raising awareness and providing resources about women's health. Our goal is to support women to feel better informed about their health and more confident to seek help when needed.

5. We are building partnerships and relationships to support this work, alongside providing policy advice and gathering evidence and insights across priority women's health issues.

Evidence supports targeted approaches to women's health

Women live longer than men but spend more of their lives in poor health

6. Women globally spend 25% more time in poor health than men. This 'women's health gap' also exists in New Zealand, where women spend around 13 years living in poor health, compared to men at 11 years. Census data shows that women in every age group from 15 years up are more likely than men to be disabled.
7. There are inequities for some groups of women, including wāhine Māori, Pacific women, rural women and disabled women. For example, although on average women live longer than men, New Zealand European men live longer than wāhine Māori.

Women's health is affected by gaps in research, information, and access to health services, diagnosis and treatment

8. The women's health gap is not just due to women living longer or requiring more sexual, reproductive and maternal health services, which McKinsey and the World Economic Forum have calculated only makes up 5% of the women's health gap globally.
9. The factors making the largest contribution to the women's health gap are believed to be:
 - scientific studies and trials historically using male subjects, and being led by men, resulting in treatments that are less effective for women
 - research into women's health focusing on illnesses with high mortality (e.g. cancer) rather than conditions leading to disability (e.g. menopause and endometriosis)
 - women experiencing diagnostic delays and suboptimal treatment.

Improving women's health will increase quality of life and economic participation

10. The health of women has a significant ripple effect on the health of children, families, and communities. Almost half of the global health burden affects women of working age, impacting their productivity and economic contribution.
11. McKinsey and the World Economic Forum estimated that improving women's health could boost the global economy by at least \$1 trillion annually by 2040. For every \$1 invested in women's health, approximately \$3 is projected in economic growth.

Women want better information on women-specific health issues and key life stages

12. Engagement on the national Women's Health Strategy showed that women want better information about how they can live well at every age.

13. Stigma, embarrassment, misunderstanding and lack of information can affect women's ability to talk about health conditions such as periods, pelvic health, sexual health and mental health, and can prevent women from seeking the help they need.
14. Women report feeling like they are often not heard or understood when they access health care, and there is a lack of knowledge and understanding in many areas of women's health.

The Ministry is focusing its work programme on resources and information to support women-specific health issues

15. The Ministry considers that a broad approach to women's health, such as working to address the full range of health conditions and health service issues that affect women, would have limited impact due to finite resources. A broad approach would also risk overlapping with work already underway by the Ministry of Health and Health New Zealand.
16. Key insights from the development of the Women's Health Strategy (2023) included insights from engagement with women who said they wanted:
 - better information about key life stages, including menopause and ageing, and information about how to live well at every stage
 - to be treated as a whole person, rather than as a single issue, and to be considered within their broader social and cultural context.
17. A focus on women-specific health issues will enable the Ministry to work more strategically and to add value through targeted information and support that complements and supports work being undertaken by health agencies, rather than overlapping it.

withheld 9(2)(b)(i)



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We are taking a life course approach to women's health

19. A life course approach recognises that women's health is influenced throughout their lives by a wide range of factors, which cluster at different transition points. By proactively addressing health and wellbeing issues at key transitions, health problems can be prevented or treated before they become more serious.
20. This approach provides a framework to put real lives at the centre of the Ministry's efforts to improve women's health and wellbeing and helps us to highlight points of alignment with other strategic priorities, such as economic empowerment.
21. In **Appendix 1** we have mapped out key moments that matter across women's lives, supported by data and evidence, and have identified opportunities for the Ministry, including work underway.

The Ministry's work programme focuses on four key areas

Partnerships and engagement

22. The Ministry is building relationships and working in partnership with government agencies and community organisations. For example, we are supporting healthcare provider Tend with Women's Health Week in August 2025. We are also partnering with Shepherdess to deliver a women's health hub at the Shepherdess Muster in March 2026.

Information and awareness raising

23. The Ministry is working to reduce stigma and to support women to understand, seek help, and advocate for their own health, through social media, webinars, events, and resources. For example, we are developing a menopause guide for

workplaces, which will include resources for women and employers. The guide will be launched on Menopause Awareness Day in October 2025.

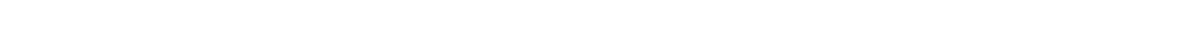
Policy advice

24. The Ministry provides a range of secondary policy advice to ensure the health of women and girls is included in policy development across government. We identify opportunities that align with our priorities, such as the Ministry of Health's maternal mental health work programme, which is part of the first 2,000 days priority in the Child and Youth Strategy.

Data, evidence and insights

25. The Ministry is building up our knowledge of women's health data, evidence and insights, including insights from women and community organisations, to drive areas of focus and inform partnerships, awareness raising, and policy advice.

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Anna Chalmers
Anna Chalmers
Deputy Secretary, Engagement, Policy and Delivery

Attachment withheld 9(2)(g)(i)

Released under the Official Information Act 1982

Appendix 2: Summary of key data on women's health

Life expectancy

1. On average, women in New Zealand live longer than men.
2. Women's life expectancy at birth is 83.6 years, compared with 80.2 years for men. Wāhine Māori life expectancy is 77.1 years, compared with 84.5 years for NZ European women.
3. Women's median age is 39.4 years, compared with 37.3 years for men. Wāhine Māori median age is 27.9 years. This is partly because Māori have higher fertility and their population is growing.

Disability

4. In New Zealand, 18% of women experience disability, compared with 15% of men. A higher proportion of women are disabled than men in every age group from 15 years.
5. The most common types of disability for women are physical (11% of women) and sensory (6% of women).
6. Women are more likely to experience disability due to mental health (4% of women, 2% of men), pain (4% of women, 3% of men) and fatigue (3% of women, 2% of men).

Women and the health system

7. In New Zealand, 26.8% of women have little or no trust in the health system, compared with 20.5% of men.
8. Women are less likely to be seen within six hours when visiting emergency departments than men, a gap which has been consistent since 2014.
9. Women are less likely to receive a specialist assessment within four months than men, a gap which has been continuous since 2018.

Maternity and maternal mental health

10. Women are having their first child later in life. Childlessness is increasing and teen pregnancy is becoming less common.
11. In the year to June 2024, the median age of a mother at the time of her child's birth is 31.4 years, compared with 26.4 years in 1984. Māori mothers' median age is 27.9 years.
12. A New Zealand woman will have an average of 1.53 children (for wāhine Māori this is 1.95). This is well below the replacement rate of 2.1 children per woman.
13. 12% to 18% of New Zealand mothers experience mental disorders during pregnancy and their child's first year of life. When this is extended to include non-clinical mental distress, the percentage is much higher.

Endometriosis

14. It is estimated that one in ten women experience endometriosis.
15. Studies have estimated the average delay between first experience of symptoms and final diagnosis at 8.7 years. This delay is in two parts: a 2.9 year delay between experiencing symptoms and seeing a doctor, and a 5.8 year delay between seeing a doctor and receiving a diagnosis. However, recent studies indicate the delay between consultation and diagnosis has been dropping.
16. Based on Australian data, Endometriosis New Zealand has estimated that endometriosis costs between \$1.3 billion and \$1.5 billion annually, through increased healthcare costs and lost workforce productivity of New Zealand women.

Menopause

17. Menopause symptoms can affect women's quality of life and engagement with work.
18. A 2023 study by NZIER found the most common symptoms women reported were poor sleep, fatigue and brain fog. Other common symptoms included pain, anxiety, or changes in mood. Of the women surveyed:
 - 64% said experience of menopause had impacted their work.
 - 10% had either reduced their hours, changed jobs or quit working.

Cancer

19. The impacts of cancer on women are complex. Women experience cancers that affect both sexes, as well as women-specific cancers. Conditions such as breast cancer are common but have lower mortality, while others (such as ovarian and uterine cancers) are less common but have higher mortality.
20. Overall, cancer is less common in women than it is in men, and the rate of cancer deaths has fallen for both sexes. However, in the period 2017 to 2021, 5,627 women died of female-specific cancers compared with 3,651 men who died of male-specific cancers.
21. Wāhine Māori died of lung cancer at a higher rate than any other population group died from any cancer. 1,057 wāhine Māori died of lung cancer during the four-year period.
22. Among the ten most common cancers for women, three are either specific to women or much more common in women – breast cancer, uterine cancer and ovarian cancer.
 - Wāhine Māori experience breast cancer at a rate 34% higher than NZ European women.
 - Pacific women experience uterine cancer at a rate 431% higher than NZ European women, i.e. over four times as often.

Hon Nicola Grigg
Minister for Women

AIDE MEMOIRE EVENT: Meeting with Hon Casey Costello, Associate Minister of Health

Date:	14 February 2025	Priority:	Medium
Security classification:	In Confidence	Reference:	MW AM 24-25 0132
Proactive Release:	This document will not be considered for proactive release		
Contact	Anna Macdonald, Policy Manager, 9(2)(a)		

Meeting details

Location: Parliament

Date: 19 February 2025, 11.45am – 12.15pm

Key Attendees: Hon Casey Costello, Associate Minister of Health

Purpose

1. To provide you with some background information to support your meeting with Hon Casey Costello, Associate Minister of Health, on Wednesday 19 February from 11.45am – 12.15pm, to discuss common areas of interest relating to women's health. It includes information on the Ministry for Women's role and work programme, including some potential upcoming opportunities to support women's health and wellbeing.

Background/Context

The Ministry for Women is developing a women's health work programme

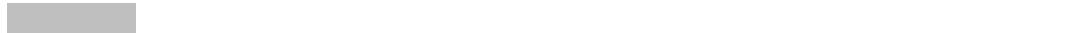
2. Women's health and wellbeing is a new priority in our recently refreshed Statement of Intent 2024 – 2028. It is an emerging area for the Ministry, and we are working to build relationships and develop a work programme. This includes working with non-governmental organisations and with the government agencies responsible for health policy, services, and funding, in particular the Ministry of Health, Health New Zealand, the Cancer Control Agency and Pharmac.

3. 9(2)(ba)(i)

9(2)(b)(i)(d)



The Ministry's role is building partnerships, raising awareness, providing policy advice, and using data and insights

4. Building partnerships and relationships – with government agencies and non-government organisations to identify opportunities for sharing information and raising awareness of women's health issues.
 - For example, potential for a women's health hub with partnership organisations bringing together a range of information and support at events, such as the Shepherdess Muster in 2026.
5. Raising awareness and providing information – through social media, events and resources to increase knowledge about women's health issues and how to get support.
 - For example, scoping partnerships to develop a menopause resource or toolkit to provide information and support in workplaces.
6. Providing policy advice – to ensure women's health is considered across government policy.
 - 9(2)(g)(i)

7. Using data, evidence and insights – to drive areas of focus and inform partnerships, awareness raising and policy advice.
 - 9(2)(g)(i)









9(2)(g)(i)



withheld 9(2)(a)

Anna Macdonald
Policy Manager

14 February 2025

Hon Nicola Grigg
Minister for Women

**AIDE MEMOIRE EVENT: Meeting with Endometriosis New Zealand,
 Wednesday 30 July 2025**

Date:	28 July 2025	Priority:	Medium
Security classification:	In Confidence	Reference:	MW AM 25-26 0006
Proactive Release:	This document will not be considered for proactive release		
Contact	Anna Chalmers, Deputy Secretary, Engagement, Policy and Delivery, withheld 9(2)(a)		
Event Contact	Tanya Cooke, Chief Executive, 021 withheld 9(2)(a)		

Meeting details

Location: Your Office

Date: Wednesday 30 July 2025

Key Attendee: Tanya Cooke, Chief Executive

Purpose

1. Chief Executive of Endometriosis New Zealand (ENZ), Tanya Cooke, requested this meeting to discuss ENZ's work programme, in particular:
 - upcoming research on the costs and impacts of endometriosis
 - advocacy for the development of a National Endometriosis Action Plan
 - advocacy for the adoption of new clinical guidelines
 - its intention to submit a funding application to Pharmac.
2. The meeting is also an opportunity for you to discuss ways you could support ENZ's awareness-raising activities and to socialise the Ministry for Women's health and wellbeing work programme, in particular the life course approach.
3. A biography of Tanya Cooke is provided in **Appendix 1**.

Other related meetings

4. You met Tanya when you co-hosted an event in March 2025 to celebrate Endometriosis Awareness Month.

5. The Ministry for Women met with Tanya on 8 July 2025 and agreed to explore opportunities to partner with ENZ for Endometriosis Awareness Month in March 2026.
6. ENZ has advised that it is also meeting with Hon Simeon Brown, and has requested a meeting with Hon Casey Costello.
7. withheld 9(2)(g)(i)

Key items for discussion

Research is underway on the costs and impacts of endometriosis

8. ENZ will be publishing research in the next few months on the cost of endometriosis in New Zealand. ENZ's current estimation, based on Australian data, is that endometriosis costs \$1.3 to \$1.5 billion annually.
9. ENZ is also undertaking research, in partnership with the University of Canterbury, on the lived experiences of people with endometriosis including impacts on work, education, relationships and finances.

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ENZ is advocating for the development of a National Endometriosis Action Plan

11. ENZ would like a national plan to include education and awareness, clinical management and care, and research. Australia developed a National Action Plan for Endometriosis in 2018.

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13. withheld 9(2)(g)(i)

ENZ is advocating for the adoption of new clinical guidelines for endometriosis diagnosis and treatment in New Zealand

14. The new Australian guidelines were developed by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) to assist in the diagnosis and management of endometriosis. We understand from ENZ that RANZCOG has contacted the Ministry of Health directly about the potential to update New Zealand's guidelines.
15. You may wish to seek an update from ENZ on where this process is at and its views on the impact changes to the clinical guidelines would be expected to have.

withheld 9(2)(ba)(i)



17. withheld 9(2)(g)(i)

Anna Chalmers
Deputy Secretary, Engagement, Policy and Delivery

28 July 2025

Appendix 1: Biography of Tanya Cooke, Chief Executive



Tanya joined Endometriosis as Chief Executive in 2021 and is based in Christchurch.

She has extensive not-for-profit experience in the United Kingdom and New Zealand, including Cholmondeley Children's Centre, the Child Cancer Foundation and Barnados.

She is a board member of the Crusade with Heart Foundation, and previously the Graeme Dingle Foundation and Big Brothers Big Sisters.

Released under the Official Information Act 1982

From: withheld 9(2)(a)
To: [Jenny Skinner](#)
Cc: withheld 9(2)(a)
Subject: RE: Hon Nicola Grigg meeting with Endometriosis New Zealand
Date: Tuesday, 22 July 2025 4:36:58 pm
Attachments: [image008.png](#)
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[image021.png](#)
[image022.png](#)
[image001.png](#)

Kia ora Jenny,

Thank you for following up on this. I'm currently awaiting input from several teams across the Ministry and Health New Zealand, who are managing competing priorities at the moment. | withheld 9

I can also provide some background on Visanne. Visanne (dienogest) is a synthetic progestin hormone. It works by reducing production of estradiol and has been shown to reduce pelvic pain associated with endometriosis for about 90% of women who use it. I am waiting on further advice from Pharmac about this.

withheld 9(2)(ba)(i)

I know that you need to provide this paper to the Ministers by Thursday, so if I receive any further updates in the next couple of days, I'll be sure to pass them on to you promptly.

Mālō 'aupito

withheld 9(2)(a)



tell the sender immediately by reply, remove this email and the reply from your system, and don't act on it in any other way.

From: Jenny Skinner withheld 9(2)(a)
Sent: Tuesday, July 22, 2025 11:29 AM
To: withheld 9(2)(a)
Subject: RE: Hon Nicola Grigg meeting with Endometriosis New Zealand

Kia ora withheld 9(2)(a)

Thank you for sending this out to your contacts. Just checking in to see if you've heard anything back, or if you think you're likely to?

Thanks
Jenny

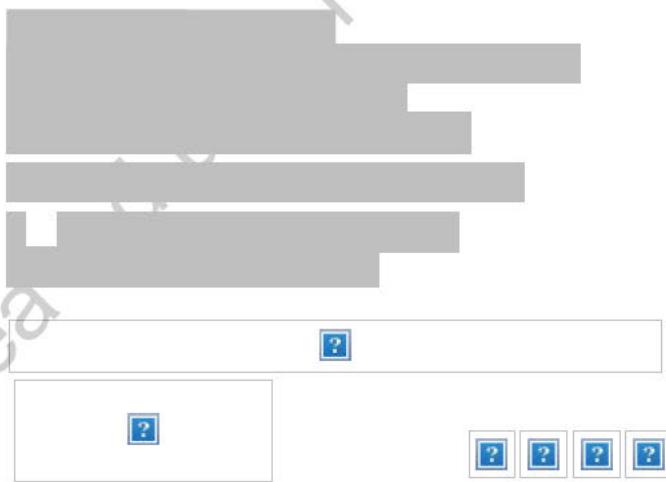
From: withheld 9(2)(a)
Sent: Wednesday, 16 July 2025 10:07 am
To: Jenny Skinner withheld 9(2)(a)
Subject: RE: Hon Nicola Grigg meeting with Endometriosis New Zealand

Kia ora Jenny,

Thanks for your email. I have sent an email out to our contacts in the Ministry to see if there is anything to note from a Health perspective. We will aim to get back to you by Monday.

Mālō 'aupito

withheld 9(2)(a)



From: Jenny Skinner withheld 9(2)(a)
Sent: Wednesday, July 16, 2025 9:16 AM

withheld 9(2)(a)

Subject: RE: Hon Nicola Grigg meeting with Endometriosis New Zealand

Hi again withheld 9(2)(a)

I realise I didn't put any time frames in my email – our deadline for getting info to our Minister for the meeting with Endometriosis NZ is Thursday 24, so any info you can provide by Monday would be helpful.

I also wanted to mention that we understand Minister Grigg intends to share the draft life course approach with Minister Costello prior to their meeting.

Thanks

Jenny

From: Jenny Skinner

Sent: Thursday, 10 July 2025 10:56 am

withheld 9(2)(a)

Subject: Hon Nicola Grigg meeting with Endometriosis New Zealand

Kia ora withheld 9(2)(a)

Thanks again for looping in all the right people on the question about cervical cancer recently. I'm hoping you may be able to help with a similar request on endometriosis.

Minister Grigg is meeting with Endometriosis NZ at the end of July. We understand they also have a meeting scheduled with Hon Simeon Brown.

Endometriosis NZ have indicated they would like to speak to Minister Grigg about the potential for a National Endometriosis Action Plan, adoption/implementation of new RANZCOG guidelines in New Zealand, and their intention to submit an application to Pharmac to fund Visanne.

I'm hoping you might have information you can share, in particular any comment on their request for a National Endometriosis Action Plan and adoption/implementation of RANZCOG guidelines.

withheld 9(2)(ba)(i)

withheld 9(2)(b)(ii)

to let us know if you have any comments on this.

Ngā mihi
Jenny



Jenny Skinner (she/her)

withheld 9(2)(a) z

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