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5 for '14

2014 General Election priorities

Gay Men's Sexual Health (GMSH) research group, Faculty of Medical and Health Sciences, University of Auckland

These are GMSH's **five priorities for the 2014 general election – "5 for '14"** - to improve the sexual health of gay and bisexual men in New Zealand. Although it focusses on gay and bisexual men, many priorities are relevant to the health of the broader gay, lesbian, bisexual, transgender and intersex (GLBTI) population.

1. Human Papillomavirus (HPV) vaccination should be publicly funded for gay and bisexual males
2. District Health Boards should expand free and comprehensive specialist sexual health services
3. More General Practices should offer safe, relevant and appropriate care for GLBTI individuals
4. Government Official Statistics should routinely collect and report data on the health of GLBTI
5. Sexual health and HIV policy framework should be strengthened

1. Human Papillomavirus (HPV) vaccination should be publicly funded for gay and bisexual males

Gay and bisexual men have rates of HPV-related anal cancer that are as high as rates of cervical cancer among women, yet are denied access to the publicly funded safe and effective Gardasil vaccine. This is a clear, urgent and modifiable health equity issue. The incoming government should ensure Pharmac publicly funds HPV vaccinations for gay and bisexual males, investigate ways to optimise delivery, and monitor effectiveness.

2. District Health Boards should expand free and comprehensive specialist sexual health services

Gay and bisexual men face a rising and disproportionate burden of sexually transmitted infections including HIV. These carry stigma, and screening and treatment can be promoted by increasing access to free, non-judgemental and comprehensive sexual health services. District Health Boards should respond to the public health needs of their gay and bisexual male communities by adequately resourcing specialist sexual health services.

3. More General Practices should offer safe, relevant and appropriate care for GLBTI individuals

Our communities often have specific healthcare needs, however many GLBTI don't disclose their sexuality or gender identity to their GP, or they aren't asked. More general practices should provide culturally safe environments for GLBTI to disclose their sexuality or gender identity so that they can be offered relevant and appropriate advice and healthcare.

4. Government Official Statistics should routinely collect and report data on the health of GLBTI

Inequalities in health cannot be identified without reliable data, and progress can't be measured unless data identifying the GLBTI population are routinely collected and reported in Official Statistics. The incoming government should end this invisibility by finalising and implementing the work already initiated in developing statistical standards for sexual orientation and transgender data collection in New Zealand. The routine inclusion of a question on sexuality in the New Zealand Health Surveys should be a high priority. The routine collection and reporting of "sex of partners" for sexually transmitted infections should be a high priority.

5. Sexual health and HIV policy framework should be strengthened

The WHO definition of sexual health should be adopted. This defines sexual health as not merely the absence of disease, but includes pleasurable and safe sexual experiences that are free of coercion, discrimination and violence. Sexual health and HIV should be prioritised to incentivise public health delivery. The Public Health Protection (Amendment) Bill should be supported. The relevant recommendations of the (Health) Select Committee Inquiry into Improving Child Health Outcomes should be implemented, notably regarding sexual and reproductive health education in schools, and provision of accessible sexual health services. The Rainbow Health Report commissioned by ADHB should guide responses for gay and bisexual men and GLBTI generally.

The complementary role of government, specialist services, primary health care, community based organisations, most-affected populations, professional bodies, research and surveillance should be acknowledged in all responses to sexual health. Addressing prejudice, bullying and exclusion and its impact on the mental health and resilience of gay and bisexual men is critical if we are to fully realise progress on the priorities identified above.

The Gay Men's Sexual Health (GMSH) research group is based in the Department of Social and Community Health, Faculty of Medical and Health Sciences, University of Auckland. Our aim is to promote research into HIV and sexual health among gay, bisexual, takatāpui and other men who have sex with men (MSM) in New Zealand. Contact info: Dr Peter Saxton (Director) p.saxton@auckland.ac.nz or link to website [here](#).