Health New Zealand
Te Whatu Ora

2 July 2026

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Tēnā koe Penny

Your request for official information, reference: HNZ00204726

Thank you for your email on 9 June 2026, asking Health New Zealand | Te Whatu Ora for information about the cervical screening resources HE1191 and HE1192 under the Official Information Act 1982 (the OIA).

Response

For clarity, I will respond to each part of your request in turn.

1. *Campaign Costs*
   Please provide the following information in relation to publications HE1191 and HE1192 (the "rainbow materials"): The total design costs incurred in producing HE1191 and HE1192, including: Photography and image licensing fees, Creative direction and art direction fees Agency, design studio, or freelance contractor fees.

We are unable to provide a breakdown of design costs for these specific materials as they were developed as part of a broader media campaign. The campaign was targeted at Māori communities to raise awareness and understanding of the new HPV Primary Screening Test. Cost breakdowns are not available to the level requested, nor have the two resources been budgeted as standalone items. Therefore, the information in this question is refused under section 18(e) of the OIA, as such a breakdown does not exist.

The total print run quantities for HE1191 and HE1192 respectively (i.e. how many copies of each were printed). The total printing and physical production costs for each publication.

Please refer to Table 1 below:

Table 1: Print run quantities and costs for HE1191 and HE1192

Reference number	Total printed	Printing costs
HE1191	9010	$2816
HE1192	8050	$3463

The total distribution costs associated with these materials

We do not hold total distribution costs as these costs are covered both centrally and regionally. The costs vary depending on which region an order was from, how many of each resource was ordered, and what else was ordered at the same time. The cost for these materials is therefore refused under section 18(g) of the OIA, as it is not held by Health NZ, and we do not believe it is held by another agency subject to the OIA.

The name of each contractor, supplier, or agency engaged to produce or distribute these materials, and the value of each contract or procurement engagement

Wawata Creative produced these materials. We are unable to provide a breakdown of costs as noted above.

Whether the costs of producing HE1191 and HE1192 were separately budgeted as a distinct line item, or drawn from the broader HPV/cervical screening programme budget - specifically, whether any funding came from the $53 million HPV programme implementation fund allocated in Budget 2021

These resources were funded by the HPV programme implementation budget and were included in the funding for the Wawata Creative media campaign.

2. *Language Change Decision*
   Please provide the following information relating to the decision to remove the words "women" and "female" from HE1191 and HE1192 and replace them with gender-neutral terminology (including "people with a cervix"):

   A description of the internal process or decision-making pathway that led to this language change, including which business unit, team, or leadership level made or approved the decision
   Any equality impact assessment, health equity analysis, or Tiriti o Waitangi analysis conducted in advance of, or in connection with, the language change - and if such assessments exist, please provide copies
   Any ministerial briefing papers, Cabinet papers, or Cabinet directions relating to the use of gender-neutral language in public-facing cervical screening materials

   Whether the standard (non-rainbow) cervical screening materials published by Health New Zealand or its predecessor, the Ministry of Health, also use gender-neutral language that removes or replaces the words "women" or "female," and if so, when that language change was made and whether a separate decision record or approval process exists for it

It is important to note that there has been no “language change”, as such. Different resources use different terms depending on the context and audience, meaning both “women” and “people with a cervix” are used in the resources relevant to each group. Language used in NCSP communications is developed through standard communications processes, including input from programme, clinical, and communications teams.

This involves consideration of:

- Ensuring communications are accessible to all people eligible for cervical screening
- Supporting equitable access to services
- Aligning with broader public health and communications practice

We have been unable to find any decision-making documents, analysis or assessments, briefings or cabinet papers related to this part of your request. Therefore, this information is refused under section 18(e) of the OIA, as it does not exist or cannot be found despite reasonable efforts to locate it.

Any internal communications - including emails, memoranda, meeting minutes, or decision records - in which the language change for HE1191 and/or HE1192 was discussed, proposed, or approved (for the period 1 January 2022 to 31 January 2024).

An extensive IT search for relevant communications has yielded hundreds of potential results, which would need to be manually reviewed to determine what is in scope. This information is therefore refused under section 18(f) of the OIA as it cannot be made available without substantial collation and research. In making this decision, we have considered extending the timeframe to respond, or charging, as allowed under the OIA. However, neither of these options have been offered as we have determined that providing this information would unreasonably interfere with the everyday functions of the teams involved.

3. *Policy Basis*
   Please provide the following information regarding the policy or directive basis for the language approach adopted in HE1191 and HE1192:

   The specific policy, directive, guidance document, or standard that required or recommended the use of gender-neutral language removing the words "women" or "female" in these public-facing cervical screening communications. This may include but is not limited to:
   - *Rainbow Tick accreditation standards or requirements*
   - *Digital.govt.nz inclusive language guidance*
   - *Recommendations from the Health and Disability System Review or any Parliamentary Select Committee report (e.g. any 2021 recommendations)*
   - *Internal Health New Zealand or Te Whatu Ora communications policy*
   - *Any other whole-of-government or sector-wide directive*

These cervical screening communications were created by Wawata Creative, and we do not hold information confirming whether they used any of the above-mentioned policies, recommendations, or guidance as part of their development. This information is refused under section 18(g) of the OIA as it is not held by Health NZ, and we do not believe it is held by another agency subject to the OIA.

Whether the Public Service Act 2020 was cited, relied upon, or referenced internally as a basis for this language approach in public-facing health materials (as distinct from its application to internal employment practices).

We have been unable to find any records which suggest the Public Service Act 2020 was cited, relied upon or referenced internally for these materials. Therefore, this information is refused under section 18(e) of the OIA, as it does not exist or cannot be found despite reasonable efforts to locate it.

Whether Health New Zealand holds a formal written policy on gender-inclusive language in public health communications - and if so, please provide a copy

Please refer to Appendix 1, which is an extract from the Health NZ Style Guide. This has been released to you as an excerpt under section 16(1)(e) of the OIA. Sections deemed out of scope of your request have been removed.

4. *Population Targeting and Health Equity Analysis*
   Please provide the following information regarding the targeting rationale and any health equity analysis underpinning the production of HE1191 and HE1192 as distinct rainbow-community materials:

   Any analysis or documentation used to estimate the size of the intended target population for HE1191 and HE1192 - specifically, the population of AFAB (assigned female at birth) transgender and non-binary people who were the intended beneficiaries of these materials and their inclusive language
   The specific data source(s) used to quantify or approximate that population, including any census data, health survey data, or research literature relied upon

The National Cervical Screening Programme (NCSP) has not carried out any specific analysis or population estimate for these two resources. This information is refused under section 18(e) of the OIA as it does not exist or cannot be found despite reasonable efforts to locate it.

Whether any analysis was conducted - or any advice sought - regarding the potential effect on cervical screening uptake among cisgender women of removing the word "women" from screening materials, including any correspondence with the National Screening Unit or its advisors on this question

As previously noted, the word “women” has not been removed from screening materials. Therefore, this information is refused under section 18(e) of the OIA as it does not exist.

Current cervical screening coverage rates, to the extent held by Health New Zealand, broken down by demographic group - including by gender identity (women versus gender-diverse individuals) if such data is collected and held.

Cervical screening coverage rates are publicly available using the NCSP Shiny App: tewhatuora.shinyapps.io/nsu-ncsp-coverage. Please note, we do not collect data on gender identity. Therefore, this information is refused under section 18(g) of the OIA, as it is not held by Health NZ, and we do not have grounds for believing it is held by another agency subject to the OIA.

5. *Distribution and Reach*
   Please provide the following information regarding the distribution of HE1191 and HE1192: The total number of copies of HE1191 printed and distributed, and the total number of copies of HE1192 printed and distributed.

The total number of copies printed can be found under question 1 of your request. A total of 8614 copies of HE1191 have been distributed and a total of 6550 copies of HE1192 have been distributed.

A description of the settings and organisations to which these materials were distributed - for example: general practice clinics, sexual health clinics, family planning services, rainbow community organisations, hospital outpatient departments, or other venues.

Materials have been distributed to the following organisations and medical settings:

- General practice / medical centre
- Sexual health / family planning
- Kaupapa Māori / hauora provider
- Cervical/breast screening services
- Te Whatu Ora regional/national & public health services
- Women's health collective / midwifery
- University / tertiary student health
- Primary Health Organisation / network
- Hospital / specialist outpatient (Te Whatu Ora)
- Pacific health / community provider
- Cancer support / NGO
- Other community / NGO health org
- Youth health service
- Pharmacy
- Individual / personal (unclear setting)
- Workplace / Defence health

Whether HE1191 and/or HE1192 were distributed as a supplement to, or in replacement of, the standard (non-rainbow) cervical screening materials in any clinical or community setting.

Organisations place orders for Health NZ materials and resources depending on their individual needs. We do not have any record of what these organisations do with the materials once they receive them. This information is therefore refused under section 18(g) of the OIA, as it is not held by Health NZ and we do not believe it is held by another agency subject to the OIA.

How to get in touch

If you have any questions, you can contact us at hnzOIA@tewhatuora.govt.nz. If you are not happy with this response, you have the right to make a complaint to the Ombudsman. Information about how to do this is available at www.ombudsman.parliament.nz or by phoning 0800 802 602.

As this information may be of interest to other members of the public, Health NZ may proactively release a copy of this response on our website. All requester data, including your name and contact details, will be removed prior to release.

Nāku iti noa, nā

Sara Freitag

Manager, Government Services

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