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Tēnā koe Diana

Hauora Māori Health Strategy 2025

Thank you for the opportunity to respond to Manatū Hauora's survey seeking feedback on the development and delivery of a new Hauora Māori Strategy under the Pae Ora (Healthy Futures) Act 2022, to replace Pae Tū: Hauora Māori Strategy 2023.

Toi Mata Hauora (the Association of Salaried Medical Specialists (ASMS)) is the union and professional association of salaried senior doctors and dentists. We were formed in April 1989 to advocate and promote the industrial and professional interests of our members, most of whom are employed by Te Whatu Ora as medical and dental specialists, including physicians, surgeons, anaesthetists, psychiatrists, oncologists, radiologists, pathologists and paediatricians. We have over 6,000 members.

Toi Mata Hauora ASMS has a strong interest in ensuring Aotearoa New Zealand has a safe, high quality, sustainable health workforce that can meet the needs of the population. The current consultation is relevant to that aim. Our feedback is set out below.

1. Consultation process

The survey seeking feedback on the development and delivery of a new Hauora Māori Strategy 2025 is open for approximately four weeks. This is a very short window to provide meaningful feedback on a critically important strategy, which may limit the input Manatū Hauora receives. The overall process for developing the strategy is also unclear from the survey. The development process is described as "rapid" and the purpose of the survey to "test and refine proposals" for the strategy. We are aware the strategy is due to be presented to Cabinet in December and released early in 2025. We trust, however, that Manatū Hauora will consult publicly on the draft text of the Hauora Māori Strategy before it is finalised.

2. Te Tiriti o Waitangi

The Hauora Māori Strategy 2025 must be based on Te Tiriti o Waitangi as Aotearoa's foundational document, and the articles of Te Tiriti must be visible throughout the Strategy. Further, the legislation governing the health sector, the [Pae Ora \(Healthy Futures\) Act 2022](#) requires the health

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sector to give effect to the principles of Te Tiriti o Waitangi through the health sector principles, engagement with Māori and the development of a Māori Health Strategy.

Breaches of Te Tiriti o Waitangi continue to drive inequitable health outcomes for Māori, as documented in the Waitangi Tribunal's Hauora [Report](#) on stage one of the health services and outcomes inquiry. Despite this, the [Government Policy Statement](#) (GPS) on Health 2024-2027 neglects to mention Te Tiriti o Waitangi, making it critical that Te Tiriti o Waitangi is clearly referenced and visible throughout the Hauora Māori 2025 strategy. The survey preamble highlights the Hauora Māori strategy will reinforce Government expectations set out in the GPS on Health 2024-2027. However, the requirements of the Hauora Māori Strategy are clear in the Act: it must contain an assessment of the current state of Māori health outcomes, assess medium-long term trends affecting Māori health and health sector performance in improving outcomes, and establish priorities for service and sector improvements, including workforce development.

Given the legislative context and ongoing inequities the Hauora Māori Strategy 2025 needs to take a longer-term view and must remain relevant past the expiry of the GPS 2024-2027. A firm grounding in Te Tiriti will support this longer-term strategic view and is necessary for achieving Pae Ora.

3. Focus on pēpi and tamariki

Toi Mata Hauora would like to see a strong focus on pēpi and tamariki within the Hauora Māori Strategy 2025. Recent publications ([Lee-Morgan & Pihama 2022](#)) have highlighted the potential of Tamariki wellbeing that is lifelong. Preventative care and addressing the social determinants of health from preconception, pregnancy and birth, must be a focus of the strategy.

4. Proposed strategy outcomes.

We support the first two outcomes listed in the survey, that:

- Whānau, hapū, iwi and Māori communities have authority to improve their health and wellbeing outcomes.
- A fair, safe and sustainable health system delivering equitable health outcomes for Māori.

However, we have some concerns about the proposed outcome of:

- Addressing the seven-year gap in life expectancy between Māori and non-Māori by focusing on 5 conditions: cancer, cardiovascular disease, diabetes, mental health, respiratory disease.

Focusing on a limited number of conditions or narrow targets may appear more achievable but is unlikely to eliminate the gap in life expectancy between Māori and non-Māori. Further, the five conditions listed are disease groupings that miss the specifics, as well as overlaps that may compound inequities – for example, people living with moderate to serious mental health conditions are more likely to experience poor physical health and have a diagnosis of heart disease, diabetes and some cancers.

A much broader focus is required on addressing the social and commercial determinants of health, including: poverty; low incomes; housing; education; food environments; alcohol and tobacco control; social inclusion; accessible and affordable primary health and dental care; and addressing racism, discrimination and the impact of colonisation. Sectors outside of health influence population health outcomes to a greater extent than the health sector itself ([WHO](#)) and must be a critical part of any strategy to eliminate the gap in life expectancy between Māori and non-Māori.

Limiting the strategy to five conditions would also neglect other conditions that contribute significant morbidity, such as oral health. Recent [research](#) has demonstrated Māori are more than three times as likely to present for emergency dental care and be admitted to hospital than non-Māori, highlighting the inequitable impact of inaccessible primary oral healthcare.

We also note that compared to the current Pae Tū: Hauora Māori Strategy 2023, two outcomes are absent from the survey. These are:

- The health system addresses racism and discrimination in all its forms.
- The inclusion and protection of mātauranga throughout the health system.

Toi Mata Hauora considers both of these outcomes must be retained in the next iteration of the Strategy. The GPS on Health 2024-2027 recognises that discrimination in the health sector contributes to health inequities and is more likely to be experienced by Māori. To achieve the goal of Pae Ora, addressing systemic racism throughout the health sector must remain a key part of the Hauora Māori Strategy 2025.

Recently, Cabinet provided a circular to government agencies directing that “public services should be prioritised on the basis of need, not race.” Toi Mata Hauora considers the directive to be misleading, discriminatory and not based on evidence. We strongly reject the assertions and rhetoric in the Cabinet circular that discourages the use of ethnicity to determine need. As described by [Loring et al](#), “ethnicity is a strong marker of health need in New Zealand and is an evidence-based way of targeting healthcare resources.”

The provision of this directive to government departments highlights a discriminatory approach that will negatively impact health outcomes for Māori. It also demonstrates why the Hauora Māori Strategy 2025 must include the outcome of addressing racism and discrimination in the health system in all its forms. Manatū Hauora, as steward of the health system, has a role in promoting wider understanding of how discrimination drives health inequities, and that targeting interventions based on ethnicity is an evidence-based approach.

5. Proposed strategy priorities

Comment is provided on the proposed priorities below.

Priority one: Strengthen Māori leadership

Toi Mata Hauora supports the priority to strengthen Māori leadership in the health sector. To do this, Manatū Hauora would need to work with Te Whatu Ora as the largest employer in the health sector to recognise Māori leadership roles appropriately, including providing appropriate time, remuneration, and training to support such roles. Toi Mata Hauora is aware that Māori leadership roles in the sector often come with little to no additional FTE allocation or other supports such as access to training. Often, such roles are taken on as additional workload, by individuals highly motivated to contribute Hauora Māori, but over time this becomes unsustainable if inadequate supports are established. This is documented in [research](#) published by Te Ohu Rata o Aotearoa and the Medical Council of New Zealand, and we are aware further research in this area is underway.

At a national level, the establishment of Te Aka Whai Ora created a structure for strong Māori leadership within the health sector. Now that Te Aka Whai Ora has been disestablished and its functions absorbed into Te Whatu Ora, it needs to be made clear to the sector how Māori leadership will be embedded throughout all levels of Te Whatu Ora.

Priority two: Shift investment towards a stronger prevention approach.

Toi Mata Hauora strongly supports a prevention approach but considers the wording of ‘shifting’ investment to a prevention approach is inappropriate. Until a prevention approach is established and the benefits are realised, significant resource will still be required for the treatment of chronic illnesses and injuries within the health system.

Toi Mata Hauora also notes that Pae Tū included a priority to strengthen whole-of government commitment to Māori health, which is absent from the priorities suggested in the survey. Taking a truly preventative approach will require whole-of-government action to address the social and commercial determinants of health. As described above, sectors outside health have more impact on population health than the health sector does. Toi Mata Hauora recommends that a whole-of-government commitment to Māori health is retained as a strategic priority.

Priority three: Enable a resilient, safe and sustainable Māori health workforce and sector.

The wording of the priority for Māori health workforce has changed from “Growing the Māori health workforce and sector to match community needs” to “enable a resilient, safe and sustainable Māori health workforce and sector.” We support the inclusion of safe and sustainable but consider growth of the Māori health workforce must also remain an explicit part of the priority.

Achieving this priority will require ongoing support for the successful Te Kauae Parāoa Division of Health Sciences Policy on Admissions at the University of Otago, and the Māori and Pacific Admission scheme at the University of Auckland. An ongoing focus on cultural safety for all members of the health workforce will also be required to support this priority, with access to high-quality training and professional development in cultural safety, Te Tiriti o Waitangi and hauora Māori.

Priority four: Monitor quality, safety and accountability for system performance.

Toi Mata Hauora supports the priorities of monitoring quality, safety and accountability for system performance in relation to Māori health outcomes.

Is there a key priority that needs to be added?

Enabling culturally safe, whānau-centred health care is absent from the list of priorities and should be included. It is the only priority that is centred on the patient, and that emphasises the importance of culturally safe care.

As described above, all members of the health workforce must be able to access high quality training and professional development in cultural safety.

Toi Mata Hauora considers that any strategy that is implemented must be monitored, reviewed for effectiveness, and given enough time to show whether it is working. Too often, strategies and interventions focused on Māori health are removed or changed before they are given an opportunity to be effective.

Nāku noa, nā



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