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Tēnā koe Natalie

Proposal to amend the Special Authority access criteria for type 2 diabetes medicines

Toi Mata Hauora, the Association of Salaried Medical Specialists (ASMS) is the union for salaried senior doctors and dentists in Aotearoa, representing over 6,500 members. ASMS promotes and protects the interests of members in all aspects of their employment. Under our constitution we also advocate for high standards of publicly funded healthcare services for all New Zealanders, including the right to access those services; and to advance and affirm a commitment to Te Tiriti o Waitangi and mātauranga Māori.

ASMS was alarmed to learn of Pharmac's proposal to amend the Special Authority criteria for type 2 diabetes medicines. Removing reference to Māori and Pacific Peoples as a specific criterion ends access to these life-changing medicines for population groups most impacted by type-2 diabetes and comorbid conditions in Aotearoa New Zealand.

ASMS is also concerned by Pharmac's consultation process, which we note are shared by medical colleges, hauora Māori organisations and advocacy groups. The transparency of the decision, the initial withholding of access to the clinical advice provided on the removal of ethnicity criteria, the notification and timeframe in which to make a submission are of particular concern.

We were pleased to see Pharmac listened to calls for the deadline to be extended and have made changes to the consultation's closing date. ASMS recommends Pharmac ensures future consultations on medicines, devices and other aspects of Aotearoa's therapeutic products landscape are informed by principles of transparency, access to information and accessibility.

Long-term conditions and the managed decline of the health of New Zealanders

Māori and Pacific Peoples continue to experience worse access to health care and inequitable health outcomes compared to the non-Māori, non-Pacific population. Inequities are most stark in life expectancy: Māori will live an average 6.6 years, and Pacific peoples an average 6.1 years, less than non-Māori non-Pacific New Zealanders¹. The life expectancy gap is a direct reflection of policy

¹ Health New Zealand, *Life Expectancy in Aotearoa New Zealand: An Analysis of Socioeconomic, Geographic, Sex and Ethnic Variation from 2001 to 2022*, Technical Report (Health New Zealand, 2024),

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choices that have not supported Māori and Pacific populations. Eliminating the life expectancy gap for Māori and Pacific Peoples is a significant opportunity to lift overall life expectancy for the New Zealand population and make considerable health gains at a population level. To eliminate the gap, ethnicity criteria to support access is necessary.

Non-communicable diseases are the leading cause of health loss in Aotearoa New Zealand, and more people are spending longer periods of life in poor health. This is reflected in the findings of the New Zealand Health Survey, which shows an increase in 'fair' health, and a decrease in 'excellent' health over the period of the survey to date (2011-2024):

- 'Excellent' Health saw a 45% decline for those under 65 (from 21.3% to 11.8%) and a 25% decline for those 65 and over (from 13.7% to 10.2%)
- 'Fair' health saw an increase of 54% for those under 65, while for those 65 and over it was broadly unchanged (12.1% to 12.3%)².

The increase in 'fair' health – especially in the working population aged 15-64 years of age, may reflect increases in non-communicable disease and multimorbidity. The age-standardised prevalence for type-2 diabetes has increased from 37.3 per 1000 population in 2014 to 44.3 per 1000 population in 2023. Multimorbidity – the presence of two or more long-term health conditions that collectively influence a person's health is increasing faster than the population. Between 2020 and 2024, the rate of adults with multimorbidity increased by about 3.5% per annum, while the population over 18 grew by 0.6%. If the current projections of diabetes prevalence in Aotearoa hold, there will be over 500,000 New Zealanders living with diabetes by 2043³. Māori and Pacific peoples will continue to be most affected by diabetes: by 2044, 14.2% Pacific men and 6.9% Tāne Māori will be living with diabetes, compared to 3.4% European men. For women, 17.3% of Pacific women and 7.6% of wāhine Māori will have diabetes, compared with 3.2% of European women⁴.

Kidney disease in Aotearoa New Zealand

In this context, the decision to remove access to medicines that can prevent the progression of diabetes, including cardiovascular and renal complications is shortsighted. Diabetic kidney disease is the most common cause of chronic renal failure, with more than 40% of people with diabetes requiring dialysis or a kidney transplant⁵. People living with diabetes are also at increased risk of cardiovascular disease, and the Ministry of

A 2024 article examining end-stage renal disease in South Auckland, including access to dialysis, found intersectional and compounding factors in housing, incomes, nutrition and food security, primary care availability, and health system accessibility (including transport, cost, and health

<https://static.info.content.health.nz/docs/publications/Life-Expectancy-in-Aotearoa-NZ-An-analysis-of-socioeconomic-geographic-sex-and-ethnic-variation-from-2001-2022-Technical-report.pdf>.

² Andrea Black, *Managed Decline: The Health of New Zealand 2011-2024*, Funding, Functioning and The Future (Association of Salaried Medical Specialists, 2025), <https://asms.org.nz/wp-content/uploads/2025/10/Managed-Decline-Final.pdf>.

³ Ministry of Health, *Health and Independence Report 2024* (Ministry of Health, 2025), <https://www.health.govt.nz/publications/health-and-independence-report-2024>.

⁴ Andrea Teng et al., 'Projected Increases in the Prevalence of Diabetes Mellitus in Aotearoa New Zealand, 2020–2044', *The New Zealand Medical Journal*, 24 January 2025, <https://nzmj.org.nz/journal/vol-138-no-1608/projected-increases-in-the-prevalence-of-diabetes-mellitus-in-aotearoa-new-zealand-2020-2044>.

⁵ *Kidney Disease - Diabetes Info NZ*, 16 November 2018, <https://www.diabetesinfo.org.nz/long-term-complications-2/kidneys/>.

'literacy') created significant barriers, and increased the risk of adverse outcomes⁶. There is a strong association between material deprivation and rapid progression of chronic kidney disease, including starting unplanned dialysis⁷. South Auckland has the highest proportion of Pacific people, and the second-highest proportion of Māori in Aotearoa. The prevalence of chronic kidney disease among Samoan New Zealanders resident in South Auckland is 15.9 – 33.4% - with the upper limit of this range nearly three times the national prevalence for Pacific peoples of 12.6%⁸.

The decision to remove access also fails to account for the significant pressures on provision of existing treatments for diabetes and chronic kidney disease such as dialysis. In March 2026, patients in Christchurch were told that their access to dialysis would be rationed due to staffing shortages, and ASMS is also aware of significant pressure on dialysis provision in Te Manawa Taki, resulting in patients travelling for hours and in some cases unable to return home as there is no access to dialysis where they live. Strain on dialysis provision is compounded by the Ministry of Health's failure to recognise chronic kidney disease as a long-term condition, meaning that planning for the projected increased need for dialysis, access to treatments, and investment in specialist medical, nursing and allied health workers may not be afforded the appropriate priority⁹.

ASMS recommends Pharmac does not continue with this proposal due to the inevitable deepening of inequities, and the additional strain that will be placed on dialysis services as a result in changes to access to these medicines.

Please contact Harriet Wild at harriet.wild@asms.org.nz in the first instance if you would like to discuss our submission further.

Nāku noa, nā



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⁶ Kalpa Jayanatha et al., 'Navigating Challenges: Insights into Chronic Kidney Disease Care in South Auckland', *The New Zealand Medical Journal*, 3 May 2024, <https://nzmj.org.nz/journal/vol-137-no-1594/navigating-challenges-insights-into-chronic-kidney-disease-care-in-south-auckland>.

⁷ Elliot Koranteng Tannor et al., 'The Impact of Low Socioeconomic Status on Progression of Chronic Kidney Disease in Low- and Lower Middle-Income Countries', *Seminars in Nephrology* 42, no. 5 (2022): 151338, <https://doi.org/10.1016/j.semnephrol.2023.151338>.

⁸ 'Diabetes Atlas of Healthcare Variation', Health Quality & Safety Commission Te Tāhū Hauora, accessed 9 June 2026, <https://www.hqsc.govt.nz/our-data/atlas-of-healthcare-variation/diabetes/>.

⁹ Kidney Health New Zealand, 'The Renal Healthcare Landscape in New Zealand: Policy Brief', Kidney Health New Zealand, September 2025.