Hui Whakaoranga 2021  
Summary report

Whāia te pae ora mō ngā mokopuna Securing wellbeing for the next generation

Citation: Ministry of Health. 2022. *Hui Whakaoranga 2021 Summary report: Securing wellbeing for the next generation*. Wellington: Ministry of Health.

Published in May 2022 by the Ministry of Health  
PO Box 5013, Wellington 6140, New Zealand

ISBN 978-1-99-110027-6 (print)  
ISBN 978-1-99-110028-3 (online)  
HP 8144



This document is available at [health.govt.nz](http://www.health.govt.nz)

|  |  |
| --- | --- |
| **CCBY** | This work is licensed under the Creative Commons Attribution 4.0 International licence. In essence, you are free to: share ie, copy and redistribute the material in any medium or format; adapt ie, remix, transform and build upon the material. You must give appropriate credit, provide a link to the licence and indicate if changes were made. |

Contents

[He kupu whakataki Foreword v](#_Toc102659133)

[He whakamārama Background 1](#_Toc102659134)

[Hui Whakaoranga 2021: Summary report 2](#_Toc102659135)

[Overview of Hui Whakaoranga 2021 3](#_Toc102659136)

[Hui Whakaoranga 2021 contributors 4](#_Toc102659137)

[Ngā kaupapa i kaha kitea i te whakapāpātanga Summary of key themes 6](#_Toc102659138)

[Te Tiriti o Waitangi 6](#_Toc102659139)

[Tino rangatiratanga and mana motuhake 7](#_Toc102659140)

[Māori leadership and rangatahi 7](#_Toc102659141)

[Māori workforce 8](#_Toc102659142)

[Collaboration and collective action 8](#_Toc102659143)

[Oranga 9](#_Toc102659144)

[Mātauranga Māori 9](#_Toc102659145)

[Te taiao 10](#_Toc102659146)

[Localised solutions 10](#_Toc102659147)

[Digitally enabled and innovative solutions 10](#_Toc102659148)

[Data sovereignty 11](#_Toc102659149)

[Evidence and insights 11](#_Toc102659150)

[Health and disability reforms and the Māori Health Authority 11](#_Toc102659151)

[Ka mua, ka muri Walking backwards into the future 12](#_Toc102659152)

[Kaumātua: The successes of our past 12](#_Toc102659153)

[Pakeke: The challenges and opportunities of today 13](#_Toc102659154)

[Mokopuna: aspirations for the future 19](#_Toc102659155)

[Appendices 27](#_Toc102659156)

[Āpitihanga 1: He whakarāpopoto o ngā wānanga ā-rohe Appendix 1: Summaries of kōrero at regional wānanga 27](#_Toc102659157)

[Āpitihanga 2: He tauira o te rārangi take Appendix 2: Sample agenda 41](#_Toc102659158)

# He kupu whakataki Foreword

Kei ngā kaihoe e whakatere ana i tō tātou waka hauora Māori ki ōna pae tata, ki ōna pai tawhiti, ki tōna pae ora, nei rā te reo o te Manatū Hauora te oha atu rā.

The past two years have been monumental for Māori health in Aotearoa. In July 2020 the Associate Minister of Health, Hon Peeni Henare, released Whakamaua: Māori Health Action Plan 2020–2025 (Whakamaua). Then 2021 saw the announcement of an independent Māori Health Authority, which will be established in 2022 as a part of the health and disability reforms, and Hui Whakaoranga has been revitalised throughout the motu.

The resumption of Hui Whakaoranga was a landmark moment in our work to advance Māori health. It provided a space for iwi, Māori communities and the Māori health and disability sector to connect, share aspirations and collectively map out the journey towards pae ora – healthy futures for Māori.

The theme of Hui Whakaoranga 2021 was ‘Whāia te pae ora mō ngā mokopuna – Securing wellbeing for the next generation’. We know that by learning from the past and taking a generational approach to Māori health and wellbeing, it is possible to think beyond the now and reimagine a system that works for Māori.

In the face of significant changes to the health and disability system, including battling the COVID-19 pandemic, hui participants brought a fresh perspective and sense of hope to the kaupapa. As you’ll see in this report, the kōrero shared were varied and relevant to the many unique challenges whānau, hapū, iwi and hapori Māori are facing across Aotearoa.

I want to mihi to Tā Mason Durie, whose opening kōrero set the foundation for all our Hui Whakaoranga. By looking into the past five decades of Māori health advancement, we were able to think about the next few decades and the future we are wanting to create.

I also want to mihi to those who provided keynote addresses and contributed to panel discussions. A mihi as well to the rangatira who shared their wisdom through videos and to the rangatahi who provided their perspectives through videos and sometimes also by attending a hui in person.

At this stage, the plan is for Hui Whakaoranga to take place every year until 2025 as a critical part of implementing Whakamaua. I envisage the nature and purpose of this kaupapa will evolve over time, but what endures is the importance of our people coming together to collectively carve out the future we want for our mokopuna.

In the words of Te Puea Hērangi, ‘Mehemea ka moemoeā ahau, ko ahau anake; mehemea ka moemoeā tātou, ka taea e tātou. If I dream, I dream alone; if we dream together, we can achieve anything.’

Nā reira, e ngā kaitārai o te ākengokengo, e ngā kaipupuri i ngā moemoeā o rātou mā, kia piri tonu mai ki tēnei kaupapa ā tātou ā haere ake nei, hei whakaoranga mō te iwi Māori me ā tātou mokopuna e tipu mai nā.

**John Whaanga**

Deputy Director-General, Māori Health

# He whakamārama Background

[*Whakamaua: Māori Health Action Plan*](https://www.health.govt.nz/publication/whakamaua-maori-health-action-plan-2020-2025) [*2020–2025*](https://www.health.govt.nz/publication/whakamaua-maori-health-action-plan-2020-2025)[[1]](#footnote-1) (Whakamaua) is the plan for implementing He Korowai Oranga, New Zealand’s Māori Health Strategy. Feedback provided through an extensive engagement process shaped Whakamaua during its development.

One of the actions in Whakamaua is a commitment from the Ministry of Health – Manatū Hauora (the Ministry) to hold annual hui that support shared planning and accountability for Māori health and set a strategic agenda for the lifespan of Whakamaua. Over the five-year period of Whakamaua, Hui Whakaoranga will aim to:

* illuminate the pathway toward pae ora (healthy futures for Māori) by setting clear goals and milestones for the next generation of mokopuna
* build effective partnerships and networks with and across iwi, hapū, Māori communities, and the health and disability sector
* support shared ownership and collective action for Māori health development
* provide a transparent view of progress toward pae ora through annual monitoring and reporting.

The seminal hui of the 1980s and 1990s set the direction of travel for a generation afterwards. Hui Whakaoranga 2021 was an opportunity to look back while articulating the pathway forward. With a generational vision, we can aspire to a future where our mokopuna are flourishing, self-determining and part of whānau, hapū, iwi and hapori that can determine what is best for their oranga.

# Hui Whakaoranga 2021: Summary report

This report provides a high-level summary of the key themes and insights from kōrero captured across the regional and virtual hui. It emphasises the voices of the people who attended by using their own words to highlight the main issues and opportunities that were raised during the hui. Illustrations that were produced while participants spoke have been included to help make whakaaro visible.

The report begins with an overview of the hui, followed by a summary of the key themes.

It then groups insights from the engagements into three sections based on the journey towards pae ora:

* + - 1. **Kaumātua**  
         Looking back and recognising the work and aspirations of our kaumātua
      2. **Pakeke**  
         Capturing the challenges, solutions and aspirations of the current generation in relation to Māori health – insights from rangatahi, rangatira and kaimahi who attended Hui Whakaoranga 2021
      3. **Mokopuna**  
         Recording the aspirations of participants as they describe the future they want for their mokopuna.

# Overview of Hui Whakaoranga 2021

**Pōneke** Shed 6 18–19 May 2021

**Ōtepoti** Dunedin Centre 27–28 May 2021

**Waitangi** Copthorne Hotel 10–11 June 2021

**Rotorua** Millennium Hotel 15–16 June 2021

**Virtual hui** ACE Event App 20 July 2021

Hui Whakaoranga 2021 began with a series of four kanohi ki te kanohi regional hui in May and June 2021, followed by a virtual hui on 20 July. Each kanohi ki te kanohi hui was limited to 100 participants due to COVID-19 pandemic restrictions.

The virtual hui was designed to make Hui Whakaoranga more accessible to those unable to attend the kanohi ki te kanohi hui and normalised different ways to connect and network across the motu using social platforms and technology. Virtual participants had the opportunity to share their aspirations for hauora Māori development and wellbeing and hear about some of the key themes captured from the regional hui.

The hui took a generational approach and format:

* reflecting on the past 50 years of Māori health development
* celebrating achievements to date and identifying successes that we can build on into the future
* developing a shared vision for the wellbeing of the next generation of mokopuna Māori over the next 25 years. This included exploring how we will work together to achieve this vision.

[Āpitihanga 2 | Appendix 2](#_Āpitihanga_2:_He) provides the agenda of one hui as an example of this approach.

Each regional hui included a range of keynote addresses, panel sessions, and plenary and participant sessions. Local health and disability leaders contributed their understanding and experience of regional contexts.

Herewini Te Koha and John Whaanga shared the facilitation role during the day, while Jacob McGregor facilitated evening events.

## Hui Whakaoranga 2021 contributors

Hui participants included representatives from iwi, hapū and hapori Māori, and organisations from across the Māori health and disability sectors, including Iwi Māori Partnership Boards, district health boards, Māori health providers, and Māori health workforce and government agencies.

To support discussions at the hui, inspirational Māori rangatira from across the Māori health and disability sector who influence work contributing to Māori health equity were invited to take part in an interview. Some of the videos of their interviews were played at the hui.[[2]](#footnote-2) Their leadership and expertise made a valuable contribution to kōrero at the hui that focused on Māori health development for the next generation.

Questions for the rangatira were:

* What are your aspirations for the next generation to support pae ora – healthy futures for Māori?
* What needs to be done over the next 25 years to achieve these aspirations?
* What already exists that we can build on or strengthen?
* How can we work together to achieve our aspirations?

Rangatira responses included:

‘Meeting the responsibilities and obligations we have that the next generation’s hauora keeps them nourished, keeps them stimulated and keeps them curious.’

‘We need to deal with poverty as we know the contribution of poverty to our health problems. We need to find a way of redoing Māori co-governance of health institutions.’

‘The biggest unmet need for whānau is te taha wairua to be integrated with all the other domains and that will help improve our wellness as individuals and within the whānau.’

‘In the future I’d like to see Māori thinking integrated into the whole system so the way we think – our values and principles – actually influence the wellbeing of Māori. I think we are moving in that direction. Once we nail that, New Zealand is away!’

Nine rangatahi working or training in the health sector, or aspiring to a health-related career, were also interviewed to learn about their aspirations for Māori health and wellbeing and show the pathway forward. Videos of their interviews were played at the hui to inspire and challenge the hui participants and support their planning for pae ora. Some of the rangatahi also attended hui.

Various people in the health sector had nominated these rangatahi Māori to participate. The final selection was made with the aim of getting a broad representation of the way rangatahi are involved in hauora services – for example, clinical, non-clinical, rongoā Māori, kaupapa Māori, general and disability services. This diverse range of young people also represented a mix of ages, genders and geographic locations.

One of the questions for rangatahi was: ‘This is our once-in- a-generation opportunity to illuminate the pathway of Māori health and wellbeing for the next 25 years. Thinking about creating the future, what wero | challenge would you like to give to the attendees of Hui Whakaoranga to shift mindsets and create real change?’

One rangatahi responded with the following challenging message:

‘What part can you play in ensuring that we’re able to meet people’s needs to assess and give people the skills, the strength, the mana; uplift them, to carry on on their journey?

What part can you play in ensuring that people are getting the best outcomes every time that they seek health care or need to access health care, where do you stand and what can you do?

Because we all have skills, and what are you willing to contribute?’

For the full report summarising rangatahi insights along with videos, see the Ministry of Health website.[[3]](#footnote-3)

‘Ko ngā rangatahi ngā rangatira mō āpōpō.  
The youth of today are the leaders of tomorrow.’

# Ngā kaupapa i kaha kitea i te whakapāpātanga Summary of key themes

Kōrero at each hui varied according to local context, participants’ interests, and the specific topics that speakers and panel members addressed. For details on the insights from each hui, see [Āpitihanga 1 | Appendix 1](#_Āpitihanga_1:_He).

Common key themes emerged. Across the motu, participants envisioned a health and disability system that respects, includes and is guided by kaupapa, mātauranga and te ao Māori as the way to achieve pae ora – healthy futures for Māori. Participants expressed a ‘cautious optimism’ about the health and disability reforms, hoping that they would not be having the same conversation 25 years from now about what needs to change to advance Māori health equity and aspirations.

This section presents a summary of the discussions on these key themes along with quotes from hui participants.

## Te Tiriti o Waitangi

Discussion focused on the opportunity that the health and disability reforms provide to assert the position of Te Tiriti o Waitangi (Te Tiriti) on rangatiratanga, manaakitanga, whenua and tangata whenua. This included enabling Te Tiriti to be fully enacted by honouring it through legislative platforms and through local, regional and national stewardship and decision- making mandates.

Participants saw shining the light on institutional racism as another important action that would meet Te Tiriti responsibilities. Clear communications and building a shared language between Māori and non-Māori are needed when addressing racism.

Te Tiriti and Whakamaua were noted as the blueprints for positive change that will meet Te Tiriti responsibilities.

Participants acknowledged that all sectors are beginning to embrace Te Tiriti principles to guide their actions. This supports both Māori and non-Māori in Aotearoa to experience tino rangatiratanga, te reo Māori and tikanga Māori as normalised within their workplaces and wider society.

## Tino rangatiratanga and mana motuhake

Participants supported recognising tino rangatiratanga and mana motuhake in a hauora Māori system that can then enable the entire health system to achieve its potential.

Participants agreed the vision is for Māori to be looking after their own health and monitoring their wellbeing and that of their whānau, living a balanced life on their own whenua and fulfilling their role as kaitiaki of Aotearoa. They supported government having a role in creating the space for mana motuhake to emerge and flourish.

‘There are generational perspectives, and much time has been spent decolonising. We were not always old enough to understand what these decisions or votes meant back in the 90s. Generally going with the flow, our older generations were told not to follow their Māoritanga, so they just went ahead with Pākehā-tanga. The younger generation is now trying to reclaim it and assert tino rangatiratanga. There is a generational tide that is turning.’

Speaker, Hui Whakaoranga 2021, Waitangi

## Māori leadership and rangatahi

Participants felt strongly that Māori can lead Aotearoa New Zealand to the vision of a healthy and thriving nation.

‘Leadership is an invitation to collective action and leadership with humility. Greater representation of Māori women in government roles, including for the reforms, will ensure more balanced views and demonstrate a commitment to equity within leadership.’

Participant, Hui Whakaoranga 2021, Waitangi

There was a call for comprehensive succession planning to ensure that future leaders can represent the complexity and diversity of contemporary Māori communities. Participants talked about the need to invest in Māori leadership at all levels, with support for all leaders along their leadership journey.

‘Our unity comes from our diversity; whakapapa ties us together.’

Participant, Hui Whakaoranga 2021, Waitangi

Rangatahi Māori are the leaders of the future and rangatahi leadership should be incorporated into governance and leadership initiatives. Rangatahi should be given the opportunity to speak and the space to express ideas, even if they are new to the workforce. This means leaders need to provide safe spaces and active support so that rangatahi can succeed in their careers and contribute to pae ora in planning for the wellbeing of future generations. This is particularly important for the design of the new Māori Health Authority (MHA).

Rangatahi Māori need to be at the table to test ideas about a vision for the next generation.

‘Rangatahi are rocking it. I have a responsibility to be a better mentor.’

Participant, Hui Whakaoranga 2021, Rotorua

Participants strongly supported action to involve young people in designing the health system and making sure rangatahi leadership and voice were included in designing new entities, including Health New Zealand (Health NZ) and the MHA.

## Māori workforce

Participants called for increased investment in solutions that grow the capability and capacity of the Māori workforce. In their view, this is needed in all areas, including technology, data, policy, planning, monitoring and commissioning, and all roles such as scientists, managers and kaiāwhina, along with nurses and doctors. Investment across all levels – including to support more Māori into leadership and governance roles – will have the greatest impact on addressing Māori health inequities.

‘We need to be decision-makers, not passive recipients – to build the motorways to places that are on our map.’

Speaker, Hui Whakaoranga 2021, Ōtepoti

## Collaboration and collective action

Participants talked about how collaborative and collective action as Māori will be critical, especially so that the health and disability reforms can fulfil their potential. This should include building closer relationships with mana whenua of each takiwā and allowing input from them as they are critical in maintaining tikanga and mātauranga Māori.

There was support for more thinking and talking beyond a narrow definition of health so that sectors have to work together to foster healthier environments. These efforts need to particularly prioritise housing, as outcomes for many whānau will remain poor if housing issues are not addressed.

A positive example of collective action producing good outcomes that participants frequently mentioned was the Māori response to COVID-19. Some called for the broader sector now to rethink and establish more effective and respectful partnering arrangements with Māori so that the sector can use delivery and joint accountabilities to address the social determinants of health.

‘Nothing exists in isolation, therefore nothing can heal in isolation. We need more of these hui where we can collaborate and share ideas like the kōrero about te tapu o te whare tangata – model of whānau from a true Māori epistemology – ka tika te kōrero ka ātaahua te whakaaro i waenganui i a mātou.’

Participant, Hui Whakaoranga 2021, Ōtepoti

## Oranga

Participants discussed the potential of using oranga to reflect a holistic view of wellbeing that is informed from a uniquely mātauranga Māori worldview. The structure of organisations and commissioned services needs to reflect oranga – taking a whole-of-life holistic approach to service design and delivery to adequately address hauora for whānau and the broader determinants of wellbeing. Implementing this approach would include joining up health policy and services with education, housing, employment and other social services at both regional and national levels.

## Mātauranga Māori

The hui made a strong call for protecting mātauranga Māori when it interacts with the health and disability system so that it is not ‘watered down’. Providing this protection includes maintaining the integrity of kaupapa Māori organisations and providers and ensuring mātauranga Māori approaches can be applied effectively to service design and delivery. Additionally, participants called for official recognition of rongoā as a legitimate response to supporting oranga and hauora services.

The plan to devolve public health resource to Māori gained support in that it will enable mātauranga Māori-centred health provision that is ‘by Māori, for Māori’.

‘While we grow clinical leaders, we also need to grow mātauranga Māori leaders, and to reclaim indigenous knowledges and spaces.’

Participant, virtual Hui Whakaoranga 2021

## Te taiao

Hui participants discussed the potential of harnessing the power of the natural and built environments. Whenua, environments, water and climate change cannot be divorced from hauora goals to achieve transformative change and for Māori to thrive.

## Localised solutions

Discussion covered the importance of investing in system-level processes and resources to support the planning and design of locally based and locally led innovative solutions. This was an aspiration participants shared in discussing the establishment of the new Māori Health Authority.

A common call was to reduce layers of bureaucracy for all providers so that Māori can access local services without going through a series of unnecessary requirements.

‘Our rohe will determine our collective action and pathway to achieve our vision and goals.’

‘Māori need to move forward to proactively define how this new structure will meet the needs of their iwi, hapū, marae, whānau.’

Participants, Hui Whakaoranga 2021, Pōneke

## Digitally enabled and innovative solutions

The hui recognised technology as a way of enabling Māori wellbeing. Digital solutions should challenge the status quo and bring about more innovative thinking to take us to new places where we can achieve more aspirational outcomes for Māori.

Participants said that system innovation needs to embody mātauranga Māori and a Māori worldview. This includes some of the health and wellbeing technology and research already in place in Māori-owned aged care facilities, hospitals and research development institutions.

## Data sovereignty

Some participants supported a review of current data systems along with an iwi and ethnicity data campaign. They saw these actions as giving Māori more control over and access to their own data and in this way helping to address inequities and disparities.

Participants acknowledged that statistics on Māori are not yet comprehensive enough. One part of addressing this shortfall is to emphasise the importance of confirming ethnicity when collecting data. Collecting and sharing targeted and disaggregated data will be a powerful way of enabling whānau to direct and lead their own solutions. It will also support decision-makers at all levels of the system to make decisions that support healthy and flourishing futures for all Māori.

## Evidence and insights

Participants reinforced the importance of making quantitative and qualitative data and information available to iwi, hapū and Māori organisations so that they can plan, tailor and deliver services that advance the wellbeing of their whānau. Equitable access to a broad range of evidence can support real change.

Māori need to be determining how their data is disaggregated to support research and policy on services, as well as the design, delivery and evaluation of those services.

## Health and disability reforms and the Māori Health Authority

Participants expressed their commitment to supporting the new MHA. At the same time, they had a ‘cautious optimism’ around its potential. The caution was related to the recognition that the MHA will need appropriate funding and resourcing, along with strong Māori leadership and governance, to succeed and influence Health NZ. Accountability measures must be transparent and shared with other new organisations, rather than applying solely to the MHA.

# Ka mua, ka muri Walking backwards into the future

‘Ka mua, ka muri’ is a whakataukī that can be translated as ‘Walking backwards into the future’. This whakataukī speaks to the idea that we should look to the past to inform the future. Tā Mason Durie used this whakataukī in his opening address for the Hui Whakaoranga 2021 series, setting the foundation and the framework for the kōrero that followed.

This section uses the same ‘intergenerational’ lens to capture the insights and aspirations that hui participants shared. It begins by summarising the reflections on where we’ve come from as presented by Tā Mason: looking back and recognising the work and aspirations of the ‘kaumātua’ who came before. Next, it presents the challenges, solutions and aspirations of the current generation of rangatahi, rangatira and kaimahi in the Māori health sector – the ‘pakeke’ who have taken up the korowai to make further progress, continuing on from what has been achieved so far. Finally, the ‘mokopuna’ section outlines the aspirations of participants as they described the future they want for their mokopuna, and their mokopuna to come, building on the progress of the past and seizing the opportunities of today.

## Kaumātua: The successes of our past

Tā Mason Durie**4** opened Hui Whakaoranga 2021 by acknowledging the resistance and critical awareness movement of the past five decades. Its actions included producing seminal reports that led to advances in Māori health, despite systemic challenges.

Tā Mason spoke about how affirmative action from the health sector has seen a growth in the capacity and capability of the Māori health workforce and health sector. Māori now have a bigger footprint in overlapping areas like education, mental health and hauora. A strong Māori provider network has been forged across Aotearoa and kaupapa Māori models of practice are widespread. Hauora Māori principles and practices are drawn from a distinctly mātauranga Māori worldview and paradigm of wellbeing.

As Tā Mason noted, a significant shift in mindset has occurred since the 1990s – from resistance, to asserting mana motuhake and embracing cultural change. Through their resistance, Māori moved from being passive recipients to active contributors taking on leadership across the health sector to give effect to mana motuhake. This shift is evident across all aspects of the health system as it embraces cultural change and supports Māori rights to decolonise and reclaim oranga. Hui participants acknowledged Tā Mason as a champion of Māori development through the decades, including in relation to health, and the privilege of having him open Hui Whakaoranga 2021.

‘It is our responsibility to Tā Mason and to Whaea Tariana [Turia] and those who have fought the battle, we want to achieve these dreams and aspirations.’

Speaker, Hui Whakaoranga 2021, Pōneke

When considering current and future challenges, Tā Mason reinforced the importance of recognising that Māori are still experiencing health inequity and structural racism across the system. Inequities across the social determinants of health, such as income disparity, and issues in the areas of housing, education, welfare and employment continue to negatively impact the health and wellbeing of Māori.

Looking to the future, Tā Mason proposed 10 foundations to build on. For more detail, see the ‘mokopuna’ section.

‘Kaumātuatanga – they have a vision for our mokopuna, it’s a forever plan and we don’t want our mokopuna having the same conversations in 25 years.’

Participant, Hui Whakaoranga 2021, Rotorua

## Pakeke: The challenges and opportunities of today

Participants shared their experiences of how the inequity of the current health and disability system contributes to poorer health outcomes for Māori.

Discussion then turned to changes that will enable Māori to take the initiative and lead towards a better future where Māori can flourish and achieve their aspirations. These changes include more investment in Māori leadership, equal power sharing and stronger mechanisms for accountability including sanctions where the system underperforms.

There was agreement that the experience of managing COVID-19 has highlighted the challenges of existing health inequities for Māori. It has also presented opportunities to learn from providers and communities who have worked together with government agencies to deliver successful local solutions. Participants shared their experiences of strategies that showed Māori providers know their communities and know what works for them and their contexts. Some expressed hope that these effective approaches will be embedded in the reformed health and disability system and the lessons learned will help us to be better prepared to protect Māori in future emergencies.

### Te Tiriti o Waitangi as the foundation

‘Te Tiriti o Waitangi is the foundation for everything we do. Systemic, organisational and cultural behaviour and mindsets all need to change to align with Te Tiriti o Waitangi.’

Participant, Hui Whakaoranga 2021, Rotorua

Participants supported the reshaping of the new government structures and systems as an opportunity to assert a position on Te Tiriti and reinforce the importance of rangatiratanga, manaakitanga, whenua, mana whenua and tangata whenua. In their view, these changes are a significant step towards ensuring accountability mechanisms are relevant and applicable to roles, functions and responsibilities across the system.

The illustration on the facing page captures some of the hopes, ideas and expectations that emerged from kōrero about governance and accountability in the context of the health system reforms. Participants’ examples of what this would look like included:

* Te Tiriti mechanisms underlying Health NZ’s accountabilities
* the MHA acting in partnership with the Māori community to hold health entities to account, rather than giving the MHA sole responsibility for achieving Māori health equity.

Clear, explicit communications from government and leaders about the respective responsibilities of Health NZ and the MHA will be important to hold each of these agencies accountable for achieving its purpose for and with Māori. Performance management mechanisms will also need to ensure organisations understand their responsibilities under Te Tiriti and to hold underperformers accountable.

### Mana motuhake and tino rangatiratanga

In the view of participants, mana motuhake and self-determination are vital to achieving the desired system-wide transformation and will need specific support to be realised.

*‘*We need to articulate what mana motuhake looks like and demand that our structures, systems and leadership are reshaped by design to enable it.’

Speaker, Hui Whakaoranga 2021, Ōtepoti

There was support for taking every opportunity to encourage colleagues to share their power and control. This includes identifying together clear and purposeful actions to enable Māori to exercise mana motuhake and ensure Māori-led design, development and delivery, particularly in new commissioning models.

Participants also noted that diverse regional and local groups need to be able to contribute their unique experiences, perspectives and expertise if the system reforms are to be truly transformational.

Being open to innovative thinking within different regions and localities will help develop solutions that best suit Māori within those regional and local contexts.

Participants felt strongly that we need to elevate the voices of whānau living with disability and whānau in care. Accountabilities need to address this gap and bring those different community voices to Ministers so that decision-makers hear their truth and act on it. The Māori disability sector and representatives need to have a voice at the governance table and be in leadership positions. Participants felt the health and disability system does not yet address this area well.

### Collaboration and collective action

Participants viewed the reforms as an opportunity for kotahitanga – having a common sense of purpose. The reforms can potentially lead the health and disability system into a new space that uses local knowledge and implements localised solutions to achieve common goals.

‘The power of nohotahi and how we can go forward together, based on our collective experiences in Hauora Māori. Let’s not waste time arguing amongst ourselves and with others.’

Participant, Hui Whakaoranga 2021, Pōneke

The pathway to pae ora provides an opportunity to be innovative, to create new institutions, to establish new research agendas and to enable mātauranga Māori to flourish. Change has to be innovative and transformational to substantially alter the traditional western biomedical models in the current health system. If change is comfortable, the process will only reproduce what already exists within a different ‘authority’.

To achieve step-change, it is critical to partner with and equitably resource the Māori health sector and Māori communities, as well as to increase Māori leadership and governance representation. The new Māori Health Authority and Iwi Māori Partnership Boards, along with Māori health organisations, need to be resourced adequately so that they can influence multiple service areas and deliver results across them. Government departments need to break down their artificial boundaries to invest in and enable truly holistic models of care. True partnership and collaboration between all stakeholders can contribute to sustained, robust and structured change.

‘How we can bring the MHA down as close as we can to us, not leave it up high – with whānau feeding back into the MHA. We need an operational plan that puts whānau in the steering seat.’

Participant, Hui Whakaoranga 2021, Rotorua

### Service delivery

The hui saw support for new ways of commissioning to deliver holistic care in a health setting. Whānau can assert their own tino rangatiratanga, and Tiriti-based commissioning approaches offer a way of enabling that. Effective commissioning can include specific measures from an iwi-, hapū- and whānau-led perspective and can enable more effective and equitable health provision in partnership with Māori.

Participants agreed that a ‘by Māori, for Māori’ approach in commissioning and service delivery recognises the mātauranga within kaupapa Māori organisations, along with the need to protect kaupapa Māori models of practice and the Māori organisations that deliver them. This recognition could reduce the risk of non-Māori organisations making mātauranga Māori programmes into a commodity that has no culturally authentic service design and delivery. Tangata Tiriti instead should focus on ensuring that whānau Māori receive culturally safe and accessible services and that Māori have options and choice to access a broad range of Māori-led services and support. Participants agreed that having more partnerships and alliances between services is valuable in that it allows organisations to pool their different strengths to support whānau throughout their health journey.

Participants called for the system to recognise and invest in rongoā services, including by increasing the number of tohunga and te ao Māori practitioners. Mātauranga such as rongoā Māori, karakia and matakite can make a vital contribution to oranga within a Māori-designed health system. The health and disability reforms need to embed respect for hauora Māori philosophies, principles and practices as legitimate health choices.

‘Our tīpuna worked so long to set the foundations that we now stand upon. It is our duty now to uphold it and keep Māori culture alive. How can we normalise te reo, tikanga, and get a better understanding of viewing the world as Māori do?’

Rangatahi, video interview for Hui Whakaoranga 2021

Participants agreed that the Māori response to COVID-19 demonstrates the value and positive impact of strengths-based policy at scale. It also points to the agility and ability of Māori providers to respond to whānau needs across diverse and widely dispersed communities. The response is an example of how a well-established and well-networked Māori sector can partner with the social sector to contribute, lead and deliver services and support. Participants emphasised the importance of learning from what has worked well and building on it.

### Data and technology innovation

Participants identified health intelligence, statistics and analysis enabled by smart technology as vital for the high-quality decision-making required to achieve equity. New innovations they noted as having potential included mobile health, online consultations, telehealth | ipurangi, pukamata | social media, and data security. The whole sector needs continuing investment in digital solutions and technology along with innovative practices that support Māori data sovereignty.

‘The analytical grunt to analyse, form, develop and partner must be Māori.’

Participant, Hui Whakaoranga 2021, Rotorua

### Māori leadership and workforce

Participants discussed how, if the health and disability reforms are to achieve their potential, Māori leadership needs to:

* be both distributed and collective
* encompass the true values of manaakitanga, awhitanga and rangatiratanga.

A common view was that these new kinds of leadership are better able to represent the complex and diverse Māori communities of today. Those in leadership positions need to be vigilant, assertive and positively adversarial when needed.

‘We have to level the floor to lift the ceiling.’

Speaker, Hui Whakaoranga 2021, Rotorua

Participants wanted Māori leadership to be intentionally nurtured and developed. A fundamental foundation in this work is to have a vision for Māori leadership. Māori will need to be visible in all levels of governance settings and in executive and senior leadership roles across the health and disability sector. New Māori leaders and new leadership and governance arrangements will emerge and need to be nurtured. Mentors will increasingly need to support the growth of Māori leadership and governance capacity, including with a deliberate focus on developing rangatahi leadership.

While participants acknowledged some recent gains in workforce capability, they also recognised the importance of continuing to prioritise workforce development. This includes the need to whakamana kaimahi Māori and recognise mātauranga Māori as a skill set within the health workforce.

Iwi, hapū and whānau health advocates, communities and rangatahi need to be key contributors in co-designing a future workforce that meets the needs of all whānau.

Part of this work involves investing in the data and digital workforce so more Māori are participating in it in the future.

### Health and disability reforms

Speakers at the hui pointed out how the findings of the Hauora report[[4]](#footnote-4) and the Simpson report[[5]](#footnote-5)**6** are strongly aligned in that both show the health and disability system has underperformed in delivering equitable outcomes for Māori. In response to such findings, the health and disability reforms have been designed to give Māori rangatiratanga over hauora Māori and greater influence throughout the system.

Participants agreed that, to help to embed the changes, it is critical to share the responsibility for improving Māori health outcomes across all the new entities in the reformed system.

‘If we want the Māori Health Authority to be robust and resilient, we have to get behind it, we have to be the writers, the deliverers and the defenders, just as we had to be for Whānau Ora.’

Participant, Hui Whakaoranga 2021, Pōneke

The hui featured a strong call to acknowledge the systemic and persistent barriers that institutional racism keeps in place and address them in ways that are meaningful for Māori. Participants expected all health entities, including the new MHA and Health NZ, to strengthen their focus and effort to address institutional racism and systemic inequities in Māori health outcomes.

Participants talked about how Māori carry the greatest burden of social and health inequities across all social determinants.

A key theme was the need to address income, employment and housing disparities as a way of genuinely reducing poverty – the fundamental driver of poor health outcomes. The reforms need to take this close link to poverty into account and address the conditions that contribute to entrenched disparities.

The establishment of the new, autonomous Māori Health Authority was welcomed. In particular, participants appreciated that it will have a range of ways to share responsibility for making the health system perform for Māori such as by:

* directly funding innovative health services targeted at Māori (including kaupapa Māori services)
* working with Health NZ to plan and monitor the delivery of all health services
* establishing Iwi Māori Partnership Boards, which currently work with district health boards and under the new system will have an explicit, formal role, which will include agreeing local priorities with Health NZ.

Health NZ will be responsible for improving Māori health outcomes and equity through all of its operational functions at national, regional and local levels. The Ministry of Health, partnering with the MHA, will continue to monitor how the system is delivering for Māori overall.

‘The system has to change fast. It’s easy to deconstruct, much more difficult to construct. If the system is fast, we are nimble. It has to be free – reinvent how services are funded by funders. Health is great on systemisation and putting in place standards and regulations that take away freedom and solutions. However, we need to set the people free – be fast and safe but don’t over-systemise the change. That puts new shackles on people in regions who just want to get on and serve people in the regions.’

Participant, Hui Whakaoranga 2021, Waitangi

## Mokopuna: aspirations for the future

‘Our vision is for mokopuna to thrive and flourish as our rangatira of today, through the full realisation of their tangata whenua rights to health and wellbeing.’

Participant, Hui Whakaoranga 2021, Ōtepoti

During the hui, participants reinforced that achieving the aspirations kaumātua and pakeke have for their mokopuna, and for their mokopuna after them, requires a clear vision followed by transformational change. Participants discussed how dedicated Māori planning capacity is needed so that, over the next generation, it is possible to take a comprehensive approach to health and other challenges in a coordinated way. This section summarises kōrero from participants and speakers and the aspirations they shared for the world their mokopuna will live in.

### Te Tiriti o Waitangi

Participants strongly recommended including Te Tiriti o Waitangi in all environmental, social and economic legislation and policies. The reshaping of new government structures and systems will reassert Te Tiriti stewardship on rangatiratanga, manaakitanga, whenua and tangata whenua. The master–servant relationship will be in the past, with Te Tiriti as the foundation for true partnership.

Participants envisioned Te Tiriti o Waitangi as the tūāpapa to all actions and it will be honoured through legislative platforms. The Māori Health Authority will have evolved to be a collective Māori approach embedded across the whole system.

‘Whānau-, hapū-, iwi-led and Crown-enabled.’

Participant, Hui Whakaoranga 2021, Pōneke

### Rangatiratanga

Participants saw a future when Māori decision-making will be evident in communities, regions and nationally. It will be possible ‘to live as Māori’. This future will have many Māori authorities built on the foundations laid by marae, by iwi, by Māori commissioning agencies, by kaupapa Māori systems and by Māori community agencies. The independent, national Māori Health Authority will play a key role in improving health outcomes for Māori. Māori authorities will not necessarily mimic state systems, nor will they take an approach to development that separates it into sectors, dividing their efforts. Instead, they will adopt kaupapa Māori values to ensure Māori can flourish into the future.

Another area of agreement was that Māori will be looking after their own health, monitoring their own wellbeing and that of their whānau, living a balanced life on their own whenua and fulfilling their role as kaitiaki of this beautiful country. Whānau will live in harmony with their taiao. Hauora will be normalised as whānau reconnect through māramatanga, atuatanga and whenua. Health planning will address the importance of whenua, the connection to land and its impact on whānau health. Whenua, environment, water and climate change will be essential features of hauora goals for transformative change.

‘The system change has to be about reinstating rangatiratanga for Māori.’

Speaker, Hui Whakaoranga 2021, Ōtepoti

*‘*Our mokopuna are able to exercise their authority through mana whenua, on their terms, in their communities. The system of the future will support the reinstatement of rangatiratanga to our whānau. Our mokopuna are bravely and courageously moving forward into tino rangatiratanga.’

Participant, Hui Whakaoranga 2021, Ōtepoti

### Workforce

Participants agreed that workforce capability demands will be different, requiring digital, research and data management capabilities. Every whānau will have a member who is a kaimahi hauora Māori. Kaupapa Māori training programmes will be authentic and accessible and will create new roles in the health workforce. Māori providers will receive equitable funding and kaimahi will have frequent opportunities to engage in ongoing wānanga.

### Mātauranga Māori

Participants believed that Māori models for health and wellbeing and kaupapa Māori health initiatives will be in place and will enable ‘Māori to be Māori’, even when circumstances change.

‘There is hope for Māori voice, there is hope for Māori action, there is hope for Māori rongoā.’

Participant, Hui Whakaoranga 2021, Waitangi

Hauora Māori concepts, including tohungatanga and rongoā, will be recognised health solutions within an oranga pathway for both individuals and whānau. Clinical settings will respect traditional practices as much as western models of practice, valuing and honouring mātauranga Māori. Māori models of practice, aroha, tika and pono will form the foundation of health care for Māori. Mokopuna, if they choose, can talk in te reo with their practitioner. Māori intellectual property rights will be protected and upheld.

### Oranga

Participants noted natural and built environments have a major impact on health and wellbeing. In participants’ preferred future, designated kaitiaki will monitor and refresh the environment. Their task will be to stop the desecration of land, waterways, forests and the air. In doing this work, they will have the authority to oppose environmental ventures that threaten Māori health and wellbeing.

The design of built environments to support oranga will recognise, and address, the impacts of the natural and built environments on whānau health. Māori-led hospice services, kaumātua services and improved, free oral health services will be accessible for whānau. Whānau will be able to live healthy lives in the regions and on their whenua. Tikanga and kawa ā-rohe are the pou for each region; hapū and iwi create and design their own solutions to environmental issues, enabling local kaitiaki.

‘Our environments should be transformational, allowing us to revitalise our traditional practices.’

Participant, Hui Whakaoranga 2021, Waitangi

### Collaboration and collective impact

Participants envisaged a holistic approach to advancing Māori health and wellbeing, which will bring together the health, education, housing, employment, welfare and economic sectors. This approach will align with the lived realities of Māori.

Collective action that moves beyond the silos of particular disciplines and sectors will endorse Māori worldviews and strengthen the response.

Providers will collaborate, share innovations and learn together. Providers and agencies will design and act together.

As participants described it, services will deliver high- quality, best-practice clinical health care that local and regional decision-makers have shaped so that it is accessible, complementary and relevant to each individual community’s characteristics, strengths and needs. It will be ‘community- led and clinically partnered’. Investment in time and resource allows local design and innovations to develop and be shared across the network. Hauora providers will have support from iwi and Iwi Māori Partnership Boards and be enabled through high-trust, ongoing contracting arrangements.

### Digitally enabled innovation

The hui agreed that learning and education will be accessible to Māori learners through multiple platforms and will remain an integral part of te ao Māori. As participants noted, this broad approach will be increasingly important in a future where:

* digital learning becomes a norm
* Māori learners want to explore contemporary and future Māori realities
* learning comes from whānau, rangatahi and online options as much as it does from schools.

Digital solutions and technology will be true enablers for Māori to own and lead their paths to wellbeing as they learn more about how to respond to new challenges.

Structural issues such as connectivity in rural areas will have been addressed so whānau can access the health services they need.

Māori will have control over and access to their own data. Disaggregated data and insights will inform innovation by Māori. Māori-designed outcome measures will demonstrate tangible changes in the lives of whānau that support health equity and oranga.

*‘*There is an opportunity to establish our own research agenda, decide on our own whānau measures, redesign the outcomes and understand what we need from system research and data to make informed decisions.’

Participant, Hui Whakaoranga 2021, Rotorua

### Whānau

Whānau will be at the centre of ongoing Māori transitions. Participants could see that whānau autonomy will be a starting point for rangatiratanga and will be reflected in the ways whānau assume leadership roles in a changing society. Increasingly, rangatahi within whānau will lead the way as new technologies and values come to dominate. Rangatahi will help whānau to adjust to a changing world without losing the essence of whanaungatanga.

A whānau wellbeing model will drive the provision of services. The future wellbeing system is designed and developed for mokopuna through an equity lens, with equitable funding and resourcing. The ‘ora’ experience is dynamic, prosperous, self- sustaining and protected, as well as interconnected with hapū, whānau and marae.

Tamariki and mokopuna will have equitable access to all health services. Services will be designed by Māori for the whānau. In this way, whānau can make well-informed health decisions and access the range of supports they need to maintain their own health and wellbeing.

‘We have a resolute belief in whānau ability and capability to assert their own tino rangatiratanga.’

Participant, Hui Whakaoranga 2021, Ōtepoti

### Te ao whānui

Participants saw Māori as global citizens. Māori will be represented on international forums, indigenous governance bodies, worldwide sporting and academic committees, and trade and economic ventures.

‘Māori are world leaders in indigenous health development. Our mokopuna will be research leaders, scientists, data analysts leading innovation in the health system nationally and contributing to the global indigenous development movement.’

‘We must speak our truth to set us free. Our truth in who we are and who we know us to be – for us and tomorrow’s mokopuna.’

‘Te kanohi o taku mokopuna he kanohi nō ōna tūpuna.’

Speakers, virtual Hui Whakaoranga 2021

### Foundations for the future

In his opening address, Tā Mason Durie laid out what he saw as the foundations for the future. He talked about longevity as a strength and about whakapapa as everlasting. Imagining a new future for our mokopuna, he said, involves thinking and planning ahead, not leaving them with a legacy of unresolved issues from a health system they have inherited. For a more in-depth discussion of his vision, see Tā Mason’s thinkpiece *Scoping the Past to Reach the Future – A Personal Account*. The chart at the end of this section gives an overview of the paper. Both the paper and the overview are available on the Ministry of Health’s website.[[6]](#footnote-6)

#### Foundations for Tomorrow Scoping the Past to Reach the Future – A Personal Account

TĀ MASON DURIE

This is an extract from Tā Mason Durie’s paper titled “Scoping the Past *to* Reach the Future – A Personal Account”.

|  |  |  |
| --- | --- | --- |
| **Kotahi** | Whenua and Health Go Together | Land grounds us; land feeds us; land connects us; land underpins our homes; and land defines us. The task in the future is to protect the land and, in so doing, protect us, as tangata whenua. |
| **Rua** | Mātauranga Māori | Māori models for health and wellbeing and kaupapa Māori health initiatives will enable ‘Māori to be Māori’, even when circumstances change. |
| **Toru** | Te Taiao | The impact of natural and built environments is recognised. Designated kaitiaki are appointed to monitor and refresh the environment and to ensure desecration ceases over land, waterways, forests and, the air. In so doing, kaitiaki have the authority to oppose environmental ventures that threaten Māori health and wellbeing. |
| **Whā** | Whakauruuru | A holistic approach that brings together health, education, housing, employment, welfare and the economy, to align with the realities of Māori. Collective action transcends disciplinary and sector silos, endorses Māori world views and strengthens resolve. |
| **Rima** | Ākonga | Learning and education remains an integral part of te ao Māori and is increasingly important in a future where digital learning is the norm, where Māori learners explore contemporary and future Māori realities. Learning comes from whānau, rangatahi and online options, as much as it does from schools. |
| **Ono** | Whānau | Whānau is at the centre of ongoing Māori transitions. Whānau autonomy is the starting point for rangatiratanga and reflected in the ways whānau assume leadership roles in a changing society. Rangatahi, within whānau, lead the way as new technologies and values dominate. Rangatahi ensure whānau are able to adjust to a changing world, without losing the essence of whanaungatanga. |
| **Whitu** | Hautūtanga | Māori leadership is collective and distributed, so it is shared, embraces iwi and recognises Māori community priorities. Leadership transcends health, education and other sectors and able to serve the people. |
| **Waru** | Te Ao Whānui | As global citizens, Māori are represented on international forums, indigenous governance bodies, worldwide sporting and academic committees, and trade and economic ventures. |
| **Iwa** | Te Tiriti o Waitangi | Te Tiriti is part of all environmental, social and economic legislation and policies. |
| **Tekau** | Rangatiratanga | Māori decision-making is evident in communities, regions and nationally. It is possible ‘to live as Māori’. There are many Māori authorities built on the foundations laid by marae, by iwi, by Māori commissioning agencies, by kaupapa Māori systems and by Māori community agencies. An independent, national, Māori health authority plays a key role in improving Māori outcomes for Māori. Māori authorities do not necessarily mimic state systems or be fragmented by a sectoral approach to development. Māori authorities adopt kaupapa Māori values to ensure that Māori can flourish into the future. |

The main point of the paper titled “Scoping the Past to Reach the Future – A Personal Account” was to recall significant national hui that have occurred over the past five decades. This is not a comprehensive review but rather, part of a personal journey.

The last five decades are foundations for tomorrow. Ten key pointers to the future have emerged.

To move on, dedicated Māori planning capacity is needed so that, over the next 20 or 30 years, a comprehensive approach to health and other challenges can be addressed in a coordinated way. The agenda for change does not need to be modelled on current systems as part of the government-of-the-day’s agenda. Instead, the way must be opened for *innovative ideas that are future focused, globally relevant and, most of all, aligned to tikanga, mātauranga and rangatiratanga.*

John Whaanga also talked about aspirations for the future state of health and wellbeing for Māori and these were woven throughout the kōrero of every hui. The rangatahi, rangatira and kaimahi in today’s Māori health sector want to see a modern and innovative system where Māori are visible leaders and can fully express their tino rangatiratanga and mana motuhake to decide on what they need to thrive. They envisage a system that works together to fully support future generations of Māori to flourish.

In this future, mokopuna will receive the love that we have for them. That is the level of service they deserve.

‘Tā Mason challenged us all to create the future we want to see.’

Participant, Hui Whakaoranga 2021, Rotorua

‘Let’s not wait to respond to what is given to us.’

Speaker, Hui Whakaoranga 2021, Waitangi

# Appendices

## Āpitihanga 1: He whakarāpopoto o ngā wānanga ā-rohe Appendix 1: Summaries of kōrero at regional wānanga

### Pōneke 18–19 May 2021

‘How others relate to us is not the main issue. We need to be united in where we want to go – if others want to come along that is good, but our efforts should not be stymied by others. We need to have our plan of our own future belonging to us. We will never stop challenging the system.’

Tā Mason Durie

We need pūtea to ensure we have the **resources** we need and the mana to be self-determining of our futures. It’s not mana versus money; it’s having both – mana and money – mana motuhake.

**Whakamaua**, the action plan, is focused on actively doing things. This is what we like to see: things we can do and what we can change.

The system transformation needs to incorporate the voice of **rangatahi**; the system we are designing now is the system they will experience in the future.

There is a danger mainstream will commodify **mātauranga** Māori programmes.

This is an opportunity to revisit the definition of a ‘kaupapa Māori provider’, which mainstream constructs and paradigms have defined. Discussions need to stay in the paradigm of te ao Māori, maintaining the golden thread of **te ao Māori** through the detail of the transformation and change.

This will be a big learning curve for Māori, particularly in terms of understanding our roles as Māori in the sector and Māori as public servants. **Education** for the providers going forward is needed, as we understand what our obligations are as Māori in the sector (acting as tangata whenua) and Māori as public servants (acting as agents of tangata Te Tiriti).

‘The Māori Health Authority and Health New Zealand need to live together comfortably, drawing on each other, demonstrating good results that can’t be contested.’

Health **workforce development** continues to require monitoring and action. Current training providers severely constrain the development of the Māori maternity workforce. Training providers who continuously fail our Māori students should be accountable.

This is an opportunity to think about growing the health economy. It does not just involve service provision; much broader opportunities that will help us achieve pae ora are available through building important infrastructure elements like data management, building and research.

The scope and authority of mana whenua **Iwi Māori Partnership Boards** are a critical part of bringing about structural change. The iwi boards need to have a clear reason for existing. The system sets them up to advise, but if the entity that receives their advice has no reason for listening, then their input is a wasted.

The iwi in our rohe are very different from one another. The geographic area needs to be defined in accordance with our Māori health and wellbeing values.

There are strong **collaborative** structures within MidCentral, especially between iwi and providers. The Whānau Ora collective has brought us together for a common agenda.

‘Parents are loving and generally doing the right things, sometimes without having the means. We all need to learn to give a little, help a little and be there for them without judgement.’

Whānau want to be respected for what they can do themselves. The system and our people only focus on what’s going wrong. Health practitioners can think they know more than what the whānau do – but whānau have life experience that has carried them this far.

The **reforms** provide an opportunity to localise community models and approaches. The MHA should set broad parameters to ensure self-determination at a local level.

Changes need to recognise the broader vision of where wellness comes from – the power of hononga.

Whānau Ora and the MHA need to co-exist to support each other.

Existing organisations in the health sector with an extended scope of service, such as the Health Quality & Safety Commission, could have the role of **monitoring** outcomes for Māori.

The district health boards’ 84 equity markers are working well at a regional level. We need to be building on what we have grown in our own space and protecting them.

We would like to use our own outcome models for **reporting** according to the needs of our whānau and our iwi.

In the future we will focus on relationships to help drive continuous action and ensure iwi participate fully. There needs to be investment in iwi, so that decision-makers can include the voice of our whānau and they can be accountable to our people.

### Ōtepoti 27–28 May 2021

An assertion of **mana** includes putting our own skin in the game, stepping up and being prepared to share liability and take control of decisions around investing in our communities.

Equity is our minimum standard and it should not define what we do. We use language of **mana motuhake**. It is different from ‘responding to equity’, which is just about us getting a fair share as citizens and does not relate to our desires to be Māori on our terms.

‘Change takes courage. Authority in our context, according to tikanga, is mana.’

**Te Tiriti o Waitangi** is the vision that should be implemented, keeping Health New Zealand accountable through Te Tiriti mechanisms. There are various ways to interpret Article 2 of Te Tiriti; we believe it’s our right to remain ourselves with our view of what’s important to us. The Māori Health Authority is not responsible for Māori health; that is an Article 3 obligation and responsibility. This is about rights and responsibilities.

‘We need to create tūpuna-led environments, from the ground up; who nourishes and defines you, who are the voices of the whānau that encourage us to keep us well?’

Thinking more widely about **power** and authority will be important as the system transforms. We need to continue to challenge the perception of power if we are to understand what true power transfer to the Māori Health Authority will mean.

Racism exists at individual, interpersonal, institutional and systemic levels. The Human Rights Commission’s work will be important to help reset the system to support positive change.

To be able to transition out of our current approach, we will need to mobilise an innovative district approach.

Governance is geared to a system of control that manages our imagination. The process of change can’t be comfortable if we are to achieve the scale of change that is needed because we are not doing well enough now. If we agree on an uncomfortable vision and then we argue, that is okay. But being risk averse will stifle innovation.

‘Thought leading is vital in this time of complexity.’

The concept of **commissioning** holistic care has been developed through Whānau Ora. Commissioning that focuses on the wider determinants of health can better support whānau to thrive. However, this kind of commissioning in a health setting isn’t yet fully developed or understood. Whānau Ora still needs to be implemented across government departments with commissioning that empowers whānau to be self-determining and does not increase their dependency on services.

‘We need to be not just growing the rongoā network – growing the kawakawa as well.’

Evidence-based success through Whānau Ora approaches has provided a variety of **whānau-centred models of practice**. These exemplars have yet to be tested within a regulatory environment of high compliance and clinical oversight.

’The policy environment needs to change. We are living in a country that disenfranchises and perpetuates poverty.’

The current system has fostered a competitive environment that has eroded collaboration. To be successful, we require a collective Māori response focused on learning. There needs to be collaboration across Māori providers.

Property, maintenance and assets should be handed over to providers as part of health and service design. This would start to adjust the tilt of equity. We need to address **policy** on transfer of resources in the form of land and buildings to put kaupapa Māori organisations on an equal footing with mainstream providers.

Institutions matter, and investing in our own institutions governed by our leaders and operationalised through our vast networks is our pathway to **rangatiratanga**. A model that we own gives effect to the assertion of our mana.

**Workforce** capability demands will be different, requiring new digital, research and data management capabilities.

‘Authority [from Māori Health Authority] can be defined as having power, control and direction. The root of the word is author – to write your own destiny. The very notion of Whānau Ora is a pro-Māori approach, being the creators, the architect and designers of a generation. Authority is much more than a structure, or the form of an organisation.’

We need to nurture our **next generation** and do succession planning to implement the vision.

We need help to progress this mahi, focus on our future generations and heal the continuing mamae.

‘We have an intergenerational approach; we aren’t going anywhere, and we are here for the duration. Longevity is a strength. Our whakapapa is perpetual.’

The system changes need to include adequate, appropriate cultural supervision, acknowledge the different roles in the system and examine how power plays out in clinical settings.

The **reforms** provide an opportunity to consider the context of Te Waipounamu and what is important to us. There is a need for Māori-led hospice services, kaumātua services, and improved oral health services that address the commercialisation of dentistry.

The system reforms require leadership that is both distributed and collective. Leadership needs to represent the complexity and diversity of our contemporary Māori communities.

The Māori Health Authority opens up an opportunity to think differently, not just about the mechanisms and the form and function of health, but about the approach to it. Health services are just one component; the system is not the centre.

Democracy has not treated us well. This is an opportunity to think through new governance processes. Iwi should have their own future iwi commissioner.

‘Inequities lie in invisibility; we need to have real clarity around what our expectations are.’

We need to acknowledge socioeconomic inequities and what they do to our people – but not be consumed by them. There should be no shaming, but we have to point out inequities as they exist. The vision has to be wellbeing and ora, not the frustrations we experience in completing funding contracts.

Policies need a socioeconomic shift that embrace a holistic perspective of hauora, make good nutritious food affordable, establish wages that sustain living and provide houses that are healthy for whānau.

Whānau want to live in accordance with their taiao. We want to see hauora normalised by whānau reconnecting through māramatanga, atuatanga and whenua. A kaupapa Māori approach requires tikanga-based practice, a new workforce and training that is authentic.

We need **data sovereignty** for Te Waipounamu. The data belongs to us and will allow us to hold the power and support whānau to make informed decisions.

### Waitangi 10–11 June 2021

*‘If we look at the Hui Whakaoranga 1984 report,* we’ve come a long way; in many ways it was asking for permission. We are now in a more permissive environment; today we can speak freely around Te Tiriti and inequities.’

Institutional racism and systemic inequities will continue to be challenging in the system transformation. As a result of the devolution of district health boards, government workers and officials will move across organisations. A paradigm shift and cultural change are needed.

While the structure of the Māori Health Authority and Health NZ might change, if the paradigm doesn’t change, the outcomes will always be the same. These new entities need **new systems**.

Te Tai Tokerau has a complex population with high needs. Tackling the **social determinants** of health in our region is especially important. Healthy housing is a significant challenge and an opportunity.

Te Tai Tokerau needs additional **pūtea** to address factors that are unique to the region. If we need to take services to whānau, kaimahi have the additional burden of travel and cost. The reforms should include considering the need for pūtea to support services to reach whānau in Te Tai Tokerau.

Additional pūtea would provide an opportunity to create equitable conditions. In particular, it would fund capital works for Māori providers, so they can compete on a level playing field with mainstream services.

The system change needs to be **whānau focused** and intergenerational to address the intergenerational trauma that impacts on the current and future wellbeing of our whānau.

**Structural issues**, such as connectivity for rural areas, need to be addressed through the changes. They create a barrier for whānau unable to make online appointments and communicate with services.

We have an entrepreneurial mindset; Māori health has not been stagnant and continues to evolve. The government cannot innovate for Māori; only Māori can innovate. We need to design the projects that will help our people. We are **innovative** and have new ways of looking at kaupapa and resolving issues. We are strategic and progressive in our thinking.

Sharing innovation strengthens relationships between providers. They need a space for affirmation and to tautoko innovative ideas. A platform to share learnings from innovation is an important part of success. Some of the greatest learnings are from what hasn’t worked – we don’t have to repeat failures.

Whānau need to design **local solutions** for local whānau, where it matters most. There is a strong desire to plan and design services at a local level.

**Rangatahi** Māori need to be at the table to test our notions of a vision for the next generation. This includes seeking their views to inform the construction and kaupapa of the Māori Health Authority.

Pay parity for Māori is a significant challenge, for nurses and others in the Māori health **workforce**. The current funding formulas can perpetuate low wages in the community, increase turnover and contribute to losing skilled workers.

The health sector needs to build on successful workforce initiatives like Kia Ora Hauora and the Māori and Pacific Admission Scheme (MAPAS). Only 3 percent of Māori in the health workforce are general practitioners. The sector needs more Māori in health. When Māori work in health, they model wellbeing to their own whānau and the whānau coming into services. Every whānau should have a whānau member who is a kaimahi hauora. It is a steady source of employment and income for whānau and helps to address the social determinants of health.

**Whakamana kaimahi** Māori recognise te ao Māori as a skill set within our workforce. Nurses should gain recognition for their skill in te ao Māori, including through an increase in their pūtea. The changes are an opportunity to provide kaimahi Māori with appropriate payment; these workers bring more to the table.

‘Whānau are our workforce, they assist us and build us back up. Whānau should be mana enhanced through this process.’

The **system** has to change fast. If the system is fast, it is nimble. It has to be free and to reinvent how funders fund services. It has to be safe. Whānau have the right to the best services.

The **COVID-19 response** demonstrated the agility and ability of providers to respond to the needs in their community. The response was a good example of what can happen when providers are enabled and don’t have to jump through bureaucratic hoops.

The health sector is great on systemisation and putting in place standards and regulations. Don’t over-systemise the change; this would put new shackles on services that just want to get on and serve the people in the regions.

**Technology** is a key part of the system change. Health intelligence, statistics and analysis are vital for good decision- making and achieving equity. We need to consider the connections and integrity of our **data systems**.

**Data sovereignty** and who owns the data are important considerations. This provides an opportunity for our Māori health IT workforce in the new world of digital health.

The health and disability system **reforms** present an opportunity to develop our own indicators. Accountability targets already exist in the system; however, we can also use **accountability** to reclaim our own kōrero around exercising our rangatiratanga in the system.

Crown agencies need to be accountable. Every contract should contain a mandatory checklist, an equity sign-off process and consequences for not achieving the targets.

The reforms present an opportunity to rebuild a system that is fit for purpose. However, the MHA is not the panacea for all; the greatest influence will remain in Health NZ. Health NZ is not the tuakana.

The MHA operational plan should put whānau in the steering seat. Consider how to bring the MHA as close to whānau as possible, not leaving it up high, so whānau can feed back into the MHA.

‘This change offers an opportunity to remove the bureaucratic barriers so we can be agile and get things done quicker and smarter.’

The system transformation offers an opportunity to deconstruct the current provider model. Even though change is urgent, we need to take time to unpack the assumptions about the model we have inherited.

While our iwi organisations have some functionality already, the community does not have the infrastructure to create the Iwi Māori Partnership Boards. An iwi board start-up fund is needed to ensure the iwi boards have the capability and are operational.

‘We want to bring whānau on the reform journey with us, telling the story about the reforms and the vision. We are going to do that through creating communication tools and videos, creating content and collaborating so they understand why this is happening and what this means.’

### Rotorua 15–16 June 2021

*‘*Let’s be visionary for our mokopuna – it’s a forever plan. We don’t want our mokopuna having the same conversations in 25 years.’

In 25 years, we want our tamariki and mokopuna to be able to access services such as mental health care easily. We want it to be free, to be **designed for Māori** – for the whānau, so whānau are supported to care for their whānau.

‘Equity is a low vision; we are aiming at something quite different from that. The statistics on equity are not a good benchmark. We have to have a higher level of aspirations.’

We are making decisions for **rangatahi**, so we need to get them involved in the transition through the **reforms**. A rangatahi rōpū could shadow them into leadership roles and invest in scholarships for rural communities so rangatahi have educational opportunities at home.

The significant diversity in the regions needs a voice in the transformation process.

As we are reforming, we need to keep the door open to other agencies; we need **intersectoral collaboration**.

We need to turn the system into a **high-trust** model. Whānau have low trust in the current system and this has been consolidated over many years.

The system change means we can develop new forms of **accountability**. Let’s change traditional narratives around outcomes.

The relationship legislated between the Ministry of Health, Māori Health Authority and Health New Zealand needs to focus on strengths-based accountability. A performance and delivery strategy should be put in place, setting out what these agencies expect to achieve over the next one to three years.

Because of the underlying health pressures on whānau, we are at risk of losing a whole generation of our elders. They can’t afford to live to be old and face a lot of elder abuse. Now we have the opportunity to prioritise the safety and wellbeing of our **kaumātua**. Wāhine Māori in particular are on a pathway to poverty after their retirement.

‘Acknowledge our tūpuna – who we are and where we come from, the challenges our whānau faced in the past, and the use of knowledge to move forward.’

Pae ora can become a reality through our **whenua**. The system changes need to recognise the importance of whenua, the connection to land and its impact on whānau health.

The system transformation should allow us to deliver **innovative** pilot programmes – such as a pilot of a kaupapa Māori hospital, driven and owned by Māori. Although the focus is māuiuitanga, the goal is for Māori to flourish at the other end.

‘The changes offer an opportunity to regularly review, learn and adapt. It’s time to get excited and look forward to making mistakes; it’s the journey, as well as the destination. There is no better time than now to exercise creativity and innovation.’

The MHA has a lot of expectations on it, which creates risks in the structure. We have to **be real** about the workload and expectations on those people and ensure they have the resources and support they need.

The reforms open up a future opportunity to move on from a Māori Health Authority to a Māori Authority. We know that one component of the system will not address all the determinants of health alone. The opportunity is to build a **collective** Māori approach to take forward across the whole new system.

‘Moving from grievance and critiquing to reimagining something new is a big shift. While it feels like the house has already been built, we need to rally and challenge the assumptions.’

There needs to be a discussion about **public health capacity**. It makes sense that the Māori Health Authority commissions Māori public health functions.

The baseline plan has to include a commissioning plan. Māori need to design funding formulas, as part of a **dual strategy**.

*‘*The Government likes metrics, but we must continue to challenge and evolve what this space is for – our people – while privileging and protecting our mātauranga.’

**Data** needs to go upstream and downstream – so we can help forecast our needs, share regional- and national-level data and understand where we need to go and what we need to get there.

Iwi **data sovereignty** needs to be established across Te Tiriti partners. Iwi should maintain mana over their own data. With iwi data, we will be able to see ourselves; we can see our people and we can own our narrative, not just around our health issues, but also about our oranga aspirations.

We need a huge culture shift to a collaborative model. To get there, we should work towards **collaboration**, ensure providers have opportunities to get together and have conversations more frequently.

There needs to be a reset of the western pedagogy, how authorities make decisions and how the power sharing happens. There needs to be a whatu – a coming together.

‘This Government has opened the door to opportunities for Māori health.’

**Leadership** that is well researched, networked, generous, future focused and humble will get us there. Governors and leaders need to have diverse skills, not just skills related to furthering health sector interests.

Purposeful investment in leadership is needed as we move away from being passive recipients of other people’s plans. If we don’t have leadership, we won’t be able to reach our end point – **mana motuhake**.

**Workforce** needs to be a priority in the new infrastructure. Every whare hauora organisation is a learning space and needs to be enabled to grow its workforce with education models to support learning while you work. Let’s focus on the capability and capacity of our own authority.

The investment in workforce capability should reflect the diverse needs of our people.

We want to see Māori in leadership roles to sustain our workforce into the future. A Māori leadership development building programme will provide our current leadership with the tools to stay the course, as well as prepare new leadership.

This is an opportunity to build workforce connectivity through technology. By building a connected Māori health sector, we can recognise our strength, which is in our collective.

The Health NZ Board needs to embed cultural training. We will need some guarantees that the Health NZ Board will have Māori members. Those who are making the decisions should be culturally supervised so they understand the cultural issues before they make decisions – this would be a game changer.

The changes allow us to challenge the district health board and government boundaries. Iwi have our own areas that we look after; we can work together across those areas. It is possible to make the proposed changes without putting those other boundaries on us.

‘Kanohi ki te kanohi – working with whānau, you can speak into their life if you have a trusting relationship.’

COVID-19 taught us that Māori are remarkably good at dealing with challenges. We are agile and fluid, and can adapt quickly. We got the mahi done to serve our whānau. This is the type of environment we want – high trust and enabled.

The risk is that non-Māori, pan-cultural and bicultural organisations may misappropriate funding from every pool. We need to stop allowing them to accessorise with ‘our world’ – the funders need to examine this practice. Maintaining the integrity to kaupapa Māori is the solution. However, the concept of ‘universal services’ can allow the mainstream to continue to be racist in its corner of ‘universal services’.

### Virtual hui 20 July 2021

Tā Mason Durie’s 10 foundations frame pae ora, ensuring that our mokopuna have health outcomes that are not just about realising equity. They are embedded in a future of te ao Māori.

The sector and the nation need to understand systemic, personal and institutional **racism**. Investigating systemic racism and its consequences for specific groups in the sector will help us achieve equity – and equity is the minimum standard.

‘To achieve pae ora we need to look at our communities. What do they want and need to succeed?’

The mahi going forward should be **iwi led** and **hauora focused**. This is a period of cumulative and radical change in the health sector.

A paradigm shift is required to address intergenerational trauma. We need to focus on aspirations and wellbeing and move away from the short-term focus on funding. We need a **long-term enabling system** that can address the trauma and focus on our strengths.

Recognise **Te Tiriti o Waitangi** as an opportunity, not as a ‘risk to manage’. We need a clearer, more accurate description of what Te Tiriti partnership looks like, particularly in governance.

‘Te Tiriti is a means to achieve pae ora. It sets the framework through both the articles and principles.’

The reforms bring an opportunity to encourage **innovation** in the system. To do this, providers need to take risks and feel free to fail. The current tick-box mindset will not progress the system change; it will constrain innovation.

‘Innovation means we might fail, but we can all learn from mistakes and build resilience together.’

The system should look beyond narrow definitions of health to engage with the social determinants of health. **Te taiao**, our natural and built environment, influences our wellbeing. The current view of public health policy is that it is an amalgamation of different disciplines, but it should be seen as interconnected, reflecting the complexity of our lives.

The education system often prescribes the journey for our tamariki in narrow and unhelpful ways. A paradigm shift is required in **education** to address racism and enable Māori to thrive.

We have learnt many lessons from the kōhanga movement. Starting our tamariki in kōhanga reo and kura, and bringing our rangatahi all the way through to the health **workforce** will revitalise and normalise mātauranga Māori in the sector. A generation of **rangatahi** is already coming through from kura kaupapa Māori with a worldview based in te ao Māori. They have their visions for health and their knowledge will contribute to our future.

We have record numbers of Māori health graduates employed within the health sector workforce and increasing numbers of Māori senior doctors. This is the foundation of our **tuakana–teina** model. They are our future role models in the sector.

There is a need to support **diversification** of the Māori health workforce. Workforce opportunities extend to policy, health education, data analytics and other government agencies (housing, health, social development).

### Rangatahi panel discussion

*‘*Acknowledge the diversity in our rangatahi heritage and appreciate difference. We are generation B – beautiful, bicultural and bold.’

Kia Ora Hauora (KOH), Kōhatu – Centre for Hauora Māori at Otago University and other health workforce development pathways have supported **rangatahi success**. They expose rangatahi to other opportunities in health.

It is vital that Māori have a strong **voice in policy development** to reduce barriers for whānau.

New roles open opportunities and possibilities for the Māori health workforce. For example, the kaimanaaki roles grew out of the COVID-19 response. The positions weren’t clinical, but they focused on the manaaki of whānau coming out of lockdown.

We have an opportunity to develop a **whānau pathway** in health where new roles can ignite passions for hauora. Education and work-based internships would support this approach.

Rangatahi pathways begin with **recruitment**. Offer internships at hospitals, and put policies in place to target Māori and Pasifika employees. We have to get whānau into the workforce before they can shine. If you are in a position of power, advocate for policies that target and encourage Māori and Pasifika applicants and students to work for you.

Creating mentoring opportunities in the system and supporting rangatahi is important. **Tuakana–teina** mentorship structures have worked so well in kōhanga reo and kura, and they need to be in the workforce too. Tēina can teach the tuākana as well; share your experiences as rangatahi because your ngākau and whakaaro are important.

A fundamental shift in social and cultural norms surrounding how we make decisions is required. Supporting **collaborative decision-making** with rangatahi is important for succession planning and to incorporate different worldviews. Listen more to young people.

Provide professional development opportunities for rangatahi.

Meeting inspiring Māori leaders at conferences and hui builds cultural connection and competence, and is inspiring for rangatahi.

Having a job in the health sector can change the life of the broader whānau. An individual getting a job has more value than just the economic benefit; it has a flow-on effect.

Support rangatahi to investigate all the opportunities open to them in the health sector. Then support them through paid internships and graduate programmes.

Society needs to recognise the validity of **mātauranga** Māori not only in comparison to western knowledge. It requires a system change to incorporate mātauranga Māori into what we do – especially through current health system reforms.

Flip the paradigm on its head. Think about what the MHA would look like if it was established from a mātauranga Māori perspective. Maybe it would have interdisciplinary teams, or an Oranga Authority would sit across government rather than in a silo.

A paradigm shift goes beyond a system change. This is more of a **mindset change** – whose mindsets do we want to change and influence? The people in power, the people making changes. Our future relies on everyone in the sector taking an unapologetic stance in support of a Māori future.

**‘Whakaruru’** in Tā Mason’s foundations incorporates a holistic approach that we should adopt in public policy. One of the frustrations of public policy is that it does not reflect the complexity of our lives – humans like to oversimplify complicated situations in public policy.

Ākonga from Tā Mason Durie’s foundation is the process of **learning and education**. Think about the journey that rangatahi need to take to get into the system. The education system consistently fails Māori in so many different ways. A paradigm shift in education is needed to address systemic racism.

Public Service Futures Network is an emerging network of young people who care about the future of the public service. Young people should be involved in decisions about what the future public service looks like. The current decision-makers are about to retire, and they are making decisions when they won’t be around to see their effects. Rangatahi want to be involved in these decisions; their **voice should be heard** in the public sector.

‘People in power, advocate for us – be unapologetic – make the changes if you have some power and will to change, be an ally, a rebel, a pot stirrer and shake up norms that haven’t worked for us.’

## Āpitihanga 2: He tauira o te rārangi take Appendix 2: Sample agenda

### Day 1 – 10 June 2021

Copthorne Hotel and Resort Bay of Islands, 1 Tau Henare Drive, Waitangi

|  |  |
| --- | --- |
| **Time** | **Agenda item** |
| 10.00 am | **Pōwhiri/Mihi Whakatau** Herewini Te Koha and John Whaanga (Facilitators) Whakawhanaungatanga |
| 11.00 am | Morning tea |
| **Setting the scene for Hui Whakaoranga 2021** | |
| 11.30 am | **Scene setting** Set the context and kaupapa for the hui Herewini Te Koha and John Whaanga |
| 11.45 am | **Key video highlights from Tā Mason Durie’s keynote address** Past, present and future landscape of Māori health development Presented by John Whaanga |
| 12.30 pm | **Keynote address** Dr Matire Harwood |
| 1.15 pm | **Ministerial address (video)** Hon Peeni Henare, Associate Minister of Health (Māori Health) |
| 1.30 pm | Lunch |
| **Vision for the next generation** | |
| 2.00 pm | **Breakout session 1** Vision for the next generation and how we get there |
| 2.45 pm | **Plenary session with panel feedback** |
| 3.30 pm | Afternoon tea |
| 3.45 pm | **Carrying on plenary session with panel feedback** |
| 4.30 pm | **Summary of day 1** |
| 4.45 pm | **Discussion about the health system reforms** |
| 6.00 pm | Break before dinner |
| 7.00 pm | **Dinner** Whakawhanaungatanga part 2 |

### Day 2 – 11 June 2021

Copthorne Hotel and Resort Bay of Islands, 1 Tau Henare Drive, Waitangi

|  |  |
| --- | --- |
| **Time** | **Agenda item** |
| 8.30am | **Mihimihi, overview and discussion** |
| 9.30am | **Keynote speaker – Te Puea Winiata** |
| 10.30am | Morning tea |
| **Identifying priorities for the future – next steps for Hui Whakaoranga 2021** | |
| 11.00am | **Director General’s Address – Dr Ashley Bloomfield (video)** |
| 11.15am | **Breakout session 2** Identifying priorities for the next 25 years and how we get there |
| 12.00pm | **Plenary session with panel feedback** |
| 12.45pm | Lunch |
| 1.15pm | Carrying on plenary and panel feedback session |
| **Next steps for Hui Whakaoranga** | |
| 2.00pm | **Reflections and summary of the day** |
| 2.45pm | **Whakakapi/Closing** |
| 3.00pm | **Karakia** |

1. Ministry of Health. 2020. Whakamaua: Māori Health Action Plan 2020–2025. Wellington: Ministry of Health. URL: <https://www.health.govt.nz/publication/whakamaua-maori-health-action-plan-2020-2025> (accessed 21 February 2021). [↑](#footnote-ref-1)
2. [https://www.health.govt.nz/](http://www.health.govt.nz/) [↑](#footnote-ref-2)
3. [https://www.health.govt.nz/](http://www.health.govt.nz/) [↑](#footnote-ref-3)
4. Waitangi Tribunal. 2019. *Hauora Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry. Wai 2575*. Wellington: Waitangi Tribunal. [↑](#footnote-ref-4)
5. Health and Disability System Review. 2020. *Health and Disability System Review: Final Report – Pūrongo Whakamutunga*. Wellington: Health and Disability System Review. [↑](#footnote-ref-5)
6. [https://www.health.govt.nz](https://www.health.govt.nz/publication/whakamaua-maori-health-action-plan-2020-2025) [↑](#footnote-ref-6)