



**Te Kāwanatanga o Aotearoa**  
New Zealand Government

**Draft**

Pae Tū: Hauora Māori Strategy  
2023

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# Minister's foreword

As Māori, we understand a person's health and wellbeing is interconnected with the world around them. The concept of hauora reflects this holistic view by encompassing the physical, mental, spiritual, social, and environmental dimensions of wellbeing.

We know the health system has not always catered to this holistic view of wellbeing, and that often Māori do not receive the care they need. All of us should feel we can receive the care we need when we need it. This is one of many reasons why changes are needed to our health system, and why we need to continue to harness the opportunities afforded to us by this change.

'Pae Tū' is a karanga to the health system. It calls us to stand together as one in our commitment to achieving health equity, upholding Te Tiriti o Waitangi, and delivering better health outcomes for Māori. Pae Tū also alludes to the whakataukī, 'Pai tū, pai hinga', which encourages people to give something a go without fear of failure. Likewise, we are charging ahead, embracing the challenges and opportunities before us and giving everything we've got to achieve our vision.

I am proud to say the vision for Pae Tū: Hauora Māori Strategy is pae ora – healthy futures for Māori. Pae ora reflects a holistic, indigenous worldview and includes three interconnected elements: whānau ora, mauri ora and wai ora. Improvements must be made across each of these elements for Māori to live with good health and wellbeing. Meeting our obligations under Te Tiriti o Waitangi will ensure Māori can live longer, healthier, and more independent lives.

As the Associate Minister of Health (Māori Health), it is a privilege to be a part of reforming the health system and delivering Pae Tū: Hauora Māori Strategy. On the dawn of 1 July 2022, I stood at the Waitangi Treaty Grounds alongside other Māori leaders to formally announce the establishment of Te Aka Whai Ora under the Pae Ora (Healthy Futures) Act 2022 – the Māori Health Authority as part of the new health system. This was a seminal moment for Aotearoa and a result of decades of hard work from those who walked before us.

Pae Tū: Hauora Māori Strategy builds on these gains and takes us closer towards pae ora, setting an interim pathway until 2025. It enhances the direction of He Korowai Oranga, the Māori Health Strategy, and its implementation plan, Whakamaua 2020-2025, to ensure both reflect the new health system and remain fit for purpose. After this period, a more fulsome review of He Korowai Oranga will set the next ten-year vision for hauora Māori.

The Pae Ora Act 2022 requires the Minister of Health to determine six strategies from 1 July 2023, including a Hauora Māori Strategy. These strategies will inform the next iterations of the Government Policy Statement and New Zealand Health Plan (Te Pae Tata) in 2024, which provide shorter term goals. Pae Tū: Hauora Māori Strategy provides the overall direction for hauora Māori across each of the strategies, ensuring that we all work together on this pathway toward pae ora.

This Government is committed to improving the intergenerational wellbeing of our whānau by working in close partnership with Māori. This is why we are changing the health system and why we have prioritised hauora Māori throughout this process.

This strategy will make a real positive impact on the lives of whānau Māori. It will do this by ensuring the new health system upholds Te Tiriti o Waitangi, improves equity and enhances intergenerational wellbeing.

I would like to thank everyone for contributing to the development of this strategy. We have listened to your aspirations for hauora, and we hope you can see this reflected in this strategy. Your wisdom and commitment to hauora Māori continues to inspire me every day.

Nō reira,

Ko te pae tawhiti whāia kia tata, ko te pae tata whakamaua kia tina

Hon Peeni Henare  
Associate Minister of Health (Māori Health)

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# Introduction

## The purpose of this document

Pae Tū: Hauora Māori Strategy updates the direction for improving the health and wellbeing of Māori. It is a key element of the Government's health system reforms required by the Pae Ora (Healthy Futures) Act 2022 (the Pae Ora Act) and it drives the health system to realise new opportunities to accelerate and enhance progress for Māori health. Health entities must have regard to this strategy when exercising their powers or performing their functions.<sup>1</sup>

Together with the New Zealand Health Strategy, Pae Tū: Hauora Māori Strategy sets the overarching direction for the health system, founded in the system's obligations under Te Tiriti o Waitangi (Te Tiriti). Pae Tū: Hauora Māori Strategy provides the guiding framework by which health entities will uphold Te Tiriti and achieve Māori health equity, while the New Zealand Health Strategy takes a whole population focus.

Four population strategies (for Pacific health, health of disabled people, women's health and rural health) set more focused direction for those groups. Each strategy builds on and reflects the high-level priorities set in the New Zealand Health Strategy and Pae Tū: Hauora Māori Strategy.

## Reforms introduced by the Pae Ora Act

The 2022 health reforms introduced by the Pae Ora Act strengthen the Crown's commitment to Te Tiriti o Waitangi and establish new health entities and functions for Māori health (Appendix 1 outlines further details about the health reforms). Specifically, the creation of Te Aka Whai Ora | Māori Health Authority, the Hauora Māori Advisory Committee<sup>2</sup> and legislative recognition of iwi-Māori partnership boards bring a positive and transformational dynamic to the health sector. These developments encompass the Crown's response to the legislative recommendations in the Waitangi Tribunal's *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry* (Hauora report) on primary health care (Waitangi Tribunal 2019).

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<sup>1</sup> The relevant health entities are Te Whatu Ora, Te Tāhū Hauora, Te Aka Whai Ora, Pharmac and the New Zealand Blood and Organ Service.

<sup>2</sup> The Hauora Māori Advisory Committee advises the Minister of Health on matters relating to Te Aka Whai Ora. It plays an important part in ensuring that the voices of Māori are heard at all levels of decision-making in the new health system.

# Foundations of Pae Tū: Hauora Māori Strategy

*There cannot be a future without a past. Predicting the future is more relevant when we value the **foundations** that have fostered ongoing development and a spirit of reform.*

Tā Mason Durie, Hui Whakaoranga 2021<sup>3</sup>

Since 2002, He Korowai Oranga: Māori Health Strategy has set the strategic direction for Māori health development. He Korowai Oranga was refreshed in 2014. Its overall aim is 'Pae ora – Healthy futures for Māori'.

Pae ora is a holistic concept and inextricably linked to Māori as the indigenous people of Aotearoa.<sup>4</sup> Pae ora envisages a platform on which Māori can live with good health and wellbeing in an environment that supports them to flourish and thrive. The concept of pae ora encourages everyone in the health sector, as contributors to Māori wellbeing, to work collaboratively, to think beyond narrow definitions of health and to provide high-quality and effective health services. Pae ora affirms holistic Māori approaches – strongly supporting Māori-led solutions and Māori models of health and wellness.

Whakamaua: Māori Health Action Plan 2020–2025 is a 5-year action plan that guides the health sector to implement the aims of He Korowai Oranga (Ministry of Health 2020a) and encompasses the Crown's response to the recommendations of the *Hauora* report (Waitangi Tribunal 2019).

Whakamaua outlines a suite of priority areas with tangible actions that we are implementing to achieve the objectives and outcomes that will contribute to pae ora for Māori. The vision and direction of He Korowai Oranga and Whakamaua have guided the health reforms to date and continue to enjoy strong support from Māori and the Māori health sector.<sup>5</sup>

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<sup>3</sup> Hui Whakaoranga is a series of hui focused on taking a generational approach to Māori health development. For more information, see the Summary Report: Ministry of Health 2022c.

<sup>4</sup> Although there is no simple definition of 'indigenous peoples', Tā Mason Durie (2004) posits 2 important characteristics of such peoples in the New Zealand context: an ancient relationship with some geographical place and an ethnic distinctiveness from others now living in Aotearoa. Indigenous models for health have relied heavily on indigenous world views and especially the close relationship that people have with the environment, with culture and tradition, and with the social structures and institutional arrangements that characterise indigenous societies.

<sup>5</sup> This was evident in feedback Manatū Hauora and Te Aka Whai Ora gained through Ngā Wānanga Pae Ora in 2023 (see [https://consult.health.govt.nz/maori-health/hauoramaaoriconsultation/user\\_uploads/hauora-m--ori-strategy-consultation-background--1-.pdf](https://consult.health.govt.nz/maori-health/hauoramaaoriconsultation/user_uploads/hauora-m--ori-strategy-consultation-background--1-.pdf)). Specific feedback from the wānanga appears throughout this document.

Pae Tū: Hauora Māori Strategy focuses on the changes we need over the next two years in particular to enhance the progress being made as part of implementing Whakamaua, harnessing the potential of the health reforms.

Pae Tū: Hauora Māori Strategy marks a first, interim step ahead of a fuller process to refresh He Korowai Oranga, which Manatū Hauora and Te Aka Whai Ora will jointly lead. This approach will allow us to further embed the foundations of the reformed health system and complete the Whakamaua 2020–2025 implementation period. The review of He Korowai Oranga will set the next ten-year vision for Māori health.

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# A commitment to Te Tiriti o Waitangi

The health sector is committed to honouring the special relationship between Māori and the Crown under Te Tiriti. As outlined in Whakamaua, with regard to the text of Te Tiriti and declarations made during its signing, the Crown, as the kaitiaki and steward of the health system (under article 1 of Te Tiriti), has a responsibility to enable Māori to exercise authority over their health and wellbeing (under article 2) and to achieve equitable health outcomes for Māori (under article 3) in ways that enable Māori to live, thrive and flourish as Māori (Ritenga Māori declaration).<sup>6</sup>

We must meet our obligations under Te Tiriti if we are to realise the overall aims of the Pae Ora Act and Pae Tū: Hauora Māori Strategy and enable Māori to live longer, healthier and more independent lives. The Government's approach to meeting its obligations under Te Tiriti is outlined in section 6 of the Pae Ora (Healthy Futures) Act 2022. The legislation contains specific provisions intended to give effect to the Crown's obligations.

## Giving expression to the commitment

### Ngā kupu

The text of Te Tiriti, including its preamble and the 3 articles, along with the Ritenga Māori declaration, are the enduring foundation of our approach to achieving health and independence. On this basis, we will strive to achieve the following 4 goals. Each is expressed in terms of mana.

#### Mana whakahaere

Effective and appropriate kaitiakitanga and stewardship over the health and disability system. Mana whakahaere is the exercise of control in accordance with tikanga, kaupapa and kawa Māori. This goes beyond the management of assets and resources and towards enabling Māori aspirations for health and independence.

#### Mana motuhake

Enabling the right for Māori to be Māori (Māori self-determination); to exercise their authority over their lives and to live on Māori terms and according to Māori philosophies, values and practices, including tikanga Māori.

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<sup>6</sup> Ritenga Māori declaration (often commonly referred to as the 'fourth article') was drafted in te reo Māori and read out during discussions with rangatira about Te Tiriti. The Ritenga Māori declaration provides for the protection of both religious freedom and traditional spirituality and knowledge (Te Puni Kōkiri 2001).

## Mana tangata

Achieving equity in health and disability outcomes for Māori, enhancing the mana of people across their life course and contributing to the overall health and wellbeing of Māori.

## Mana Māori

Enabling Ritenga Māori (Māori customary rituals), which are framed by te ao Māori (the Māori world), enacted through tikanga Māori (Māori philosophy and customary practices) and encapsulated within mātauranga Māori (Māori knowledge).

## Principles

The principles of Te Tiriti were first used in legislation in 1975; in the same year, the Waitangi Tribunal was established. The Tribunal is tasked with identifying the principles of Te Tiriti by drawing on the text of Te Tiriti and considering how Crown obligations should be described.

To give effect to Te Tiriti in the context of health (as identified in Whakamaua), the Minister of Health, Manatū Hauora and all health entities are guided by a series of principles recommended in the Waitangi Tribunal's *Hauora* report (Waitangi Tribunal 2019). These are reflected in the 'Health sector principles' set out in section 7 of the Pae Ora Act (Appendix 2 shows how these principles align). Te Tiriti principles the Waitangi Tribunal recommended are aimed at improving the health system for Māori and improving hauora Māori outcomes. They are:

- **tino rangatiratanga:** providing for Māori self-determination and mana motuhake in the design, delivery and monitoring of health services
- **equity:** being committed to achieving equitable health outcomes for Māori
- **active protection:** acting to the fullest extent practicable to achieve equitable health outcomes for Māori. This includes ensuring that the Crown, its agents and its Treaty partner under Te Tiriti are well informed on the extent and nature of both Māori health outcomes and efforts to achieve Māori health equity
- **options:** providing for and properly resourcing kaupapa Māori health services. Furthermore, the Crown is obliged to ensure that all health services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care
- **partnership:** working in partnership with Māori in the governance, design, delivery and monitoring of health services – Māori must be co-designers, with the Crown, of the health system for Māori.

# Vision

## Setting the strategic direction for Māori health

Pae Tū: Hauora Māori Strategy reaffirms the vision of He Korowai Oranga, and the outcomes set out in Whakamaua will continue to guide the health sector until 2025. Engagement with Māori and the Māori health sector in early 2023 has reinforced the strategic direction for Māori health. We now need accelerated effort and collective action to shift from acknowledging challenges and shared priorities to harnessing the potential of the health reforms to ensure all Māori, wherever they are and wherever they are from, can experience greater health and wellbeing, and flourish and thrive as Māori.

## Reaffirming pae ora

Pae Tū: Hauora Māori Strategy places Te Tiriti at the heart of the reformed health system, to achieve pae ora. Pae ora is the Government's vision for Māori health. It has 3 interconnected elements (Appendix 3 provides a fuller definition), as follows.

- **Mauri ora** (healthy individuals) expresses an aspiration to shift the mauri (or life force) of a person from one that is languishing to one that is flourishing.
- **Whānau ora** (healthy families) is a fundamental philosophy for creating strong, healthy and empowered whānau, allowing them to make a significant difference to Māori health and wellbeing.
- **Wai ora** (healthy environments) acknowledges the importance of Māori connections to whenua as part of the environments in which we live and belong, and the significant impact this has on the health and wellbeing of individuals, whānau, hapū, iwi and Māori communities.

To achieve our vision, we will need to work collectively: with the communities our system serves; with iwi, hapū and Māori communities; and with the wider organisations that contribute to the health and wellbeing of our whānau. This will enable Māori to live longer in good health, experience improved wellbeing and quality of life; be part of healthy, inclusive and resilient communities; and live in environments that sustain their health and wellbeing.

## Delivering the intended outcomes

The outcomes set out in Pae Tū: Hauora Māori Strategy and Whakamaua provide an important focus for collective action. There are 4 main outcomes, responding to important cultural, social, economic and population health challenges present in Aotearoa. The outcomes align closely with insights from recent engagement with Māori and the Māori health sector, and with what the evidence indicates is necessary to shift the health system towards achieving Māori aspirations.

### Outcome 1: Whānau, hapū, iwi and Māori communities can exercise their authority to improve their health and wellbeing

This outcome acknowledges that Māori have the right to self-determine and manage their own health and wellbeing aspirations according to their kawa and tikanga. It requires system shifts that better enable whānau, hapū, iwi and Māori communities to thrive as Māori, and create healthy and sustainable environments and communities in which to live and raise children.

This outcome links to articles 1 and 2 of Te Tiriti and gives effect to the principles of partnership, tino rangatiratanga and options.

### Outcome 2: The health system is fair and sustainable, and delivers more equitable outcomes for Māori

This outcome aims to ensure that Māori health equity is at the heart of the way New Zealand's health system operates – so that the system achieves as much for Māori as it does for everyone else. The burden of health loss falls inequitably on Māori, in terms of poor health, disability and premature death (Ministry of Health 2023c). Differences in the social and economic determinants of health and wellbeing, differential access to health care and differences in the quality of care in health outcomes for Māori contribute to this inequity (Walsh and Grey 2019).

To achieve equity for Māori, all contributors to the health system must acknowledge inequitable health outcomes for Māori as not only unfair and unjust but also avoidable. A key part of achieving this outcome will be prioritising resources and tailoring approaches to address unmet need and meet Māori aspirations for wellbeing.

This outcome links to articles 2 and 3 of Te Tiriti and gives effect to the principles of tino rangatiratanga, equity and active protection.

## Outcome 3: The health system addresses racism and discrimination in all its forms

This outcome recognises that all New Zealanders have the right to be treated fairly, with respect, and to be free from racial discrimination.<sup>7</sup> Eliminating all forms of racism and discrimination against Māori is critical for achieving health equity and upholding Te Tiriti and the United Nations Declaration on the Rights of Indigenous Peoples.<sup>8</sup>

Racism is a root cause of health inequity. Racism operates at multiple levels with various pathways to health (Talamaivao et al 2020; Williams et al 2019). Unequal distribution of power and resources and differential access and exposure to the broader determinants of health have meant that Māori experience disproportionate rates of health risk, higher rates of morbidity and mortality, and shorter life expectancy (Ministry of Health 2015).

To address the different manifestations of racism, we require a systems-change approach, strong collaboration and a commitment to shifting the conditions that create, maintain and perpetuate Māori health inequity at multiple levels.

This outcome links to article 3 of Te Tiriti and the Ritenga Māori declaration and gives effect to the principles of active protection, equity and options.

## Outcome 4: The inclusion and protection of mātauranga Māori throughout the health system

This outcome is about strengthening the health system's recognition and respectful inclusion of mātauranga Māori across the health system as a right of tangata whenua and an important enabler of Māori health and wellbeing.

This outcome acknowledges te ao Māori and the value and role of distinctive Māori ways of knowing, being and doing that honour tino rangatiratanga and mana motuhake. This includes recognition of the healing potential of kaupapa Māori approaches,<sup>9</sup> rongoā Māori and whānau-centred and Māori-led health care.

It is important to continue building knowledge and understanding of the relevance and value of mātauranga Māori and kaupapa Māori approaches through research and evaluation. The

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<sup>7</sup> The Ministry of Health's position statement on racism signals expectations for the broader health system to take collective action against all forms of racism and racial health inequity: <https://www.health.govt.nz/publication/position-statement-and-working-definitions-racism-and-anti-racism-health-system-aotearoa-new-zealand>

<sup>8</sup> See United Nations Declaration on the Rights of Indigenous People at: [www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html](http://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html)

<sup>9</sup> Kaupapa Māori programmes are culturally grounded and incorporate tikanga Māori, mātauranga Māori, te reo Māori and te ao Māori.

integrity of mātauranga Māori should be protected and upheld as the health system adopts Māori solutions.

This outcome links to article 2 of Te Tiriti and the Ritenga Māori declaration. It gives effect to the principles of tino rangatiratanga, options and active protection.

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# Where are we now?

*Decade by decade, the seeds of change have been implanted so that Māori might flourish as Māori in the future. – Tā Mason Durie (2021)*

This strategy responds to Māori aspirations for wellbeing and acknowledges the ongoing changes to the Māori population and health outcomes. It recognises the intersectionality of Māori health inequities, acknowledging some groups within the Māori population are further disadvantaged and require further support, such as wāhine, tāngata whaikaha, and those who identify as part of rainbow communities. It also recognises the broader determinants of Māori wellbeing, acknowledging the coordinated effort required within government, and simultaneously across whānau, hapū, iwi, and Māori communities.

## Māori aspirations for wellbeing

To guide the development of this strategy, Manatū Hauora and Te Aka Whai Ora held a series of regional wānanga (Ngā Wānanga Pae Ora 2023) and interviewed whānau Māori to reflect on progress since the release of Whakamaui and hear the hauora needs, aspirations and priorities of Māori and the Māori health sector. Feedback we received through this engagement reinforced many of the themes and priorities that have been shared with us previously, including through engagement for the development of Whakamaui in 2019 (Ministry of Health 2020b) and the Hui Whakaoranga in 2021 (Ministry of Health 2022c).

*There is growing hope which also means growing work to protect it. We have come too far to go back now. – Feedback from Ngā Wānanga Pae Ora 2023*

We heard that progress we have made under Whakamaui and through the introduction of the Pae Ora Act has instilled hope and optimism among Māori that hauora Māori aspirations will be realised. Māori have high expectations that the recent reforms, coupled with evidence of successful Māori and community-led solutions, greater visibility of mātauranga Māori in the health system and commitments to addressing racism and discrimination, will lead to sustained system-wide transformation.

However, for most Māori, the impacts of the health reforms have yet to be sufficiently seen or felt, and long-standing challenges such as racism, discrimination and unmet need continue to pose barriers to health equity. To understand these factors, we need a deeper understanding of the health system and how it creates, maintains and perpetuates Māori health inequity.

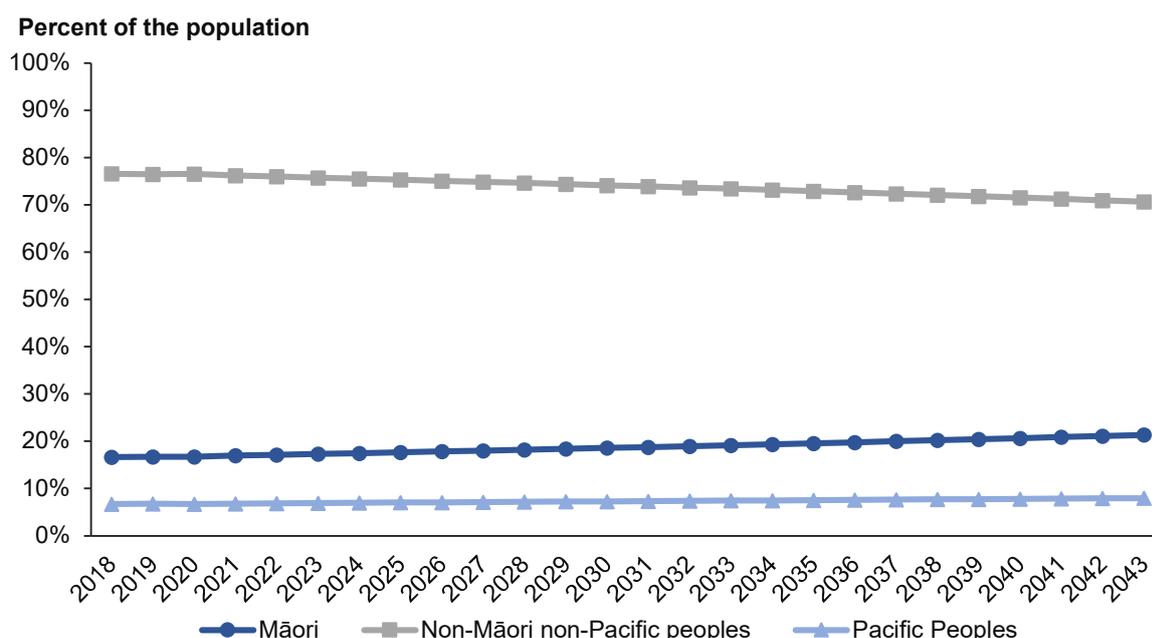
# Māori population trends

As we face the future, Māori will be more diverse and dispersed, and life expectancy will increase. Our environments will evolve in response to the impacts of climate change. Technology and digital engagement will continue to change our ways of working, living, learning and healing (Durie 2021).

Māori continue to be optimistic about their future, rating expected life satisfaction higher than the total population (Treasury 2022). The health system must continue to evolve in response to the growing diversity of Māori health needs and aspirations over the next ten years.

The Māori population is projected to reach 1 million by 2033, when nearly 1 in 5 people in Aotearoa will identify as Māori (Stats NZ 2020b). The Māori population is younger than other populations in Aotearoa: nearly a third of the population is under 15 years of age, and more than half is under 35 (Stats NZ 2020a). Approximately 58,000 people in Aotearoa identify as both Māori and Pacific, 50% of whom are younger than 15 (Ministry of Health 2022e).

Figure 1: Population projections, by prioritised ethnic group, 2018 - 2043



Like that of all populations in Aotearoa, Māori life expectancy is expected to increase over the next 10 years (from 73 to 77 years for tāne, and 77 to 81 years for wāhine). This entails a slight decrease in the gap between the life expectancy of Māori compared to non-Māori (from 7 years lower to 6 years lower) (Stats NZ 2018b). While only 7% of Māori are over the age of 65 – much less than the equivalent figure for non-Māori non-Pacific peoples (20%) – that percentage is expected to increase to 10% by 2033 (Stats NZ 2018b). As a consequence of living longer, more Māori will be living longer with health complications.

Many Māori (one in 4) identify as tāngata whaikaha Māori – this is higher than the rate of one in 9 non-Māori with a disability, after adjusting for the difference in age structures (Ministry of Health 2019a). The proportion of tāngata whaikaha Māori increases with age. While around 1 in 5 Māori aged 15–24 years identify as tāngata whaikaha Māori, almost 1 in 2 aged 45–64 years are living with at least one long term disability not alleviated by an assistive device. This burden is greater for wāhine aged 45–64 years, but tāne experience higher rates in the 65 years and above age group (around 3 in 4 tāne aged 65 years and above live with a disability) (Stats NZ 2013).

One in 4 Māori are living rurally (Stats NZ 2018a) – this is a greater proportion than the equivalent figure for other populations. By 2038, the Māori population share will vary significantly by region – in Gisborne and the Far North, it will be at least double the national figure, at 42% and 66% respectively (Stats NZ 2020b).

## Māori health outcomes

The health system needs to perform better for Māori in every sphere, for every condition, through every service and every interaction. The unequal distribution of power and resources, and differential access and exposure to the broader determinants of health, have meant Māori are more likely to experience disproportionate rates of health risk, higher rates of morbidity and mortality, and shorter life expectancy (Ministry of Health 2015, 2019).

It is also important to acknowledge the diversity of Māori and how different factors affect differences in health outcomes within the Māori population. This analysis is often done through the lens of intersectionality, which acknowledges that different parts of a person's identity or lived experience can influence their health outcomes. This can include age, gender, sexual orientation, disability, ethnicity, and socioeconomic status. We acknowledge there is still much more work to be done to understand the relationship between these factors and health outcomes for Māori.

Māori are less likely to rate their health as good, very good or excellent compared to non-Māori (Ministry of Health 2023c). Challenges in health outcomes persist, and in some instances have increased. For example, the proportion of Māori adults with high or very high psychological distress increased from 11% in 2016/17 to around 18% in 2021/22 (Ministry of Health 2022a). Emerging evidence suggests that the inequitable impact of COVID-19 on Māori is likely to continue, and that Māori will be disproportionately affected by long COVID (Ministry of Health 2023b).

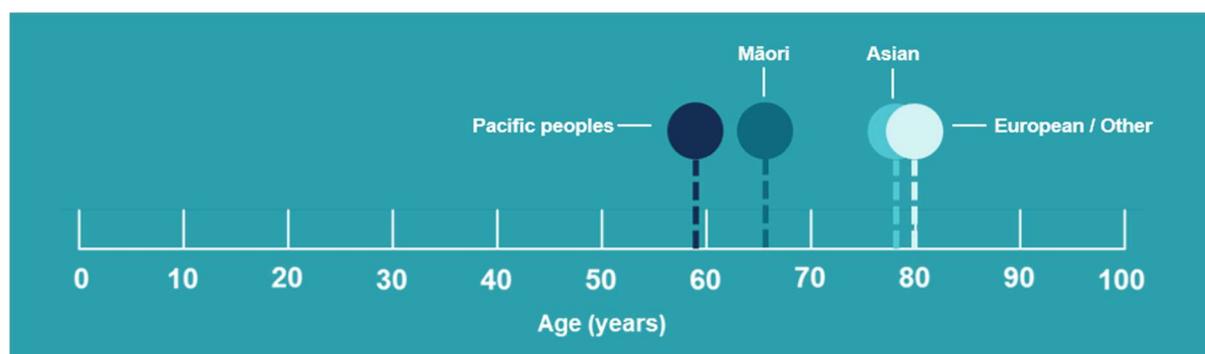
Inequitable health outcomes for Māori start early. The rate of ambulatory sensitive admissions to hospital (that is, hospitalisations that should have been avoidable) for Māori 0–4 year-olds are over one and a half times higher than the equivalent rate for non-Māori non-Pacific children (Ministry of Health 2023e), and Māori infants are almost twice as likely to die as European/Other infants (Ministry of Health 2023c).

Mortality rates for Māori are generally higher than they are for non-Māori. For Māori, the leading causes of death in 2020 were cancer (all types combined), ischaemic heart diseases and chronic

lower respiratory diseases. Māori are twice as likely as non-Māori to die from cancer (Te Aho o Te Kahu 2021). Wāhine Māori suffer a disproportionate burden of maternal mortality (Health Quality & Safety Commission 2022). Many of the risk factors associated with these conditions are largely preventable through more targeted equitable population health approaches (Ministry of Health 2023c).

In addition to higher mortality, Māori experience higher rates of morbidity, at a younger age, than other ethnic groups. Māori are more than 2 and a half times as likely to experience multiple long-term conditions as European/Other people. The point at which 50% of the population have at least one long-term condition occurs 14 years earlier for Māori (66 years) than European/Other people (80 years)<sup>10</sup> (Ministry of Health 2022c).

Figure 2: Age in years, in which at least 50% of the population have at least one long term condition, by ethnic group, 2020



There have, however, been improvements in Māori health over time, and the inequity between Māori and non-Māori in some areas has narrowed (Ministry of Health 2023e, 2019). For example, the rate of all-cancer mortality decreased by 35% for Māori compared to 28% for non-Māori over 22 years to 2018 (Ministry of Health 2023c). These improvements have been driven by improvements in risk factors; for example, the rate of wāhine Māori who were daily smokers reduced from 44% in 2011/12 to 20% in 2021/22 (Ministry of Health 2023c).

## Distribution of determinants of health

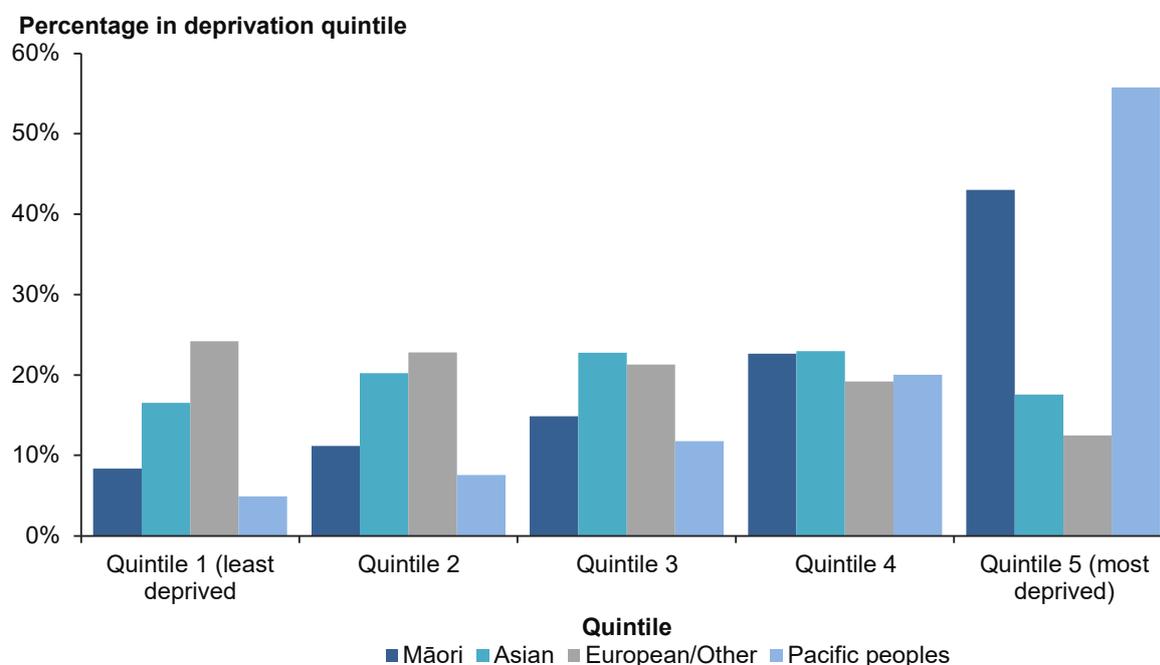
The 'determinants of health' are a range of social, economic and environmental factors that represent wider forces in the environments in which people are born, grow up, live, learn, work and age that have a significant influence on health and wellbeing outcomes (Ministry of Health 2023c). The distribution of these determinants inequitably impacts Māori.

Around 4 in 10 Māori are living in the highest areas of deprivation, compared to just over 1 in 10 European/Other people (Ministry of Health 2023c). Housing insecurity presents a major challenge. The inequitable distribution of this determinant is particularly noticeable for tamariki

<sup>10</sup> Based on proportion of the population by age (single years) and ethnic group that have at least one long term condition.

Māori; 10% live in a household with dampness or mould, compared to 6% of all New Zealand children (Department of the Prime Minister and Cabinet 2022). Whānau-centred and Māori-led approaches, including provisions for papakāinga developments on whenua land, hold significant potential to address this situation and improve Māori wellbeing.

Figure 3: Percentage of ethnic group living in each deprivation quintile, 2022



Māori are more likely to be concerned about the state of the environment compared to other groups, reflecting the importance of wai ora (healthy environments) in te ao Māori. Māori consider Aotearoa to have issues with environmental health factors, including air and water quality (Treasury 2022). Nearly one in 3 Māori adults took part in activities to protect the environment, and nearly 9 in 10 wāhine noted that looking after the natural environment was 'very' or 'quite' important (Stats NZ 2020).

Despite persistent inequities in the determinants of health, there have been significant recent gains; for example, fewer tamariki and whānau now live in hardship (Treasury 2023). Māori are gaining educational qualifications at a faster rate than other ethnicities (Treasury 2022), strengthening potential pathways out of poverty.

There are many protective factors we know we can utilise to address the inequities in health outcomes Māori face. Increases in connectedness to family and friends, cultural capability and belonging and engagement and voice are all associated with improved self-rated physical and mental health for Māori (Treasury 2023, Ministry of Health 2023c). Nearly 15% of Māori are participating in or supporting kapa haka, which positively contributes to health and wellbeing (Stats NZ 2020, Manatū Taonga – Ministry for Culture and Heritage 2014).

## System performance for Māori

The current health system reforms provide a significant opportunity to improve health system performance and responsiveness to ensure the unique social, cultural and health needs of Māori are met. The Waitangi Tribunal's *Hauora* report found that the health system has not met its obligations to Māori under Te Tiriti, and as a result made a suite of legislative, structural and operational recommendations.

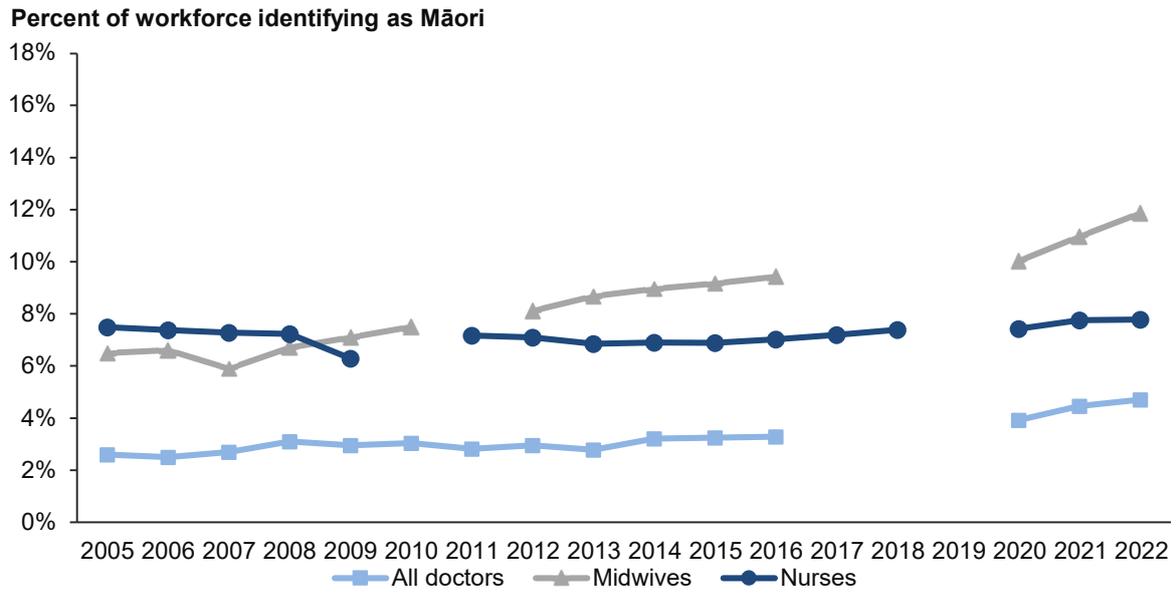
For example, the Tribunal highlighted that Māori have been under-represented across the system, and too rarely involved in design of services and decisions that affect Māori (Waitangi Tribunal 2019). This has contributed to inequitable levels of unmet need for health care, differences in the quality of care, and lower levels of trust in the health system for Māori (Ministry of Health 2023c, 2023e).

These differential levels of access to, and quality of, services have direct impacts on Māori health inequities. For example, nearly 2 in 3 Māori hospitalised for gout did not receive preventative medication in the 6 months prior to hospitalisation (Pharmac 2021). In some areas, these inequities are increasing; for example, cervical and breast screening coverage for wāhine Māori has decreased more rapidly than coverage for European/Other women over the past 10 years (Ministry of Health 2023c).

During the last decade, we have addressed barriers for Māori, improving health system responsiveness. Some population-level policies have resulted in improved access to services for targeted populations (Ministry of Health 2023e). Such policies have included, for example, increasing fees-free services for children under 14 and lowering the age of eligibility for free influenza vaccinations for Māori to 55.

A workforce that reflects the ethnic distribution of the population it serves and provides culturally safe, high-quality health care is a long-standing policy goal (Ministry of Health 2020b). The current proportion of Māori in health workforce professions does not reflect the proportion of Māori in the population. Social workers (17% identify as Māori) and midwives (12% identify as Māori) are the professions in which the proportion of Māori most closely reflects that within the total population. Despite this, targeted workforce initiatives have resulted in increases in the number of Māori health graduates and Māori in health professions. The proportion of Māori doctors is more than one and a half times higher than it was 10 years ago (the proportion increased from 3% in 2012 to nearly 5% in 2022) (Ministry of Health 2023e).

Figure 4: Percent of Māori in the Nursing, Medical (doctors), and Midwifery workforce, 2005 - 2022



Māori health providers have driven large improvements in specific health outcomes for Māori when provided the opportunity through flexible commissioning and other initiatives. This was particularly evident through the COVID-19 response and vaccination roll-out. There is strong evidence of the effectiveness of whānau-centred approaches in supporting whānau into ways that can strengthen their mana motuhake (Whānau Ora Commissioning Agency 2022). In particular, ‘the pandemic responses have shone a light on how future government decisions regarding health and wellbeing can be built upon’ by working with Māori as partners and decision-makers, and acknowledging the trust that Māori communities have in Māori health providers (Te Hiringa Mahara – Mental Health and Wellbeing Commission 2023).

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# Priority areas for action

*Whāia te iti kahurangi; ki te tuohu koe, me he maunga teitei.*

Seek the treasure you value most dearly: if you bow your head, let it be to a lofty mountain.

Guided by whānau, hapū, iwi and Māori communities, and drawing from the experience of recent years (including from the COVID-19 response), Manatū Hauora and Te Aka Whai Ora have identified **5 strategic priorities** to build on the structural changes the health reforms brought and accelerate action.

- Priority 1:** enabling whānau, hapū, iwi and Māori community leadership, decision-making and governance at all levels
- Priority 2:** strengthening whole-of-government commitment to Māori health
- Priority 3:** growing the Māori health workforce and sector to match community needs
- Priority 4:** enabling culturally safe, whānau-centred and preventative primary health care
- Priority 5:** ensuring accountability for system performance for Māori health

These priority areas are interconnected and interdependent, and represent the areas where we most need short-term action to enable change and continue building foundations for the future. Our starting point must be what keeps whānau well as a collective, and our understanding of wellbeing must be led by the innovation that resides within indigenous knowledge (Durie 1998).

By harnessing the opportunities the Pae Ora Act presents, this strategy aims to deliver an ecosystem of change that redistributes power, privilege, resources and opportunity to create an equitable health system that ensures whānau, hapū, iwi and Māori communities can flourish and thrive as Māori.

The 5 priorities set our direction for work we will deliver by 2025, through ongoing actions under Whakamaua and further planning and implementation by health entities. We will define more specific actions and make more specific decisions on investment as part of confirming the 3-year Government Policy Statement for Health (the key document by which Government sets its priorities, confirms actions for health entities and funding for the health system and details how it will measure success) and the New Zealand Health Plan (Te Pae Tata); both will be set from July 2024. A full review and update of He Korowai Oranga is intended to replace Pae Tū: Hauora Māori Strategy from 2025.

# Priority 1: Enabling whānau, hapū, iwi and Māori community leadership, decision-making and governance at all levels

*Ruia te kākano, kohia te kai rangatira.*  
Sow the seeds, gather up the chiefly food.

## Summary

- Growing diverse Māori leadership that is equipped to govern, lead and collaborate with whānau, hapū, iwi, Māori communities and other agencies will drive system change and innovation.
- Enabling whānau to have a meaningful voice at the decision-making table will also drive system change, particularly for whānau who are experiencing significant inequities.
- This will contribute to health policies, service design and delivery that better reflects Māori values and needs, in turn leading to better use of resources, and better health and wellbeing outcomes for whānau, hapū, iwi and Māori communities.

## What we heard from Māori

Māori leadership is an important focus area, linked to all 4 of this strategy's outcomes. In our consultation, we heard that people supported the idea that Māori leadership is a core component of Māori health advancement across the health system and beyond. The health system must encourage and grow diverse Māori leadership that can represent the complexity and diversity of Māori communities, including among rangatahi, wāhine, tāngata whaikaha and whaiora Māori, ensuring the unique voices of Māori are brought to the forefront.

*We need Māori at all levels of decision making. Māori leadership is not just confined to the board level; it must be throughout the health system, including executive management, middle management and team leader levels as well as clinical directorships and clinical leaders. – Whatua 2020<sup>11</sup>*

*We need to be decision-makers, not passive recipients – to build the motorways to places that are on our map. – Hui Whakaoranga 2021*

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<sup>11</sup> Whatua is a summary of insights heard through the engagement process to develop Whakamaua: Māori Health Action Plan 2020-2025. For more information, see the Summary Report: Ministry of Health 2020b.

*Nurture the future leaders to sit around the tēpu to be actively involved and included.* – Ngā Wānanga Pae Ora 2023

## Why it matters

To achieve optimal health and wellbeing for Māori, Māori knowledge and leadership is required at all levels of the system, with the needs and of aspirations of Māori communities at the heart. Māori community leadership is a key enabler for achieving equity and wellbeing for Māori (Ministry of Health 2023b). Increased Māori leadership contributes to health service design and delivery that reflects local aspirations and needs. This contributes to improved prioritisation and use of resources and better health outcomes for whānau, hapū, iwi and Māori communities. We need to build a meaningful Māori-Crown partnership in the health system to reflect more future-oriented relationships.

A pae ora-driven system values and incorporates mātauranga Māori in decision-making and ensures that whānau Māori aspirations are at the core of how the health system plans, funds and delivers care. The Pae Ora Act provides for strengthened Māori leadership and voice in the health system and guides the health sector to enable Māori to exercise decision-making authority on matters of importance to Māori. Te Aka Whai Ora, the Hauora Māori Advisory Committee and iwi-Māori partnership boards bring a positive and transformational dynamic to the health sector, enhancing leadership for Māori health.

Effective investment in Māori leadership development is a key responsibility of all health entities. We need to ensure Māori are adequately represented and actively involved in key leadership and strategic decision making at all levels, including clinical leadership. Our investment in such leadership will recognise the status of Māori as tangata whenua, reaffirm tino rangatiratanga and build partnerships with equal power relations based on Te Tiriti.

## What the future will look like

- The health sector invests in building the capacity and capability of current and aspiring Māori health leaders, including rangatahi, so they are equipped with the confidence and skill set necessary to actively govern, lead, engage, participate and influence system decision-making at all levels, including in delivery, planning, commissioning and direction-setting. This investment enables Māori leaders to influence decisions that matter most for whānau, hapū, iwi and Māori communities.
- Iwi-Māori partnership boards, iwi, Māori providers and communities (including those working with whānau experiencing significant inequities) are well supported and resourced to build regional Māori health whanaungatanga and local leadership networks and influence the provision of health and wellbeing services, and are building more autonomous arrangements.
- Māori health leadership is distributed, networked, and supported with ongoing opportunities to collaborate within and across Māori communities, with iwi and a range of agencies to harness collective planning and action for hauora Māori.

## What it will mean for whānau Māori

The voices of whānau and communities, and their lived experience, will underpin the priorities that the health system and health services are focused on achieving.

## Links to other Pae Ora strategies

New Zealand Health	Voice at the heart of the system
Pacific Health	Autonomy and Determination
Health of Disabled People	Embed self-determination of disabled people and their whānau as a foundation of a person and whānau-centred health system
Women's Health	A health system that works for women
Rural Health	Making sure the needs of rural communities are considered in planning and service decisions

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## Priority 2: Strengthening whole-of-government commitment to Māori health

*Mā te kotahitanga e whai kaha ai tātou.*  
In unity we have strength.

### Summary

- Whole of community, whole-of-government approaches are critical to ensure individuals, whānau and communities stay well, and can access and enjoy environments that promote health and wellbeing.
- The health system will collaborate with other sectors to shape and drive whānau-centred and locally-led approaches to improve equity of outcomes, support community resilience and promote efforts to reduce poverty and address housing needs.
- Coordinated planning, investment and accountability across all sectors will ensure that Māori receive access to timely and equitable resources and services.

### What we heard from Māori

Collaboration and collective action are important enablers for whānau-centred responses to the broad range of wellbeing needs among whānau and communities. Māori and the Māori health sector want to see government agencies working together, sharing resources and supporting community-led approaches to wellbeing. We heard that tamariki and rangatahi wellbeing, mental wellbeing, education, housing stability, cost of living, access to health services in rural communities and enabling community-led responses to the impacts of climate change are all important areas for strengthened collaboration.

Whānau spoke of needing the basics in life to be healthy. Some whānau acknowledged their aspirations for intergenerational wellbeing, reflecting the intergenerational view integral to te ao Māori. Despite this, many whānau did not speak of a long-term view of their health and wellbeing; rather the focus was on their immediate, essential needs. Whānau wanted to be able to afford to go to the doctor, afford to eat, have access to affordable housing and be able to work.

*The system is not flexing to take into consideration the environment, eg, the cost of living and the impact on whānau. – Ngā Wānanga Pae Ora 2023*

*Socio-economic determinants are multi-sectoral impacts. Move as one. – Ngā Wānanga Pae Ora 2023*

*Poverty and inequality have immense impact on outcomes. Can't just rock up to the doctors. – Whānau voice 2023*

*Sometimes feel really overwhelmed: housing issues are a big one. – Whānau voice 2023*

## Why it matters

'Wai ora', defined in He Korowai Oranga, encapsulates the wellbeing of the natural and built environments that Māori as tangata whenua live, work, play in and belong to, and the significant impacts the environment has on the health and wellbeing of whānau, hapū, iwi and Māori communities. An environment that is compatible with good health and wellbeing offers access to essential resources (good housing, safe drinking water, clean air and healthy food) and supports and sustains a strong, flourishing mauri and a healthy and empowered whānau. Currently, the unequal distribution of the broader determinants of health means that Māori communities are structurally disadvantaged across multiple social indicators and impacts intergenerational mobility. The greatest impact on wellbeing can be made upstream from the health sector.

Whole-of-government, whole-of-community approaches are critical to addressing whānau wellbeing needs and aspirations in terms of the resources, spaces and places that ensure individuals, whānau and communities can access and enjoy healthy environments to live and prosper. In the Child and Youth Wellbeing Strategy (Department of the Prime Minister and Cabinet 2019), the Government has expressed a bold aim: to ensure that New Zealand is the best place in the world for children and young people, and to progressively achieve targeted reductions in child poverty. That Strategy shares a vision with Te Aorerekura (The Board for the Elimination of Family Violence and Sexual Violence 2021), developed with tangata whenua, specialist sectors and communities, that all people in Aotearoa are thriving; their wellbeing is enhanced and sustained because they are safe and supported to live their lives free from family violence and sexual violence.

The health sector has a significant role to play in working with others to achieve equitable wellbeing outcomes for Māori and encourage actions that address the determinants of health. Collective cross-sector efforts to alleviate pressures and to support whānau environments rich in resources represent a life-changing opportunity to advance wellbeing and equity of outcomes. Through investment in whānau, we have the greatest opportunity to improve long-term outcomes, especially for pēpi and tamariki. This is particularly important for tamariki and pēpi in care who are most at risk. Early support can restore broader whānau wellbeing and self-determination, reduce long-term economic costs, and can be the circuit breaker for cycles of intergenerational disadvantage.

## What the future will look like

- Health entities work with other sectors to ensure that Māori health equity guides all policies, particularly when addressing the unequal distribution of the broader determinants of health.

- The health system resources communities to tackle complex issues in a cohesive, whānau-centric way and promotes localised development and ownership of wellbeing solutions.
- Health entities have established partnerships across a range of sectors, including welfare, education, justice and housing, to allow for better service integration, planning and support for Māori and their whānau. Māori play a central role in developing and delivering cross-sector and community initiatives.
- The health sector builds relationships locally and regionally, and collaborates with other agencies, organisations and stakeholders to improve health and wellbeing outcomes for Māori. It addresses the wider determinants of health for Māori, responding to local needs, aspirations and priorities identified by iwi-Māori partnership boards and local leadership, informed by robust data and insights.

## What it will mean for whānau Māori

Whānau will have access to information, advice and support so they can live healthy, independent lives.

Whānau will have access to comprehensive services, one-stop shops, integrated services, care pathways that are easily navigable and a system committed to working with them in the long term.

## Links to other Pae Ora strategies

New Zealand Health	Building partnerships for health and wellbeing
Pacific Health	Population Health
Health of Disabled People	Ensure the health system is part of a coherent cross-government system that addresses broader drivers of poor health and wellbeing
Women's Health	Improving care for issues specific to women Living well and ageing well
Rural Health	Having connected approaches that work for rural communities to prevent health issues developing

## Priority 3: Growing the Māori health workforce and sector to match community needs

*Poipoia te kākano kia puāwai.*  
Nurture the seed and it will grow.

### Summary

- A Māori health workforce that is representative of the people it serves strengthens the health system's capacity to deliver effective and appropriate services for and with Māori.
- The whole health workforce has the necessary skills and competencies to deliver culturally safe and responsive health services that meet the needs of Māori and deliver equitable outcomes.
- The Māori health workforce is future proofed by using dynamic modelling to plan and grow the workforce, keeping pace with projected population growth and future health needs.

### What we heard from Māori

In our consultation, Māori emphasised the importance of future-proofing the Māori health workforce, placing a greater focus on tamariki and fostering health pathways from early education onwards. Whānau Māori want the option of receiving care from Māori practitioners regardless of the health setting they are in.

We heard concerns regarding the attrition and retention rates of Māori in the health workforce. Some cited inequitable access to training and development opportunities, and culturally unsafe environments. Māori expressed the need for a range of interventions to rapidly build the capacity and capability of Māori in the workforce and ensure the environment enables Māori to live and thrive as Māori in their professional capacity.

Whānau Māori and those within the Māori health workforce identified racism as a routine experience. There were strong calls to take action and combat racism at every level of the health system.

*For the health system to be more culturally safe, we need more kaimahi Māori who are able to work in a Māori way, not just clinical.* – Ngā Wānanga Pae Ora 2023

*Our sector is tired, but optimistic that the grind we are experiencing now, will lay the strongest foundation of hauora for our tamariki mokopuna in the future, free of inequities, racism, bias and injustice.* – Ngā Wānanga Pae Ora 2023

*Mistrust is a huge barrier; we also don't have enough Māori practitioners as well. – Whānau voice  
2023*

## Why it matters

A representative and culturally safe health workforce is best placed to enable optimal health outcomes for all New Zealanders. A workforce that is reflective of its population is linked to improved patient experience and patient-centred care (Jetty et al 2022). We need more Māori in the health workforce, to keep pace with projected population growth and future health needs. All health entities have a responsibility to develop and maintain a Māori health workforce.

Over the past few decades, we have made significant efforts to increase the number of Māori in the health workforce. While the number of Māori participating in the health workforce has steadily increased, Māori remain under-represented across a range of professions in the health sector. There is a need to understand, plan for and invest in uplifting the absolute and comparative numbers of Māori professionals working in the health sector.

Evidence indicates a range of barriers and facilitators to Māori recruitment and retention across the health workforce pipeline (Ministry of Health 2008; Ratima et al. 2008). These can be categorised as upstream factors (for example, the broader determinants of health, educational outcomes and access to affordable tertiary education) and downstream factors (for example, institutional commitment to Māori development, culturally safe working environments and individual desires to serve and contribute to Māori health outcomes).

To build a competent, capable, skilled and experienced health workforce, we need an ecosystem of change and coordinated action. We need to balance specific investment to rapidly build the capacity and capability of the Māori workforce with a range of interventions that foster culturally safe environments that are conducive to Māori workforce wellbeing. Equally, it will be critical to ensure that the overall health workforce has the right skills and capabilities to deliver culturally safe and responsive health services.

## What the future will look like

- The Māori health workforce has increased in capacity and capability. All health disciplines (including health research) have experienced an uplift in the number of Māori studying, graduating and entering paid employment, and progress has been made towards achieving Māori population parity.
- Māori are learning and working in culturally safe environments that offer a diverse range of career pathways and equitable access to further professional training and cultural and te reo Māori development opportunities.
- The health workforce is culturally safe, representative of the community it serves and flexible to meet the needs of individuals and their whānau. The workforce delivers safe, effective and efficient care, and partners with Māori to achieve equitable health outcomes.

- Health entities collaborate with health organisations and the education sector to engage tamariki and rangatahi Māori in science and health career pathways. Together, these entities promote practical science and health learning experiences, support whānau to prepare academically in school and foster a culture of success through exposure to Māori role models and mentors.
- Robust, consistent data and insights about Māori in education, training and the workforce (including the non-regulated workforce) is routinely collected and shared, to strengthen system monitoring and responsiveness, so that planning and development is well informed.

## What it will mean for whānau Māori

Whānau will be able to see an appropriately qualified health professional in a culturally safe context when they need health advice, treatment or support, wherever they live or work.

Whānau will be treated with dignity and respect, and health professionals will acknowledge whānau and carers as experts in care.

## Links to other Pae Ora strategies

New Zealand Health	Valuing our workforce
Pacific Health	Workforce
Health of Disabled People	Build healthcare workforce capacity and capability to meet the needs of disabled people and their whānau
Women's Health	A health system that works for women
Rural Health	Growing and building the rural health workforce and expanding their capabilities to deliver the care needed by the community closer to home

## Priority 4: Enabling culturally safe, whānau-centred and preventative primary health care

*Ko te pae tawhiti, whāia kia tata. Ko te pae tata, whakamaua kia tina.*

Seek out the distant horizons so that they may become close, bringing that vision to realisation.

### Summary

- High-quality primary and community-based health services that are accessible, timely and clinically and culturally safe will contribute to more equitable health outcomes for Māori.
- Commissioning will be based on outcomes that matter to whānau now and in the future, and will enable innovation and flexibility to mobilise and support whānau in ways that work for them and support sector sustainability. This will accelerate the delivery of kaupapa Māori and whānau-centred services.
- The system will enable Māori health sector providers to foster innovation in locally led kaupapa Māori solutions, delivering more effective services for Māori communities.

### What we heard from Māori

Whānau Māori want services that are easily accessible, available when they need them, responsive to their needs and expectations, and acceptable from a te ao Māori perspective. This entails access to rongoā and tikanga-based services as a normal part of health and wellbeing, and culturally and clinically safe health services.

The health system needs to support Māori who can deliver local solutions to meet local needs. We must make long-term investment in Māori providers and practitioners to allow them to grow their skills and capacity to serve their communities.

Māori face significant barriers to accessing health services – especially those living with a disability and those living rurally, whose basic health needs are still not being met. Māori report that services are difficult to access and fail to meet their needs and expectations.

We can create positive change by commissioning health services for and with local communities. We need commissioning that is led by strong relationships with communities, shaped by what those communities need now and in the future, based on evidence and focused on results that matter to Māori.

*My experience [is that] you have to prioritise over bread and milk to get your medication. Tough it out for another week and then maybe you can get by. – Whānau voice 2023*

*Hapū, iwi and marae [are] increasingly playing a significant role, particularly through emergency responses. This should be our model going forward. – Ngā Wānanga Pae Ora 2023*

*It's not just about money. You can throw money at the problem, but if the system keeps putting up barriers, it won't change. – Ngā Wānanga Pae Ora 2023*

## Why it matters

Health services settings perform best if they engage well, understand Māori lived experience and have the resources and ability to act on what whānau and communities say they need. Engaging with and responding to the needs, strengths, aspirations and preferences of whānau and communities is a powerful mechanism for improving services and systems. Such engagement aims to improve the access, quality and relevance of services (Ministry of Health 2023e).

As the first point of contact for the health system for many, primary and community health care is a critical context in which to improve equity of access for Māori.<sup>12</sup> High-quality primary and community-based health services that are accessible, timely, and clinically and culturally safe will contribute to more equitable health outcomes for Māori. Technological and digital innovations hold significant potential. We need quality and safety standards, measures and procedures to better guide the system and workforce to plan for, deliver and mitigate variation in access and treatment, and assess the quality of services.

Delivery of culturally safe and responsive health services by Māori for Māori in their communities is integral to improving Māori health and honouring the Crown's obligations under Te Tiriti. We need to ensure that Māori providers are fairly treated and adequately resourced to be successful and work across sectors to meet the needs of whānau.

Māori community responses to COVID-19 have highlighted the ingenuity and adaptability of hauora Māori providers, and their effectiveness in assessing the diverse needs and strengths of individuals, whānau and communities alongside current services and support and then designing and investing in solutions that work for them (Ministry of Health 2023b). Evidence suggests that increasing outreach into Māori communities, taking a whānau-centred approach, focusing on Māori workforce capability and capacity and considering the local context and innovative service design and delivery makes the biggest difference.

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<sup>12</sup> The primary and community health care sector includes a broad range of services, including diagnosis and treatment, health education, counselling, disease prevention and screening. Many types of services and practitioners are involved, including Māori and Pacific providers; mātanga rongoā and rongoā service providers; general practitioners; pharmacists; midwives; allied health professionals; dentists and dental therapists; aged care and home care workers; nurse practitioners; community and practice nurses; district nurses; community mental health, addiction and harm reduction services; and public health nurses.

## What the future will look like

- Services are culturally safe and inclusive, framed by te ao Māori, enacted through tikanga Māori and encapsulated within mātauranga Māori. Mātauranga Māori and Māori solutions are valued, recognised and protected across all levels of the health system.
- The health system addresses the unmet health needs of Māori, with full consideration of their social, cultural, linguistic and geographic realities, providing access to quality services without discrimination. Services acknowledge and respond to the diverse realities of Māori by taking an intersectional approach.
- Whānau Māori have choices and can access a broad range of health service options (including traditional, complementary and western medicine services).
- The Māori health sector and Māori communities are adequately supported to deliver high-quality, integrated kaupapa Māori health services, including through access to powerful evidence, insights and data, and evaluations, as well as digital solutions, to transform and advance Māori health and wellbeing. Equitable commissioning within the Māori health sector fosters innovation and locally led kaupapa Māori solutions.

## What it will mean for whānau Māori

Whānau will experience services that are flexible, adapted to their diverse needs and aspirations, and consistently delivered to a high quality.

Whānau will have access to high-quality health promotion information and education to support them to foster health-promoting behaviours and lead healthy lives.

Whānau will be able to move from being passive recipients of care to active players and decision-makers who direct their health and wellbeing journeys.

## Links to other Pae Ora strategies

New Zealand Health	Redesigning care
Pacific Health	Access Prevention, promotion and management
Health of Disabled People	Ensure the health system is designed and accessible for disabled people and their whānau, and provides models of care that suit their needs
Women's Health	Improving care for issues specific to women Better outcomes for mothers and future generations Living well and ageing well
Rural Health	Shifting the balance towards more services being closer to home, through local provision, services coming to the community or telehealth Better support for when whānau do need to access care outside their community, so there is not a financial barrier Having connected approaches that work for rural communities to prevent health issues developing

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# Priority 5: Ensuring accountability for system performance for Māori health

*Hāpaitia te ara tika pūmau ai te rangatiratanga mo ngā uri whakatipu.*  
Foster the pathway of knowledge and growth for future generations.

## Summary

- Effective monitoring and accountability will ensure that health entities are meeting their obligations under Te Tiriti and are accountable for Māori health equity.
- Monitoring Māori health is an important focus at local, regional and national levels. Iwi-Māori partnership boards are a key bridging mechanism between Māori and the Crown for increasing the transparency of progress towards Māori health equity at local levels.
- The health system will provide access and support the capacity and capability of whānau, hapū, iwi and Māori communities to use insights, evidence and data to transform services and improve wellbeing.

## What we heard from Māori

In our engagement with Māori, monitoring system performance for Māori, holding the system to account for upholding Te Tiriti, addressing racism and discrimination and achieving equitable health outcomes for Māori were strong themes. Effective monitoring requires high-quality quantitative and qualitative insights that we share to support collective action. We need to work on sharing bright spots and positive examples, to encourage learning and development between and within communities.

We need to further develop the way the system is monitored, measure performance and communicate and act on the results of our monitoring. This further development should be based in mātauranga Māori and the voices of whānau, hapū, iwi and Māori communities.

*Whānau have their own measures of what good health is. Measuring success across government should be based on these. – Ngā Wānanga Pae Ora 2023*

*Māori and government agencies need to collect and share quality data to inform their decisions. – Ngā Wānanga Pae Ora 2023*

*Indigenise a feedback informed process, based in mātauranga Māori. – Ngā Wānanga Pae Ora 2023*

## Why it matters

We are more likely to collectively achieve Māori health aspirations if all decision-makers make it a priority to address health inequities that affect Māori and develop initiatives that work effectively

for Māori. Effective monitoring of all parts of the health system, from primary through to specialist services, will help us ensure that health entities are meeting their obligations under Te Tiriti and are accountable for Māori health equity. Monitoring for hauora Māori should ensure alignment of funding, policy and service delivery settings to respond to the needs and aspirations of whānau, and allow us to adapt delivery in real time.

The Pae Ora Act sets out significantly strengthened roles and responsibilities for those who monitor system performance – locally, regionally and nationally – for hauora Māori. Accountability arrangements ensure that health entities are responsive to locally developed change proposals, and that there are learning loops and transparent reporting between local and regional activities and national policy, operational and investment decisions.

Feedback loops between communities, localities, iwi-Māori partnership boards, Te Aka Whai Ora, Te Whatu Ora, other health and social entities and the government will support the health system to report directly to Māori on performance and adapt, course correct and continuously improve.

## What the future will look like

- There are clear performance and accountability expectations for meeting Tiriti obligations to Māori, and transparent, regular reporting of progress.
- Health entities are accountable for continuing to develop Māori-Crown relationships that enable iwi-Māori partnership boards and broader Māori-led decision making and monitoring of health services for Māori.
- We apply a systems approach to performance monitoring and funding, supporting the capacity and capability of whānau, hapū, iwi and Māori communities to use insights, and providing them with regular access to evidence and data (including mātauranga and kaupapa Māori health research) that supports iwi, the Māori health sector and iwi-Māori partnership boards to transform services and improve wellbeing.
- Measures of pae ora reflect what is most important to whānau and take into account mātauranga, practices and cultural expressions as determined by Māori. This provides the basis for measuring progress.

## What it will mean for whānau Māori

The voices of whānau will underpin the priorities the system is focused on achieving and assessment of how well it is performing.

Whānau and communities have easy access to data and information to enable planning, design and evaluation of services in their locality.

Tikanga-based engagement is embedded across the entire system, ensuring services are accessible, acceptable and accountable to Māori.

## Links to other Pae Ora strategies

New Zealand Health	A learning culture A resilient and sustainable system
Health of Disabled People	Increase the visibility of disabled people in health data, research and evidence

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# Implementation through learning and innovation

*Ensure relationships are built and actively maintained to steer the waka in the right direction, together, at the same pace. – Ngā Wānanga Pae Ora 2023*

This strategy will be implemented through ongoing learning and innovation, in alignment with the overarching accountability arrangements that set direction and priorities for health agencies. To achieve a high-performing health system that works for Māori, we will need to engage in ongoing learning, evaluation and adjustments that allow us to develop and sustain an ecosystem of change. This will build towards and reward positive, equitable improvements in health and wellbeing outcomes, while also reducing ineffective and inefficient approaches. Change needs to take place at all levels of the health system, and learning needs to happen across and within cultural, local, regional and national contexts. This includes greater incorporation of mātauranga Māori within these knowledge and learning systems.

By embracing and rewarding a learning system approach in the implementation of this strategy, the health system will be able to adapt and deliver positive change within a dynamic and uncertain world. Localities and iwi-Māori partnership boards will contribute to health decision-making, to reflect whānau, hapū, iwi and communities' needs and aspirations. This will enable us to build on what we know, learn from the wisdom of lived experience and respond to the needs and aspirations of Māori.

## A system based on whanaungatanga

We need to engage in active learning at both the community and the system level. That is, while we are working on the ground to understand and build evidence about what makes a difference to whānau – particularly those experiencing persistent disadvantage – we also need to be working at the system level to understand how we can use levers such as funding, legislation and relationships differently, to enable and spread more of what works. In doing so, we will benefit from drawing from kaupapa Māori insights, evidence and mātauranga, and elevating the voices of rangatahi, wāhine, tāngata whaikaha and whaiora Māori.

We will need a 2-way, real-time learning and accountability approach that enables meaningful opportunities for those working in the health system to elevate what makes the biggest difference, to address barriers to progress and to prioritise understanding policy-to-practice and investment needs. To build, share and make use of practice-based evidence across the system, we will need to connect action and learning on the ground with policy and innovative commissioning processes.

We will also need to establish structures and practices that support agencies to meaningfully learn alongside each other and with communities. This will help to strengthen relational, partnership-based approaches and ways of working that enable reciprocal accountabilities.

It will be important that whānau, hapū, iwi and Māori communities have access to powerful insights, evidence and data, and the capability and capacity to use them.

We will prioritise building and creating learning from the bottom up, and resourcing initiatives that show the greatest potential to shift entrenched inequities and strengthen effective grass-roots interventions. For some people and some services, this will require changes to the way in which they consider and respond to health and wellbeing. This approach will shift the research, evaluation, commissioning, workforce learning and capability, technology requirements and leadership skills that we are looking for.

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# Next steps

The priorities in this strategy set the direction for the health system in its work to improve hauora Māori, to be delivered by 2025 through ongoing actions under Whakamaui and further planning and implementation by health entities. This will set strong foundations for further comprehensive, intergenerational strategic planning led by Māori, for Māori as part of the full review and refresh of He Korowai Oranga.

The ongoing implementation and monitoring of Whakamaui will provide valuable insights that will inform the full review and refresh of He Korowai Oranga in 2025. From here, a new 10-year vision for Māori health will be set, accompanied by a refreshed action plan.

We will define specific actions and make more specific decisions on investment as part of confirming the 3-year Government Policy Statement for Health. This will reflect the long-term direction of the health strategies and include more detailed actions for health entities to pursue in the short term that work towards the strategy aims. The Government Policy Statement is agreed by Ministers, and health entities must give effect to it. As the Government determines the 3-year Policy Statement for 2024–2027, and in subsequent Policy Statement cycles, the strategies will be turned into clear expectations and actions.

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# Appendices

[Appendix 1: Health sector principles](#)

[Appendix 2: Definition of pae ora](#)

[Appendix 3: Tiriti o Waitangi framework](#)

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# Appendix 1: Principles

## Alignment of Te Tiriti principles based on the *Hauora* report and the health sector principles in the Pae Ora Act

Principles of Te Tiriti o Waitangi based on the <i>Hauora</i> report	Corresponding health sector principles set out in the Pae Ora Act
<b>Tino rangatiratanga:</b> providing for Māori self-determination and mana motuhake in the design, delivery and monitoring of health and disability services.	<b>Section 7(1)(c):</b> the health sector should provide opportunities for Māori to exercise decision-making authority on matters of importance to Māori and for that purpose, have regard to both— <ul style="list-style-type: none"> <li>the strength or nature of Māori interests in a matter; and</li> <li>the interests of other health consumers and the Crown in the matter.</li> </ul>
<b>Equity:</b> being committed to achieving equitable health outcomes for Māori.	<b>Section 7(1)(a):</b> the health sector should be equitable, which includes ensuring Māori and other population groups— <ul style="list-style-type: none"> <li>have access to services in proportion to their health needs; and</li> <li>receive equitable levels of service; and</li> <li>achieve equitable health outcomes.</li> </ul>
<b>Active protection:</b> acting to the fullest extent practicable to achieve equitable health outcomes for Māori. This includes ensuring that the Crown, its agents and its Treaty partner under Te Tiriti are well informed on the extent and nature of both Māori health outcomes and efforts to achieve Māori health equity.	<b>Section 7(1)(e):</b> the health sector should protect and promote people's health and wellbeing, including by— <ul style="list-style-type: none"> <li>adopting population health approaches that prevent, reduce, or delay the onset of health needs; and</li> <li>undertaking promotional and preventative measures to protect and improve Māori health and wellbeing; and</li> <li>working to improve mental and physical health and diagnose and treat mental and physical health problems equitably; and</li> <li>collaborating with agencies and organisations to address the wider determinants of health; and</li> <li>undertaking promotional and preventative measures to address the wider determinants of health, including climate change, that adversely affect people's health.</li> </ul>
<b>Options:</b> providing for and properly resourcing kaupapa Māori health services. Furthermore, the Crown is obliged to ensure that all health services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.	<b>Section 7(1)(d):</b> the health sector should provide choice of quality services to Māori and other population groups, including by— <ul style="list-style-type: none"> <li>resourcing services to meet the needs and aspirations of iwi, hapū, and whānau, and Māori (for example, kaupapa Māori and whānau-centred services); and</li> <li>providing services that are culturally safe and culturally responsive to people's needs; and</li> <li>developing and maintaining a health workforce that is representative of the community it serves; and</li> <li>harnessing clinical leadership, innovation, technology, and lived experience to continuously improve services, access to services, and health outcomes; and</li> <li>providing services that are tailored to a person's mental and physical needs and their circumstances and preferences; and</li> <li>providing services that reflect mātauranga Māori.</li> </ul>

<b>Principles of Te Tiriti o Waitangi based on the <i>Hauora</i> report</b>	<b>Corresponding health sector principles set out in the Pae Ora Act</b>
<b>Partnership:</b> working in partnership with Māori in the governance, design, delivery and monitoring of health and disability services – Māori must be co-designers, with the Crown, of the primary health system for Māori.	<b>Section 7(1)(b):</b> the health sector should engage with Māori, other population groups, and other people to develop and deliver services and programmes that reflect their needs and aspirations, for example, by engaging with Māori to develop, deliver, and monitor services and programmes designed to improve hauora Māori outcomes

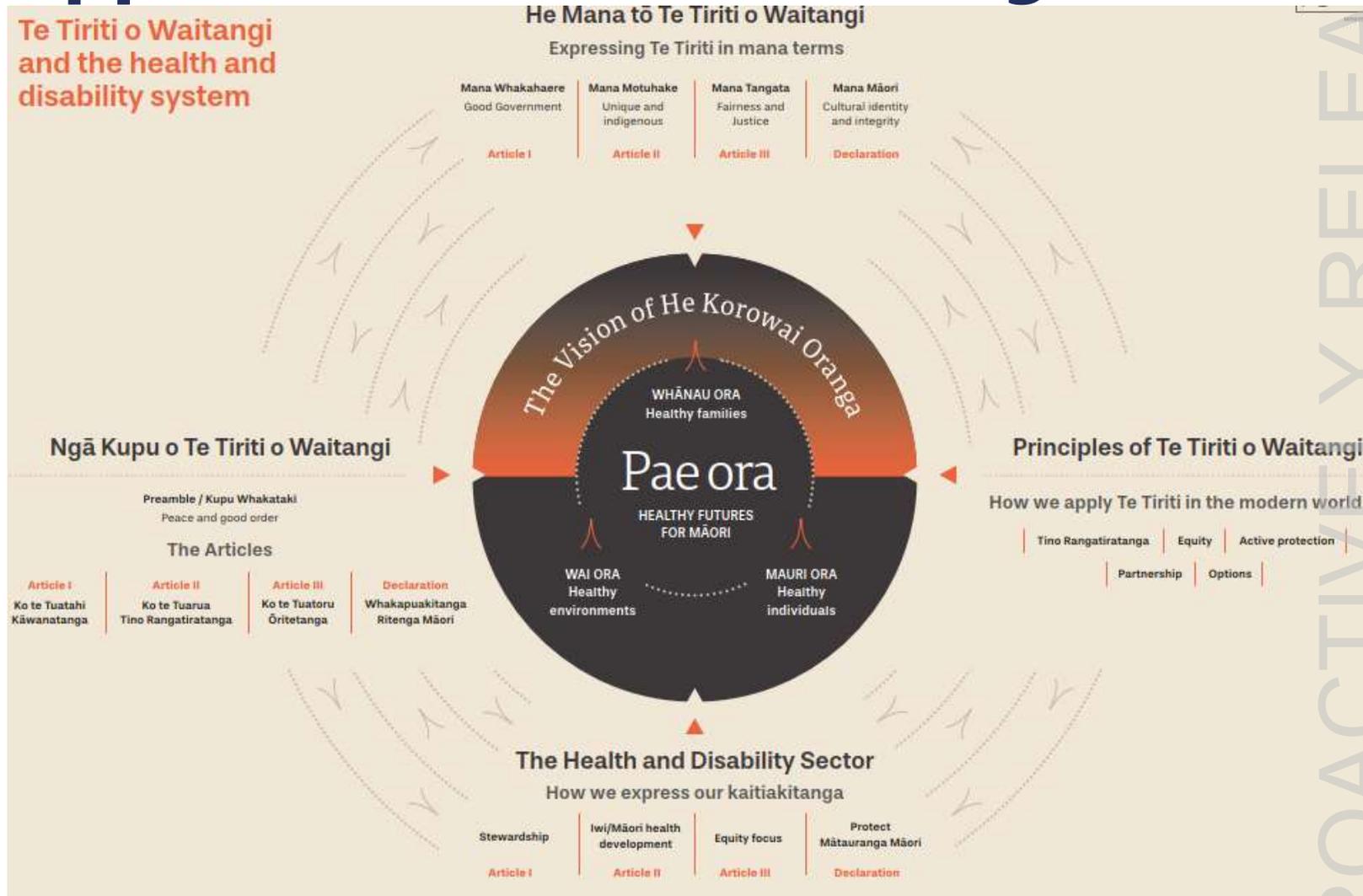
# Appendix 2: Definition of pae ora

Pae ora is a holistic concept that includes 3 interconnected elements: whānau ora, mauri ora and wai ora. Pae ora envisages a platform on which Māori can live with good health and wellbeing in an environment that supports Māori to flourish and thrive.

The concept encourages everyone in the health and disability system, as contributors to Māori wellbeing, to work collaboratively, to think beyond narrow definitions of health and to provide high-quality and effective health services. Pae ora affirms holistic Māori approaches – strongly supporting Māori-led solutions and Māori models of health and wellness. Pae ora recognises the desire for Māori to have control over their future health and wellbeing.

Whānau ora	Whānau ora is a fundamental philosophy for creating strong, healthy and empowered whānau. A strong healthy and empowered whānau can make the most significant difference to intergenerational Māori health and wellbeing. Whānau empowerment will be shaped by access to quality information and advice, necessary resources, healthy living, a sense of agency and self-determination and a conviction that the future can be created, not simply endured.
Mauri ora	Mauri ora expresses an aspiration to shift the mauri (or life force) of a person from one that is languishing to one that is flourishing. A strong, flourishing mauri requires interventions, services and treatment that foster healthy lifestyles; increase knowledge and power; strengthen identity; encourage self-management; and restore dignity. Mauri ora has a spiritual dimension that recognises culture as a determinant of good health.
Wai ora	Wai ora acknowledges the importance of Māori connections to whenua as part of the environments in which we live and belong – and the significant impact this has on the health and wellbeing of individuals, whānau, hapū, iwi and Māori communities. An environment that is compatible with good health offers access to essential resources (good housing, safe drinking water, clean air and healthy food) and supports and sustains a strong, flourishing mauri and a healthy and empowered whānau.

# Appendix 3: Tiriti o Waitangi framework



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## Te Tiriti o Waitangi

The text of Te Tiriti, including the preamble and the three articles, along with the Ritenga Māori declaration, are the enduring foundation of our approach. Based on these foundations, we will strive to achieve the following four goals, each expressed in terms of mana:

- **Mana whakahaere**  
Effective and appropriate stewardship or kaitiakitanga over the health and disability system. This goes beyond the management of assets or resources.
- **Mana motuhake**  
Enabling the right for Māori to be Māori (Māori self-determination); to exercise their authority over their lives, and to live on Māori terms and according to Māori philosophies, values and practices including tikanga Māori.
- **Mana tangata**  
Achieving equity in health and disability outcomes for Māori across the life course and contributing to Māori wellness.
- **Mana Māori**  
Enabling Ritenga Māori (Māori customary rituals) which are framed by te ao Māori (the Māori world), enacted through tikanga Māori (Māori philosophy and customary practices) and encapsulated within mātauranga Māori (Māori knowledge).

The Treaty obligations are a foundation for achieving Māori health aspirations and equity for Māori and therefore delivering on He Korowai Oranga.

## Principles of Te Tiriti o Waitangi

The principles of Te Tiriti o Waitangi, as articulated by the Courts and the Waitangi Tribunal, provide the framework for how we will meet our obligations under Te Tiriti in our day-to-day work. The 2019 *Hauora* report recommends the following principles for the primary health care system. These principles are applicable to wider health and disability system. The principles that apply to our work are:

- **Tino rangatiratanga**  
The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services.
- **Equity**  
The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Māori.
- **Active protection**  
The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that it, its agents, and its Treaty partner are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity.
- **Options**  
The principle of options, which requires the Crown to provide for and properly resource kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.
- **Partnership**  
The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the primary health system for Māori.

### Equity lives within our Treaty framework

Equity is defined as 'In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.'

Equity is both inherent to Article 3 and an important Treaty principle.

## He Korowai Oranga

Meeting our obligations under Te Tiriti is necessary if we are to realise the overall aim of Pae Ora (healthy futures for Māori) under He Korowai Oranga (the Māori Health Strategy).

### Along with the high-level outcomes for the Māori Health Action Plan:

- Iwi, hapū, whānau and Māori communities can exercise their authority to improve their health and wellbeing.
- The health and disability system is fair and sustainable and delivers more equitable outcomes for Māori.
- The health and disability system addresses racism and discrimination in all its forms.
- The inclusion and protection of mātauranga Māori throughout the health and disability system.

