Briefing for information

Preventing and Managing Non-Communicable Disease Across the Health System

Date due to MO:	6 November 2025	**Action required by:**	N/A
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To:	Hon Simeon Brown, Minister of Health		
Copy to:	Hon Matt Doocey, Minister for Mental Health and Associate Minister of Health Hon Casey Costello, Associate Minister of Health		
Consulted:	Health New Zealand: ☒		
Proactive release:	This **title** is proposed by the Ministry of Health for proactive release: ☐		

Contact for telephone discussion

Name	Position	Telephone
Dr Andrew Old	Deputy Director-General, Public Health Agency	s 9(2)(a)
Ross Bell	Group Manager, Strategy, Monitoring and Engagement, Public Health Agency	

Minister's office to complete:

☐ Noted	☐ Seen
☐ Needs change	☐ Withdrawn
☐ See Minister's Notes	☐ Overtaken by events

Comment:

Briefing for information

Preventing and Managing Non-Communicable Disease Across the Health System

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To:	Hon Simeon Brown, Minister of Health		

Purpose of report

1. This briefing outlines how Government priorities for preventing and reducing the burden of non-communicable disease, as set out in the Government Policy Statement on Health, are being advanced across the health sector and Ministerial portfolios.

Summary

2. Non-communicable diseases (NCDs) account for 85% of health loss in New Zealand, significantly impacting families, the health system and the economy.
3. Progress on NCDs has been made through ministerial work programmes, action plans and national clinical networks. This includes actions which were prioritised as part of the 5x5 NCD Prevention Framework, which targets five major diseases and five modifiable risk factors.
4. However, challenges remain in coordinating, resourcing, and integrating efforts across the prevention continuum. Addressing these challenges requires a more cohesive approach that targets common risk factors and better aligns prevention initiatives with broader system priorities, such as those in primary care and early years services.
5. We are refreshing our approach to NCD prevention and management by strengthening governance and co-ordination, improving data and monitoring, and addressing gaps in delivery, particularly for respiratory disease and obesity. This system-wide approach will support more cohesive efforts to reduce the burden of NCDs and improve health system sustainability.
6. To support this, we are establishing a more formal leadership structure for NCDs, aligned with existing governance structures. This includes strengthened leadership for NCDs within individual agencies, as well as strengthened cross-agency leadership between Health New Zealand, the Ministry of Health and the Cancer Control Agency.
7. This briefing has been copied to Hon Casey Costello and Hon Matt Doocey to provide visibility of the 5x5 NCD Prevention Framework and where their respective associate health and mental health portfolio work programmes sit.

Recommendations

We recommend you:

a)	**Note** that Health New Zealand, the Ministry of Health and the Cancer Control Agency will progress a proposal for strengthened non-communicable disease leadership and governance through our respective leadership teams.	**Noted**

Dr Andrew Old
Deputy Director-General
Public Health Agency
Date: 6/11/2025

Hon Simeon Brown
Minister of Health
Date:

Preventing and Managing Non-Communicable Disease Across the Health System

Background

8. Non-communicable diseases (NCDs) account for around 85% of health loss in New Zealand, with leading causes including cardiovascular disease, diabetes, cancer, respiratory disease, and mental health disorders.

9. NCDs contribute to substantial economic and social costs, including lost productivity, increased demand on health and social services, and widening health inequities. Māori, Pacific peoples, people with disabilities, and people living in the most socioeconomically deprived communities experience higher rates of NCDs, earlier onset of illness, increased co-morbidities and worse health outcomes compared with the rest of the New Zealand population.

10. Reducing the burden of NCDs requires intervention across the entire prevention continuum, from supporting children and families to be healthy, to early detection and management of disease risk, to minimising complications and improving quality of life for those with established conditions (Figure 1).

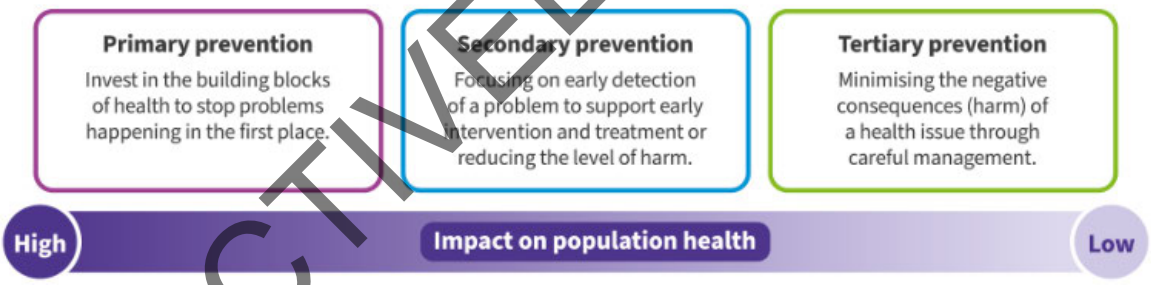

Figure 1: Prevention Continuum - Public Health Approach to Prevention, Public Health Scotland.

11. Prevention and early intervention are the most cost-effective strategies for reducing the burden of NCDs. Interventions targeting modifiable risk factors, such as smoking, poor nutrition, physical inactivity, and harmful alcohol use, can significantly reduce disease incidence and improve individual and population health outcomes.

12. Multi-pronged prevention strategies, which use a combination of regulatory and non-regulatory levers, deliver the greatest health gains and the highest return on investment. Early detection of NCDs is also crucial to enable timely access to effective management strategies. By identifying conditions in their initial stages, it is possible to slow disease progression and significantly reduce the risk of future complications.

13. The Government Policy Statement on Health 2024-2027 (GPS) calls for accelerated action to reduce the burden of NCDs. Preventing NCDs reduces acute events like heart attacks

and strokes, helping meet health targets for faster emergency and specialist care, while improving health outcomes. Early intervention and a focus on reducing modifiable risk factors, will lower future demand on services, supporting a more sustainable health system.

The initial 5x5 NCD Prevention Framework

14. The 5x5 NCD Prevention Framework was developed following a 'deep dive' session with officials on public health and prevention, during which the then Minister of Health, Hon Dr Shane Reti, requested advice on interventions targeting five modifiable risk factors as contributors to five major NCDs. This request was informed by Minister Reti's interest in a report by AIA Insurance and aligned with international framing used by the World Health Organization.

15. The Ministry of Health (the Ministry), Health New Zealand (Health NZ), and the Cancer Control Agency have been progressing this work through specific action plans and work programmes for each of the individual risk factors and NCDs.

16. These work programmes are at different stages of development and sit across different ministerial portfolios (see Table 1 and Appendix 1). The Ministry's Public Health Agency is coordinating these efforts through a cross-agency network.

Table 1: Ministerial portfolio alignment with the 5x5 NCD Prevention Framework

Ministerial Portfolio	**5x5 Focus Areas**
Hon Simeon Brown, Minister of Health	Cardiovascular disease, cancer, diabetes, respiratory disease
Hon Casey Costello, Associate Minister of Health	Smoking
Hon Matt Doocey, Minister of Mental Health	Adverse social and environmental risks (including wellbeing and addictions)
	Mental health conditions
	Alcohol harm reduction, including the Alcohol Levy
Hon Matt Doocey, Associate Minister of Health	Nutrition, physical activity, fetal alcohol spectrum disorder

17. While the framework has provided a foundation for strengthening NCD prevention and management, implementation challenges have emerged:

    a. having ten separate action plans or work programmes led by different teams and agencies has missed opportunities to take a more integrated approach to addressing common, cross-cutting challenges

    b. there is a lack of visibility of obesity (prevention and management) within the 5x5 framework, despite its significant contribution to various NCDs and overall health burden

c. the plans were initiated during a time of significant organisational change for Health NZ. This means several are still at the exploratory stage and have not been formally agreed, resourced or operationalised

d. some of this work has been superseded by the Health NZ reset and other structural changes. These have resulted in significant changes to clinical and operational structures and leadership, including regional devolution and the establishment of national clinical networks.

18. The action plans also focussed on new, topic-specific initiatives and did not reflect the substantial, ongoing work already embedded across the health system to prevent and manage NCDs. This includes long-standing efforts and continuous improvements in key enablers such as workforce development, clinical leadership, access to primary care, and digital infrastructure – core functions that underpin the system's enduring commitment to NCDs.

19. There is an opportunity to refresh this work by adopting a more integrated, system-wide approach to addressing NCDs, aligned with broader system priorities, and to ensure the most effective approaches are taken to deliver measurable impact. Effective coordination mechanisms, that includes strategic, clinical and operational expertise across the health system will be central to this.

Ongoing efforts to address NCDs

Focusing on risk factors

20. Plans to address the five modifiable risk factors are being progressed through ministerial work programmes led by Minister Costello (tobacco) and Minister Doocey (nutrition, physical activity, alcohol, and mental health and addictions). Appendix 1 provides an overview of key actions underway, including status updates, for each of these modifiable risk factors.

Targeting specific diseases

21. Disease-specific initiatives are being progressed through the following mechanisms (refer to Appendix 1 for more details).

a. National clinical networks (eg, cardiac, stroke, renal, diabetes, cancer, and mental health and addictions) have been established to promote consistent, high-quality clinical practice. Clinical networks have their own work programmes, and are collaborating on shared priorities eg, development of guidelines for the management of Cardiac, Kidney and Metabolic Disease.

b. The Cancer Action Plan is being refreshed for 2026-2029, a first draft was shared with you in October 2025 (H2025072956 refers).

c. The Diabetes Action Plan is being progressed by Health NZ and the diabetes clinical network, an update was provided to you in October 2025 (HNZ00100107 refers).

d. The Mental Health, Addictions and Suicide ministerial work programme is being progressed by the Ministry and Health NZ.

e. The Cardiovascular Disease work programmes being progressed by Health NZ.

Strengthening connections across NCD prevention and management

22. Alongside targeted initiatives, core health system functions already embedded in everyday practice continue to drive improvements in NCD prevention and management, across the continuum.

NCD initiatives within Primary and Community Care

23. Early intervention and management of NCDs predominantly occurs in primary and community care settings. The primary care work programme is strengthening this through:

a. **improved access for patients:** primary care health target, 24/7 online primary care services, 12-month prescriptions, reweighting of the capitation funding model including the addition of multimorbidity to the model
b. **comprehensive services that deliver more in the community:** strengthening multi-disciplinary teams and Enhanced Primary Community Care initiatives, with an initial focus on early detection of cancer
c. **continuity of care:** development of shared care records and strengthening whānau-centred models of care
d. **growing and strengthening the primary care workforce:** 2024 Workforce plan including strengthening kaiāwhina and primary care workforces, and introduction of a New Zealand Certificate in Long Term Conditions
e. **coordinated care to actively support delivery of the health targets:** establishing a Primary Care Outcomes Framework and developing broader measures around long-term condition management.

NCD initiatives within Early Years and Healthy Communities

24. A range of programmes help prevent NCDs by supporting healthy child development and addressing the wider determinants of health (such as education and housing). There is scope to expand the reach of these initiatives.

a. **Kahu Taurima – Maternity and Early Years programme**: supporting the development of effective, wrap-around services tailored to individual family needs. A focus on early years reduces early exposure to risk factors and promote the development of protective behaviours – laying a strong foundation for lifelong health and wellbeing.
b. **Healthy Families NZ:** a long-standing, community-based initiative established in 2014 under the previous National Government. It supports healthier environments in homes, schools, workplaces, and communities by working alongside local partners to strengthen existing systems and promote practical, sustainable changes that reduce the burden of NCDs.

c. **Healthy Homes Initiative**[1]: a national initiative to create warmer, drier, healthier homes for children and their whānau. This initiative has helped reduce hospitalisations and GP visits from housing related conditions eg, respiratory and cardiovascular conditions, and contributes to the prevention of rheumatic fever which can lead to rheumatic heart disease.
d. **Healthy Active Learning**: a collaboration between Sport NZ, Ministry of Education and Health NZ, supporting over 900 schools and early learning services to improve children's wellbeing through quality physical activity and healthy eating.
e. **Whānau-centred models of care:** Hauora Māori Services and the Pacific Health Team within Health NZ work with community providers to deliver holistic, whānau-centred wellbeing services. This includes a range of programmes and supports to prevent and reduce the burden of NCDs. Hauora Māori Services are informed by priorities from Iwi Māori Partnership Board community plans.

Enhancing NCD Prevention and Management

Improving Oversight and Coordination

25. While there is a large amount of work being delivered from prevention to management of NCDs, we have recognised the need to improve co-ordination across the Ministry and Health NZ. This will improve the visibility of NCDs as a priority work programme, and support more efficient and effective prioritisation of resources and delivery of initiatives to improve NCD prevention and management.

26. To support this, we will establish a more formal leadership structure for NCDs, aligned with existing governance structures. This will include an NCD community of practice within the Ministry and one within Health NZ to bring together the different teams working across the prevention continuum. An existing cross-agency group will also be formalised to strengthen leadership and coordination for NCD work across Health NZ, the Ministry and the Cancer Control Agency. A similar model has been working well to support co-ordination of the social investment work programme.

Improving Data and Monitoring

27. There is significant data collected across the system to measure the burden of NCDs and modifiable risk factors. However, this information is held by different parts of the system and is not collated in a cohesive way across the prevention continuum.

28. Between the Ministry and Health NZ, we will develop a single monitoring plan to track and evaluate progress on reducing the burden of NCDs. This will enable us to monitor the impact of our collective efforts, identify areas for improvement and understand health needs. This will be overseen by the coordination group and will align with the primary care, public health and Hauora Māori monitoring frameworks.

[1] **Led by Health NZ with funding from ACC and Kāinga Ora**

Identifying and Addressing Gaps

29. Not all major NCDs are currently supported by clinical networks. To address this gap, Health NZ will explore establishing a clinical advisory group or similar mechanism to provide leadership and oversight for respiratory disease and obesity.

30. Health NZ is also liaising with Asthma NZ and Thoracic Society NZ following your recent meeting with them, to establish timelines for their key pieces of work, such as an audit of respiratory services and the development of a white paper.

Conclusion

31. NCDs are the leading driver of health loss in New Zealand, with significant implications for health system demand and performance. While considerable work is underway across the health system, there is a clear opportunity to strengthen coordination, leadership, and strategic alignment across the different work programmes.

32. The establishment of a cross-agency leadership structure for NCDs will support the shift to a more integrated, system-wide approach and will help address gaps in delivery and system monitoring. Strengthened system coordination for NCDs will help ensure efforts across the prevention continuum are cohesive, impactful, and responsive to the needs of communities and priority populations.

Next steps

33. Health NZ and the Ministry will progress a proposal for strengthened NCDs leadership and governance through our respective Executive Leadership Teams.

34. We can provide additional information on any specific initiatives on request, and will provide quarterly update reports on the wider programme underway to improve prevention and management of NCDs.

ENDS.

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