Wai 2575 Hauora Claim
&
Health & Disability System Review

Te Wānanga O Te Mate Huangō
Te Papa, Wellington
5 November 2020
Introduction

- Wai 1315 and Wai 2575 Waitangi Tribunal Claims
- Health and Disability System Review
- Future of Māori
PHO’s were a real opportunity for community owned and driven health care.

2000’s - a deliberate disinvestment in Māori health.

Māori PHO’s and Providers were grossly under-resourced and underfunded.

The inequities between Māori and non-Māori health was high.

Inability of Māori to exercise tino rangatiratanga in the design and delivery of Primary Health Care.

14 Māori PHO’s but only 5 remain.

30 Māori Primary Health Providers
2005-2008

• 2005 - filed an urgent claim with the Waitangi Tribunal
• Directed to meet with MoH and work together on a solution
• 2008 - Claimants returned to the Waitangi Tribunal for an urgent hearing and were told again to return to talks with the MoH
• Talks resumed but achieved nothing
• The claim was put on the back burner
• New National Government – Went nowhere…
In 2007 Deloitte’s was commissioned to investigate the additional costs in serving Māori communities compared with other PHOs.

- They estimated the cost was $21.77 million annually
- Total underfunding stood at $349 million annually (p110)
• 5 original claimants from 2005:
  • **Timi Maipi** on behalf of Te Kupenga o Hoturoa PHO, Raukura Hauora o Tainui Kirikiriroa/Hamilton and Auckland
  • **Elaine Tapsell (Janice Kuka)** on behalf of Ngā Matapuna Oranga PHO, Tauranga
  • **Hakopa Paul** on behalf of Te Kupenga a Kaahu, Ngāti Pikiao, Rotorua
  • **Tureiti Moxon** on behalf of Toiora PHO and Te Kōhao Health - Kirikiriroa/Hamilton
2019 – 14 years later – Stage 1 of 3 Stages of the Hauora Claims was finally heard by the Waitangi Tribunal at Turangawaewae Marae, Ngaruawahia

- 16,000 pages of evidence
- 44 witnesses - specialists
“Māori experience a wide range of socio-economic inequities... that linked to colonisation and breaches of the Treaty compact”.

“...the colonisation of New Zealand and its ongoing impacts are as much a determinant of Māori health outcomes as any other, and continue to manifest as institutional racism”

“Inaction in the face of need”. (p152)
Inequalities in Health

- On average Māori have the poorest health status of any ethnic group in Aotearoa/NZ.
- Māori are more than twice as likely to die from preventable diseases.
- Māori are twice as likely to face discrimination in health.
- Māori are less likely to be referred for diagnostic tests.

Asthma
- Asthma mortality rates were highest for Māori and Pacific peoples, with rates 4.3 and 3.2 times higher than rates for those of other ethnicities.
- The highest admissions to hospital with asthma are Māori x3, Pacific x3.2 and x3 for people living in the most deprived areas. (Barnard & Zhang, 2018).
Inequalities in Health

Respiratory health inequalities
- Hospitalisation: 2.5 times higher for Pacific peoples and x2 as high for Māori
- 2.3 times higher for most deprived households than least deprived (Asthma & Respiratory Foundation)

- Cardiovascular disease mortality 21/2 times higher than non-Māori
- Stroke mortality x2 as high
- Heart failure almost x3 times higher
- All types of cancer were x2 as high
- Wahine Māori Lung Cancer mortality rate was 5 times higher
- For Māori men it was 3 times higher (p19-20)
The 3 ‘P’s’ (Partnership, Participation and Protection) are outdated and needed to be reformed

- The guarantee of tino rangatiratanga
- The Principle of partnership
- The principle of active protection
- The principle of equity
- The principle of options (p.163)
“The Crown’s failure to abide by its Treaty obligations and... that [of] its agents and the health sector as a whole... has contributed to the dire state of Māori health outcomes. It cannot continue to evade its obligations...the health inequities experienced by Māori compel an urgent, and thorough, intervention”. (p.163)

The Tribunal recommended that:
“the Crown acknowledge the overall failure of the legislative and policy framework of the NZ primary health care system to improve Māori health outcomes since the commencement of the NZPHDA 2000” (p xvi)
• Māori face discrimination in “mainstream” clinics

Māori PHO’s and Providers:
• Do important work - give Māori patients quality health care
• Are the best at what they do
• Face underfunding and prejudice
• Tino rangatiratanga and mana motuhake requires giving Māori communities back control of their own health care
Recommendations

- Amend Treaty and equity clauses in NZPHDA 2000
- Develop a draft terms of reference for a Māori Health Authority
- Agree upon a methodology for the underfunding

- Review and strengthen accountability mechanisms & monitoring
- Co-design Māori primary care research agenda
- Reinstate Māori health plans and treaty clauses in contracts
- Redesign partnership mechanisms at all levels
Māori have not been served well by the system
Māori face discrimination in “mainstream” clinics
Māori PHOs and Providers:
- do important work - give Māori patients quality primary health care
- are the best at what they do
   face underfunding and prejudice
• Recommended a Māori Health Authority that sat within a new entity - New Zealand Health
• Not a stand-alone body, controlled by Crown
• Policy and advisory on how to make health system less discriminatory
• No decision making powers
• No allocated funding to the MHA
• Establishment of Health NZ 50/50 Maori / Crown representation
• Implementation of Tiriti o Waitangi within Ministry of Health and DHB
• Improving the wellbeing of disabled people
• Workforce Development
• Digital and Data Development
• All DHB members appointed by the Minister of Health
Members of the Review Panel did not reach a consensus on Māori Commissioning

Committed to providing a transformational vision for the future

Practical expression of Te Tiriti o Waitangi

Universalist approaches have not worked for Māori
• Supported by the Māori Expert Advisory Group
• The role of the MHA include Commissioning
• Funding control was necessary
• Māori workforce development programmes
• Māori Provider development programmes
• Managing innovation funds to improve Māori health outcomes
• Supported the WT - Tino Rangatiratanga and Mana Motuhake
The Future of Māori

- Transformational Change (inequities, institutional, personal racism)
- Tino Rangatiratanga and Māori Mana Motuhake
- Partnership of equals under Te Tiriti o Waitangi (power sharing, resources, funding, decision-making)
- By Māori for Māori for everyone health care
- A stand alone Māori Health Authority fully funded and protected by legislation
- Kei a tatou ano te ara tika – the solutions to the issues Māori face lie with Māori
Mehemea ka moemoea ahau, ko au anake. Mehemea ka moemoea tatou, ka taea e tatou.

If I dream, I dream alone. If we dream together we will achieve.

Naa Princess Te Puea Herangi