



## Aotearoa New Zealand President

7 Paengawhāwhā 2020

Tēnā koe

### **He Tangata, He Tangata, He Tangata: Centre Equity and Te Tiriti o Waitangi in all COVID-19 Pandemic Planning, Strategy and Responses**

Aotearoa New Zealand's COVID-19 pandemic response must centre equity for Māori and must honour the principles of Te Tiriti o Waitangi. Without an equity-centred pandemic response, Māori will experience multiple negative outcomes from this event. This is not acceptable.

Pandemics have exerted enormous tolls on Indigenous peoples through history. The response to COVID-19 must encapsulate the importance of prioritising the preservation and survival of Māori and Indigenous peoples globally. Māori are a taonga; Māori need prioritisation in our response; and society must unite and act to ensure the survival of this taonga.

A pandemic response that supports, sustains and values Māori as tangata whenua and taonga of Aotearoa New Zealand will centralise partnership, active protection and equity. The RACP strongly supports the work of Te Rōpū Whakakaupapa Urutā, the National Māori Pandemic Group to call for a response centring equity in decision-making and planning; escalation of care decisions; resource rationing and allocation; and the importance of high-quality ethnicity data to inform immediate, medium and longer-term strategic planning and recovery.

*“We are still operating under the fallacy that one size fits all. A national programme, while necessary, will lead to exacerbate health inequities. While things are being done for the general population, they don't have an equity lens, which is essential from the beginning”.*

*Professor Papaarangi Reid*

The guiding principles and objectives structuring Aotearoa New Zealand's COVID-19 pandemic response must centre equity for Māori and embed the principles of Te Tiriti o Waitangi.

As the pandemic crisis deepens in Aotearoa and globally, many standard modes of health care service delivery are no longer fit for purpose. In this acutely urgent time, all aspects of health care service delivery are transforming; and services are being redefined and reoriented to accommodate a pandemic response.

Embedding equity for Māori and the principles of Te Tiriti as a structuring framework for all COVID-19 decision-making is critical to ensuring that existing inequitable outcomes are not exacerbated; tangata whenua are actively protected; and the injustices wrought by previous pandemics in Aotearoa New Zealand are not repeated.

## Partnership in decision-making

Māori must be present and participating in decisions at the beginning when the door is opened, not invited in after it has closed. Decision-making is occurring in a rapidly evolving, complex environment and at local, regional and national levels. Decision-making must be transparent and inclusive; and use an equity and Te Tiriti-informed lens.

## Escalation of care must be through an equity lens

A widespread, sustained coronavirus outbreak will lead to overwhelming pressures on Medical Units to manage people who develop severe disease. In resource-limited environments, experience tells us that prioritisation and rationalisation algorithms and prognostication will influence clinical decision-making and resource allocation.

Due to multiple external and systemic factors, Māori experience poorer health outcomes than non-Māori and are overrepresented in chronic conditions which have been linked to increased severity of COVID-19: hypertension, heart disease, asthma, respiratory disease, chronic kidney disease, and compromised immunity<sup>1 2</sup>. Principles of equity and active protection must be embedded in tools for escalation of care to reduce the perpetuation of inequity and bias. If a tool cannot be enhanced in this way, it is not fit for purpose in Aotearoa New Zealand.

## Resource reductions and rationing will impact Māori health outcomes

Resources should be allocated in a way that is equitable, and sustainable. Resource allocation should best serve the interests of a community or population of patients, and align with best practice<sup>3</sup>.

The pandemic response to date in Aotearoa New Zealand has included the cancellation of all elective procedures: while freeing available medical and surgical teams and increasing hospital capacity, it compounds health inequity for Māori by layering a further barrier to accessing treatment. Services provided in the community, such as in-home rehabilitation and respite services for a range of chronic physical health conditions, mental health conditions and disability, are also being placed under significant restrictions and are less transferrable to telehealth or online consultation modes.

The extent to which Māori experience barriers to accessing health care, and unmet health need is well-documented<sup>4 5 6</sup>. It is critical to ensure that Māori are able to access timely diagnostics, treatment and management services, and that existing comorbidities and chronic conditions are

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<sup>1</sup> Ministry of Health. Tatau Kahukura: Māori health chart book. 3<sup>rd</sup> Ed. [Internet] Wellington: Ministry of Health; 2015. Available from <https://www.health.govt.nz/publication/tatau-kahukura-maori-health-chart-book-2015-3rd-edition>. Accessed 2 April 2020.

<sup>2</sup> Ministry of Health. WAI 2575 Māori health trends 1990-2015. [Internet] Wellington: Ministry of Health; 2019. Available from <https://www.health.govt.nz/publication/wai-2575-maori-health-trends-report>. Accessed 2 April 2020.

<sup>3</sup> Te Kaunihera Rata o Aotearoa Medical Council of New Zealand. Safe practice in an environment of resource limitation. September 2018. Available from <https://www.mcnz.org.nz/assets/standards/ca25302789/Safe-practice-in-an-environment-of-resource-limitation.pdf>. Accessed 2 April 2020.

<sup>4</sup> Waitangi Tribunal. Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry. Wellington: Waitangi Tribunal; 2019. Available from [https://forms.justice.govt.nz/search/Documents/WT/wt\\_DOC\\_152801817/Hauora%20W.pdf](https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_152801817/Hauora%20W.pdf). Accessed 2 April 2020.

<sup>5</sup> Ministry of Health. NZ Health Survey: Annual update of key results 2018/19. [Internet] Wellington: Ministry of Health; 2019. Available from <https://www.health.govt.nz/publication/annual-update-key-results-2018-19-new-zealand-health-survey>. Accessed 3 April 2020.

<sup>6</sup> He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction. [Internet] Wellington: Government Inquiry into Mental Health and Addiction; 2018. Available from <https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/>. Accessed 3 April 2020.

not exacerbated as an unintended consequence of resource rationing. Without an equity and Tiriti-informed lens, these decisions will affect Māori disproportionately.

### **High quality ethnicity data is needed**

Ethnicity data must be collected at point of testing for COVID-19. It must be of high quality and collected against nationally consistent criteria, to enable relevant and contextual interpretation. High quality data is essential to inform both the immediate response, and strategic directions to support whānau, hapū and iwi recover from the potentially profound health, social and economic impacts of the pandemic.

### **Manaaki Tangata: supporting the resilience and strength of whānau Māori**

The strengths and values of te ao Māori – whānaungatanga, manaakitanga, kotahitanga, wairuatanga – remain for whānau. These are evidence of an unwavering resilience in the face of adversity.

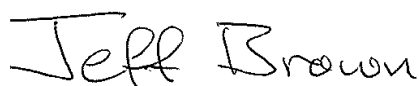
Through colonisation, whānau, hapū and iwi have experienced trauma and the erosion and suppression of mātauranga Māori through the imposition of Western systems and structures. The intergenerational impacts of the 1907 Tohunga Suppression Act, the 1918 Influenza Pandemic and the Great Depression of the 1930s on Māori reveal the potential devastation of an inequitable pandemic response where the default settings are determined through a Western lens.

The survival and resilience of our communities has been underpinned by whānau and hapū whakapono – acknowledgement and faith to the unknown, and unseen – te ture wairua.

Nā māua noa, nā



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