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**The Royal Australasian College of  
Physicians' submission to Manatū  
Hauora**

**Developing the Hauora Māori  
Strategy 2025**

**Whiringa-ā-nuku 2024**

## Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to provide advice to Manatū Hauora on developing the Hauora Māori Strategy.

The RACP represents over 32,000 medical specialists and trainees across 33 medical specialties and works to educate, innovate and advocate for excellence in health and medical care. The RACP trains the next generation of specialists, while playing a lead role in developing world best practice, evidence informed, models of care. We draw on the skills of our expert members, to develop policies that promote a healthier society. By working together, our members advance the interest of the medical profession, our patients and the broader community.

## Background and current situation

For over two decades, He Korowai Oranga Māori Health Strategy (2002 and 2014), Whakamaua: Māori Health Action Plan 2020-2025, and the interim Pae Tū: Hauora Māori Strategy have built up the health system's maturity to address the health needs of Māori. However, the landscape of strategic direction-setting and accountability documents for Māori health has become increasingly complex and difficult to navigate.

A refreshed Hauora Māori Strategy (the Strategy) is intended to provide a clear view of the government's vision for Māori health and the Māori health outcomes it is striving to achieve. This Strategy is intended to:

- simplify and consolidate the current outcomes and actions in existing documents into a single, more cohesive strategy that drives government effort over the next 10 years,
- replace the current interim Hauora Māori Strategy,
- be in line with Government Policy Statement (GPS), and
- be presented to Cabinet by December for release in early 2025<sup>1</sup>.

This submission is in response to Manatū Hauora's consultation **to test and refine proposals for the Strategy** before it is presented to Cabinet in December and launched in early 2025.

## RACP position

The RACP has historically strongly supported advocacy and actions to ensure the health system

- honours the principles of Te Tiriti o Waitangi in the way it is managed and operated, in line with the recommendations of WAI 2575 Health Services and Outcomes Inquiry and
- is anti-racist, pro-equity and enhances long-term health outcomes for whānau Māori<sup>2,3,4</sup>.

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<sup>1</sup> Te Kawanatanga o Aotearoa | New Zealand Government. Disestablishment of the Māori Health Authority – Next Steps on Māori Health [Internet]. Te Kawanatanga o Aotearoa | New Zealand Government, 12 August 2024. Accessed 1 October 2024. Available from [disestablishment of the mha next steps hauora maori bundle 120824 black box.pdf \(health.govt.nz\)](#) Accessed 1 October 2024

<sup>2</sup> Royal Australasian College of Physicians (RACP). Submission to the Ministry of Health – Discussion Document to inform He Korowai Ranga Māori Health Strategy and the Māori Health Action Plan [Internet]. RACP: 2019. Accessed 1 October 2024. Available from: [submission-to-the-ministry-of-health-discussion-document-to-inform-he-korowai-ranga-maori-health-strategy.pdf \(racp.edu.au\)](#)

<sup>3</sup> Royal Australasian College of Physicians (RACP). Submission to Health Committee on Pae Ora (Healthy Futures) Bill [Internet]. RACP: 2021. Accessed 1 October 2024. Available from: [racp-submission-on-the-pae-ora-healthy-futures-bill.pdf](#)

<sup>4</sup> Royal Australasian College of Physicians (RACP). Indigenous Strategic Framework 2018-2028 [Internet]. Sydney: RACP; 2018. Accessed 1 October 2024. Available from: [indigenous-strategic-framework.pdf \(racp.edu.au\)](#)

The RACP strongly supported the establishment of Te Aka Whai Ora | the Māori Health Authority to work in tandem with Te Whatu Ora | Health NZ to allow opportunities for co-governance and give effect to te Tiriti o Waitangi<sup>5</sup>. The RACP views the disestablishment of Te Aka Whai Ora as a grave risk to Māori health<sup>6</sup>.

It is critical the Hauora Māori Strategy ensures the reformed health system upholds Te Tiriti o Waitangi, improves equity and enhances long-term health outcomes for whānau Māori.

The Māori Health Committee of the RACP has responded to specific questions concerning the strategy as outlined below.

## Consultation Questions

*Question 8. Does the vision of Pae Ora (healthy futures) reflect your aspirations for Hauora? If no, why (or in what way) does the Pae Ora vision not reflect your aspirations for Hauora?*

The Pae Ora vision continues to reflect the aspirations of Hauora Māori. However, the RACP suggests changing the language from 'improved quality of life for Māori' to 'a health system that provides Māori with access to opportunities defined by Māori to fulfill their self-defined potential.' The RACP believes the focus should no longer be solely on 'improving quality of life for Māori,' as any improvement in the health system, whether big or small, is beneficial, but that should not be the ultimate goal. Instead, the focus should be on creating health system environments that increase Māori control over the determinants of health, achieve good health as Māori, and advance Māori progress.

*Question 9. Do you have any other thoughts on the proposed vision for the strategy?*

The RACP believes the proposed vision for the strategy should include strategic considerations for promoting health within Māori communities, enabling Māori to gain control over the determinants of their health, in line with obligations arising from te Tiriti.

Two primary models for Māori health promotion that can support the vision for the strategy are Te Pae Mahutonga (Durie 2000) and Kia Uruuru Mai a Hauora (Ratima 2001).

Six key interrelated Māori health promotion strategies drawn from Kia Uruuru Mai a Hauora can also guide this vision into a Hauora Māori strategy:

1. Supporting Māori community capacity building.
2. Reorienting health systems and services towards Māori cultural and health promotion criteria.
3. Supporting Māori self-determination.
4. Developing health and culturally affirming public policy.
5. Facilitating intra- and inter-societal measures to address determinants of health.
6. Ensuring adequate, efficient, and relevant resourcing of Māori health

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<sup>5</sup> Royal Australasian College of Physicians (RACP). General Position Election Statement 2023 [Internet]. RACP; 2023. Accessed 1 October 2024. Available from: [general-position-election-statement-2023.pdf \(racp.edu.au\)](https://www.racp.edu.au/general-position-election-statement-2023.pdf)

<sup>6</sup> Royal Australasian College of Physicians (RACP). Media statement: Treaty Principles Bill a grave concern for Māori health [Internet]. RACP; 2023. Accessed 16 October 2024. Available from: [Treaty Principles Bill a grave concern for Māori health- peak physicians body \(racp.edu.au\)](https://www.racp.edu.au/treaty-principles-bill-a-grave-concern-for-maori-health-peak-physicians-body)

The RACP notes that [Manatū Hauora states](#) that the strategy will “reinforce” the Government’s expectations set out in the Government Policy Statement (GPS) on Health 2024-2027<sup>7</sup>, a requirement at least every 3 years under the Pae Ora (Healthy Futures) Act 2022 (the Act). The GPS, published on 1 July 2024, sets the direction for the health system as a whole and incorporates the Government’s priorities for the next three years<sup>8</sup>.

The RACP is of the view that the statement indicating the strategy will reinforce expectations laid out in the GPS is problematic due to the messaging entailed in the recently published document around the role of the health sector. Reference to te Tiriti o Waitangi, the need to achieve equity and to prioritise eliminating racism and discrimination are not mentioned in the 2024 GPS. The GPS signals a move towards a narrower role for the health sector identifying five priority areas: access, timeliness, quality, workforce and infrastructure<sup>8</sup>.

The RACP observes this language is in sharp contrast to the previous government’s interim GPS, released in 2022, which was explicit about achieving equitable health outcomes and embedding te Tiriti across the health sector - these were the first and second priorities in the document. There was also explicit reference to ensuring “a zero-tolerance approach to racism and discrimination in all its forms”. Specific objectives to achieve these goals were also identified<sup>9,10</sup>.

The word “equity” appeared 32 times in the interim GPS, but in the recent GPS only once. “Tiriti” appeared 53 times in the interim GPS but the word “treaty” appears only once in the recent GPS and there is no reference at all to te Tiriti o Waitangi.

The RACP urges the government to ensure the strategy moves beyond the narrow confines for the health system signalled in the GPS and give greater prominence to Hauora Māori. RACP calls on the government to reignite the move towards a system that honours te Tiriti, honours a Te Ao Māori perspective and prioritises actions and investment to recognise the structural causes of poor and inequitable health - systemic racism and discrimination. The current disinterest in a pro-equity and anti-racist health system is a huge step backwards to a continued tolerance for a system that disenfranchises Māori.

*Question 10. Does the outcome ‘whānau, hapū, iwi and Māori communities have authority to improve their health and wellbeing outcomes’ reflect your aspirations for hauora (health)? (Yes/no)*

The RACP is cautious about this approach and would answer (no). Whānau, hapū, iwi, and hāpori already have the authority to enhance their health and wellbeing. This is not merely an aspiration for Māori. Māori have consistently asserted that their health outcomes are determined by their whānau, hapū, iwi, and communities, taking into account the diverse nature of Māori society.

Māori have consistently pursued health and wellbeing, as reflected in the work of our ancestors. Sir Maui Pomare recognised the connection between cultural beliefs, attitudes, lifestyle factors, and their impact on the daily practices and health status of Māori (Durie, 1998). Pōmare recognised that

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<sup>7</sup> Manatū Hauora | Ministry of Health (MoH). Developing the Hauora Māori Strategy 2025 [Internet]. MoH; 2025. [Developing the Hauora Māori Strategy 2025 - New Zealand Ministry of Health - Citizen Space](#)

<sup>8</sup> Manatū Hauora | Ministry of Health (MoH). Government Policy Statement 2024-27 [Internet]. Wellington: RACP; 2024. Accessed 1 October 2024. Available from: [Government Policy Statement on Health 2024–2027 | Ministry of Health NZ](#)

<sup>9</sup> Te Kawanatanga o Aotearoa | New Zealand Government. Interim Government Policy Statement on Health 2022-24 [Internet]. Te Kawanatanga o Aotearoa | New Zealand Government; 2022. Available from: [Interim Government Policy Statement on Health 2022–2024](#) Accessed on 1 October 2024.

<sup>10</sup> Baker, G. New GPS off track when it comes tackling inequity [Internet]. NZ Doctor, 1 August 2024. Available from: [New GPS off track when it comes to tackling inequity | New Zealand Doctor \(nzdoctor.co.nz\)](#) Accessed on 1 October 2024.

health is not merely something prescribed by a doctor, but rather something that should be led by the community, emphasising the importance of engaging with and empowering Māori communities (Ware, Reweti, Moriaty, 2018).

The issue lies in the lack of systems that support these aspirations, both in terms of resources and system design. Therefore, the focus should perhaps be reoriented towards the health system's responsibility, rather than Māori. The authority and the health system to deliver these outcomes have never been under Māori control.

The RACP suggests reframing the question to: **Does the outcome 'a health system which enables Māori to have control over the determinants of health and strengthen Māori identity, thereby improving their health and societal position' reflect your aspirations for hauora Māori? (Yes)**

*Question 11. Does the outcome 'a fair, safe, and sustainable health system delivering equitable health outcomes for Māori' reflect your aspirations for hauora (health)?*

The RACP is concerned about the absence of Te Tiriti, which is fundamental to the health system's obligation to ensure equitable health outcomes for Māori. The RACP recommends reframing the strategic outcome to align with the obligations of Schedule 1, Article 3 of the treaty relationship between the Crown and Māori, emphasising 'a te Tiriti-led health system that is fair and just in delivering equitable health outcomes for Māori'.

*Question 12. Does the outcome 'addressing the seven-year gap in life expectancy between Māori and non-Māori by focusing on 5 conditions: cancer, cardiovascular disease, diabetes, mental health, respiratory disease' reflect your aspirations for hauora (health)?*

The RACP supports efforts to address the premature mortality rates among Māori. The RACP do not endorse the comparison of Māori health outcomes with those of Pākehā (non-Māori), as this deficit perspective contributes to the stigmatisation and problematisation of Māori, who are often labelled as 'less than,' 'at-risk,' or 'vulnerable' (Houkamau, Tipene-Leach, and Clarke, 2016).

Systemic changes are needed in the health system, where Māori have control over their health determinants, which align with the aspirations for Hauora Māori. The five identified conditions result from an inequitable healthcare system that affects Māori in the treatment of these and other conditions.

While the RACP agrees that the five conditions remain relevant, this focus should not overshadow the inequities in other health areas where Māori experience high rates of disparity, including perinatal inequities. Suicide is the leading cause of maternal death in Aotearoa, with Māori mothers three times more likely to die by suicide than non-Māori, and SUDI (Sudden Unexpected Death in Infancy) rates are increasing.

The RACP believes the focus should be on the contributing factors that continue to create barriers for Māori seeking treatment across various health conditions.

It is unclear if the conditions mentioned include tamariki Māori or if interventions are delayed until adulthood, exacerbating the life expectancy gap. Tamariki Māori face significant inequities in conditions like rheumatic fever, bronchiectasis, and asthma.

Furthermore, this is too narrow in its focus as just on health, as the social determinants of health, including housing, legal (higher rates of incarceration for similar crimes) etc probably have a greater impact than the 5 targeted conditions.



*Question 14. Do you agree that ‘strengthen Māori leadership’ should remain as a priority? If no, why not?*

The RACP agrees that strengthening Māori leadership is crucial for the self-determination of Hauora Māori. Māori leadership and culture are intrinsically linked and should reflect a combination of skills and a range of influences.

Ta Mason Durie outlined the fundamentals of Ngā Manukua – Indigenous Leadership, describing leadership as multifaceted. When applied to Māori leadership, it encompasses iwi leadership, community leaders, sectoral leaders such as health professionals, elected representatives, and academic leaders, also noting that while iwi and community leaders may lack technical skills, they possess the mātauranga of their people and have the advantage of being able to communicate in a way that resonates.

Non-Māori health professionals have an important role to play but should not overshadow the existing leadership within communities, especially where Māori capacity has not kept pace with health demands and needs (Durie, 2004).

Māori leadership is a relational approach, which fosters essential alliances between groups that can offer diverse contributions to Hauora Māori.

*Question 15. Do you agree that ‘shift investment towards a stronger prevention approach’ should remain as a priority? If no, why not?*

Yes, the RACP agrees that a stronger prevention approach should remain a priority. However, it is unclear what “shift investment” would entail and which services might be affected. The RACP believes in enhancing prevention efforts rather than merely shifting investment.

To shift the focus from tertiary care to prevention and health promotion, health systems and services must reorient themselves. This reorientation should be in line with Māori preferences and meet cultural competence and cultural safety criteria that are responsive to Māori needs. Being Māori should not be a barrier to accessing health services. Achieving this requires policy alignment, collaboration among all health sector stakeholders, and a fundamental cultural shift within the health sector to embrace a holistic approach to health (Ratima, Durie, and Hond, 2015).

*Question 16. Do you agree that ‘enable a resilient and sustainable Māori health workforce and sector’ should remain as a priority? If no, why not?*

The RACP agrees that maintaining a sustainable Māori health workforce should remain a priority. However, the phrase “enabling a resilient Māori health workforce and sector” is inaccurate, as the Māori health workforce is already resilient. The survival of Māori despite the adversities of colonisation and its ongoing impacts highlights Māori innovation and resilience.

If the Māori health workforce is to remain a priority, the focus should be on how a Māori health workforce within mainstream organisations, often controlled by non-Māori, can support self-determination, ensuring that control of interventions rests with Māori.

*Question 17. Do you agree that 'monitor quality, safety and accountability for system performance' should remain as a priority? If no, why not?*

The RACP recommends reviewing the resources needed to support a Māori-led workforce, which will reduce the cultural and colonial burden on the Māori health workforce. The emphasis should be on creating a sustainable Māori health workforce with a clear action plan, including increased funding and positions at all levels of health, to ensure population parity.

*Question 19. What are the most important shifts that need to happen in the next 5 to 10 years to strengthen Māori leadership?*

To strengthen Māori leadership over the next 5 to 10 years, several important shifts need to occur:

- **Promote Culturally Derived Constructs of Wellbeing:** Māori leadership should go beyond mere representation. It should focus on promoting culturally derived constructs of wellbeing, as advocated by Māori leaders like Pōmare. This involves embracing Māori-led notions of cultural identity, empowerment, and collective wellbeing.
- **Increase Māori Leadership Positions:** There should be a significant increase in the number of Māori leadership positions across the health sector. These leaders should be placed within well-supported teams to ensure their effectiveness and sustainability.
- **Cultural Safety and Competency Training:** Non-Māori leadership positions must include comprehensive cultural safety training, cultural competency, and adherence to Te Tiriti obligations. This will ensure that the health sector is responsive to Māori needs and perspectives.

*Question 20. What are the most important shifts that need to happen in the next 5 to 10 years to shift investment towards a stronger prevention approach?*

- **Reorient Health Systems and Services:** Health systems and services must shift their focus from tertiary care to prevention and health promotion. This reorientation should align with Māori preferences and adhere to cultural competence and safety criteria that are responsive to Māori needs. Being Māori should not be a barrier to accessing health services.
- **Policy Alignment and Collaboration:** Achieving this shift requires aligning policies and fostering collaboration among all health sector stakeholders. This includes ensuring that all parties are working towards a common goal of improved health outcomes through prevention.
- **Cultural Shift in the Health Sector:** A fundamental cultural shift within the health sector is needed to embrace a holistic approach to health. This involves recognising and integrating Māori perspectives on health and wellbeing.
- **Investment in Social Determinants of Health:** There should be increased investment in addressing the wider social determinants of health, which play a crucial role in prevention and health promotion.
- **Integrated IT Systems:** Connecting IT systems between primary, secondary, and tertiary care is essential to ensure comprehensive and wrap-around care. This integration will facilitate better coordination and continuity of care.

- **Focus on Pregnancy and Early Years:** Specific attention should be given to pregnancy and the early years of life. Investing in maternal and child health is crucial for long-term health outcomes and can significantly reduce health disparities.

*Question 21. What are the most important shifts that need to happen in the next 5 to 10 years to enable a resilient, safe and sustainable Māori health workforce and sector?*

- **Support Self-Determination:** The focus should be on how a Māori health workforce within mainstream organisations, often controlled by non-Māori, can support self-determination. This means ensuring that control of interventions rests with Māori.
- **Resource Review:** The RACP recommends reviewing the resources needed to support a Māori-led workforce. This will help reduce the cultural burden on the Māori health workforce.
- **Sustainable Workforce Creation:** Emphasis should be placed on creating a sustainable Māori health workforce with a clear action plan. This includes increasing funding and positions at all levels of health to ensure population parity.
- **Set and Resource Targets:** Clearly defined targets should be set and adequately resourced to achieve population parity across all levels of health, from management and leadership to the clinical interface. This will require significant investment.

*Question 23. If the new Hauora Māori Strategy was successful, what would we see in 5 to 10 years at a local level, and at a national level?*

At a Local Level:

- An integrated health system across primary, secondary, and tertiary care, ensuring seamless continuity of care.
- Improved coordination and comprehensive, culturally safe care that respects and incorporates Māori values and preferences.
- Māori experiencing no barriers to accessing health services, with their cultural identity fully integrated into their care.

At a National Level:

- A cohesive and unified health system that effectively bridges gaps between different levels of care.
- National policies and frameworks that support and sustain culturally competent and safe healthcare practices.
- Māori health outcomes, reflecting the success of culturally tailored health initiatives and the elimination of disparities.

*Question 25. Do you have any final comments or feedback on the new Hauora Māori Strategy?*

Given that Māori are a youthful and growing population, it is crucial to specifically consider child and rangatahi health in the new Hauora Māori Strategy. Our population continues to experience significant inequities across various aspects of child and rangatahi health, including child protection, hospitalisations and deaths from respiratory illnesses, immunisation inequities, acute rheumatic fever, and morbidity and mortality at birth. Additionally, issues such as SUDI and maternal suicide remain pressing concerns.



As of June 2023, the estimated Māori population in New Zealand was 904,100, making up 17.3% of the national population. This demographic reality underscores the importance of addressing these health disparities to ensure better health outcomes for Māori children and rangatahi.

The Hauora Māori Strategy should include targeted interventions for child and rangatahi health as a priority to address these ongoing inequities. Additionally, it should focus on creating health system environments that empower Māori to control the determinants of their health, achieve well-being as Māori, and advance their overall progress.

The Hauora Māori Strategy must be inclusive of tangata whaikaha (disabled whānau Māori) and whānau hauā, with specific strategic aspirations to support their needs. It should recognise that when society and health services are not designed to support Māori and their whānau they are more likely to experience poor health outcomes and have fewer opportunities to thrive.

## Conclusion

The RACP thanks Manatū Hauora for the opportunity to provide feedback on this consultation. To discuss this submission further, please contact the RACP's Māori Health Committee at [HauoraMaori@racp.org.nz](mailto:HauoraMaori@racp.org.nz).

Nāku noa, nā



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