



20 Here-Turi-Kōkā 2021 | 20 August 2021

Reset for equity: First dose of COVID-19 vaccines for Māori and Pasifika

The current outbreak of the Covid-19 Delta variant necessitated a swift and urgent response. Aotearoa NZ returned to Level 4 restrictions at 11:59pm on 17 August 2021 to protect whānau and communities from the strain of a virus several times more virulent than the initial alpha strain.

Our vaccination programme must undergo an equivalent shift to protect those most at risk from severe complications and death from Covid-19.

The Royal Australasian College of Physicians (RACP) tautoko the call of Te Rōpū Whakakaupapa Urutā for Aotearoa NZ's vaccination strategy to immediately prioritise Māori and Pasifika for a first dose of the vaccine.

A first dose for Māori and Pasifika aged 12 and over will ensure broad coverage among the communities most at risk of serious harm.

First dose for active protection

Aotearoa NZ must continue to aim for a two-dose vaccine regimen for maximum protection. The vaccine remains effective at preventing hospitalisation, ICU admissions and death from the Delta variant¹.

There is good evidence that people will gain protection against Covid-19 infection, including the Delta variant, following a first dose of the vaccine.

Prioritising Māori and Pasifika communities for the first dose of vaccination will reduce the risks of Covid-19 devastating whānau.

Māori and Pasifika experience increased rates for risk factors associated with severe Covid-19 infection and complications including diabetes, stroke, chronic obstructive pulmonary disease and ischaemic heart disease^{2 3}.

¹ Bernal JN, Andrews N, Gower C, Gallagher E, Simmons R, et al. Effectiveness of Covid-19 Vaccines against the B.1.617.2 (Delta) Variant [Internet] *New Engl J Med* 2021; 385:585-94. Available from <https://www.nejm.org/doi/full/10.1056/NEJMoa2108891>. Accessed 20 August 2021.

² Ministry of Health. WAI 2575 Māori Health Trends Report. [Internet]. Wellington: Ministry of Health; 2019. Available from <https://www.health.govt.nz/publication/wai-2575-maori-health-trends-report>. Accessed 19 August 2021.

³ Robson B, Harris R (Eds.) *Hauora: Māori Standards of Health IV: A study of the years 2000 – 2005*. Wellington: Te Rōpū Rangahau Hauora a Eru Pōmare; 2007. Accessed 19 August 2021.

Not only are rates higher, people are more likely to live with these life-limiting chronic conditions from younger ages: 60 per cent of strokes experienced by Māori and Pasifika peoples will occur in ages 15-64 years, compared to 20 per cent in the same age group for NZ European and other ethnicities⁴.

Māori and Pasifika whānau are two-and-a-half to three times more at risk of hospitalisation for Covid-19 than Asian and NZ European whānau. Māori aged 44 years, and Pasifika aged 40 years, have the same risk of being hospitalised with complications from Covid-19 infection as a 60 year-old NZ European⁵.

Aotearoa NZ's vaccine strategy can express its commitment to Te Tiriti o Waitangi and actively protect tangata whenua and Pasifika by taking steps to optimise vaccination coverage in these more vulnerable communities. This includes education, enabling access and delivery models which are fit for purpose.

First dose for equity

Māori and Pasifika communities have younger age profiles, with median ages of 26.1 and 24 years respectively, compared to 41.4 years for NZ Europeans⁶⁷. Māori and Pasifika whānau are more likely to live in multigenerational households, and more likely to experience overcrowding, meaning viruses and infections spread quickly through whānau.

The rollout of the Covid-19 vaccination programme in Aotearoa NZ was predicated on the virus remaining at the border, in managed isolation and quarantine, and not in the community. Beyond the initial groups of border workers and health practitioners with the greatest risk of exposure to Covid-19, the vaccination rollout has been categorised and delivered according to age and comorbidity.

As a strategic principle, equity is present in policy only: to date, it has not tangibly guided practice.

The Ministry of Health's covid-19 vaccination rates vary according to ethnicity. At 11:59pm 17 August 2021, fewer than 90,000 Māori and 60,000 Pasifika had received two doses of the vaccine, compared to 651,532 of NZ European and 147,356 of Asian ethnicities⁸. For Māori, this is around 15 per cent of the eligible population.

⁴ NZ Institute for Economic Research and Stroke Foundation of New Zealand. The social and economic costs of stroke in New Zealand 2020. Wellington: The Stroke Foundation of New Zealand; 2020. Available from

⁵ Steyn N, Binny RN, Hannah K, Hendy S, James A, et al. Māori and Pacific people in New Zealand have a higher risk of hospitalisation for COVID-19. N Z Med J [Journal]. 134(1538):28-43. Available from <https://www.nzma.org.nz/journal-articles/maori-and-pacific-people-in-new-zealand-have-a-higher-risk-of-hospitalisation-for-covid-19-open-access>. Accessed 19 August 2021.

⁶ Stats NZ. 2018 Census: Ethnic group summaries: Māori. [Internet] Stats NZ: Wellington; not dated. Available from <https://www.stats.govt.nz/tools/2018-census-ethnic-group-summaries/m%C4%81ori>. Accessed 19 August 2021. NB: acknowledging that there are gaps in the 2018 Census data, especially for Māori and Pasifika communities due to access inequities.

⁷ Stats NZ. 2018 Census: Ethnic group summaries: NZ European. [Internet] Stats NZ: Wellington; not dated. Available from <https://www.stats.govt.nz/tools/2018-census-ethnic-group-summaries/european>. Accessed 19 August 2021.

⁸ Ministry of Health. Covid-19 vaccine dashboard. [Internet] Wellington: Ministry of Health; 2021. Available from <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-vaccine-data#ethnicity>. Current to 17 August 2021. Accessed 19 August 2021.

First dose for tino rangatiratanga

The “one size fits all” model is a fallacy that results in persistent gaps for Māori and Pasifika: gaps that continues to be tolerated, allowing inequitable outcomes to persist.

Now that the virus is in the community, the vaccine strategy must reset to account for the risk. This means sharing power with Māori and Pasifika health and community leaders and dismantling structural and systemic barriers that prevent whānau from getting vaccinated.

The solutions are found within the communities themselves. Too often policies and programmes are delivered in line with assumptions rather than community-led practice. Bring the vaccine to whānau, with trusted health and clinical leaders, in familiar contexts close to home.

Without lived commitment to partnership in decision-making and vaccination delivery strategies, rates among Māori and Pasifika communities will remain low.

The RACP strongly supports Māori and Pasifika clinical and community leadership determining the needs, protocols, education and resources necessary for a first dose strategy. This includes the collection of robust ethnicity data to ensure accurate and timely monitoring to support Māori and Pasifika communities.

First dose to manaaki tangata: supporting the resilience and strength of whānau

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 mata huna, te ture wairua⁹.

⁹ Royal Australasian College of Physicians. He Tangata, He Tangata, He Tangata: Centre Equity and Te Tiriti o Waitangi in all COVID-19 Pandemic Planning, Strategy and Responses. [Internet]. Sydney: Royal Australasian College of Physicians; 2020. Available from https://www.racp.edu.au/docs/default-source/advocacy-library/racp-position-statement-on-the-aotearoa-nz-covid-19-pandemic-response.pdf?sfvrsn=ece2eb1a_8. Accessed 19 August 2021.

Delta is recognised globally as a new foe in the Covid-19 pandemic. A reset vaccine strategy that actively protects, partners and places equity at the heart is the solution in Aotearoa NZ.