



## Introduction

1. My full name is name is John Norman Whaanga.
2. I am the Deputy Director-General for Maaori Health at the Ministry of Health (**Ministry**). I was appointed to this role in January 2019.
3. I lead Te Pou Hauora Maaori – the Maaori Health Directorate. Te Pou Hauora Maaori provides strategy and policy advice on te Tiriti and Maaori health, undertakes Maaori health monitoring and provides insight on Maaori health needs, and supports the work of the Hauora Maaori Advisory Committee (**HMAC**) established under the Pae Ora (Healthy Futures) Act 2022. It leads Maaori-Crown relationships across the health sector and facilitates Waitangi Tribunal processes as well as the health sector’s input into wider Maaori-Crown relations.

## Scope of evidence

4. This evidence is filed to replace earlier Crown evidence that is now out of date. It follows earlier evidence I provided to the Tribunal in February 2024.<sup>1</sup>
5. By way of background, I refer the Tribunal to earlier evidence from the previous Director-General of Health, Dr Diana Sarfati, which describes the structure of the health system following the health sector reforms in 2022 and explains the Ministry’s stewardship role, functions and structure.<sup>2</sup>
6. My evidence is based on my own personal knowledge.

## Evidence

### *Disestablishment of Te Aka Whai Ora*

7. Between November 2023 and February 2024, the Ministry provided advice to the Minister, detailing options to implement the Government’s intention to disestablish Te Aka Whai Ora.<sup>3</sup> This was included in a series of

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<sup>1</sup> Wai 2575, #M034.

<sup>2</sup> Wai 2575, #B039; Wai 2575, #L013; Wai 2575, #3.2.1010(a).

<sup>3</sup> See documents attached as JW-1, JW-2, JW-3, JW-4, JW-5 ... and “Briefing to the Incoming Minister of Health – Part A: Progressing your priorities and addressing key issues” (Wai 2575, #M49 at 11.) and “Briefing to the Incoming Minister of Health - Part B: The health portfolio: roles and responsibilities” (Wai 2575, #M48 at 1.)

briefings prepared by the Strategy, Policy and Legislation and Te Pou Hauora Maaori directorates.

8. The advice set out various options for structural change, as follows:
  - 8.1 reassigning the functions of the Maaori Health Authority to the Ministry and Health New Zealand; or
  - 8.2 setting up a new stand-alone organisation to undertake some of the functions of the Maaori Health Authority; or
  - 8.3 creating a branded business unit or department housed within the Ministry; or
  - 8.4 creating a branded business unit or subsidiary of Health New Zealand.
9. The advice noted that the removal of duplication of functions between the Maaori Health Authority, Health New Zealand and the Ministry, and potential cost savings from removing the need for separate governance and management, aligned with the Minister's longer-term objectives for reform. It also noted that consolidation of policy functions into one entity (the Ministry) and commissioning functions into another (Health New Zealand) could support improved exercise of functions across the health system.
10. The advice indicated the importance of retaining a focus on hauora Maaori outcomes after the disestablishment of the Maaori Health Authority, and enabling Maaori to have input into the health services they access and deliver.
11. Following consideration of this advice, the Minister took a paper to Cabinet.<sup>4</sup>

#### *Disestablishment – Cabinet Approval*

12. The Minister took a paper to Cabinet outlining proposals to:

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<sup>4</sup> "Disestablishment of the Māori Health Authority" (Wai 2575, #M35(a) at 7) See also the later Cabinet paper: "Pae Ora (Disestablishment of Maori Health Authority) Amendment Bill: Approval for Introduction" attached as JW-6.

- 12.1 disestablish the Maaori Health Authority, by 30 June 2024;
  - 12.2 where functions were assigned to the Maaori Health Authority, reassign those to other parts of the publicly funded health system, with:
    - 12.2.1 the Ministry continuing to provide strategy, policy and monitoring functions, and
    - 12.2.2 operational functions transferring to Health New Zealand;
  - 12.3 transfer Maaori Health Authority staff to the Ministry or Health New Zealand as appropriate;
  - 12.4 remove timelines for determining localities and locality plans, to allow time to reconsider how best to support community involvement in service design and delivery;
  - 12.5 make consequential changes to the operation of HMA and IMPBs; and
  - 12.6 carry out further policy work to design the new system, covering HMA and IMPBs as well as future monitoring and commissioning.
13. The Cabinet paper noted that Maaori health outcomes are persistently poorer and that Maaori health needs will continue to be a priority in the revised system. In addition, the paper refers to findings by this Tribunal in the Wai 2575 inquiry, and states that “it is still expected that partnership with Maaori will occur, and that health agencies will engage and work with Maaori in exercising functions nationally and locally”.

*Amending legislation disestablishes the Maaori Health Authority*

14. Parliament passed legislation amending the Pae Ora (Healthy Futures) Act 2022 with the effect that the Maaori Health Authority was to be disestablished. These provisions came into force on 30 June 2024 after the Bill making these changes was passed on 28 February 2024 and received assent on 5 March 2024.

15. The functions previously assigned to the Maaori Health Authority, including under section 19 of the Act, were reassigned to other parts of the health system.
- 15.1 Policy and strategy functions moved to the Ministry. These are functions inherent in the Ministry's departmental scope, so the specific statutory provisions previously required for the Maaori Health Authority to have such functions were repealed.
- 15.2 Monitoring functions also moved to the Ministry. Similarly, monitoring is already a Ministry function, so those specific provisions were repealed.
- 15.3 Planning and commissioning of health service functions were moved to Health New Zealand. These functions were largely the same for Health New Zealand and the Maaori Health Authority from the beginning, with the only change to Health New Zealand's statutory functions being the addition of reporting on the performance of the publicly funded health sector to Health New Zealand's public information function.<sup>5</sup>
- 15.4 Functions relating to support for and engagement with IMPBs were transferred to Health New Zealand,<sup>6</sup> as was the function of reporting to Maaori on health system performance for Maaori.<sup>7</sup> Recognition of IMPBs became the responsibility of the Director-General of Health.<sup>8</sup>
16. In addition to the reassignment of functions, Health New Zealand's board duties were amended to replicate the previous duty owed by the Maaori Health Authority board to ensure Health New Zealand had the capacity and capability to understand kaupapa Maaori services, and cultural safety and responsiveness of services.<sup>9</sup> I note that the board of Health New Zealand

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<sup>5</sup> Pae Ora (Healthy Futures) Act 2022, s 14(1)(p).

<sup>6</sup> Pae Ora (Healthy Futures) Act 2022, s 15.

<sup>7</sup> Pae Ora (Healthy Futures) Act 2022, s 16A.

<sup>8</sup> Pae Ora (Healthy Futures) Act 2022, s 31(4)-(7).

<sup>9</sup> Pae Ora (Healthy Futures) Act 2022, s 16(1)(d)(ii).

already had a duty to ensure Health New Zealand has the capacity and capability to understand te Tiriti, maatauranga Maaori, and Maaori perspectives of services.

*Implementation of the disestablishment*

17. Following the Cabinet decision to disestablish the Maaori Health Authority, the Ministers of Finance and Health approved the transfer of the Maaori Health Authority staff under the Health Sector (Transfers) Act 1993.<sup>10</sup> This involved:

17.1 ten strategy, policy and monitoring staff and three vacancies (13 positions in total) transferring to Te Pou Hauora Maaori directorate within the Ministry on 31 March 2024; and

17.2 270 operational staff transferring to Health New Zealand on 31 March 2024. The transferred staff became the Hauora Maaori Service division within Health New Zealand.

*Legislative requirements on health agencies for Maaori health*

18. In addition to the reassigned functions described above held previously by the Maaori Health Authority, existing obligations that were already in place under the Pae Ora (Healthy Futures) Act 2022 include the following relevant system settings:

18.1 Section 6 of the Act, which sets out how the legislation provides for the Crown's intentions to give effect to the principles of the Treaty of Waitangi. That section requires the Minister of Health, the Ministry and all health entities to be guided by the health sector principles to improve the health sector for Maaori and achieve hauora Maaori outcomes.

18.2 Section 7 of the Act, which defines health sector principles. The development of these was influenced by the principles of the Treaty of Waitangi as articulated by the Waitangi Tribunal in the *Hauora Report* issued after the first stage of the Wai 2575 Health

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<sup>10</sup> See document attached as JW-7.

Services and Outcomes Kaupapa Inquiry.

19. At present the Ministry has the following specific responsibilities to:
  - 19.1 ensure that Te Tiriti o Waitangi and Maaori health equity are embedded in the health sector;
  - 19.2 set the direction for health and the health system to achieve pae ora (including in relation to Māori health outcomes);
  - 19.3 support the Minister to prepare and determine the strategies for the health sector (including the Hauora Maaori Strategy);
  - 19.4 support the Minister in setting and approving health priorities (including Maaori health priorities) in the key accountability documents (e.g. GPS, NZHP);
  - 19.5 monitor system performance and entity performance, including in relation to hauora Maaori outcomes; and
  - 19.6 provide systems leadership across the public health sector.
20. These responsibilities and how they are reflected in legislation are also under review at the moment.
21. Information relating to Health New Zealand is set out in appendix one.
22. The current Minister is considering options to refocus the purpose, objectives, and functions of Health New Zealand and improve the efficiency of the health system which is urgently required. I am not authorised at this time to discuss the content of changes being considered.

**System level strategies and plans to improve hauora Maaori**

23. Under the Pae Ora legislation the Ministry has assisted the Minister to prepare and determine the Crown's strategies and plans for Maaori health. The Ministry has also advised the Minister to include expectations for Maaori health outcomes in strategic documents and to enhance the scope and functions of IMPBs and the HMAAC.
24. I next describe a number of settings as these exist at the moment, noting the Pae Ora legislation and these system settings are under review at this

time as indicated in paragraphs 20 and 22 above.

*System settings – Strategic Documents*

25. Key system settings are set out in the Government Policy Statement for Health (**GPS**)<sup>11</sup> and the New Zealand Health Plan (**Health Plan**).<sup>12</sup>

*Government Policy Statement for Health*

26. The purpose of the GPS is to set the Government’s priorities and objectives for the publicly funded health sector in New Zealand for the three years from 1 July 2024 to 30 June 2027. Health entities must give effect to the GPS, which sets parameters for the Health Plan.
27. The current GPS<sup>13</sup> was developed by the Government between November 2023 and June 2024. The Ministry led its development in consultation with the health agencies (including Te Aka Whai Ora), and other central Government agencies. Relevant to hauora Maaori, the Maaori Monitoring Group<sup>14</sup>, and the Hauora Maaori Advisory Committee were consulted on the GPS.
28. The GPS sets out a vision, priority areas for action, three-year objectives and expectations, and targets. The vision sets out the purpose of the GPS – to improve life expectancy and quality of life. To achieve the vision, the GPS identifies five priority areas, as follows:
- 28.1 *Access*: ensuring every person, regardless of where they live in New Zealand, has access to the health care and services they need.
- 28.2 *Timeliness*: ensuring New Zealanders can access the health care

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<sup>11</sup> Pae Ora (Healthy Futures) Act 2022, ss 34-40.

<sup>12</sup> Pae Ora (Healthy Futures) Act 2022, ss 50-53.

<sup>13</sup> Government Policy Statement on Health 2024-2027, attached as JW-24.

<sup>14</sup> The Terms of Reference for the group include the following: The Maaori Monitoring Group will enable Māori expertise and leaders representing different areas of the health system to provide independent, timely and practical insights and advice to the Deputy Director-General Māori Health and the Ministry. The advice from the MMG is not the sole source of this specialist Māori health advice. MMG will act as a monitoring mechanism for the Ministry as it progresses with the implementation of Whakamaua, develops an interim Hauora Māori Strategy and prioritises work to achieve an equity-centred, Tiriti-grounded health system.

and services they need in a timely and efficient way.

- 28.3 *Quality*: ensuring the health care and services delivered in New Zealand are safe, transparent, easy to navigate, and continuously improving.
- 28.4 *Workforce*: having a skilled and culturally capable workforce who are accessible, responsive, and supported to deliver safe and effective health care.
- 28.5 *Infrastructure*: ensuring the health system has the digital and physical infrastructure it needs to meet New Zealanders' needs now and into the future.
29. Within those priorities is a 5+5+5 targets framework. This involves:
- 29.1 *5 health outcome targets*: reduced waiting times for a first specialist assessment, surgery and the emergency department, faster cancer treatment and improved immunisation rates.
- 29.2 *5 modifiable behaviours*: related to smoking, alcohol, diet, exercise and social cohesion.
- 29.3 *5 pathologies*: cardiovascular disease, respiratory, cancer, diabetes and mental health.
30. In relation to Maaori, the GPS includes a commitment to implement Pae Tuu: Hauora Maaori Strategy,<sup>15</sup> and Whakamaua: Maaori Health Action Plan 2020–2025.<sup>16</sup> In addition, the GPS acknowledges that outcomes for Maaori are persistently poorer than for non-Maaori. For example, the GPS states that:
- 30.1 despite continual efforts to improve the quality of care, inequitable outcomes continue for maternal, infant and fetal deaths;
- 30.2 Maaori face more challenges than non-Maaori in timely access to

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<sup>15</sup> Pae Tuu is an interim strategy that was developed under the Pae Ora Act, ahead of a fuller review and refresh of He Korowai Oranga once the implementation of Whakamaua is completed in 2025. "Pae Tuu: Hauora Maaori Strategy 2023" (Wai 3307, #A2(b) at 113).

<sup>16</sup> Whakamaua Maaori Health Action Plan 2020-2025 is attached as JW-25.

care;

30.3 health services do not always meet the needs of Maaori and that discrimination within the health system contributes to inequities; and

30.4 Maaori remain chronically under-represented in the health workforce.

31. To tackle the issues set out above, the GPS sets out a series of three-year objectives, with specific objectives relevant to Maaori set out at Appendix 2 of the GPS.
32. In relation to monitoring outcomes, Appendix 2 of the GPS sets out the relevant measures. These measures will be disaggregated by demographic characteristics including age, ethnicity, gender, geographic location and rurality as appropriate, and as data sources allow.
33. Further measures to track performance are included in other documents such as the New Zealand Health Plan, Statements of Intent, and Statements of Performance Expectations. The Hauora Maaori Advisory Committee and Iwi-Māori Partnership Boards also monitor hauora Maaori outcomes, as set out in more detail below.

*The Health Plan and associated accountability documents*

34. Health entities must give effect to the GPS, which sets parameters for the New Zealand Health Plan, a three-year costed plan for the delivery of publicly funded health services by Health New Zealand. Section 51 of the Pae Ora (Healthy Futures) Act 2022 sets out what the New Zealand Health Plan must contain. This includes how engagement with Maaori will be carried out, how Maaori interests and aspirations will be protected, and how Maaori will be empowered to improve upon their own health.<sup>17</sup>
35. In 2022, an Interim Health Plan, known as Te Pae Tata, was released.<sup>18</sup> Associated documents, required as part of Health New Zealand's

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<sup>17</sup> Pae Ora (Healthy Futures) Act 2022, s 51(h).

<sup>18</sup> "Te Pae Tata: Interim Health Plan" (Wai 3307, #A2(b) at 2).

accountability framework, are the Statement of Intent and Statement of Performance Expectations.

*Developing the Vision and Priorities*

36. Together with the broader system settings as above, Cabinet endorsed a vision and plan for Maaori health on 26 June 2024.<sup>19</sup> The future of this vision and plan is presently under review by the Minister.
37. The Cabinet paper sets out an intention that, regardless of the structures put in place, the whole health system will maintain a strong focus on addressing unmet need and improving Maaori health outcomes. The paper sets out an approach to enable this:
- 37.1 reduce centralised bureaucracy;
  - 37.2 shift resources closer to homes and communities;
  - 37.3 enable local leadership and collaboration;
  - 37.4 power up the mainstream health system to cater for Maaori; and
  - 37.5 enable accountability – at local and national level.
38. The Cabinet paper outlined a staged approach to delivering the strategic refresh, in which IMPBs and HMAc play a key role. The current Minister is continuing this work to review the roles of IMPBs and HMAc.

*The refresh and consolidation of the Maaori Health Strategy*

39. The 2024 Cabinet paper references the landscape of direction-setting and accountability documents for Maaori health, including He Korowai Oranga: Maaori Health Strategy (2014),<sup>20</sup> Pae Tuu: Hauora Maaori Strategy, and Whakamaua: Maaori Health Action Plan 2020–2025. It noted that those documents are well supported by Maaori and the health sector, however, are complex and difficult to navigate, particularly when it comes to monitoring health outcomes.
40. Accordingly, the Government decided at that time to carry out a full review

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<sup>19</sup> “Vision and priorities to address Maaori health need” (Wai 2575, #M40 at 2.)

<sup>20</sup> He Korowai Oranga Maaori Health Strategy is attached as JW-26.

and refresh of the strategic direction for Maaori health. The aim of the refresh is to simplify and consolidate the broad range of current actions into a single and more cohesive strategy that drives Government action for the next ten years, in line with the GPS. The intention was that the Hauora Maaori Strategy required under the Pae Ora (Healthy Futures) Act 2022,<sup>21</sup> would replace Pae Tuu. Work on the strategy is now paused while other decisions are taken by the Minister and Cabinet.

#### *HMAC and the IMPBs*

41. The previous Minister indicated an intention to enhance the scope and functions of other key Maaori Health settings, particularly the roles of IMPBs and the HMAC.<sup>22</sup> The current Minister is continuing this work to review the roles of IMPBs and HMAC.

#### *Hauora Maaori Advisory Committee*

42. HMAC's role was altered in 2024 to a more outcomes-driven approach.
43. Following the amendment to the Act in 2024, the Minister makes direct appointments to HMAC after consulting the Minister for Maaori Development.<sup>23</sup>
44. The wider plan to improve hauora Maaori included the strengthening of HMAC's functions to focus on the wider system for Maaori health and providing direct advice to the Minister.<sup>24</sup>
45. In relation to its advisory role, the Minister has regular meetings with HMAC, and may request advice from the Committee on any issue. In addition, HMAC may also act on its own initiative and provide advice where the Committee sees it is necessary.<sup>25</sup>
46. The Ministry provides Secretariat support to the Hauora Maaori Advisory Committee.

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<sup>21</sup> Pae Ora (Healthy Futures) Act 2022, s 42.

<sup>22</sup> "Disestablishment of the Maaori Health Authority" (Wai 2575, #M35(a) at 7.)

<sup>23</sup> Pae Ora (Healthy Futures) Act 2022, s 89.

<sup>24</sup> Advice relating to changes to the terms of reference for HMAC is attached as JW-10, JW-11, JW-12. "Disestablishment of the Maaori Health Authority" (Wai 2575, #M35(a) at page 7 paragraphs 25-28.)

<sup>25</sup> Advice from HMAC is attached as JW-13, JW-14, JW-9.

47. HMAc’s involvement in setting priorities and monitoring outcomes is exemplified in its overarching population priorities, covering nine domains, as set out at Appendix Three. The population priorities were developed following a request from the Minister and are intended to focus effort on areas that significantly impact Maaori health.
48. HMAc has decided to use a phased approach to monitor how Maaori health outcomes progress in these domains and consider where there are opportunities for improvement in the health system.<sup>26</sup>

*Iwi-Maaori Partnership Boards*

49. In the June 2024 Cabinet paper, the previous Minister confirmed the intention for the role of IMPBs in the new system<sup>27</sup> and agreed that operational support functions for IMPBs be transferred to Health New Zealand.<sup>28</sup> These support functions included providing IMPBs with advice and support to enable them to carry out their functions. Further, with the disestablishment of the Maaori Health Authority, Health New Zealand is required to engage with IMPBs when determining priorities for kaupapa Maaori investment.<sup>29</sup>
50. To date, 15 IMPBs have been established and recognised by Order in Council and two more are in the development stage.<sup>30</sup>

*Broadening the remit of the IMPBs*

51. IMPBs are groups with a range of Maaori and community expertise. They are formally recognised by Order in Council, and represent local Maaori perspectives on:<sup>31</sup>
- 51.1 the needs and aspirations of Maaori in relation to hauora Maaori;
- 51.2 how the health sector is performing in relation to those needs and

<sup>26</sup> Monitoring reports for three of these priorities were published in January 2025 and are attached as JW-15, JW-16, JW-17.

<sup>27</sup> “Disestablishment of the Maaori Health Authority” (Wai 2575, #M35(a) at page 7 paragraphs 25-28.)

<sup>28</sup> “Disestablishment of the Maaori Health Authority” (Wai 2575, #M35(a) at page 7 paragraph 16.5.)

<sup>29</sup> Pae Ora (Healthy Futures) Act 2022, s 15(b).

<sup>30</sup> See advice attached as JW-18.

<sup>31</sup> Pae Ora (Healthy Futures) Act 2022, s 29.

aspirations; and

- 51.3 the design and delivery of services and public health interventions in their local area.
52. IMPBs' key functions presently include engagement with whaanau and hapuu about local health needs, evaluate the current state of Maaori health, identify priorities, and monitor local performance.<sup>32</sup>
53. In late 2023 the Ministry gave advice that a staged approach to involving IMPBs in commissioning services was required, in order to ensure success.<sup>33</sup>
54. The Ministry advised that, as a first stage, IMPBs should be able to:
- 54.1 assess local health needs, including engaging with whaanau and hapuu;
- 54.2 assess local health current state and monitoring performance; and
- 54.3 identify priorities for improving hauora Maaori in their rohe.
55. To date, all 15 current IMPBs have developed community health plans, for their specific areas of responsibility. These plans set out local needs and priorities and how results will be monitored.<sup>34</sup>
56. Further, IMPBs have been integrated into Health New Zealand's business planning, service design and monitoring processes from January 2025.

Signed:   
John Norman Whaanga

Date: 24 May 2025

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<sup>32</sup> Pae Ora (Healthy Futures) Act 2022, s 30.

<sup>33</sup> Advice attached as JW-4. Further advice provided on IMPBs includes the documents attached as JW-19, JW-20, JW-21, JW-22, JW-18, JW-23).

<sup>34</sup> Press release attached as JW-27. See also advice attached as JW-23.

## **Appendix One Hauora Maaori Service directorate of Health New Zealand**

### *Objectives and deliverables*

1. Key objectives for the Hauora Maaori Service directorate are to:
  - 1.1 lead change in the way the health system understands and responds to hauora Maaori needs.
  - 1.2 commission te ao Maaori solutions and other services for Maaori communities.
  - 1.3 advise and influence the commissioning of other Health New Zealand services used by Maaori.
  - 1.4 work to build a strong hauora Maaori workforce.
  - 1.5 support the growth in capability and capacity of hauora Maaori health care partners.
  - 1.6 ensure the needs and aspirations of Maaori are reflected in the priorities and plans of Health New Zealand, and in the way services are designed and delivered.
  
2. Key deliverables for the Hauora Maaori Service directorate are to:
  - 2.1 support IMPBs to influence priorities and services in regions and localities.
  - 2.2 commence implementation of He Rongoaa Te Reo.
  - 2.3 commissioning for outcomes.
  - 2.4 system transformation and integration: Ensure connectedness across the system for Hauora Maaori Programmes.
  - 2.5 investing in Priority Programme: Kahu Taurima | Oranga Hinengaro | Public Health Initiatives.
  - 2.6 strengthening the workforce.
  - 2.7 thought leadership: Fit-for-Purpose Service design for Maaori through formal partnership.

*Reporting to Ministers*

3. Reporting to the Minister on strategic and operational hauora Maaori priorities continues, as was previously received by the Minister from the Maaori Health Authority. Performance reporting continues to identify how planning, funding, commissioning and delivery of services which have transferred from the Maaori Health Authority to the Hauora Maaori Service directorate has transitioned, including how any risks are being managed.
4. Reporting to the Minister of Health, Associate Ministers of Health, Minister for Mental Health and the Minister for Disability Issues that was previously provided by the Maaori Health Authority are now received from the Ministry, Health New Zealand and Whaikaha.

## **Appendix Two – Summary of Government Policy Statement on Health 2024-27 three year objectives related to Maaori**

1. Ensuring that services are increasingly tailored to better respond to the needs of Maaori, and are well supported and resourced.<sup>35</sup>
2. Developing and expanding Maaori health providers and Maaori health service models, such as rongoaa Maaori.<sup>36</sup>
3. Expanding the choice of whaanau-centred and holistic maternity and early years' services.<sup>37</sup>
4. Working in partnership with local communities, including IMPBs, to ensure primary and community health care services (including oral health services) are tailored to better respond to people's needs.<sup>38</sup>
5. Providing effective services in places and at times that work best for Maaori and their whaanau, and ensuring Maaori providers are adequately resourced and supported to provide timely outreach to their communities.<sup>39</sup>
6. Improving Maaori voices within the system.<sup>40</sup>
7. Working in partnership with Maaori, Pacific peoples, disabled people, and other population groups with additional access barriers to design and deliver digital and infrastructure investments.<sup>41</sup>
8. Improving access to training pathways for key groups, including Maaori, Pacific peoples, disabled people and people living in rural communities.<sup>42</sup>

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<sup>35</sup> See JW-24 at 23.

<sup>36</sup> See JW-24 at 24.

<sup>37</sup> See JW-24 at 24.

<sup>38</sup> See JW-24 at 24.

<sup>39</sup> See JW-24 at 24.

<sup>40</sup> See JW-24 at 26.

<sup>41</sup> See JW-24 at 37.

<sup>42</sup> See JW-24 at 35.

**Appendix Three – Population priorities developed by the Hauora Maaori Advisory Committee<sup>43</sup>**

1. Maaori are protected from communicable diseases across the life course (e.g., immunisation rates at 2 years).
2. Maamaa and peepi receive consistent quality care during pregnancy and into the early years (e.g., enrolment with a primary care provider in the first trimester of pregnancy).
3. Early prevention of long-term illnesses for tamariki and rangatahi (e.g., ambulatory sensitive hospitalisations for respiratory disease in years 0-5).
4. Rangatahi experience stronger mental health and resilience (e.g., timely access to mental health and addiction services).
5. Rangatahi are engaging in healthy behaviours and are surrounded by protective social factors (e.g., smoking prevalence).
6. Identification and treatment pathways for cancer are faster, timely, comprehensive and effective (e.g., patients receiving cancer management within 31 days of decision to treat).
7. Pakeke are accessing primary and community health care early, with positive outcomes and experiences relating to diabetes and cardiovascular disease (e.g., people with diabetes regularly receiving any hypoglycaemic medication in the relevant year).
8. Kaumaatua are supported to live well through managing complex co-morbidities (e.g., rate of polypharmacy in over 65s).
9. IMPBs are well-supported to deliver on their roles and respond to hapori and whaanau wellbeing needs (e.g., resourcing and capability).

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<sup>43</sup> See JW-13 at 14 (Appendix Three).