



The future of Māori health is here – The 2022 Aotearoa New Zealand health reforms

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The formal launch of Te Aka Whai Ora, the new Māori Health Authority, on 1 July 2022 marks one of the most significant health system changes in Aotearoa's recent history. The new authority joins a suite of newly created central government institutions including Te Whatu Ora (Health NZ), and Whaikaha (Ministry of Disabled People). The Hauora Māori Ministerial Advisory Committee was also created to be positioned alongside a slimmed down Manatū Hauora (Ministry of Health) focused on stewardship and incorporating a re-established Public Health Agency. Replacing the community consultation elements of the country's disestablished District Health Boards will be new Iwi Māori Partnership Boards.

Significantly, Te Tiriti o Waitangi (Te Tiriti, the Māori text of the Treaty of Waitangi) forms the basis of the health reforms, framing both the problems to be addressed and the solutions. The Waitangi Tribunal,¹ reporting on the WAI 2575 Health Services and Outcomes inquiry findings, attributed the pervasive and persistently poor health outcomes of Māori to Crown breaches of Te Tiriti. Importantly, both the Tribunal (2019) and the Health and Disability system review² commissioned to inform the health reforms identified restoration of Te Tiriti/Treaty guarantees of rangatiratanga, Māori self-determination, as the way forward.

The resulting reforms are outlined in the Pae Ora (Healthy Futures) Act, which asks all the new institutions to 'give effect' to the health sector Treaty principles of partnership, equity of outcomes, and delivery by communities for communities.³ While the institution of these principles in legislation is novel, the import of the autonomous Māori health entity established, with both governing and commissioning powers, cannot be understated. At the launch of the reforms, this was noted as a heartening step towards the realisation of Te Tiriti partnership between Māori and the Crown, envisaged by past and present Māori leaders in a 'two-house' (i.e. Māori-led and Crown-led) form.^{4,5} The reforms also extend the confidences gained from Whānau Ora,⁶

recognising that Māori have the structures and organisational capability to provide service options and achieve equitable health outcomes for Māori, warranting a devolved authority.

To give effect to the principles of Te Tiriti/the Treaty, the new health system creates an array of institutions charged with meeting Māori and non-Māori health needs. Those institutions will need to discover how best to work together. Key to meeting the desire to see communities delivering their own services, will be the relationship between the Māori Health Authority and regional Iwi Māori Partnership Boards. There are questions about how well the Māori Health Authority will be able to, as a Crown agent (holding a proportion of health funding), work effectively with iwi and Māori communities, and respect their rangatiratanga (and vice versa). Also key to the system's ability to create equitable outcomes for Māori, will be the relationship between the Māori Health Authority and Te Whatu Ora. Both entities must agree on health provision plans across New Zealand, and the implementation and outcomes of those plans is monitored and reported on by the Māori Health Authority separately.

Political opponents claim that the manifestation of Te Tiriti in these reforms is 'separatist'.⁷ Their contentions here are not new or novel; instead, they re-articulate equality in the form of 'one size fits all' and elements of former National leader Don Brash's 2004 Orewa Speech (health framed as need over Te Tiriti-based rights). And yet, it is indisputable that a health system based on narrow ideas of liberal equality has not served Māori at all well; the Waitangi Tribunal¹ determined that despite investing \$220b over 20 years following the implementation of the Public Health and Disability Act 2000, Māori continue to experience the worst health outcomes of any ethnic group in Aotearoa.

Opinions are divided on whether structural reform of this magnitude was warranted, whether the same outcomes might have been achieved via incremental change, or whether the reforms will undermine previous gains.^{2,8} However, recent analysis suggests that the reforms are much less 'big bang' (large-scale, rapid pace) than some have proclaimed, with a phased implementation and the primary changes being to governance, leaving funding mechanisms untouched.⁹ This has prompted concern that the reforms could be

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undermined through enduring institutional arrangements.⁸ For instance, by Māori for Māori health providers established through the market-led reforms of the 1990s continue to be considerably constrained by the nature of funding contracts. These providers are disadvantaged by a biased contracting environment in which they are typically awarded shorter contracts, less money for the same outputs, and are subject to more frequent auditing.¹⁰ Providers themselves have called for the commissioning of services that use a high trust model of contracting, accompanied by organisational culture change. Such examples reinforce that significant changes to function as well as form must transpire if the reform's overall goals are to be realised.

Glossary

Aotearoa: Māori term used for New Zealand

hauora: health, vigour

iwi: extended kinship group, tribe, nation, people –often refers to a large group of people descended from a common ancestor and associated with a distinct territory.

Manatū Hauora: Ministry of Health

rangatiratanga: self-determination, self-management, sovereignty, chiefly autonomy/authority

Te Aka Whai Ora: the vine seeking health; name for the Māori Health Authority

Te Whatu Ora: the weaving of wellness; name for Health New Zealand

WAI 2575: a collection of over 200 claims made to the Waitangi Tribunal alleging Crown breaches of the Treaty of Waitangi in terms of health services and outcomes.

whaikaha: to have strength, ability, to be otherly abled, to be enabled; name for the Ministry of Disabled People

Whānau Ora: whānau (extended family) wellbeing; name for a government programme charged with commissioning and delivering whānau-centred services focused on building whānau capability, underpinned by a whānau-centred orientation/approach

Declaration of interests

Deborah Te Kawa was a governance advisor to the interim Māori Health Authority board and received remuneration for this work. The remaining authors have no conflicts of interest to declare.

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