Mr Chair,

We thank the members of the Expert Mechanism on the Rights of Indigenous Peoples for the Draft Study on ‘The right to health and indigenous peoples, with a focus on children and youth’. It is an important piece of work, and a well-drafted and substantive report which, along with the annexed advice for States, merits careful consideration. Since the draft study was only recently released, we are not yet able to respond in detail to the report.

We would, however, like to take this opportunity to outline a range of ways in which the New Zealand Government is working towards respecting, protecting, and fulfilling the right to health of Māori people in New Zealand.

Health equity in New Zealand has improved but we recognise that significant gaps remain in health outcomes for New Zealanders. The Ministry of Health (the Ministry) is charged with setting the direction for Māori health and guiding the sector as it works to increase access, achieve equity and improve outcomes for Māori.

He Korowai Oranga – the Māori Health Strategy, was refreshed in 2014 and sets the overarching framework to guide the Government and the health and disability sector to achieve the best health outcomes for Māori. The Equity framework has been developed as part of a suite of tools to support the implementation of He Korowai Oranga, with a specific focus on achieving equitable health care for Māori.

The New Zealand Public Health and Disability Act 2000 includes the objective for District Health Boards to work in partnership with iwi and Māori communities to improve Māori health. District Health Boards also have a legislative obligation to ‘reduce with a view to eliminating, health outcome disparities between various population groups’, and they are required to provide an annual Māori health plan.

The Whānau Ora Partnership Group has agreed to a set of indicators to achieve accelerated progress towards health equity for Māori and Pacific, and Whānau Ora in the next four years. The Ministry is focusing on progress in five key areas; mental health, asthma, oral health, obesity and tobacco. Activities for all five health indicators are selected on criteria that: support working in a whānau-centred way, reflect known health issues for Māori and Pacific families, and provide a mix of interventions and changes to baselines for priorities that can be achieved within four years.

The Ministry of Health has commenced work to revise the current New Zealand Suicide Prevention Strategy and develop a new Action Plan. It is anticipated that the continuing disproportionate high rates of suicide among Māori will continue to be a particular area of focus for the new Strategy and Action Plan. The Government has a suite of tools to specifically support Māori suicide prevention, such as Waka Hourua and the Rangatahi Suicide Prevention Fund.
As paragraph 72 of the draft study notes, high consumption of tobacco can be a problem for indigenous peoples. In New Zealand, despite a comprehensive tobacco control programme, smoking prevalence among Māori has not declined at the same rate as it has for Non-Māori. With a new ethnicity-weighted funding formula and better integration across the health system - the Ministry of Health expects to see a renewed focus on targeting Māori as a priority population. This includes further improvements in the effectiveness of current programmes and services in reducing Māori smoking.

The New Zealand Government has also undertaken measures to improve access to Rongoā Māori – Traditional Māori healing: The Ministry recognises the potential Rongoā Māori has to contribute to improving Māori health and wellbeing. The Ministry currently funds 19 providers around the country to deliver Rongoā services which include; mirimiri (massage), karakia (prayer) and whitiwhiti kōrero (cultural support).

Thank you Mr Chair