

*Me ao ki te ha o Hineahuone, pay heed to the dignity and essence of women*

Māori women are the heart and soul of their whānau.

1. It is again a great honour to be standing before you today as indigenous women, and as a health professional and leader and as a mana wahine (Māori women). Māori women are the heart and soul of their whānau, hapū and iwi in Aotearoa New Zealand.
2. The extremely significant and traditional role of Māori women have as protectors of te whare tangata (the house of humanity), protectors of the whenua (the land), as wahine toa (the warriors), as nurturers, as carers and organisers of whānau, hapū and iwi and future generations is often undermined, devalued or marginalised in legislation.
3. I stand before you, to draw to your attention, a New Zealand health system that does not listen to the voices of its indigenous Māori nurse's workforce.
4. The Government, under te Tiriti o Waitangi (the founding document of New Zealand) has a duty of care to ensure that Māori can freely choose or self determine (Tino Rangatiratanga) to adapt their cultural practices (tikanga) to ensure the health and wellbeing of whānau hapū and iwi.
5. Since the last forum, the Government continues to fails in addressing issues of pay parity for Māori and Iwi health provider workers, inequitable health services, or any investment in a health workforce that does not match the population it serves.
6. It is unacceptable that these issues are not addressed nationally. However retention and recruitment of Māori nurses, has been stagnant since the 1990s, and addressing it is vital for the future health and wellbeing of our whānau, hapū and iwi. Action is required, to develop a Māori nursing workforce strategy with further investment, resourcing and vision to achieve this goal.
7. Hence the reason I continue to raise these issues internationally.

## Māori nursing

8. In Aotearoa, nursing is a predominantly (93%) an aging female workforce. Despite the Māori population making up 15% of the New Zealand population, Māori nursing workforce remains, static at 7%, and unable to meet the needs of its communities.
9. Evidence, clearly<sup>1</sup> indicates that matching the demographics of the workforce to the population improves health outcomes and access to services. It is essential that access to culturally appropriate health services for all health consumers promotes better health outcomes for all who access the services.
10. Health Workforce New Zealand, the agency assigned with the nursing workforce planning and strategy on behalf of the New Zealand predicted that the percentage of the Māori nursing workforce needed to match the population by 2028 will requires an additional 10,209 Māori nurses.
11. Latest government statistics, indicate of a total of 1,404 nurse graduates applying to November 2016 ACE recruitment only 853 received jobs, of which 71 per cent (156) of the 223 Māori nursing graduates were employed.
12. However we have been ignored and excluded from having the discussion specifically about pay parity for those that work in Māori and Iwi provider services. This and the under representation of Māori in the health workforce is structural discrimination<sup>2</sup>. AN important aspect if we are to advance the pledge of the Sustainable Development Goals “that leaves no one behind” In fact it is discrimination by gender and ethnicity of indigenous women.
13. It is clear that urgent reprioritisation of this workforce needs to be higher on the New Zealand government’s agenda. Given Māori have one of the worst health inequalities, out of the six mandated areas of the UN permanent forum that government should report on (health, education, human rights, economic and social development, cultural and environment), health was not on the agenda.
14. It is essential that global health and wellbeing must include indigenous voices at the highest decision making level of health.

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<sup>1</sup> Russell, L., Smiler, K., Stace, H. (2013). *Improving Māori Health and Reducing inequalities between Māori and non Māori: has the primary health care strategy worked for Māori? An evaluation of the period 2003-2010*. Wellington: Health Research Council of New Zealand and Ministry of Health.

<sup>2</sup> Human Rights Commission. (2012) *A fair go for all? Rite tahi tātou katoa? Addressing Structural Discrimination in Public Services*. Wellington: Human Rights Commission.

**Intervention:**

- Action is required develop a Māori nursing workforce strategy with further investment, resourcing and vision to achieve this goal.
- It is essential that global health and wellbeing must include indigenous voices at the highest decision making level of health.
- We **acknowledge** that ILO 169 is an important document and support a resolution by this forum for ratification and monitoring.
- That the UN develop a independent monitoring body for the implementation of the declaration of the Indigenous Rights and ILO
- That the rights or indigenous people is acknowledge in the title of the forum and the change is made to reflect a strong commitment .