



## Cover note

### Proactive release and updated information on the actions taken in response to the Waitangi Tribunal's Haumarū COVID-19 Priority Report

<b>Date:</b>	10/08/2022	<b>Report No:</b>	DPMC-2021/22-2624
		<b>Security Level:</b>	IN-CONFIDENCE
		<b>Priority level:</b>	High

Minister	Action sought
Hon Dr Ayesha Verrall <b>Minister for COVID-19 Response</b>	<b>Note the contents of the cover note and briefing</b> <b>Agree to proactively release the cover note and attached briefing</b>
Hon Kelvin Davis <b>Minister for Māori Crown Relations: Te Arawhiti</b>	<b>Note the contents of the cover note, briefing, and intention to proactively release</b>
Hon Peeni Henare <b>Associate Minister of Health (Māori Health)</b>	<b>Note the contents of the cover note, briefing, and intention to proactively release</b>
Hon Willie Jackson <b>Minister for Māori Development</b>	<b>Note the contents of the cover note, briefing, and intention to proactively release</b>

Name	Position	Telephone
Alice Hume	Head of Strategy & Policy, DPMC COVID-19 Group	s9(2)(a)
Kay Baxter	Manager Strategy & Policy, DPMC COVID-19 Group	s9(2)(a)

Departments/agencies consulted on cover note and proactive release
Ministry of Health, Te Puni Kōkiri, Te Arawhiti: Office for Māori Crown Relations

#### Minister's Office

**Status:**

☐ Signed

☐ Withdrawn

**Comment for agency**

**Attachments:** Yes/No

## Cover note

# Proactive release and updated information on the actions taken in response to the Waitangi Tribunal's Haumarū COVID-19 Priority Report

To:

Hon Dr Ayesha Verrall, Minister for COVID-19 Response

CC:

Hon Kelvin Davis, Minister for Māori Crown Relations: Te Arawhiti

Hon Peeni Henare, Associate Minister of Health (Māori Health)

Hon Willie Jackson, Minister for Māori Development

Date	10/08/2022	Security Level	IN-CONFIDENCE
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## Purpose


1. This cover note recommends the proactive release of the attached briefing from the Department of the Prime Minister and Cabinet (DPMC) that outlined agency actions taken to address the Waitangi Tribunal's recommendations in the report *Haumarū: The COVID-19 Priority Report* (the Haumarū report).
2. This cover note also updates Ministers on the progress made since May 2022 toward addressing the findings and recommendations in the Haumarū report since provision of the DPMC briefing.

## Recommendations

We recommend you:

1. **Note** the attached briefing dated April 2022 outlined agency actions taken to address the Waitangi Tribunal's findings and recommendations in the report *Haumarū: The COVID-19 Priority Report*. Noted
2. **Note** the COVID-19 Response Minister agreed to proactively release the briefing on the Unite Against COVID-19 website. Noted
3. **Agree** to proactively release this cover note and attached briefing on the Unite Against COVID-19 website s9(2)(g)(i) on the Haumarū report and following engagement with claimants. Agree / Disagree
4. **Note** the contents of this cover note provides Ministers with an update on the progress made since May 2022 toward addressing the findings and recommendations of the Haumarū report. Noted

5. **Invite** the Minister for COVID-19 Response to consult Ministers and their offices on the timing for proactive release to commence with planning Ministerial engagement with claimants and stakeholders, facilitated by Te Arawhiti: Office for Māori Crown Relations.


<b>Alice Hume</b> <b>Head of Strategy and Policy</b> <b>COVID-19 Group, DPMC</b>
...12../08../2022

<b>Hon Dr Ayesha Verrall</b> <b>Minister for COVID-19 Response</b>
...../...../.....

## Background

1. In April 2022 Ministers (for COVID-19 Response, Māori Crown Relations, Associate Minister of Health) received a cross-agency briefing that outlined progress made toward addressing the findings and recommendations within *Haumarū: The COVID-19 Priority Report* (hereafter Haumarū report).
2. Since May 2022, agencies have continued with their actions to address the findings and recommendations as part of the Government's wider approach to continuous improvement of the pandemic response.

## Waitangi Tribunal recommendations

3. The Waitangi Tribunal held a priority hearing from 6 – 10 December 2021 into the government's COVID-19 response and made specific recommendations to the Crown to address the breaches of the Treaty of Waitangi. These included:
  - 3.1 Providing further funding, resourcing, data, and other support to Māori service providers and communities to support their pandemic response.
  - 3.2 Improving collection of and reporting on data relating to ethnicity of people with disabilities.
  - 3.3 Strengthening the monitoring of the pandemic response to ensure accountability to Māori.
  - 3.4 Ensuring the paediatric vaccine and booster vaccine rollout is equitable.
  - 3.5 Empowering Māori to coordinate the Māori pandemic response, including strengthening engagement between Māori and the Crown.



## Progress toward addressing the findings and recommendations in the Haumaru report

4. Many of the Haumaru report findings on the government's COVID-19 response relate to known disparities in outcomes for Māori, particularly health and social outcomes when compared to the wider population.
5. The recommendations of the Haumaru report are being addressed through short and long term initiatives or actions underway by agencies. The actions to date represent significant steps forward in strengthening the relationship between the Crown and Māori and addressing the disparities highlighted by the Haumaru report.
6. The Haumaru report provided a point-in-time illustration of the COVID-19 response work underway and the need for ongoing improvement of COVID-19 related health outcomes for Māori. Since the hearing and delivery of the Haumaru report, the vaccination coverage landscape for Māori has changed. Since the data provided in April 2022, vaccination uptake among Māori has increased slightly for both receipt of two doses and the first and second booster (for age groups 12+, and 18+ respectively). As at 10 August 2022, uptake of the second booster among eligible Māori is at 25 percent in comparison with 33 percent uptake by the total eligible population. In comparison to the total population, Māori vaccination rates remain lower overall.
7. Policy approaches also continue to evolve in the broader immunisation context with the winter package changes that widened the eligibility criteria for Māori and Pacific peoples to access the second booster, through lowering the age criteria to 50 years old.
8. Data on Māori cases and hospitalisations between the week of 18 and 24 July show that Māori made up about 10 percent of new cases, 11 percent of new hospitalisations, and 8 percent of deaths reported in the last seven days. However, looking at data on Māori cases and hospitalisations over the course of the pandemic, we see that Māori make up about 16 percent of total cases, 21 percent of total hospitalisations, and 12 percent of total deaths<sup>1</sup>.

### Updated information on progress since May 2022

9. The COVID-19 outbreak has changed significantly since May, particularly as we entered the winter period. Since late June in particular, case numbers, hospitalisations and deaths have increased substantially. Simultaneously, we are seeing winter illnesses emerge which has resulted in additional pressure on the health system.
10. The COVID-19 winter package aims to mitigate pressures on the health system and community, it includes:
  - a) Improved access to vaccination for COVID-19 and flu through widening free eligibility. The second booster for COVID-19 is now recommended for those at increased risk of severe illness from COVID-19 including Māori and Pacific peoples aged 50 years and over, and residents of aged care and disability care facilities. The flu vaccine is now free for 3 – 12 year olds.
  - b) Improved access to therapeutics through expanded eligibility for COVID-19 antiviral medicines for Māori and Pacific peoples. Improved access is through enabling Pharmacists to prescribe antivirals and enabling pre-approval via a GP for patients at risk of acute respiratory distress to improve timely use of therapy.
  - c) Significantly expanded access to free RATs, including removal of the requirement that you are symptomatic to request RATs, and allowing people to pick up medical masks

<sup>1</sup> Source: Ministry of Health COVID-19 Whānau Māori data summary week ending 24 July 2022

from testing sites. The availability of medical grade masks and face coverings in schools has increased to promote more mask use.

*Providing further funding, resourcing, data and other support to Māori service providers and communities to support their pandemic response*

11. The Tribunal highlighted that to support Māori health and Whānau Ora providers to be effective, they must be adequately resourced to carry out their job. The Tribunal recommended that further funding should be urgently provided to assist Māori service providers and communities.
12. By 3 June 2022, the Māori Communities COVID-19 Fund (MCCF) was fully committed with investments spread across 253 contracts, an estimated 60 percent of which were iwi or iwi associated, including marae. The MCCF distributed a total of \$130.23 million between October 2021 and 30 June 2022. Of this amount, funding was committed as follows:
  - a) \$70.58 million to support rapid vaccination activities.
  - b) \$39.23 million to build the resilience of vulnerable hāpori Māori.
  - c) \$20.42 million to assist hāpori Māori to manage the impact of COVID-19.
13. In February 2022, Ministers announced further funding of \$140 million as part of the *COVID-19 Response: Further Support for Māori and Pacific Community* package in response to Omicron supported by four funding pathways. As at July 2022:
  - a) Phase 1 of the MCCF delivered on 85 contracts which had a strong focus on driving Māori vaccination demand and increasing Māori vaccination rates. Initiatives included support for vaccination events and helping vaccination services become mobile with vans.
  - b) Phase 2 consisted of 46 contracts aimed at enabling Māori led planning for home isolation, supporting capability of iwi, hapū and Māori organisations, enabling communications and connections between iwi, hapū and whānau, support for hāpori Māori to operate under the COVID-19 Protection Framework, vaccination support, and meeting urgent community needs that fell between existing services.
  - c) Phase 3 consisted of 122 contracts and allowed for the continuation of many of the Phase 2 aims.
14. Additionally, following calls from Iwi for a 'By Māori, For Māori' marketing campaign to lift vaccination rates, Karawhiua was established. Its success has largely been due to:
  - a) Partnership with Iwi Communications Collective.
  - b) Ongoing support from iwi and hauora providers, who have been involved in inputting into the campaign strategy and delivering it at a regional level.
  - c) High levels of trust and buy-in among Māori for the Karawhiua brand.
  - d) \$1.5 million in advertising funding allocated from Ministry of Health's immunisation advertising order.
  - e) \$1.38 million provided by MCCF to support MCCF initiatives.
15. The Ministry of Health and Te Puni Kōkiri funded \$375,000 toward initiatives to support the New Zealand Māori Council (NZMC) to establish a network of support to whānau to prepare for isolation and access to vaccination through their regional district councils with Whanau Leader and coordinators.



16. As a result of \$375,000 toward the Ngā Karere initiative to deliver COVID-19 care in communities, the following deliverables were achieved:
- a) A total of 3,376 whānau households (11,194 individuals) were engaged as of 30 June 2022. All households contacted were given a simple diagram of the Traffic Light System with an explanation of how the system works.
  - b) Surveys of COVID-19 isolation planning at two vaccination events in Tāmaki Makaurau were conducted. Interviews were undertaken in 16 districts to discuss options and solutions to isolate and lists of local suppliers of COVID-19 response services in the district were left with every whānau interviewed.
  - c) Limited uptake of offer to transport whānau to and from the vaccination points, as most indicated they had their own transport.
  - d) Efforts to raise awareness of the range of support services available for isolation, including delivery of fresh food kai packs during isolation periods.
  - e) An IT platform was used for access to templates and communications resources and enabled online surveys of whānau participants.

*Recommendations 4 and 5: Strengthening the monitoring of the pandemic response to ensure accountability to Māori*

17. The Tribunal recommended that the Crown partner with Māori to determine what elements of the pandemic response should be monitored and how that monitoring should be reported.
18. In response to the Haumarū Report, Te Manatū Hauora (Ministry of Health) supported the NZMC with their secretariat role in relation to *Ngā Mana Whakahaere a COVID-19*. The funding enabled the NZMC to engage in meetings with the Crown (Ministers and officials from the Ministry of Health, Te Puni Kōkiri, Ministry of Social Development, and Te Arawhiti). With this funding, the NZMC also engaged with Māori community leaders, carried out a survey of 329 Māori nurses, collaborated with agencies to address misinformation and provided associated briefings and funding proposals to the MCCF.
19. The Ministry of Health's stewardship, policy and monitoring roles have been strengthened in the Health Reforms, and includes systems-wide monitoring for compliance with Te Tiriti o Waitangi and Māori health equity. The Māori Monitoring Group established by the Ministry of Health to provide insights, guidance and monitor the Ministry's Māori COVID-19 Response has evolved to take a systems view that is broader than the pandemic response.
20. The establishment of Te Aka Whai Ora Māori Health Authority and Te Whatu Ora Health New Zealand will further bed-in mechanisms to support accountability to Māori on monitoring health outcomes, including for the pandemic response. Monitoring discussions feature in regular meetings between senior Māori leadership of the Ministry of Health, Te Aka Whai Ora and Te Whatu Ora.
21. Te Puni Kōkiri has a statutory responsibility to monitor system performance in relation to Māori outcomes, including Māori health outcomes (Ministry of Māori Development Act 1991 s.5(1)(a)). The development of the system performance monitoring approach for health provides an opportunity to continue to define the landscape of the health sector and related sectors to deliver on their monitoring role as effectively as possible.
22. Te Puni Kōkiri's System Performance Monitoring team is currently designing an approach to help inform and understand system performance in relation to Māori outcomes, including health outcomes. It is focussed on measuring how a person moves through the public system over their life, and aims to include baseline measures and indicators that sit across and between the parts of the public system.

23. Te Puni Kōkiri will further develop the system-level monitoring approach that includes health, and establish working relationships with the Ministry of Health and the newly established health entities Te Aka Whai Ora and Te Whatu Ora to co-design what accountability in the new health system will be.

### Comments on draft release

24. Agencies were consulted on proactive release of the attached briefing and provided the updated information captured in the cover note: Ministry of Health, Te Puni Kōkiri, Te Arawhiti: Office for Māori Crown Relations.

Attachments:	Title	Security classification
Attachment A:	Briefing: Action in response to the Waitangi Tribunal's Haumarū COVID-19 Priority Report	IN-CONFIDENCE

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## **Attachment A**

### **Briefing: Action in response to the Waitangi Tribunal's Haumarū COVID-19 Priority Report**

Proactively Released