

Health Policy

Vision

Our whānau, hinengaro, tinana and wairua are upheld throughout our health journeys.

Values and Principles

All people in Aotearoa will live in a country with improved determinants of health, holistic preventive interventions and comprehensive health services that removes health disparities and promotes equity for the most marginalised groups – including women, Māori, Pasifika, Rainbow, disabled, fat, migrants, refugees and asylum seekers, and those living with chronic conditions, rare disorders and stigmatised diseases such as HIV.

To reflect our commitment to Te Tiriti o Waitangi, we have adopted the *Te Whare Tapa Whā* framework which explores conceptual and practical ways to address health and health equity through the values of Whānau, Hinengaro, Tinana and Wairua.

We have adapted Te Whare Tapa Whā to consider what health would look like for a child or young person in the context of their whānau. Therefore the policy is framed as:

- Whānau (family/connection): a safe pregnancy, setting a child up for life and whanaungatanga.
- Hinengaro (mental and emotional wellbeing): safe in our homes and communities, trusting knowing help is there, and being seen and finding hope.
- Tinana (physical health): a full belly, an easy confidence, and a caring workforce.
- Wairua (spiritual health): finding peace and meaning, living language and culture, and planning for end of life.

Strategic Priorities

Actions in this policy that will help achieve our strategic priorities on health include:

- 1.1 Reconfigure our health system towards recognising and acting on oppressive and intersecting biases (e.g. racism, sexism, ableism, fatphobia, ageism, queerphobia, transphobia) and the knowledge and skills required to work with affected communities, such as Deaf and disabled people.
- 2.2 Support the Mental Health and Wellbeing Commission to transform mental and emotional wellbeing care, monitor services, and lead a whole of government approach that holds it to account.
- 3.3 Increase the affordability of healthy foods and restrict the marketing, distribution and affordability of unhealthy and processed foods and beverages.
- 3.5-6 Provide universal, free and accessible diagnosis, treatment and management for all illnesses and injuries — including fully-funded public provision of dental care, general practitioner clinics, ambulance and emergency services, aged care, palliative

care, and mental health services.

- 3.7 Invest in and ensure timely and equitable access to the most up-to-date research, procedures, medicines, diagnostics, vaccines and other health technologies—including gender-affirming healthcare and rare disorder treatments.
- 3.14 Meet union demands for fair wages, pay parity, a reasonable workload and conditions that support the wellbeing of health workers.
- 4.2 Centre health, health equity and community empowerment in climate change research, planning and responses.

Connected Policies

Health Policy impacts many groups who have poorer health outcomes so the actions in this policy supplement other actions in our [Disability](#), [Kaupapa Māori](#), [Rainbow](#), [Women's](#), [Youth](#), [Children's](#) and [Accident Compensation](#) Policies. Health is affected by a range of social and political factors which are considered in other policies that include our [Transport](#), [Housing and Sustainable Communities](#), [Recreation and Sport](#), [Food](#), [Income Support](#), [Drug Law Reform](#), [Justice](#), [Gambling](#), and [Education](#) Policies. The economic and commercially shaped environments in which we live, work and play are also integral to our wellbeing and actions on these can be found in our [Economic](#), [Trade and Foreign Investment](#), [Digital](#), [Broadcasting](#), and [Workforce](#) Policies. Human health is also deeply affected by the health of the planet so we are reliant on our [Climate Change](#), [Environmental Protection](#), [Conservation](#), [Freshwater](#), [Land Use and Soils](#), [Mining](#), [Waste and Hazardous Substances](#) Policies.

Policy Positions

1. [Whānau - Intergenerational](#)

This Whānau (family/connection) section covers a safe pregnancy, setting a child up for life and whanaungatanga (building strong relationships).

A. A safe pregnancy

In our vision, every baby is a wanted baby – born into a whānau (family) who greets them with joy. Every child is conceived in love and, even if not planned, every pregnancy is a choice. All those who want to form a family are supported to do so. This includes cisgender women who give birth to most babies and others able to give birth, such as trans men and non-binary people. All mothers and birth parents are provided wraparound support through their pregnancy, while giving birth, and afterward. This includes good quality information, sufficient income, nutritious food, a safe birthing environment of their choice, and emotional, spiritual and physical wellbeing. All services are accessible in every community, home-based where possible, culturally safe, sensitive and responsive to the needs of diverse whānau.

Actions

- 1.1. Provide comprehensive sexual health and reproductive health services including contraception, abortion, assisted reproduction, and maternity, post-natal and surrogacy services.
- 1.2. Respect, protect and provide for the sexual and reproductive rights and self-determination of disabled people and Rainbow communities, including the

prevention of forced sterilisation and discrimination.

- 1.3. Provide programmes for family planning and effective parenting that meet specific cultural and language needs, including those of Māori, Pasifika, migrant communities, refugees and asylum seekers.
- 1.4. Increase paid parental leave to a total of 15 months and allow leave to be used concurrently by parents and guardians in the first three months.

B. Setting a child up for life

In our vision, children learn to enjoy being active and living well, know how to care for themselves and others, and realise when and how to ask for help. Their whānau are assured equitable and sufficient leave to enable strong attachments. They know their whakapapa/family tree, are aware of their relatedness to others and develop connections with security and confidence. They engage well with healthcare providers from an early age and accept that sickness and, at times, death is a part of life. They are attuned to culturally specific ways of coping and flourishing within those realities. The strong foundation they receive as children stays with them for life.

Actions

- 1.5. Provide early screening, identification, immunisation, prevention, and treatment for all childhood conditions that impact on long-term well-being and capacity.
- 1.6. Recognise and centre the roles played by parents and guardians in single-parent, blended and Rainbow multigenerational whānau.
- 1.7. Support recommendations from intersex advocates, including to prohibit all non-consensual and medically unnecessary surgeries or medical interventions on intersex children.

C. Whanaungatanga

In our vision, all lives begin within caring whānau and communities. Whanaungatanga means every baby can form relationships across generations. The members of each generation have a voice, our needs are met and we remain connected to communities we find meaningful – in particular taiohi and kaumātua (young people and elders). We act collectively for the benefit of each other and our shared values, and not individually on behalf of ourselves.

Inclusive and accessible health services are delivered in the community with a whānau-inclusive approach that ensures the rights, self-determination, safety and comfort of disabled people. Services are devolved to community-led organisations to design and deliver outside of the mainstream health system. Kaupapa Māori, Pasifika, Rainbow and disabled community organisations deliver to whānau, hapū, iwi and their own haponi (communities). We use terms that are not exclusively medical — for example, tangata whaiora (whaiora) or service user instead of patient.

Actions

- 1.8. Empower and resource the Te Aka Whaiora (Māori Health Authority) to work in an equal partnership together with the Ministry of Health and Te Whatu Ora (Health New Zealand) and to partner with whānau, hapū, iwi and haponi.
- 1.9. Provide Carer's Leave for employees caring for members of their whānau and adequately resource people caring for whāngai and children placed by Oranga

Tamariki.

- 1.10. Provide integrated services to support the wellbeing of kaumātua, including public housing designed for extended whānau, elder abuse prevention, and free enduring power of attorney services.
- 1.11. Reconfigure our health system towards recognising and acting on oppressive and intersecting biases (e.g. racism, sexism, ableism, fatphobia, ageism, queerphobia, transphobia) and the knowledge and skills required to work with affected communities, such as Deaf and disabled people.
- 1.12. Ensure that all health workers, and other carers that engage with specific population groups and communities, receive generous pay, support, respite, supervision and supported access to training.

2. Hinengaro - Peace of Mind

This Hinengaro (mental/psychological health) section covers being mentally and emotionally safe in our homes and communities, trusting help is there, and preventing addictions and suicide.

A. Safe in our homes and communities

Our mental and emotional well-being is intimately connected with our life course and circumstances. In our vision, we all have a warm, dry home, secure tenure, financial security, and tailored education that contributes to our hinengaro. We are free from violence in the home, wider family, or online which enables optimal brain development for babies and children, and peace of mind for everyone. We flourish because we are surrounded by whānau who are unified, particularly for our migrant, refugee and asylum seeking families.

A strong hinengaro helps us create a life worth living that includes meaningful work and relationships, balanced with time for personal expression. We move through life with confidence to try new things and the security of knowing who we are and where we belong. We are able to respond well to difficult internal experiences such as anxiety and depression. We are optimistic and have hope for the future.

Actions

- 2.1. Implement all remaining recommendations from *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addictions* while going beyond them to ensure integration of mental health services with social services and their availability in areas with higher levels of deprivation as well as to marginalised groups.¹
- 2.2. Support the Mental Health and Wellbeing Commission to transform mental and emotional wellbeing care, monitor services, and lead a whole of government approach that holds it to account.

B. Knowing help is there

In our vision, help is available when things start to get difficult and before we become seriously distressed, especially for children and young people. Even in times of emotional distress and feelings of failure, we can rely on others to look out for us – to be our safety net. We can see a

¹ He Ara Oranga. 2018. <https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/>

way forward where it is natural to ask for help and we know where to find it. We are well informed about treatment options including talking and creative therapies, medication, in-home care, respite care and residential programmes. Those of us who are disabled are provided with support workers, needed equipment and housing modifications. Our whānau and communities come together when resolution and healing extends beyond us as individuals. We have pathways to resolve issues that impact on our personal and whānau relationships.

Often the diversity we bring to the world as people who are neurodivergent, or have diverse genders, sexualities and sex characteristics, has been systemically pathologised and seen as a problem in itself. This discrimination can bring problems of self-acceptance which impacts on our hinengaro. In our vision, the world recognises and values community-led care, neurodivergent people and all members of our Rainbow whānau. We also grow up with confidence in our diverse body shapes, sizes and abilities without the pressure of unrealistic and distorted body standards.

Actions

- 2.3. Provide early interventions for children and young people with existing and developing mental and emotional challenges.
- 2.4. Provide whaiora with free and unlimited talking and creative therapies, Mental Health Units and other locally-based mental health services that are culturally appropriate including for Māori, Pasifika, migrant and refugee communities, and asylum seekers.
- 2.5. Provide Rainbow whaiora with safe mental health services and well-informed workers who respect their humanity.
- 2.6. Recognise the harm of institutionalised fatphobia, counter anti-fat bias within the health system, remove weight-related barriers to medical care, and resource fat-led research and activism.
- 2.7. Amplify the voice of whaiora and whānau through more and higher-quality independent and expert consumer advocates at all mental health service levels.

C. Being seen and finding hope

In our vision, the world is free from the harmful use of substances. We build up the resilience to withstand breaches of our tapu – assaults on our mental and emotional wellbeing from discrimination, stigma, abuse, negative advertising and social pressure. The whānau is protected and supported to prevent and mitigate the adverse health, social and economic consequences of addiction. Help is there for those of us who have developed addictions in reaction to some problems of living. We all have sources of hope when we are struggling and all our young people grow old.

Actions

- 2.8. Provide well-being focused advocacy, regulation and cessation support for addictive products, including tobacco, nicotine and alcohol, to remedy and prevent harmful commercial influence.
- 2.9. Fund innovative initiatives that effectively facilitate mental health promotion and suicide prevention or that indicate high recovery rates.
- 2.10. With modifications, as needed, in line with subsequent relevant findings and decisions of the Waitangi Tribunal, urgently action the National Suicide Strategy and

Implementation Plan to dramatically reduce the number of whaiora lost by suicide.

- 2.11. Eliminate therapy waiting lists by training and employing more therapists, including clinical, counselling and health psychologists, clinical and other social workers, counsellors, psychotherapists, specialist nurses and occupational therapists.
- 2.12. Incorporate holistic and collaborative psychiatric approaches, such as critical psychiatry, within medical school offerings in addition to biological psychiatry, with in-service training for other service providers.

3. Tinana – Bodily Integrity

This Tinana (physical health) section covers a full belly, easy confidence and a caring workforce.

A. A full belly

In our vision, every child grows up with nutritious, yummy and healthy food. They learn and thrive because our food and water environments enable this. We are all healthier because Papatūānuku is healthier. Our built environments are designed to suit our diverse needs including promoting physical activity. Our food is nutrient-dense and we are protected from harmful contaminants. We breathe clean air both indoors and outdoors. The healthier choice is easier and natural for us all without undue commercial influence.

We have sufficient income to afford healthy foods for our whānau and we can grow food in our own backyards, community gardens and māra kai. We have time to prepare, cook and eat kai together.

Actions

- 3.1. Advance food sovereignty with whānau, hapū, iwi and community control over and ownership of our food system.
- 3.2. Support beneficial fortification, such as folate, iodine and fluoride, and reduce or remove unhealthy ingredients, such as added sugar and sodium.
- 3.3. Increase the affordability of healthy foods and restrict the marketing, distribution and affordability of unhealthy and processed foods and beverages.
- 3.4. Require adequate ventilation to reduce exposure to indoor airborne pathogens and contaminants.

B. Easy confidence

In our vision, we are given help on our terms, with our ongoing consent and in a way that embraces the richness of our diversity. We are seen for who we are, our range of identities are respected but do not overshadow or predetermine the diagnosis of our individual conditions.

Our health is promoted and maintained through free and early intervention and treatment. We receive the healthcare we need in a manner that promotes equity for women, Māori, Pasifika, Rainbow, disabled, fat, migrants, refugees and asylum seekers, and odd including people living with chronic conditions, rare disorders² and stigmatised diseases, such as HIV. All information is accessible including in alternate formats. During a pandemic or other health emergency, we prioritise the needs of the most marginalised among us – so we are all protected.

² As defined by the community leadership of Rare Disorders New Zealand.

Actions

- 3.5. Add a right to health and wellbeing to the Bill of Rights Act.
- 3.6. Provide universal, free and accessible diagnosis, treatment and management for all illnesses and injuries.
- 3.7. Transition privately funded health services to fully-funded publicly owned services provided for free – including dental care, general practitioner clinics, ambulance and emergency services, aged care, palliative care, and mental health services.
- 3.8. Invest in and ensure timely and equitable access to the most up-to-date research, procedures, medicines, diagnostics, vaccines and other health technologies— including gender-affirming healthcare and rare disorder treatments.
- 3.9. Implement the 2021 PHARMAC Review recommendations.³
- 3.10. Prohibit direct-to-public marketing by drug companies.
- 3.11. Enable community leadership in health responses for marginalised communities, such as Rainbow communities and people with rare disorders.
- 3.12. Remove all barriers for disabled people to access health services – including for medical needs unrelated to their disability.
- 3.13. Generate a broader pool of language and sign interpreters who are sufficiently skilled in translating the health context for migrants, refugees and asylum seekers.

C. A caring workforce

In our vision, mental and emotional wellbeing services embed Te Tiriti o Waitangi by using tikanga practices for Māori and people of all cultures. What can be a very daunting process for those seeking help is humanised. Services are holistic and trauma-informed with multi-disciplinary teams. They respect the boundaries and lived experience of whaiora so they feel comfortable and safe to present for care.

Our diverse, sufficient, resilient and collaborative health workforce is supported to meet these needs, with appropriate training, skills and expertise. Government and other health sector actors work with health practitioners and professionals instead of acting upon them. Our medical and health data, including genomic data, is collected, used and shared ethically with our consent. Government agencies are transparent about their data sharing and retention. IT systems facilitate the collection and flow of information across all levels of the health system and throughout the country. In all circumstances, our safety and privacy is paramount.

Actions

- 3.14. Increase entrants into health professions, the retention of health practitioners and practitioners in the workforce, and placements for on-the-job learning while adhering to the WHO Global Code of Practice for International Recruitment of Health Personnel.⁴
- 3.15. Meet union demands for fair wages, pay parity, a reasonable workload and conditions that support the wellbeing of health workers.

³ Pharmac Review Final Report. 2022. www.health.govt.nz/publication/pharmac-review-final-report

⁴ The WHO Global CODE of Practice on the International Recruitment of Health Personnel. 2010. https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/WHA_RE S_63.16.pdf

- 3.16. Self-assess and externally monitor service quality and effectiveness against treatment progress measures designed for the Aotearoa context.
- 3.17. Ensure data sovereignty with comprehensive, secure and nationally-integrated health records that allow whāiora to access and control their own health records and authorised health professionals to access the same information.
- 3.18. Ensure comprehensive research and transparent information on current health outcomes and health sector performance, including assessing equity and non-discrimination.

4. Wairua – Being Creative and Spiritual

This Wairua (spiritual health) section covers finding peace and meaning, living language and culture, and planning for end of life.

A. Finding peace and meaning

In our vision, children and their whānau have opportunities to be active as well as be quiet and observant. We have easy access to natural environments that we can form lasting connections with. We are a part of nature, and by being immersed in it, we get a chance to feel, to hear, to breathe, and to quietly observe. Our built environments support our communities and promote belonging. We are rejuvenated and in balance because we are grounded.

Whenua is a key determinant of hauora Māori. Our health and well-being interweaves with the health of our whenua, awa, moana and ngahere. Hapū and iwi are kaitiaki of their own whenua, and work with everyone to heal our taiao in order to uphold and sustain the health and well-being of all people in Aotearoa.

Actions

- 4.1. Implement Hoki Whenua Mai and fully restore whānau, hapū and iwi rights as kaitiaki of their own whenua.
- 4.2. Centre health, health equity and community empowerment in climate change research, planning and responses.

B. Living language and culture

In our vision, using our own language connects us to our tīpuna (ancestors) and whakapapa (genealogy and histories). Te Reo Māori is the language of this land and we all take pride in it. We recognise New Zealand Sign Language as the language of our Deaf community, and we welcome the languages and histories of all Pasifika, migrants, refugees and asylum seekers who have made Aotearoa home. Engaging in the arts and expressing our creativity is rongoā (traditional medicine). Our creative energy is an expression of our wairua and mauri. It heals and rejuvenates. It comforts and it challenges – for those who create it and those who experience it.

Rituals and ceremonies are an expression of wairua and are essential to our health and well-being. These range from our personal daily routines, to whānau dinners or Sunday church, to community-wide Lantern Festivals or Pride, to the national recognition of Anzac Day and Matariki. We honour the sacred places such as marae, churches, mosques, synagogues, temples, ūrūpā and cemeteries. Whether simple or more elaborate, rituals and ceremonies give us a sense of community, connection and identity, and we remember that we are a part of a bigger picture and a longer history.

Actions

- 4.3. Resource Te Reo Māori and New Zealand Sign Language to be equal official languages with English in practice and substance.
- 4.4. Create opportunities for everyone to learn the languages of their whakapapa, through community leadership.
- 4.5. Bring art and performance into health and well-being practice.
- 4.6. Provide leave from work or study for people to participate in their cultural rituals and ceremonies.

C. Planning for end of life

In our vision, we make plans for the end of our life on our own terms, involving whānau, friends, and health or legal professionals as we see fit. Our decisions are enabled by guaranteed access to fully-funded and culturally appropriate palliative care. This is provided to us at home, in our communities and in hospices. We exercise our right to refuse medical treatment or seek medically-assisted death, and we respect the right of healthcare practitioners to refuse to perform futile medical procedures or medically-assisted death.

When someone dies, we balance their wishes with the needs of the living in the planning and organisation of the tangi or funeral. We consider options for the care of the tūpāpaku (body) and how best to lay them to rest in a traditional burial in an urupā or cemetery, a natural burial or cremation. This includes informed decisions about whether to engage with the funeral industry. We perform the sacred rituals of our cultures to help guide them from the physical to the spiritual realm. We provide space and time for the bereaved to mourn and to come to terms with their loss, without significant financial burden.

Actions

- 4.7. Protect the autonomy of people, including disabled people and elders, against coercion during end of life decision-making.
- 4.8. Regularly review the process and criteria for medically-assisted dying to ensure it is patient-centric and accessible.
- 4.9. Provide free documentation for certification of death.
- 4.10. Extend bereavement leave provisions to extended whānau.