

## **Expert Mechanism on the Rights of Indigenous Peoples: Study on the right to health and indigenous peoples**

March 2016

### **Introduction**

1. The New Zealand Human Rights Commission (“Commission”) welcomes the Expert Mechanism’s study on the right to health and indigenous peoples with a focus on children and youth, and appreciates the opportunity to contribute.
2. This submission outlines implementation of the right to health of indigenous peoples in Aotearoa New Zealand, with reference to:
  - Health equity
  - Indigenous health practices
  - Issues for Māori children and young people.

### **Indigenous Peoples’ Right to Health**

3. The right to health is a fundamental and universal human right.<sup>1</sup> How the right to health is delivered is considered in relation to the availability, accessibility, acceptability and quality of health services.<sup>2</sup> The right to health encompasses not just the absence of disease or infirmity but “complete physical, mental and social well being.”<sup>3</sup> It includes access to both timely and appropriate health care as well as the underlying social and economic determinants of health, such as conditions of work and adequate food and shelter.<sup>4</sup>

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<sup>1</sup> The right to health is expressly referred to in a number of core human rights instruments which have been ratified by New Zealand:

- Convention on the Elimination of all Forms of Racial Discrimination (CERD): Article 5(e)(iv), (1965)
- International Covenant on Economic, Social and Cultural Rights (ICESCR): Article 12 (1966)
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW): Articles 11(1)(f), 12 and 14 (2)(b) (1979)
- Convention on the Rights of the Child (UNCROC): Article 24 (1989)
- Convention on the Rights of Persons with Disabilities (CRPD): Article 25 (2006)

In addition, New Zealand has also committed to the Sustainable Development Goals, which include Goal 3: Ensure healthy lives and promote wellbeing at all ages, along with a range of related targets.

<sup>2</sup> UN Committee on Economic, Social and Cultural Rights, (2000), *General Comment No. 14: The right to the highest attainable standard of health*, E/C.12/2000/4.

<sup>3</sup> Preamble to the Constitution of the World Health Organisation. Accessible online at <http://www.who.int/about/definition/en/print.html>

<sup>4</sup> UN Commission on Human Rights (2003), *Economic, social and cultural rights: The right of everyone to the enjoyment of the highest attainable standards of physical and mental health: Report of the Special Rapporteur, Paul Hunt*, (E/CN.4/2003/58, 13 February). Accessible online at [http://ap.ohchr.org/documents/dpage\\_e.aspx?m=100\\_979.pdf](http://ap.ohchr.org/documents/dpage_e.aspx?m=100_979.pdf)

4. The UN Committee on the Rights of the Child has emphasised that for children, the right is inclusive and includes the “right to grow and develop to their full potential and live in conditions that enable them to attain the highest standard of health through the implementation of programmes that address the underlying determinants of health”.<sup>5</sup> It has also highlighted particular issues for indigenous children, including: the need for special measures to address inequalities; the importance of disaggregated data collection; the interdependence of the right to health with other rights; the need for special attention to the needs of indigenous children with disabilities; the critical importance of cooperation and participation of indigenous peoples in the design and implementation of policies and programmes.<sup>6</sup>
5. Indigenous concepts of health encompass individual and collective wellbeing, and are interconnected to the realisation of a range of rights, including: self-determination, development, culture, language, land and the natural environment.
6. The right to health for indigenous peoples is affirmed in articles 21, 23, 24 and 29 of the UN Declaration on the Rights of Indigenous Peoples (UNDRIP). Article 22 emphasises the need for specific focus on children and young people, as well as women, older people and disabled people in the implementation of the Declaration.
7. In Aotearoa New Zealand, the right to health is reflected and affirmed in the Treaty of Waitangi (the Treaty). The Treaty was signed in 1840 between representatives of the British Crown and Māori rangatira (leaders). The human rights obligations it contains may be summarised as:
  - Partnership – which entails good faith cooperation and shared decision making
  - Protection of rangatiratanga (self-determination) and taonga (treasured possessions, tangible and intangible, including such things as: culture, language, land and health)<sup>7</sup>
  - Participation in society on an equal basis to others, and freedom from discrimination.
8. Alongside the human rights instruments which protect the universal right to health, the Treaty and UNDRIP affirm the rights of New Zealand’s indigenous people to:
  - Health equity
  - Participation in the development of health services and programmes
  - Traditional health practices, medicines and resources.

## Implementation in New Zealand

### *Data and research*

9. There is considerable, good quality, publicly available data on Māori health (although, not always to the same extent in relation to Māori children and young people or for disabled people). Data on Māori health outcomes includes:
  - Regular comparative data on Māori and non-Māori health outcomes, across the country’s 20 District Health Boards<sup>8</sup>

<sup>5</sup> UN Committee on the Rights of the Child, (2013), *General Comment No. 15 on the rights of the child to the highest attainable standard of health*, CRC/C/GC/15. Accessible at: [http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fGC%2f15&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fGC%2f15&Lang=en)

<sup>6</sup> UN Committee on the Rights of the Child, (2009), *General Comment No.11: Indigenous children and their right to health under the Convention*, CRC/C/GC/11. Accessible at: [http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fGC%2f11&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fGC%2f11&Lang=en).

<sup>7</sup> Waitangi Tribunal 1992 *Te Roroa Report*. Brooker and Friend p 210.

<sup>8</sup> See: <http://www.health.govt.nz/publication/dhb-maori-health-profiles>

- Disaggregated data from the national Health Survey<sup>9</sup>
- Annual *Health and Independence* reports<sup>10</sup>
- *Tatau Kahukura: Māori Health Chart Book 2015* provides a snapshot of Māori health and covers: socioeconomic determinants of health, risk and protective factors and health status indicators<sup>11</sup>
- Social Indicator data<sup>12</sup>
- Quarterly reports on the performance of general practices within Whānau Ora collectives.<sup>13</sup>

10. In addition, specific data that reflects Māori perspectives on the right to health is available through Statistics NZ surveys:

- *Te Kupenga* (survey of Māori social and cultural well-being)<sup>14</sup>
- *Te Ao Marama* (on Māori well-being and development, from a Māori perspective)<sup>15</sup>
- *Ngā Tohu o te Ora: The determinants of life satisfaction for Māori 2013*<sup>16</sup>

11. A range of further data collection and monitoring initiatives is also underway, including:

- Work by the Treasury on a Higher Living Standards framework, aimed at raising living standards and increasing equity<sup>17</sup>
- Statistics NZ's Integrated Data Infrastructure work, which brings together data from a range of agencies<sup>18</sup>
- Analysis of Ministry of Social Development *Integrated Child Dataset* to identify and understand children and young people at risk of poor outcomes<sup>19</sup> – a significant number of children and young people in this group are Māori
- The National Action Plan for human rights, which records government actions and commitments made under New Zealand's 2014 Universal Periodic Review.<sup>20</sup>

12. New Zealand's commitment to realising the UN Sustainable Development Goals, including through the development of indicators could further contribute to the monitoring and tracking of Māori health outcomes.

### **Health Equity**

13. The data shows that Māori continue to experience entrenched inequalities in the enjoyment of the right to health. A snapshot of some key statistics is attached as **appendix 1**. Overall, Māori have higher rates for most health risks and conditions, and

<sup>9</sup> See: <http://www.health.govt.nz/publication/annual-update-key-results-2014-15-new-zealand-health-survey>

<sup>10</sup> See: <http://www.health.govt.nz/about-ministry/corporate-publications/health-and-independence-reports>

<sup>11</sup> See: <http://www.health.govt.nz/publication/tatau-kahukura-maori-health-chart-book-2015-3rd-edition>

<sup>12</sup> See: <http://www.stats.govt.nz/maori#health>

<sup>13</sup> See: <http://www.health.govt.nz/publication/report-performance-general-practices-whanau-ora-collectives-june-2015>. See below at p 6 for further information on Whānau Ora.

<sup>14</sup> See: <http://www.stats.govt.nz/tekupenga>

<sup>15</sup> See: [http://www.stats.govt.nz/browse\\_for\\_stats/snapshots-of-nz/te-ao-marama-2014.aspx](http://www.stats.govt.nz/browse_for_stats/snapshots-of-nz/te-ao-marama-2014.aspx)

<sup>16</sup> See: [http://www.stats.govt.nz/browse\\_for\\_stats/people\\_and\\_communities/maori/te-kupenga/determinants-life-satisfaction-maori.aspx](http://www.stats.govt.nz/browse_for_stats/people_and_communities/maori/te-kupenga/determinants-life-satisfaction-maori.aspx)

<sup>17</sup> See: <http://www.treasury.govt.nz/abouttreasury/higherlivingstandards>

<sup>18</sup> [http://www.stats.govt.nz/browse\\_for\\_stats/snapshots-of-nz/integrated-data-infrastructure.aspx](http://www.stats.govt.nz/browse_for_stats/snapshots-of-nz/integrated-data-infrastructure.aspx)

<sup>19</sup> <http://www.treasury.govt.nz/publications/research-policy/ap/2015> and

<http://www.treasury.govt.nz/publications/research-policy/ap/2016>

<sup>20</sup> <http://npa.hrc.co.nz/#/>

also are more likely than non-Māori to have unmet health needs.<sup>21</sup> In relation to the broader determinants of health, Māori also experience disadvantage across all socio-economic indicators. These include higher rates of poverty and deprivation, family violence, and poorer outcomes in education, employment and justice.<sup>22</sup> Disparities, particularly for Māori women and children, are also evident in family violence data. Family violence directly contributes to and accompanies a wide range of health (physical, sexual and mental) and social issues (employment and education) and discrimination.<sup>23</sup> Māori women who are victims of family violence are more likely to experience racist attitudes and indifference when seeking help from agencies and services.

14. Around one in four Māori identify as disabled, and disabled Māori are particularly vulnerable to poor outcomes.<sup>24</sup> Almost a third (32%) of disabled Māori reported their state of health as fair or poor (compared with 6% of non-disabled Māori).<sup>25</sup>
15. There is a growing body of research that links discrimination to inequitable health outcomes.<sup>26 27</sup> Experience of racial discrimination is associated with poor health outcomes and has impact on a wide range of risk factors. Of note, studies have found that racism, as a particular and ongoing stressor, may have a greater impact than more general factors.<sup>28</sup>
16. Recent data shows that Māori adults were almost twice as likely as non-Māori adults to have experienced any type of racial discrimination in the areas of health care, work or housing.<sup>29</sup> Māori adults were almost three times as likely as non-Māori adults to have experienced any unfair treatment on the basis of ethnicity.

#### *Law and policy responses*

17. New Zealand has a publicly funded health system underpinned by a clear legislative framework, and numerous strategies and policies. These include the New Zealand

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<sup>21</sup> Ministry of Health, (2015), *Annual Update of Key Results 2014/15: New Zealand Health Survey*, at p viii. Accessible at: <http://www.health.govt.nz/publication/annual-update-key-results-2014-15-new-zealand-health-survey>

<sup>22</sup> Eg, Ministry of Health (2015), *Health and Independence Report 2015*, (Wellington: MoH), at p6. <http://www.health.govt.nz/system/files/documents/publications/health-and-independence-report-2015-oct15.pdf>.

<sup>23</sup> Family Violence Death Review Committee, (2016), *Fifth Report: January 2014 to December 2015*. Accessible at: <http://www.hqsc.govt.nz/our-programmes/mrc/fvdr/publications-and-resources/publication/2434/>

<sup>24</sup> Statistics NZ, (2013), *He Hauā Māori: Findings from the 2013 Disability Survey*. Accessible at: [http://www.stats.govt.nz/browse\\_for\\_stats/health/disabilities/He-haua-maori-findings-from-2013-disability-survey.aspx](http://www.stats.govt.nz/browse_for_stats/health/disabilities/He-haua-maori-findings-from-2013-disability-survey.aspx) .

<sup>25</sup> Ibid.

<sup>26</sup> Moewaka Barnes, A., et al, (2013), 'Māori experiences and responses to racism in Aotearoa New Zealand', *MAI Journal Vol.2*, 2, pp 64-77. Accessible online at: <http://www.journal.mai.ac.nz/sites/default/files/MAI%20Journal%20Vol.2%20pages%2063-77%20Moewaka%20Barnes%20et%20al..pdf>. At p 73

<sup>27</sup> Ministry of Health, (2015). *Tatau Kahukura: Māori Health Chart Book 2015 (3rd edition)*. Wellington: Ministry of Health. At pp 14-15. <http://www.health.govt.nz/publication/tatau-kahukura-maori-health-chart-book-2015-3rd-edition>

<sup>28</sup> Moewaka Barnes, A., et al, (2013), 'Māori experiences and responses to racism in Aotearoa New Zealand', *MAI Journal Vol.2*, 2, pp 64-77. Accessible online at: <http://www.journal.mai.ac.nz/sites/default/files/MAI%20Journal%20Vol.2%20pages%2063-77%20Moewaka%20Barnes%20et%20al..pdf>. At p 73

<sup>29</sup> Ministry of Health, (2015). *Tatau Kahukura: Māori Health Chart Book 2015 (3rd edition)*. Wellington: Ministry of Health. At pp 14-15. <http://www.health.govt.nz/publication/tatau-kahukura-maori-health-chart-book-2015-3rd-edition>

Public Health and Disability Act 2000, which governs public health services and which has among its key objectives: to reduce health disparities by improving the health outcomes of Māori and other population groups. The Act also makes explicit reference to the Treaty of Waitangi, and provides for mechanisms to enable Māori to contribute to decision-making on, and to participate in the delivery of, health and disability services.<sup>30</sup>

18. Responsibilities of District Health Boards under the Act include reducing disparities, improving Māori health and ensuring that Māori are involved in both decision-making and service delivery.
19. The *New Zealand Health Strategy* (currently being reviewed) deals with the health system as a whole. The consultation draft of the updated Health Strategy includes the following guiding principles:<sup>31</sup>
  - The best health and wellbeing possible for all New Zealanders throughout their lives
  - An improvement in health status of those currently disadvantaged
  - Acknowledging the special relationship between Māori and the Crown under the Treaty of Waitangi
  - Timely and equitable access for all New Zealanders to a comprehensive range of health and disability services, regardless of ability to pay
  - A high-performing system in which people have confidence
  - Active partnership with people and communities at all levels
  - Thinking beyond narrow definitions of health and collaborating with others to achieve wellbeing.
20. The primary policy document for Māori health is *He Korowai Oranga / The Māori Health Strategy* (2014).<sup>32</sup> The Strategy sets the overarching framework to guide the Government and the health and disability sector to achieve the best health outcomes for Māori. The Pae Ora framework that underpins the Strategy reflects Māori concepts of health and wellbeing, and includes three elements: mauri ora – healthy individuals; whānau ora – healthy families; and wai ora – healthy environments. The framework and strategy is intended to “encourage everyone in the health and disability sector to work collaboratively, to think beyond narrow definitions of health, and to provide high-quality and effective services”.<sup>33</sup>
21. Significantly, the Strategy refers explicitly to:
  - Māori aspirations and contributions
  - Rangatiratanga (Māori self-determination)
  - Equity
  - Whānau (family), hapū (extended family), iwi (tribal) and community development
  - Māori participation.
22. Case studies of promising and successful Māori health initiatives are profiled on the Ministry of Health website.<sup>34</sup>

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<sup>30</sup> New Zealand Health and Disability Act 2000. Accessible at:

<http://legislation.govt.nz/act/public/2000/0091/latest/DLM80051.html>

<sup>31</sup> Ministry of Health, (October, 2015), *Update of the New Zealand Health Strategy: All New Zealanders live well, stay well, get well: Consultation draft*, at p 9. Accessible at: [http://www.health.govt.nz/system/files/documents/publications/update-new-zealand-health-strategy-consultation-draft-oct15\\_0.pdf](http://www.health.govt.nz/system/files/documents/publications/update-new-zealand-health-strategy-consultation-draft-oct15_0.pdf).

<sup>32</sup> S. 22(1), New Zealand Health and Disability Act 2000.

<sup>33</sup> <http://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga>

<sup>34</sup> See: <http://www.health.govt.nz/our-work/populations/maori-health/maori-health-case-studies>

## Whānau Ora

23. Whānau Ora is a cross-government programme that aims to improve the provision of government services to Māori, by making them whānau focussed and whānau-led. The approach is significant in that it is underpinned by Māori values and concepts, and seeks to empower families as a whole, rather than focusing separately on individual members and their problems. The programme operates through a system involving:

- *Commissioning agencies* which are non-government organisations contracted to fund and support initiatives
- *Provider collectives* which provide health, education, social and other services to whānau and families in need within their communities
- *Navigators* who work with whānau and families to identify their needs and aspirations, support their participation in education, primary health and employment, and link and co-ordinate access to specialist services.

## Māori health services

24. There are approximately 72 Māori health providers contracted to district health boards throughout the country to provide kaupapa Māori services (ie, based on indigenous knowledge and values).<sup>35</sup> In addition, many iwi (Māori tribes) and other Māori organisations implement their own health strategies and programmes, and operate kaupapa Māori health services.<sup>36</sup> A number of these are funded through Whānau Ora.

## Māori health workforce

25. Key to the success of initiatives for Māori health, is a workforce that is diverse and reflective of its communities, and which has the cultural capability to meet communities' needs. Increasing and adequately valuing and supporting the Māori health workforce, is vital.

26. Māori are under-represented in all regulated health occupations. Māori make up 5% of the total health workforce; around 3% of doctors, 6.5% of nurses and 9% of midwives.<sup>37</sup>

27. The national organisation representing Māori nurses has, over recent years, repeatedly raised concerns about the difference in pay rates available to nurses working for Māori health services and those employed by DHBs.<sup>38</sup> While the discrepancy relates to the different contractual arrangements operating in the different sectors, it has been an issue of concern to the NZNO for over a decade, with little progress apparent.

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<sup>35</sup> See: <http://www.health.govt.nz/our-work/populations/maori-health/maori-health-providers>

<sup>36</sup> For example: <http://www.waipareira.com/index>; <http://www.ngatiwhatua.iwi.nz/manaakitanga/te-ha-oranga>; <http://www.raukura.org.nz/index.asp?pageID=2145877094>.

<sup>37</sup> Ministry of Health, (2016), *Health of the Health Workforce 2015*. Accessible at: <http://www.health.govt.nz/publication/health-health-workforce-report-2015>. Medical Council of NZ, (2015), *The New Zealand Medical Workforce 2013-14*, at p 24. Accessible at: <https://www.mcnz.org.nz/assets/News-and-Publications/Workforce-Surveys/2013-2014.pdf>. Ahuriri-Driscoll A et al., (2015), 'Mā mahi, ka ora: by work, we prosper – traditional healers and workforce development', *NZ Medical Journal*, 2015;128(1420):34-44. Accessible at: [http://www.nzma.org.nz/\\_data/assets/pdf\\_file/0007/43954/Ahuriri-Driscoll-13661420.pdf](http://www.nzma.org.nz/_data/assets/pdf_file/0007/43954/Ahuriri-Driscoll-13661420.pdf).

<sup>38</sup> 'Māori Nurses Missing Out', *Waatea News*, 15 August 2013. Accessible at: [http://www.waateanews.com/Waatea+News.html?story\\_id=NTE1MA](http://www.waateanews.com/Waatea+News.html?story_id=NTE1MA). See also: [http://www.parliament.nz/en-nz/pb/presented/petitions/48DBHOH\\_PET2921\\_1/petition-of-ngaitia-nagel-and-11370-others-requesting](http://www.parliament.nz/en-nz/pb/presented/petitions/48DBHOH_PET2921_1/petition-of-ngaitia-nagel-and-11370-others-requesting).

## **Rongoā Māori – Traditional health practices**

28. Article 24 of the UNDRIP affirms the right of indigenous peoples to traditional medicines, health practices, and the conservation of their medicinal plants and natural resources.
29. The Waitangi Tribunal<sup>39</sup> has examined issues relating to traditional knowledge, health practices and medicines in its long-running inquiry into the place of mātauranga Māori (traditional knowledge and culture) in New Zealand law, policy and practice. In its 2011 report, *Ko Aotearoa Tēnei*, the Tribunal discussed the nature of traditional Māori health practices, and noted that “[t]he practice of rongoā and the knowledge and concepts that underpin it are vital aspects of Māori culture itself”.<sup>40</sup> The Tribunal confirmed that rongoā Māori is a taonga under the Treaty, requiring active protection by the Crown, and further noted that “even if rongoā was not the subject of Treaty rights, supporting it would be justified for its potential contribution to Māori health”.<sup>41</sup>
30. The Tribunal noted the significant impact of environmental and social changes upon rongoā, as well as attempts by colonial governments to suppress it through legislation. The *Tohunga Suppression Act 1907* (which remained in force until 1962) which banned the activities of tohunga (expert healers) was, the Tribunal found, a clear breach of the Treaty. The practice of rongoā has also been severely affected by environmental and social changes which have cut Māori off from the sources of rongoā.
31. The Tribunal noted that in spite of these factors, rongoā Māori continues to be practised. However the support from government, while an improvement on the past, still “lacked urgency and remains inadequate and in breach of the Crown’s Treaty obligations”. Specifically, the Tribunal noted the “tiny” proportion of government funding allocated to Māori healing, the growing demand for rongoā and need for the expansion of rongoā services.
32. The Tribunal concluded that:
- Māori are facing a health crisis. Rongoā has significant potential to help address that crisis, because of its spiritual and biomedical qualities, and because of its potential to bring sick people into contact with the health system.
- The Crown has suppressed rongoā in the past and currently fails to support it with the energy or urgency required by both the Treaty and the Māori health crisis.
33. The Tribunal’s recommendations included that the Crown:
- Recognise that rongoā has significant potential to improve Māori health
  - Expand rongoā services (for example by requiring primary healthcare organisations servicing a significant Māori population to offer rongoā clinics)
  - Adequately supporting the national rongoā association, Te Paepae Matua mō te Rongoā to play a quality-control role
  - Gathering data on demand for rongoā services.
34. The government has not yet formally responded to the Tribunal’s report with a timetable for implementation.

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<sup>39</sup> The Waitangi Tribunal is a permanent Commission of Inquiry mandated to consider claims relating to Government actions or omissions which may breach the principles of the Treaty.

<sup>40</sup> Waitangi Tribunal, (2011), *Ko Aotearoa Tēnei: Factsheet 8 – Rongoā (Traditional Māori Healing)*. Accessible at: <http://www.justice.govt.nz/tribunals/waitangi-tribunal/documents/generic-inquiries/flora-and-fauna/wai-262-rongoa-traditional-maori-healing>.

<sup>41</sup> Ibid.

35. A 2013 survey of Māori engagement in cultural practices found that 11 percent of Māori adults took part in traditional Māori healing or massage.<sup>42</sup> Another 2013 survey of rongoā (traditional healing) practitioners highlighted a pressing need for expansion of the rongoā Māori workforce and training/service funding, to sustain rongoā practice.<sup>43</sup>

### **Health issues for Māori children and young people**

36. Māori children and young people are over-represented in negative health outcomes. For example, around one in five Māori children has asthma – a rate 1.4 times that of non-Māori children.<sup>44</sup> Māori children are almost twice as likely to be either obese or morbidly obese compared with non-Māori children.<sup>45</sup> Māori young people have a suicide rate that is 2.8 times higher than that of non-Māori youth.<sup>46</sup> Māori children have a higher rate of unmet health needs: Māori children were 1.4 times more likely not to have accessed primary health when they needed it than non-Māori children.<sup>47</sup> Māori children are also more likely to be exposed to the risk factors linked to poor health, social, educational and developmental outcomes.<sup>48</sup>

### *Wider determinants of health*

37. Key issues affecting the health of Māori children and young people, include poverty, material deprivation and poor quality housing. Poverty rates for Māori children are consistently higher than for European children.<sup>49</sup> Over the three years 2012–2014, on average, around 33% of Māori children lived in poor households, compared to an average of 16% of European children. The higher rates of poverty and material deprivation seen in Māori children potentially reflect the relatively high proportion of Māori children living in sole parent beneficiary households. On average, during 2012 to 2014, just under half (46%) of children living in poverty were Māori or Pacific.

38. Disabled Māori children are particularly vulnerable; experiencing higher rates of socio-economic disadvantage. Within the Māori population, disabled people were more likely than others to live in the most deprived areas and less likely to live in the least deprived areas.<sup>50</sup> Disabled Māori also tend to have lower levels of educational attainment, and disabled children face specific barriers in relation to education.<sup>51</sup> Other groups that are

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<sup>42</sup> Statistics NZ, (2014), *Te Kupenga 2013*, at p 6. Accessible at:

[http://www.stats.govt.nz/browse\\_for\\_stats/people\\_and\\_communities/maori/TeKupenga\\_HOTP13.asp](http://www.stats.govt.nz/browse_for_stats/people_and_communities/maori/TeKupenga_HOTP13.asp)

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<sup>43</sup> Ahuriri-Driscoll A et al., (2015), 'Mā mahi, ka ora: by work, we prosper – traditional healers and workforce development', *NZ Medical Journal*, 2015;128(1420):34-44. Accessible at:

[http://www.nzma.org.nz/\\_data/assets/pdf\\_file/0007/43954/Ahuriri-Driscoll-13661420.pdf](http://www.nzma.org.nz/_data/assets/pdf_file/0007/43954/Ahuriri-Driscoll-13661420.pdf).

<sup>44</sup> Ministry of Health, (2015), *Annual Update of Key Results 2014/15: New Zealand Health Survey*, at p 51. Accessible at: <http://www.health.govt.nz/publication/annual-update-key-results-2014-15-new-zealand-health-survey>

<sup>45</sup> *Ibid.*, at p 17.

<sup>46</sup> *Ibid.*, at p 19.

<sup>47</sup> *Ibid.*, at p viii.

<sup>48</sup> Ministry of Health, (2015), *Health and Independence Report 2015*, at pp 32-33. Accessible at: <http://www.health.govt.nz/system/files/documents/publications/health-and-independence-report-2015-oct15.pdf>.

<sup>49</sup> Simpson J, Duncanson M, Oben G, Wicken A, Pierson M., (2015), *Child Poverty Monitor 2015 Technical Report*, Dunedin: NZ Child and Youth Epidemiology Service, University of Otago; 2015. Accessible at: <http://www.nzchildren.co.nz/#>.

<sup>50</sup> Statistics NZ, (2013), *He Hauā Māori: Findings from the 2013 Disability Survey*. Accessible at: [http://www.stats.govt.nz/browse\\_for\\_stats/health/disabilities/He-haua-maori-findings-from-2013-disability-survey.aspx](http://www.stats.govt.nz/browse_for_stats/health/disabilities/He-haua-maori-findings-from-2013-disability-survey.aspx).

<sup>51</sup> *Ibid.*



particularly vulnerable to poorer outcomes include: children in state care, children of prisoners and children in gang families.

39. Māori children are also more likely to live in poor housing conditions. While Māori make up 14% of the New Zealand population, they comprise 35% of those living in severe housing deprivation. Twenty-three percent of Māori children live in over-crowded households.<sup>52</sup> Housing issues are further exacerbated for disabled Māori children: 45 % living in houses considered cold, 39 % in houses regarded as damp, and 16% in houses that were considered not large enough.<sup>53</sup>
40. In December 2012 the Expert Advisory Group on Solutions to Child Poverty (“EAG”) – a group of independent experts commissioned by the Children’s Commissioner – issued a report containing 78 recommendations that covered a range of areas, including social security benefits and tax credits, housing policy, legislative mechanisms, education and child care, health, employment and community strategies.<sup>54</sup> The report highlighted the need to give specific attention to overcoming inequalities for Māori and Pacific children, and the need to consider the issues against the backdrop of colonisation and its lasting impacts.<sup>55</sup>
41. The government has introduced new policy measures that reflect the EAG recommendations. These have included support for food-in-schools programmes and increasing the age threshold for free primary healthcare for children from 6 years to 13 years. However, to date the government is yet to take any steps towards developing a systemic approach to reducing household income poverty and its impact on child health and well-being. The EAG recommended that the Government develop a systemic, whole-of-government strategy underpinned by legislation as “a first step” in addressing child poverty.<sup>56</sup> Parliament’s Health Committee has also recommended that the government develop an action plan for reducing child poverty, with annual targets and a transparent monitoring system.<sup>57</sup> In its response to the Health Committee, the government did not address this recommendation directly but instead pointed to various other existing actions.<sup>58</sup>

### *Inquiry into determinants of health for Māori children*

<sup>52</sup> Simpson J, Duncanson M, Oben G, Wicken A, Pierson M., (2015), *Child Poverty Monitor 2015 Technical Report*, Dunedin: NZ Child and Youth Epidemiology Service, University of Otago; 2015. Accessible at: <http://www.nzchildren.co.nz/#>.

<sup>53</sup> Statistics NZ, (2013), *He Hauā Māori: Findings from the 2013 Disability Survey*. Accessible at: [http://www.stats.govt.nz/browse\\_for\\_stats/health/disabilities/He-haua-maori-findings-from-2013-disability-survey.aspx](http://www.stats.govt.nz/browse_for_stats/health/disabilities/He-haua-maori-findings-from-2013-disability-survey.aspx).

<sup>54</sup> Children’s Commissioner’s Expert Advisory Group on Solutions to Child Poverty, (2012), *Solutions to Child Poverty in New Zealand: Evidence for Action*. Accessible at: <http://www.occ.org.nz/assets/Uploads/EAG/Final-report/Final-report-Solutions-to-child-poverty-evidence-for-action.pdf>

<sup>55</sup> *Ibid.*, at p13.

<sup>56</sup> *Ibid.*, at p vii.

<sup>57</sup> Health Committee, (2014), *Report of Health Committee on Inquiry into improving child health outcomes and reducing child abuse with a focus on preconception until three years of age*, Recommendation 5. Accessible at: [http://www.parliament.nz/en-nz/pb/sc/business-summary/00DBSCH\\_INQ\\_11221\\_1/inquiry-into-improving-child-health-outcomes-and-preventing](http://www.parliament.nz/en-nz/pb/sc/business-summary/00DBSCH_INQ_11221_1/inquiry-into-improving-child-health-outcomes-and-preventing).

<sup>58</sup> *Government response to Report of Health Committee on Inquiry into improving child health outcomes and reducing child abuse with a focus on preconception until three years of age*, (2014), at page 9. Accessible at: [http://www.parliament.nz/en-nz/pb/presented/papers/50DBHOH\\_PAP25992\\_1/government-response-to-report-of-the-health-committee-on](http://www.parliament.nz/en-nz/pb/presented/papers/50DBHOH_PAP25992_1/government-response-to-report-of-the-health-committee-on).

42. From 2011-2013 a Parliamentary Select Committee Inquiry was conducted into the 'determinants of health for Tamariki Māori (Māori children)'. The Committee's report was released in 2014, and included over 40 recommendations relating to: research and policy; health services; education; employment and incomes.<sup>59</sup>

43. Key principles identified included:

- The wellbeing of Māori children is inextricable from the wellbeing of their whānau.
- Acknowledging the importance of collective identity for a Māori child is a first step in realising the potential of a whānau-centred approach to their wellbeing.
- Enduring change and success for whānau (and therefore Māori children) is possible where whānau themselves are engaged in making the decisions that will affect them.
- The intergenerational nature of many of the problems facing Māori children be acknowledged and addressed.
- The application of the Whānau Ora approach is fundamental.

44. The government response to the Inquiry was issued in 2014, and referred to various government programmes and initiatives such as *He Korowai Oranga / The Māori Health Strategy* and Whānau Ora.<sup>60</sup>

#### *Climate change*

45. The UN Committee on the Rights of the Child has highlighted the relevance of the environment, and specifically climate change, to children's health.<sup>61</sup> The Committee has stated:

Environmental interventions should, inter alia, address climate change, as this is one of the biggest threats to children's health and exacerbates health disparities. States should, therefore, put children's health concerns at the centre of their climate change adaptation and mitigation strategies.

46. This call has been echoed by health professionals in New Zealand; 16 health professional groups issued a joint statement, calling for stronger action across government.<sup>62</sup> The 'Joint Call for Action' noted (among other points) that:

- Those at highest health risk from climate change in New Zealand include Māori, Pacific peoples, children, elderly and low income people.
- Measures to address climate change have the potential to widen or reduce existing health inequities, depending on design and implementation.

47. The actions called for by the coalition of health professionals included:

- Improved health sector planning to prepare for health impacts of climate change

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<sup>59</sup> Māori Affairs Committee, (2014), *Inquiry into the Determinants of Health for Tamariki Māori*. Accessible at: [http://www.parliament.nz/resource/en-nz/50DBSCH\\_SCR6050\\_1/bbe4e16f5d440017fd3302f051aca3edff179b7f](http://www.parliament.nz/resource/en-nz/50DBSCH_SCR6050_1/bbe4e16f5d440017fd3302f051aca3edff179b7f).

<sup>60</sup> *Government Response to Māori Affairs Select Committee Inquiry into the Determinants of Wellbeing for Tamariki Māori*, (2014). Accessible at: [http://www.parliament.nz/resource/en-nz/50DBHOH\\_PAP26103\\_1/2e33f98fc911cafeb661335e2c181cea9164a11](http://www.parliament.nz/resource/en-nz/50DBHOH_PAP26103_1/2e33f98fc911cafeb661335e2c181cea9164a11)

<sup>61</sup> UN Committee on the Rights of the Child, (2013), *General Comment No. 15 on the rights of the child to the highest attainable standard of health*, CRC/C/GC/15. Accessible at: [http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fGC%2f15&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fGC%2f15&Lang=en)

<sup>62</sup> See:

[http://www.orataiao.org.nz/joint\\_nz\\_health\\_professional\\_s\\_call\\_for\\_action\\_on\\_climate\\_change\\_and\\_health](http://www.orataiao.org.nz/joint_nz_health_professional_s_call_for_action_on_climate_change_and_health)

- Measures that prioritise and protect groups likely to be worst affected – Māori, Pacific peoples, children, elderly and low income people.
- Health (including equity) Impact Assessment (HIA) to be routinely undertaken to inform key climate-relevant policies.

## Conclusion

48. Māori experience entrenched health inequalities, and Māori children and young people and disabled Māori are particularly vulnerable in this respect. In response, a range of initiatives are attempting to address these. There is increasing understanding and awareness of structural barriers; widening acceptance of the fact that one size doesn't fit all; and a range of policies and programmes that incorporate and provide for Māori values and world views. *He Korowai Oranga / The Māori Health Strategy* is key among these, and is significant in the extent to which it reflects and is underpinned by Māori values and concepts. It also makes explicit references to the Treaty of Waitangi and to human rights concepts including self-determination and participation.
49. There is some government support also for traditional Māori health practices, although a recent Waitangi Tribunal report found that the nature and level of support needs considerable strengthening.
50. Māori children and young people are particularly vulnerable to poor health outcomes. Poverty, substandard housing conditions and the impacts of climate change are key issues affecting the health of Māori children. Climate change poses a further threat to indigenous children's health, although there is also potential for strong responses to climate change which could provide opportunities to address (rather than exacerbate) existing health disparities.
51. Māori concepts of health and well-being are holistic, encompassing physical, spiritual, emotional, environmental, individual and collective wellbeing. Enjoyment of the right to health is inextricably linked to the realisation of a range of rights. Advancing indigenous people's right to health requires a systemic response to implementation of the UNDRIP, and an approach which encompasses the full range of human rights. The participation of indigenous peoples, and support for the indigenous health workforce are key to achieving progress. Addressing the health of indigenous children and young people must be a particular priority, and should not be in isolation of their family and community.
52. The Commission appreciates the opportunity to make this submission and would welcome the opportunity to engage further with EMRIP as it continues its study on the right to health.

## Appendix: Data

The life expectancy gap between Māori and non-Māori has been steadily narrowing, but remains significant: in 2013, life expectancy at birth was 73.0 years for Māori males and 77.1 years for Māori females; it was 80.3 years for non-Māori males and 83.9 years for non-Māori females.<sup>63</sup>

Māori have higher rates than non-Māori for many health conditions and chronic diseases, including cancer, diabetes, cardiovascular disease and asthma. Māori also experience higher disability rates.<sup>64</sup> The 2013 Disability Survey identified one in four Māori as disabled.<sup>65</sup>

A recent international cancer study found that:<sup>66</sup>

- Lung cancer rates were four times higher among Māori women and 2.5 times higher among Māori men
- Stomach and liver cancer rates were more than double among Māori
- Smoking was the biggest determinant of lung cancer
- Smoking rates among Māori women were the highest in the study
- Overall Māori die eight years earlier than non-Māori
- Childhood poverty increased the likelihood of cancer in adult Māori.

Māori adults and children were also more likely than their non-Māori counterparts to have unmet health needs.<sup>67</sup> Identified barriers where the difference was significant included in relation to cost, childcare availability and transport.

- Lack of child care was about twice as likely to be a barrier that prevented Māori parents taking their children to a GP as it was for non-Māori parents
- Māori children were more than 3 times as likely as non-Māori children to have experienced an unmet need for a GP due to lack of transportation
- Māori children were more than 5 times as likely as non-Māori children to have experienced an unmet need for after-hours services due to a lack of transportation. The disparity was greater for Māori girls compared with non-Māori girls.
- Māori adults were more than 1.5 times as likely as non-Māori adults to have experienced an unmet need for a GP due to cost
- Lack of transport was more than twice as likely to be a barrier to accessing GP services for Māori adults as it was for non-Māori adults
- Cost was almost twice as likely to be a barrier to accessing after-hours services for Māori adults as it was for non-Māori adults
- Lack of transport was nearly 3 times as likely to be a barrier to accessing after-hours services for Māori adults as it was for non-Māori adults. The disparity was greater for Māori males compared with non-Māori males.

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<sup>63</sup> NZ Social Indicators – health: [http://www.stats.govt.nz/browse\\_for\\_stats/snapshots-of-nz/nz-social-indicators/Home/Health.aspx](http://www.stats.govt.nz/browse_for_stats/snapshots-of-nz/nz-social-indicators/Home/Health.aspx)

<sup>64</sup> Ministry of Health, (2015). *Tatau Kahukura: Māori Health Chart Book 2015 (3rd edition)*. Wellington: Ministry of Health.

<http://www.health.govt.nz/publication/tatau-kahukura-maori-health-chart-book-2015-3rd-edition>

<sup>65</sup> Statistics New Zealand (2015). *He hauā Māori: Findings from the 2013 Disability Survey*. Available at: [http://www.stats.govt.nz/browse\\_for\\_stats/health/disabilities/He-haua-maori-findings-from-2013-disability-survey.aspx](http://www.stats.govt.nz/browse_for_stats/health/disabilities/He-haua-maori-findings-from-2013-disability-survey.aspx) at pp11-12

<sup>66</sup> <http://www.scoop.co.nz/stories/GE1510/S00079/reducing-cancer-inequalities-in-maori-a-priority.htm>  
21 October 2015

<sup>67</sup> Ministry of Health, (2015). *Tatau Kahukura: Māori Health Chart Book 2015 (3rd edition)*. Wellington: Ministry of Health. <http://www.health.govt.nz/our-work/populations/maori-health/tatau-kahukura-maori-health-statistics/nga-ratonga-hauora-kua-mahia-health-service-use/primary-health-care>