



26 May 2026

Ref: OIA-2025/26-0608



Tēnā koe 

## Official Information Act request relating to the response to Waitangi Tribunal Haumarū Report

Thank you for your Official Information Act 1982 (the Act) request, which was partially transferred to the Department of the Prime Minister and Cabinet (DPMC) by Manatū Hauora | the Ministry of Health (MoH) on 23 March 2026 with respect to information held by us in relation to the Government's response to *Haumarū: The COVID-19 Poritī Report* (the Haumarū Report). Your request to MoH was for:

1. *"Please provide details of all COVID-19-related inquiries, reviews, evaluations, or investigative work undertaken or currently underway since 1 January 2021, including:*
  - a. *The name and purpose of each inquiry, review, or work programme.*
  - b. *Whether each inquiry is internal, independent, statutory, or advisory.*
  - c. *The status of each inquiry (ongoing or completed); and*
  - d. *The Crown agency or department responsible for leading or coordinating the work.*
  
2. *Inquiry Information*

*For each inquiry or work programme identified above, please provide:*

  - a. *Terms of reference or equivalent documents.*
  - b. *The names, roles, and organisational affiliations of all individuals appointed as members, advisors, or representatives to each inquiry or work programme.*
  - c. *Information regarding the appointment or selection process for those representatives. Whether any members, advisors, or representative are Māori*
  - d. *The roles Māori representatives hold within governance or advisory structures; and*
  - e. *Any policies, criteria, or requirements used to ensure Māori representation.*
  
3. *Engagement with Māori*

*Please provide all information relating to Government engagement or consultation with Māori in respect of COVID-19 inquiry and review work, including:*

  - a. *Records of consultation or engagement with iwi, hapū, Māori health providers, or Māori organisations.*
  - b. *Engagement plans, strategies, or frameworks.*
  - c. *Meeting agendas, minutes, summaries, or records evidencing Māori engagement; and*
  - d. *More substantively, have these views been incorporated into inquiry processes or outcomes, and if they have, how has that occurred.*

4. *Te Tiriti o Waitangi and Equity Considerations*

Please provide:

- a. Any documents addressing *Te Tiriti o Waitangi* obligations in relation to COVID-19 inquiry work.
- b. Equity impact assessments, *Tiriti* analyses, or kaupapa Māori frameworks applied; and
- c. Any evaluation of Māori health outcomes arising from COVID-19 response or inquiry findings.”

As MoH's transfer letter to you did not specify that DPMC had only accepted transfer with respect to the response to the Haumarū Report, we contacted you directly to clarify this. On 8 April 2026, you agreed to refine your request to DPMC to be only for information related to the response to the Haumarū Report. We have therefore interpreted your clarified request to DPMC to be for:

*General*

1. The name and purpose of the response.
2. Whether it was internal, independent, statutory, or advisory.
3. Its status (ongoing or completed).
4. The Crown agency or department responsible for leading or coordinating the work.

*Governance, including Māori representation*

5. The response's terms of reference or equivalent documents.
6. The names, roles, and organisational affiliations of all individuals appointed as members, advisors, or representatives for the response.
7. Information regarding the appointment or selection process for those representatives, including whether any members, advisors, or representatives are Māori.
8. The roles Māori representatives hold within governance or advisory structures for the response.
9. Any policies, criteria, or requirements used to ensure Māori representation in the response.

*Engagement with Māori*

10. Records of consultation or engagement with iwi, hapū, Māori health providers, or Māori organisations as part of the response.
11. Engagement plans, strategies, or frameworks for the response.
12. Meeting agendas, minutes, summaries, or records evidencing Māori engagement as part of the response.
13. Whether and how the views of Māori were incorporated into the response processes or outcomes.

*Te Tiriti o Waitangi and Equity Considerations*

14. Any documents addressing *Te Tiriti o Waitangi* obligations in relation to the response.
15. Equity impact assessments, *Tiriti* analyses, or kaupapa Māori frameworks applied as part of the response.
16. Any evaluation of Māori health outcomes arising from the response findings.

On 5 May 2026, we notified you of our decision to extend the timeframe for responding to your request by 20 working days under section 15A of the Act. Following that extension, I am now in a position to respond.

### **Background – DPMC’s role**

The COVID-19 Response Group (the Group) was established as a business unit of DPMC in 2020, continuing the work of the National Crisis Management Centre, following the centre's deactivation on 30 June 2020. The Group was led by the Deputy Chief Executive COVID-19. The Group acted as a central COVID-19 response function responsible for oversight, integration and coordination across the response system as a whole. The Group was responsible for assurance to Ministers and the identification of opportunities for continuous improvement in New Zealand’s response.<sup>1</sup>

The functions of System Response, Readiness and Planning along with Insight and Reporting (including modelling, and geospatial analysis) transitioned to the Public Health Agency of MoH on 31 October 2022.

Over the course of 2022/23 the Group's functions transferred to Health New Zealand and MoH, who are responsible for the ongoing coordination of the COVID-19 response.

The Group's Policy and Strategy coordination function transitioned to MoH, on 29 March 2023, thereby concluding DPMCs formal role in the COVID-19 response.

### **The Government Response to the Haumarū Report**

The Government Response to the Haumarū Report considered the Waitangi Tribunal’s (the Tribunal’s) findings and recommendations and provided advice to Ministers on appropriate actions, including policy, operational, and system level responses arising from those findings.

DPMC coordinated two cross-agency briefings to Ministers through existing interagency processes, with officials contributing as part of their usual duties. The response wound down in mid-2022, once advice had been provided and proactive release obligations met. Engagement, including with Māori, occurred during policy development, with views reflected in advice to Ministers, and following decisions, to inform relevant parties of outcomes.

Some of the Tribunal’s findings related to the Crown’s engagement with Māori on COVID-19 matters. The COVID-19 Group policy team primarily held the relationship with the NICF, while Te Arawhiti managed the engagement processes, including meeting facilitation, agendas, and invitations. Some longer-term work already underway at the time across government responded to a number of the Tribunal’s recommendations.

### **Information to be released**

The documents identified as in scope of your request are listed in the table below. Some of these have been previously released; however, I have decided to release additional information that was previously withheld under sections 9(2)(f)(iv) and 9(2)(g)(i) of the Act. With the passage of time, I am satisfied that the circumstances that justified withholding this information no longer apply, and that no other grounds for withholding are applicable. Some information across the documents continues to be withheld under section 9(2)(a), where release would be inconsistent with the privacy of natural persons.

---

<sup>1</sup> <https://www.dpmc.govt.nz/our-programmes/other-work/historical-programmes/covid-19-group>

Also within scope is a document that has not previously been released, which I have decided to release, subject to some information being withheld under section 9(2)(a) of the Act.

In addition, attachments C and D continue to be withheld in full under section 9(2)(g)(i) of the Act. I consider that, notwithstanding the passage of time, their release would be likely to inhibit the free and frank expression of opinions in the course of officials' duties, and that this interest is not outweighed by any countervailing public interest considerations.

Item	Date	Document description	Decision
1	22 December 2021	Additional Information on the Waitangi Tribunal's Haumarū Report – The COVID-19 Priority Report (including attachment)	Release, some information withheld under s9(2)(a). <i>Attachment A is out of scope.</i>
2	12 August 2022	Preparation for Release of Haumarū Briefing (including attachments)	Release, some information withheld under s9(2)(a). <i>Release Attachment A (Proactive release and updated information on the actions taken in response to the Waitangi Tribunal's Haumarū COVID-19 Priority Report), some information withheld under s9(2)(a). Release Attachment A 'A' (Briefing: Action in response to the Waitangi Tribunal's Haumarū COVID-19 Priority Report), some information withheld under s9(2)(a). Release Attachment B. Attachments C and D withheld under s9(2)(g)(i).</i>

In making my decision, I have considered the public interest considerations in section 9(1) of the Act. No public interest has been identified that would be sufficient to outweigh the reasons for withholding that information.

You have the right to ask the Ombudsman to investigate and review my decision under section 28(3) of the Act.

This response will be published on the Department of the Prime Minister and Cabinet's website during our regular publication cycle. Typically, information is released monthly, or as otherwise determined. Your personal information including name and contact details will be removed for publication.

Nāku noa, nā

A handwritten signature in blue ink, appearing to read "Alan Cassidy", is centered on the page.

Alan Cassidy  
Deputy Chief Executive, Corporate and Chief People Officer

Proactively Released

IN CONFIDENCE UNCLASSIFIED



DEPARTMENT OF THE  
PRIME MINISTER AND CABINET  
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

# Briefing

## ADDITIONAL INFORMATION ON THE WAITANGI TRIBUNAL'S HAUMARU REPORT – THE COVID-19 PRIORITY REPORT

To: Hon Chris Hipkins Minister for COVID-19 Response CC: Hon Kelvin Davis, Minister for Māori Crown Relations: Te Arawhiti; Hon Carmel Sepuloni, Minister for Social Development and Employment; Hon Andrew Little, Minister of Health; Hon David Parker, Attorney-General; Hon Peeni Henare, Associate Minister of Health (Māori Health); Hon Willie Jackson, Minister for Māori Development; Hon Dr Ayesha Verrall, Associate Minister of Health; Hon Aupito William Sio, Associate Minister of Health (Pacific Peoples)			
Date	22/12/2021	Priority	High
Deadline	10/01/2022	Briefing Number	DPMC-2021/22-1161

### Purpose


To provide you with a short summary of the Waitangi Tribunal's Haumaru Report – The COVID-19 Priority Report and brief overview of current government activity pertinent to its key recommendations.

### Recommendations

- Note** the Waitangi Tribunal has made breach findings in relation to the COVID-19 vaccination roll out, move to the COVID-19 Protection Framework, and engagement with Māori, and has made recommendations to address these breaches;
- Note** that work of relevance to the Tribunal's recommendations is already underway across government, and information on this is provided in this briefing;
- Agree** to discuss the Tribunal's report with officials in early 2022; YES / NO
- Agree** that this briefing is proactively released, with any appropriate redaction where information would have been withheld under the Official Information Act 1982, in March 2022. YES / NO

ADDITIONAL INFORMATION ON THE WAITANGI TRIBUNAL'S HAUMARU REPORT – THE COVID-19 PRIORITY REPORT

DPMC-2021/22-1161



Ruth Fairhall  
**Head of Strategy & Policy**

22/12/2021

Hon Chris Hipkins  
**Minister for COVID-19 Response**

...../...../2021

**Contact for telephone discussion if required:**

Name	Position	Telephone	1st contact
Ruth Fairhall	Head of Strategy & Policy	s9(2)(a)	x
Beth Hampton	Senior Policy Advisor	N/A	N/A

**Minister's office comments:**

- Noted
- Seen
- Approved
- Needs change
- Withdrawn
- Not seen by Minister
- Overtaken by events
- Referred to

# ADDITIONAL INFORMATION ON THE WAITANGI TRIBUNAL'S HAUMARU REPORT – THE COVID-19 PRIORITY REPORT

## Background

1. The Waitangi Tribunal (the Tribunal) was asked by claimants on behalf of the New Zealand Māori Council (NZMC) to inquire into aspects of the Crown's response to the COVID-19 pandemic. On 23 November 2021, the Tribunal held a priority hearing, in the context of the Health Services and Outcomes Kaupapa Inquiry (Wai 2575), into two of those aspects: the Crown's COVID-19 vaccination strategy and the move to the COVID-19 Protection Framework. Specifically, and while having regard to disproportionate Māori vaccination rates and COVID-19 cases, the Tribunal considered:
  - a) Is the Crown's vaccination strategy and plan consistent with te Tiriti o Waitangi and its principles?
  - b) Is the Crown's November 2021 COVID-19 Protection Framework consistent with te Tiriti o Waitangi and its principles?
2. The Tribunal's report into these matters, a summary of which is provided at Appendix 1, was publicly released on 21 December 2021.

## Tribunal findings

3. The Tribunal made findings of breach of Treaty of Waitangi principles, specifically breach of active protection, equity, options, tino rangatiratanga, and partnership (i.e., all of Treaty principles established in *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry*). Findings of breach arose in relation to insufficient data collection; the decision to not adopt an age adjustment for Māori in the age-based vaccine rollout; the decision to transition to the Protection Framework, without meeting the original district health board (DHB) vaccination threshold; and the manner in which the Crown has engaged with Māori during the pandemic.
4. The Tribunal summarised that 'In effect, the lack of adequate protection for Māori afforded by the COVID-19 Protection Framework is the prejudice that has resulted from Cabinet's earlier decision to reject an age-adjusted vaccine rollout'.
5. To address the resulting prejudice to Māori, the Tribunal recommends that the Crown:
  - o urgently provides further funding, resourcing, data, and other support to assist Māori providers and communities to address the various issues for Māori arising from the pandemic;
  - o improves its collection of quantitative and qualitative ethnicity data and information relevant to Māori health outcomes;

- prioritises the work to improve the quality of quantitative and qualitative data on tāngata whaikaha<sup>1</sup> and whānau hauā<sup>2</sup> in partnership with Māori disability care providers and community groups;
  - strengthens its monitoring regime to enable it to identify, in as close to real time as possible, whether or not its policy settings in relation to Māori are working as expected, so as to enable the Crown to change those settings to achieve the desired and intended results, and remain accountable to its Treaty partner;
  - partner with Māori to determine what elements of the pandemic response should be monitored and how that monitoring should be reported;
  - partner with Māori to design and implement an equitable paediatric and booster vaccine sequencing framework for Māori, incorporating the expert advice offered in this inquiry; and
  - engage with Māori in accordance with specified, Treaty-based, principles.
6. In addition, the Tribunal has stressed the importance of urgent action on its recommendations, and in particular has cautioned that the Crown will remain in active Treaty breach until it ensures an equitable vaccine rollout, which protects the Māori population.

## Overview of relevant work

7. Given the Tribunal's noted need for urgency and the pending paediatric vaccine and booster roll-outs, this briefing describes existing work programmes relevant to the Tribunal's recommendations, which can now be informed by the Tribunal's report. It does not provide an assessment of whether this work equates to the Crown meeting its Treaty obligations. In addition, this briefing does not provide analysis of the Tribunal's findings and recommendations; this work will be undertaken early in the new year.

### Paediatric vaccine and booster rollout

8. The Tribunal found that the rollout of the vaccine was inequitable, and considered that it would exacerbate Māori health inequities. It recommended that *'The Crown must, while urgently correcting its inequitable vaccine rollout for Māori adults, also begin to plan for the paediatric vaccine rollout and the booster vaccine rollout.'*
9. The Government has already confirmed that the tamariki Māori vaccination programme will be guided by Ko te tamaiti te putake – 'the child is the essence'. Tamariki Māori and whānau will be at the forefront in the development, design, and implementation of the tamariki Māori vaccination programme. All stakeholders agree that this programme will be driven by Māori, for Māori. A sequencing framework is not required for the paediatric roll-out as there will be sufficient vaccine supply to vaccinate all 5-11 year-olds in New Zealand at the same time.
10. Reflecting this, on 20 December, Cabinet agreed that to promote children's wellbeing:
- a) high priority be given to engagement with and resourcing for Māori to promote COVID-19 immunisation uptake for children and adults, together with access and uptake of

<sup>1</sup>Person with a disability.

<sup>2</sup> Māori with a disability.

other health and social measures that promote whanau wellbeing and the wellbeing of tamariki Māori;

- b) high priority be given to the promotion of immunisation for children who are, like tamariki Māori, at higher risk of exposure to and impacts from COVID-19, including Pacific children, children with disabilities and health conditions, and children in the care of Oranga Tamariki [CAB-21-MIN-0557 refers].
11. Māori paediatricians have been involved in providing technical advice into the decision to use the paediatric vaccine. While the programme is still being developed operationally, it is being co-designed, including to ensure it is an opportunity for whanau to access other childhood immunisations and boosters. There have been two wānanga and feedback has been received from the National Iwi Chairs Forum (Pandemic Response Group); Māori teachers and principals; the national Māori pandemic group (Te Rōpū Whakakaupapa Urutā); New Zealand Māori Council (NZMC); and Hauora providers.
12. In addition, DHBs are being asked to prepare a plan for roll-out to 5-11s by 17 January in partnership with iwi and hauora providers, with an emphasis on prioritising effort to reach tamariki Māori.
13. Officials will report back to the group of Ministers with power to act over the holiday period on the implementation approach prior to opening up invitations for children aged 5 to 11 years; and this will reflect the lessons learned in the initial phase of the vaccination programme and an update on the ongoing co-design process currently underway with hauora providers and iwi representatives [CAB-21-MIN-0557 refers].

#### **Collection of and reporting on data relating to ethnicity and people with disabilities**

14. The Tribunal consider that *"it is crucial, particularly in a pandemic, for the Crown to collect and maintain sufficient data to inform Crown policy and ensure an effective vaccine rollout"*. However it found that such data was not collected sufficiently to accurately and equitably inform the rollout of the vaccine for Māori, particularly tāngata whaikaha. The Tribunal found this failure to be a breach of the Treaty principles of active protection and equity.
15. Data quality, particularly as it relates to ethnicity, is something that the health system continues to work to improve, including at DHB and primary healthcare sites where data is collected as health care services are delivered. Analysis within the Integrated Data Infrastructure (IDI), which includes ethnicity data collected from across government agencies including Stats NZ, has provided confidence the use of ethnicity information from health data has not overinflated Māori vaccination coverage.
16. Improving the quality of collected disability data is an ongoing effort across multiple government agencies. Recent work between the Ministry of Health, the Social Wellbeing Agency and the Office for Disability Issues created a disability indicator using the IDI to look at vaccinations for disabled people. This is a step for providing helpful information in line with the 2019-2023 Disability Action Plan. Key insights from the IDI analysis include that more disabled Māori have had their first dose compared to non-disabled Māori.

#### **Engagement with Māori for COVID-19 Protection Framework work programmes in the new year**

17. The Tribunal found that the Crown's failure to jointly design the vaccine sequencing framework breached the Treaty guarantee of tino rangatiratanga; and that by not

consistently engage with Māori to the fullest extent practicable on key decisions in its pandemic response, in combination with the nature of its engagement, was in breach of the principle of partnership. The Tribunal therefore recommended that future engagement between Māori and the Crown, with the national collective proposed by the claimants and with other Māori groups, should reflect the following principles:

- it must give effect to tino rangatiratanga in its constitution and decision-making processes;
- it must be broadly representative of Māori iwi, providers, and other national groups including but not limited to all of the interested parties who participated in this priority inquiry;
- similarly, it must have access to a broad range of expertise, including from Māori health, whānau ora, and disability service providers;
- it must meet regularly;
- Māori must influence the agenda;
- key Ministers should be actively engaged, which at a minimum should include the COVID-19 Response Minister, the Minister and Associate Ministers of Health, the Minister for Social Development, the Minister for Māori-Crown Relations, and the Minister for Māori Development;
- key Crown officials should be actively engaged, which at a minimum should include the chief executives or other senior officials from the COVID-19 All-of-Government Response Group, the Ministry of Health, the Ministry for Social Development, Te Arawhiti, and Te Puni Kōkiri; and
- any pending Cabinet papers that materially impact on the Māori pandemic response should be tabled, and discussed.

*Engagement with the New Zealand Māori Council (NZMC) on vaccination roll-out*

18. On-going engagement by officials and Ministers with the NZMC, in addition to engagement with the Iwi Chairs Pandemic Response Group, is of relevance to the Tribunal's recommendation outlined in paragraph 17. In addition to the initial meeting that Ministers held with NZMC on 8 December prior to the Tribunal hearing, officials have also had several meetings and most recently briefed NZMC and supporting parties on 20 December. The three areas that the NZMC and supporting parties wish to engage with Government on are: planning for boosters and paediatric vaccination, self-isolation and community care, and communications. NZMC were to brief their supporting parties again on 21 December, drawing on the briefing provided by officials on 20 December.
19. NZMC paediatric technical advisors are currently engaging with the Ministry of Health Technical Advisory Group and the COVID-19 Vaccination Implementation Programme (CVIP) on initial planning for booster and paediatric vaccinations. This work also involves other CVIP technical advisors and the Pandemic Response Group of the National Iwi Chairs Forum. The engagement has provided good insights to inform the initial planning.
20. Ministry of Health is currently finalising funding to support NZMC administrative requirements to engage in this joint work. The Ministry, NZMC and supporting parties have

also broadly agreed on how they will engage and work with each other in the upcoming months.

*COVID-19 Protection Framework colour settings review*

21. Engagement with Māori, although not to the extent proposed by the Tribunal, is already built into the planned COVID-19 Protection Framework processes. In particular, planned reviews of the Framework colour settings (e.g. whether regions should be in Red or Orange) includes input from Regional Leadership Groups (RLG). These groups include local government, regionally based officials from central agencies, and iwi and hapū leaders. RLGs can contribute to advice on the non-health factors from a regional perspective and support the co-ordination of locally led delivery of health, welfare, housing and economic approaches under the framework<sup>3</sup>. Input from the Iwi Chairs Pandemic Response Group and other pan-Māori legacy organisations is also built into the regular review process, with support from Te Arawhiti and Te Puni Kōkiri.
22. As occurred under the Alert Level Framework, it is anticipated that where changes to colour settings are required to occur out-of-cycle that engagement with iwi Māori and stakeholders will be extremely limited due to time constraints.

*DPMC reviews of Framework policy settings and vaccine certificates*

23. Cabinet has directed DPMC to undertake a preliminary review of the COVID-19 Protection Framework policy settings. Alongside this process, we will also do a more detailed review on the use of vaccine certificates within the Framework. These reviews will identify issues related to policy settings, including from public health and equity perspectives, and are expected to overlap with some of the issues canvassed in the Tribunal's report.
24. DPMC is working with Te Arawhiti to ensure that engagement processes for these reviews are fit for purpose for Māori, and to maximise the opportunity they present in terms of addressing concerns raised via the Tribunal process.

*Reconnecting New Zealand*

25. Work is underway to facilitate engagement with iwi Māori on Reconnecting New Zealanders. This is likely to include engaging with Māori businesses and pan-Māori organisations with a focus on the implications and opportunities of Step 1 and 2 of the Reconnecting New Zealanders approach, with continued engagement to consider the implications of opening the border to non-New Zealanders under Step 3 of the Reconnecting Approach.

**Māori Communities COVID-19 Fund**

26. The Tribunal provided commentary expressing discontent on the timeliness of allocation of funds from the Māori Communities COVID-19 Fund (MCCF), and concern that the fund had not addressed the existing issues of accessibility and timeliness of funding more generally. Although not necessarily as a result of the MCCF, it is worth noting that Māori first doses have increased from 69 percent to 87 percent, and from 48 percent to 69 percent second doses, since the fund opened on 22 October.

---

<sup>3</sup>Where not all iwi are part of a RLG, that they are still able to have input into regional decision making where appropriate. Many regions are currently reviewing their existing RLG structures and looking to strengthen their membership and function to support the COVID-19 Protection Framework. There are likely to be some changes to personnel as the groups are confirmed for their new purpose, and roles and responsibilities are defined.

27. There is still more work to do to lift vaccination rates in those DHB regions with lower vaccination rates. Public health advice has since recommended targeting a small amount of further Phase 1 MCCF funding to focus on rangatahi Māori and Māori aged under 35 in those locations. Te Puni Kōkiri is working with MCCF partner agencies to provide recommendations to Ministers on priority proposals.
28. There is \$46.4 million remaining in the MCCF for Phase 2. Officials have provided Ministers with advice on a funding scope for Phase 2 to support providers to respond to COVID-19 in the community, with a view to Ministers being provided with first proposals for approval mid-January. Subject to Ministerial approval, agencies will use a data-driven approach to target established providers to deliver community resilience services in areas with the highest identified need.

### **Improving Treaty Analysis**

29. The Tribunal provided commentary on the quality of Treaty Analysis included in Cabinet papers, and suggested that the Crown build capability in this area. DPMC and Te Arawhiti will progress this work in the new year.

### **Next steps**

30. Claimants expect that a formal response of some kind will be provided by Ministers, and to see a visible change in approach with respect to Māori and COVID-19 policy. While noting that the COVID-19 Priority Report sits within the wider Health Services and Outcomes Kaupapa Inquiry (Wai 2575), it is anticipated that a response to the report would be led by the Minister for COVID-19 Response (rather than Health Ministers), with support from the DPMC and the Ministry of Health.
31. We propose you agree to discuss the Tribunal's report with officials in early 2022. By this time more will be known about the Omicron variant and its potential impact on New Zealand, which will be important context for any formal response, should Ministers wish to provide one. Officials will continue to give consideration to the report, within both the COVID-19 context and the wider health system reforms, and can provide further analysis in the new year.

### **Consultation**

32. The following agencies provided content for and were consulted on this briefing: Ministry of Health, Te Puni Kōkiri and Te Arawhiti. Crown Law was consulted.

<b>Attachments:</b>	
<b>Attachment A:</b>	Summary of the Waitangi Tribunal's Haumaruru Report – The COVID-19 Priority Report

*Attachment A is out of scope of this request.*



# Aide-Mémoire

## PREPARATION FOR RELEASE OF HAUMARU BRIEFING

<b>To:</b> Hon Dr Ayesha Verrall, Minister for COVID-19 Response 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			
<b>From:</b>	Alice Hume Head of Strategy & Policy, COVID-19 Group	<b>Date:</b>	12/08/2022
<b>Briefing Number:</b>	DPMC-2021/22-2625	<b>Security Level:</b>	<del>IN-CONFIDENCE UNCLASSIFIED</del>

### Purpose

1. Ministers requested a public statement on the release of material related to the Waitangi Tribunal's *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry* (Hauora report) and the Waitangi Tribunal's *Haumarū: The COVID-19 Priority Report* (Haumarū report).
2. This paper provides the COVID-19 Response Minister with a cover note recommending proactive release of a briefing from the Department of the Prime Minister and Cabinet (DPMC) that outlined agency actions taken to address the Haumarū report. The cover note updates Ministers on the progress made toward addressing the findings and recommendations since provision of the DPMC briefing.
3. This paper provides Ministers with draft material to support a public statement and material to support engagement with claimants and stakeholders of the Haumarū report ahead of proactive release.

### Hauora report

4. The Haumarū report is part of a wider Health Services and Outcomes Kaupapa Inquiry (Wai 2575); the Tribunal released the Hauora Report at the end of Stage One of Wai 2575.
5. Ministers have indicated the preference that any public statement regarding the Haumarū report take into account progress on Stage One of the Hauora Report.
6. The Ministry of Health advise they worked with Minister Henare's Office to prepare a press statement regarding the progress on the Hauora Report (2019) and are finalising a briefing to Ministers Henare, Little, and Davis regarding responding to Chapter 10 (2021), which

includes a proposed timeframe for Ministers engaging with Stage One claimants when practicable.

## Haumaru report

---

7. The COVID-19 Response Minister agreed to proactively release the Department of the Prime Minister and Cabinet's (DPMC) April 2022 briefing [DPMC-2021/22-1545] outlining the actions taken to address the findings and recommendations of the Haumaru report.
8. DPMC officials provided Minister Verrall's office with a draft communications and engagement plan that set out a proposed approach for engaging with claimants and stakeholders ahead of proactive release of the DPMC briefing.
9. Separately, you will receive a proactive release cover note that captures updated information on the actions taken since provision of the April 2022 briefing to Minister. This cover note provides a factual basis for the material appended to this paper to support engagement with claimants and stakeholders ahead of proactive release:
  - a) Engagement material (slide deck).
  - b) Reactive questions and answers.
  - c) Draft press release statement.

## Engagement on COVID-19 strategy and legislation


---

10. The Haumaru report made recommendations regarding the Crown's engagement with Māori on COVID-19 matters. At present, there are significant work programmes underway across agencies to design and inform the next phase of pandemic management. Officials propose that Ministers also flag with the New Zealand Māori Council and the New Zealand Iwi Chairs Forum that officials intend to discuss this work with those groups and their technicians. This work includes:
  - a) Implementation of the new COVID-19 strategy based on preparedness, protection and resilience, and stability and the possible timing to transition. The strategy will be enabled through baseline and reserve measures. Officials have discussed the strategy with members of the National Iwi Chairs Forum and they expressed an interest in the implementation of the baseline measures that underpin the new strategy.
  - b) The future pandemic legislative framework to replace the COVID-19 Public Health Act. As part of this work, officials are considering the extent to which the Treaty and its principles can and should expressly be referenced in legislation. Officials met with the National Iwi Chairs Forum on Thursday 28 July to discuss this legislative work. The National Iwi Chairs Forum expressed an interest in collaborating with officials on this work and officials have invited technicians to engage in this work in the next week.
11. The Haumaru report noted that the Public Service Act 2020 and work programmes led by Te Arawhiti: Office for Māori Crown Relations aim to encourage an increase in public service agencies' capability to undertake robust Treaty of Waitangi analysis into policy advice to Cabinet.
12. DPMC commissioned Te Arawhiti and the Crown Law Office to review DPMC's COVID-19 Policy Treaty Guidance earlier this year. The guidance is the basis of the Treaty of Waitangi analysis sections in Cabinet papers prepared by the DPMC Covid-19 Group. This guidance has been provided to Minister Verrall's office for visibility.

**Next steps**

---

- 13. DPMC will work with Ministers' offices to agree the timing for a public statement on the Haumaru reports and prepare material accordingly.
- 14. DPMC will work with Ministers' offices, Te Arawhiti, and the Ministry of Health to engage with the New Zealand Māori Council on the Haumaru report to discuss work underway across government to address the findings and recommendations. This engagement could be done alongside the public statement on the Hauora and Haumaru reports.

  
**Alice Hume**  
**Head of Strategy and Policy**  
**COVID-19 Group, DPMC**

---

12/08/2022

**Hon Dr Ayesha Verrall**  
**Minister for COVID 19 Response**

---

... / ... / ...

**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**

---

...../...../.....

...../...../.....

Attachments:	
Attachment A:	Cover note for proactive release of DPMC Haumarū briefing
Attachment B:	Engagement material (slide deck)
Attachment C:	Reactive questions and answers
Attachment D:	Draft press release statement

Contact for telephone discussion		
Name	Position	Telephone
Kay Baxter	Manager Strategy and Policy, DPMC COVID-19 Group	s9(2)(a)
Rae Nathan	Senior Advisor, DPMC COVID-19 Group	

*Attachments C and D are withheld under section 9(2)(g)(i) of the OIA.*

Proactively Released



## Cover note

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

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

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

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	

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 Haumaru 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 UNCLASSIFIED
------	------------	----------------	----------------------------

### 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 *Haumaru: The COVID-19 Priority Report* (the Haumaru report).
2. This cover note also updates Ministers on the progress made since May 2022 toward addressing the findings and recommendations in the Haumaru 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 *Haumaru: 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 following a public statement on the Haumaru 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 Haumaru 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.



**Alice Hume**  
**Head of Strategy and Policy**  
**COVID-19 Group, DPMC**

---

...12../08../2022



**Hon Dr Ayesha Verrall**  
**Minister for COVID-19 Response**

---

...../...../.....

**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 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.
  - 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.
  - Limited uptake of offer to transport whānau to and from the vaccination points, as most indicated they had their own transport.
  - Efforts to raise awareness of the range of support services available for isolation, including delivery of fresh food kai packs during isolation periods.
  - 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	<del>IN-CONFIDENCE UNCLASSIFIED</del>

Proactively Released

Proactive release and updated information on the actions taken in response to the Waitangi Tribunal's Haumarū COVID-19 Priority Report	DPMC-2021/22-2624
--	-------------------

~~IN-CONFIDENCE UNCLASSIFIED~~

**DEPARTMENT OF THE  
PRIME MINISTER AND CABINET**  
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

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

<b>Date:</b>	29/04/2022	<b>Report No:</b>	DPMC-2021/22-1545
		<b>Security Level:</b>	<del>IN-CONFIDENCE UNCLASSIFIED</del>
		<b>Priority level</b>	[Priority]

	<b>Action sought</b>	<b>Deadline</b>
Hon Kelvin Davis <b>Minister for Māori Crown Relations: Te Arawhiti</b>	agree/disagree to recs	6 May 2022
Hon Chris Hipkins <b>Minister for COVID-19 Response</b>		
Hon Peeni Henare <b>Associate Minister of Health</b>		

<b>Name</b>	<b>Position</b>	<b>Telephone</b>
Ruth Fairhall	Head of Strategy and Policy	s9(2)(a)
Sam Willis	Senior Policy Advisor	
Kohu Douglas	Policy Advisor	

### Minister's Office

**Status:**

Signed

Withdrawn

**Comment for agency**

**Attachments:** Yes/No

# Briefing

## Action in response to the Waitangi Tribunal's Haumaru COVID-19 Priority Report

To:			
Hon Kelvin Davis, Minister for Māori Crown Relations: Te Arawhiti			
Hon Chris Hipkins, Minister for COVID-19 Response			
Hon Peeni Henare Associate Minister of Health			
Date	29/04/2022	Security Level	IN-CONFIDENCE UNCLASSIFIED

### Purpose

1. This briefing outlines the changes and progress made towards addressing the findings and recommendations in the Waitangi Tribunal's report *Haumaru: The COVID-19 Priority Report*.

### Recommendations

We recommend you:

1. **Note** the Waitangi Tribunal determined that the Crown breached Te Tiriti o Waitangi principles, including the principles of active protection, equity, options, tino rangatiratanga, and partnership, in its COVID-19 pandemic response, and that the Crown would remain in active breach of Te Tiriti o Waitangi until their recommendations were addressed;
2. **Note** that the government's approach to responding to Waitangi Tribunal Kaupapa inquiries is based on the Crown making meaningful changes to policy and practice as part of a commitment to meeting its obligations under Te Tiriti, which differs from the approach to historical Te Tiriti o Waitangi claims of negotiating historical, cultural, and financial redress contained in full and final settlements;
3. **Note** that many of the Tribunal's findings on the government's COVID-19 response relate to known disparities in health and other social outcomes for Māori, and that in several instances the recommendations relate to significant longer-term work already underway across government, including:
  - 3.1 Improving the monitoring of Māori health outcomes, including by the establishment of the Māori Health Authority;
  - 3.2 Strengthening the collection and use of health-related ethnicity and disability data, which will provide the fundamental data building blocks necessary to address the Tribunal recommendations; and

3.3 Strengthening the Ministry of Health's data sharing capability and capacity, which includes being able to share more data on COVID-19 vaccination uptake with Māori providers.

4. **Note** that shorter-term changes have also been made to the government's pandemic response that address or relate to the recommendations in the Haumarū Report, including:

4.1 Providing additional funding of \$140m for Māori and Pacific community services to support with the Omicron response – this funding is being delivered through health providers, Whānau Ora, and iwi organisations, and complements significant funding being invested into the general Care in the Community framework;

4.2 Providing funding to support the New Zealand Māori Council to establish Ngā Mana Whakahāere a COVID-19 Rōpū, in order for this group to provide advice and monitoring on the COVID-19 pandemic response for Māori;

4.3 Providing targeted support to maximise paediatric and booster vaccination uptake for Māori, including working closely with Māori providers, schools, and community groups; and

4.4 Implementing a strengthened engagement regime with Māori groups to enable clearer and earlier input into policy and decision-making processes relating to COVID-19.

5. **Agree** to issue a public statement, outlining the work that is underway relevant to Tribunal's findings and recommendations;


YES  NO

6. **Agree** to discuss the government's work relevant to the Tribunal's findings and recommendations at one of the regular meetings with the New Zealand Māori Council and other Māori groups led by the Minister for Māori Crown Relations: Te Arawhiti; and

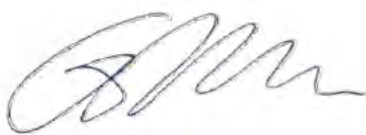
YES  NO

7. **Agree** to proactively release this briefing, subject to any redactions, as appropriate.

YES  NO

  
Ruth Fairhall  
Head of Strategy and Policy  
COVID-19 Group, DPMC  
29/1/4/2022

Hon Kelvin Davis  
Minister for Māori Crown Relations: Te  
Arawhiti  
...../...../2022

  
Hon Chris Hipkins  
**Minister for COVID-19 Response**  
.....07...../05...../2022

Hon Peeni Henare  
**Associate Minister of Health**  
...../...../2022

Please forward a copy of this report to Hon Little and Hon Whaitiri.

I'm keen to engage more with Maori leaders on the COVID-19 response. I've found the hui that we have held so far to be very useful. Can we regularise that?

CH

Proactively Released

## Background

2. From 6-10 December 2021, the Waitangi Tribunal (the Tribunal) held a priority hearing to inquire into the Crown's response to the COVID-19 pandemic based on claims brought by the New Zealand Māori Council (NZMC). The Tribunal identified the following specific issues for its inquiry:
  - a) Whether the Crown's vaccination strategy and COVID-19 Protection Framework was consistent with Te Tiriti o Waitangi and its principles; and
  - b) Whether there are changes required to ensure the Crown's vaccination strategy and COVID-19 Protection Framework are Tiriti compliant.

### Waitangi Tribunal findings

3. The Tribunal found breaches of the Te Tiriti o Waitangi principles, that is, the principles of active protection, equity, options, tino rangatiratanga, and partnership<sup>1</sup>. The Tribunal concluded that the Crown breached these principles in the following areas:
  - a) **Vaccination roll-out** – The Tribunal found that the Crown did not collect sufficient data to inform the rollout of the vaccine accurately and equitably for Māori, particularly tāngata whaikaha Māori (Māori disabled people) and therefore breached the principles of active protection and equity. The Tribunal also found that Cabinet's decision to reject advice from officials to adopt an age adjustment for Māori 50-64 years old in the age-based vaccination rollout breached the principles of active protection and equity.
  - b) **Shift to the COVID-19 Protection Framework** – The Tribunal found that Cabinet's decision to transition to the Protection Framework, without meeting the original District Health Board (DHB) vaccination threshold:
    - i. put Māori at disproportionate risk of Delta infection, in breach of the principles of active protection and equity;
    - ii. put Māori health and Whānau Ora providers under extreme pressure and undermined their ability to provide equitable care for Māori, in breach of the principles of tino rangatiratanga and options; and
    - iii. was made despite the strong opposition of the Māori health leaders and iwi leaders it consulted, in breach of the principle of partnership.
  - c) **Engagement with Māori** – The Tribunal found that the Crown's failure to jointly design the vaccination sequencing framework breached the Te Tiriti o Waitangi guarantee of tino rangatiratanga, and the principle of partnership. Further, it found that the Crown did not consistently engage with Māori, to the fullest extent practicable, on key decisions in its pandemic response. In addition, the nature of its engagement was often one-sided. These omissions were found to be in breach of the principle of partnership.
4. The Tribunal was clear that the Crown's pandemic response needed to be revised to better work with and for Māori, and the Tribunal's view was that the Crown would be in ongoing breach of the principles of Te Tiriti until it had done so. It also provided a spotlight on systematic and structural issues that stand in the way of effective Māori-Crown partnership, particularly in times of crisis.

<sup>1</sup> These are the Te Tiriti o Waitangi principles established in *Hauora: Report on Stage One of the Health Service and Outcomes Kaupapa Inquiry*.

### **Waitangi Tribunal recommendations**

5. In response to the findings, the Tribunal made several specific recommendations to the Crown to address the breaches highlighted by the report, which included:
  - a) Providing further funding, resourcing, data, and other support to Māori service providers and communities to support their pandemic response;
  - b) Improving collection of and reporting on data relating to ethnicity and on disabled people;
  - c) Strengthening the monitoring of the pandemic response to ensure accountability to Māori;
  - d) Ensuring the paediatric vaccine and booster vaccine rollout is equitable; and
  - e) Empowering Māori to coordinate the Māori pandemic response, including strengthening engagement between Māori and the Crown.
6. On 22 December the Minister for COVID-19 Response received an initial high-level outline of work underway across government relating to the findings and recommendations in the Tribunal's Haumarū Report.

### **Strategic context for the urgent Waitangi Tribunal hearing**

7. The Waitangi Tribunal's priority hearing into the government's COVID-19 response took place in the context of the urgent and time-critical work underway as part of the pandemic response, including the booster and paediatric vaccine roll out, and the bedding in of the COVID-19 Protection Framework (the Framework). The Tribunal report provided a point-in-time illustration of the COVID-19 response work underway.
8. Many of the Tribunal's findings on the government's COVID-19 response relate to known disparities in health and other social outcomes for Māori, when compared to the wider population. In several instances, the findings and recommendations in the Tribunal report relate to significant longer-term work already underway across government, for example work to strengthen the collection and reporting of disability and ethnicity data.
9. In other instances, the findings and recommendations relate to shorter-term adjustments that have been and continue to be made to the government's pandemic response, with specific changes being made by the government outlined below in the briefing.
10. Ultimately, the government is making progress and will continue to work towards ensuring that the pandemic response is equitable, particularly for Māori, in line with its Te Tiriti obligations.

#### *Ongoing improvement of COVID-19 health outcomes for Māori*

11. Efforts to improve vaccination coverage for Māori have continued to evolve as the nature of the COVID-19 outbreak has changed (dominated first by the Delta and then the Omicron variant).
12. The Tribunal noted that as at 23 November 2021, 70.4 percent of the total New Zealand population had received two doses of the Pfizer COVID-19 vaccine compared with 47.9 percent of the total Māori population. Over the last five months to 26 April 2022 this coverage has increased significantly with 95 percent of the total New Zealand population aged over 12 having received two doses of the Pfizer COVID-19 vaccine compared with 88 percent of the total Māori population aged over 12. Three doses is now considered to provide the best protection against the Omicron variant. As at 26 April, booster rates for Māori are at 55 percent of those eligible aged 18 years and over compared to 71 percent for the general population.
13. The Tribunal also noted that as of 23 November, during the Delta outbreak (which began in August), Māori had represented 43 percent of COVID-19 cases, 32 percent of all hospitalised

cases, and 43 percent of all deaths. As at 26 April, Māori represented 20 percent of all COVID-19 cases, 24 percent of hospitalisations, and 17 percent of all deaths.

14. Policy approaches also continue to evolve in the broader immunisation context with free influenza vaccination being extended to Māori aged 55-64 (for the first time) in 2022.

## Work underway across government to address the recommendations in the Tribunal's Haumarū Report

15. The section below outlines the recommendations made by the Tribunal and specific work that has either been completed, or is underway across government, related to those recommendations.

### Recommendation 1: Providing further funding, resourcing, data, and other support to Māori service providers and communities to support their pandemic response

16. The Tribunal highlighted that if Māori health and Whānau Ora providers are to be effective, the Crown must adequately resource them to carry out their job, which includes providing them with relevant data that would assist their efforts. They recommended that further funding, resourcing, data, and other support should be urgently provided to assist Māori service providers and communities (**Recommendation 1**). This included assisting with:

- a) The continuing, urgent vaccination effort – including for the paediatric vaccine and booster vaccine – especially in rural areas and in communities living in areas with lower socio-economic decile ratings;
- b) Targeted support for whānau hauā and tāngata whaikaha;
- c) Testing and contact tracing;
- d) Caring for Māori with COVID-19; and
- e) Self-isolation and managed isolation programmes.

#### *Funding and support provided by the Ministry of Health to Māori providers, to support the COVID-19 response*

17. Significant funding has been provided by the Ministry of Health and DHBs to Māori providers for a range of services including the delivery of vaccinations, case investigations and testing.
18. A total of \$39m was delivered to Māori providers throughout 2021<sup>2</sup> from the COVID-19 Vaccination and Immunisation fund (administered by the Ministry of Health). An additional \$36m funding was announced in October to support the Māori response to the COVID-19 Delta outbreak and enable providers to prepare for future outbreaks.
19. This funding has provided an opportunity for Māori health providers to respond to COVID-19, beyond vaccinations and healthcare. This includes social supports such as kai and hygiene packs for whānau, to providing capital and operating support to providers to deliver services directly to whānau. This funding has also helped to provide over 718,000 COVID-19 vaccinations, 185,000 general practice consults, 57,000 mental health services, and 14,000 Rongoā services so far.
20. The National Immunisation Programme and the Māori Health commissioning team at the Ministry of Health have strong relationships with Māori health providers and have a good

<sup>2</sup> This funding was for Māori vaccination preparedness, Māori vaccination coordinators and navigators, local Māori vaccine champions, Māori workforce development and targeted local and regional vaccination communications.

understanding of their funding and resourcing needs, and may provide additional targeted support to providers as needed during an outbreak.

*Funding and support provided through Te Puni Kōkiri*

21. In October 2021, \$120m funding was provided to Te Puni Kōkiri (TPK) to administer the Māori Communities COVID-19 Fund (MCCF) in conjunction with Te Arawhiti and the Ministry of Health. The purpose of the MCCF was to accelerate Māori vaccinations and build community resilience to COVID-19. As of 22 April, \$110m had been allocated through 132 contracts. This funding does not include direct funding to providers to deliver COVID-19 services (eg. testing, case investigation and vaccinations).
22. In February 2022, further funding of \$140m was announced as part of the *COVID-19 Response: Further Support for Māori and Pacific Community* package in response to Omicron. The four funding pathways that make up the \$140 million are:
  - a) Close to \$40m to Māori and Pacific health providers to enable them to scale up their services;
  - b) \$40.6m to Whānau Ora Commissioning Agencies to enable wraparound and holistic support for whānau to ensure they have a plan for Omicron, can get tested and know how to access Care in the Community support if needed;
  - c) \$40.05m to build on the Māori Communities COVID-19 Fund (MCCF), administered by Te Puni Kōkiri with Te Arawhiti, to enable communities (particularly iwi) to mobilise their own approaches and build resilience;
  - d) \$1.75m for the Karawhiua Māori vaccination campaign informing Māori communities about COVID-19, launched by Te Puni Kōkiri, and supported by the Ministry of Health and DPMC;
  - e) \$18m funding for Pacific Aotearoa Community Outreach Initiative, led by the Ministry for Pacific Peoples, to support Pacific communities to prepare, respond and recover from the social and health impacts from Omicron.
23. With the move to Phase Three of the Omicron approach, the main levers for supporting Māori outcomes in the pandemic are community led. Efforts have been made to ensure this funding can be deployed efficiently to those working on the frontline, and to prioritise funding increases towards regions with the greatest need.
24. For example, of the \$40.6m allocated to Whānau Ora, all the funding was distributed to Whānau Ora Commissioning Agencies within the three days of funding decisions being finalised. This funding has gone out to their extensive networks of over 180 partners and providers, nationwide. It has been spent on providing Omicron related support to whānau in need, to provide complementary support alongside other pathways offered to New Zealanders seeking support to respond to COVID-19.
25. The nature of this support varies as Whānau Ora is a holistic approach responding to the needs and aspirations of whānau on a case by case basis. Examples of support include:
  - a) Establishing, operating and supporting testing and vaccination centres
  - b) Food and hygiene packages (including RATs, PPE gear and oximeters)
  - c) Utilities, medication, rent and fuel payments
  - d) Access to key services such as transport, online learning for tamariki and students
  - e) Support for families in isolation; and
  - f) Mental health consultations.

*Welfare related funding and support provided to iwi Māori to support with the COVID-19 response*

26. Additionally, the Care in the Community welfare approach has also prioritised Māori community providers in the allocation of funding. For example:

- a) 55 percent of the total \$155m in Care in the Community funding committed has been allocated to Māori community organisations;
- b) Over 130 of the 292 food providers identify as Māori, and over 50 of these providers identify as Māori and deliver Whānau Ora services nationally; and
- c) Over 280 of the 500 Community Connectors in place identify as Māori, and over 120 of these Community Connectors identify as Māori and deliver Whānau Ora services<sup>3</sup>.

27. The Care in the Community welfare approach actively ensures that partnership obligations under Te Tiriti are recognised by providing resourcing for iwi representation in decision-making through the Regional Leadership groups. Iwi and iwi collectives have played a vital role in connecting with vulnerable whānau and supporting iwi partnerships into the future is a priority.

*Additional data provided to Māori providers to support with the COVID-19 response*

28. The Ministry of Health has also strengthened its data sharing capability and capacity, which includes being able to share more data on COVID-19 vaccination uptake with Māori providers.

29. The Ministry of Health monitors both national and regional data to assess whether vaccinations are being rolled out equitably. It has data-sharing agreements in place with DHBs and partner agencies such as TPK which can then share data with providers on the Ministry of Health's behalf. This data informs strategies to increase vaccine uptake, with successful strategies shared between organisations and groups.

30. Data is also shared with service providers, in some cases down to an individual level, as well as released on the Ministry's website down to suburb level. This data supports local community activities to lift vaccine uptake rates. The Ministry currently has 16 data-sharing agreements in place with iwi and Māori organisations to support outreach activities. This includes agreements with the Whānau Ora Commissioning Agency, Data Iwi Leaders Group and National Hauora Coalition, as examples of large organisations with extensive reach.

31. Some data-sharing agreements are for aggregated and anonymised data. Individual and identifiable information is also being made available on request to organisations which may be effective in increasing vaccination rates on the basis that:

- a) There remains a serious threat to public health;
- b) Disclosure of the information is necessary to prevent or lessen the threat; and
- c) It is not practicable to obtain authorisation for disclosure from the individuals concerned.

### **Recommendations 2 and 3: Improving collection of and reporting on data relating to ethnicity and on people with disabilities**

32. The Tribunal was provided with evidence that the data collected by the Crown does not accurately capture information for particular population groups, including Māori. It raised a concern that the undercounting of Māori means that the officially recorded equity gap in vaccination rates may be underestimated, and recommended that the Crown improve its

<sup>3</sup> Provider ethnicity is reported using an approach called 'prioritised ethnicity' – this means that people are allocated to a single ethnic group in an order of priority, even if they identify with more than one ethnicity. The priority used by MSD is Māori, Pacific Peoples, NZ European and Other. For example, if a provider identifies as Māori and Tongan, they're reported as Māori only". Data as at 28 March 2022.

collection of quantitative and qualitative ethnicity data and information relevant to Māori health outcomes (**Recommendation 2**).

33. In addition, the Tribunal also noted a practical absence of quality data on disabled people, and recommended the Crown prioritise the work to improve the quality of quantitative and qualitative data on disabled people in partnership with Māori disability care providers and community groups (**Recommendation 3**).

*Short-term work to analyse the ethnicity data used in the vaccination roll out*

34. The Ministry of Health has been working with Statistics New Zealand (Stats NZ) to further analyse the ethnicity data captured as part of the vaccination roll out. This has involved placing the health datasets used to calculate vaccination coverage into the Integrated Data Infrastructure (IDI<sup>4</sup>), to further assess the ethnicity make-up of vaccination data.
35. This analysis highlighted that people identify with different ethnic groups in different situations. Approximately 10-15 percent of people who completed the 2018 Census and identified as Māori in the Census are not recorded as Māori in health data. Data calculated in this way indicates vaccination coverage for Māori to be a few percentage points higher than the rates publicly reported because some Māori are being vaccinated but not being counted in the Māori vaccination statistics. Therefore, the reported equity gap is likely an overestimation rather than an underestimation.

*Longer-term work to improving the collection of and reporting on ethnicity data in the health system*

36. Work is underway at the Ministry of Health to improve the quality of ethnicity data used in the health system over the longer term, particularly as individuals interact with the health system. Recent developments include:
- a) Issuing an updated Ethnicity Data Protocol by the Health Information Standards Organisation (HISO) Ethnicity Data Protocols.
  - b) Implementing this protocol through key health system development, such as the National Enrolment Service for Primary Health Organisation enrolment.
  - c) Updating and reissuing tools to help organisations to assess the quality of their ethnicity data, for example through the Hospital Ethnicity Data Audit Toolkit.
  - d) Building the capability for consumers to have better access to and control over their health information, including their ethnicity data as part of the Hira programme (National health information platform).
37. The Ministry of Health has also begun work on the collection of Māori Descent and Iwi Affiliation information. The Ministry is working in partnership with the Data Iwi Leaders Group on this project, working under the framework of the Mana Ōrite agreement between the Leaders Group and the Crown, and drawing on Māori data experts from across government. This will help to imbed the collection of this data across health IT systems, with an ultimate goal of being able to share health statistics with iwi, in accordance with the Treaty principle of active protection.
38. The actions being undertaken are fundamental data building blocks, necessary to be able to meet the recommendations of the report over the longer term. They will have benefits both for the COVID-19 response directly and monitoring health system performance.

*Short-term work to analyse the disability data used in the vaccination roll out*

---

<sup>4</sup> The IDI is a large research database that contains information about people and households from government agencies, Stats NZ surveys like the Census, and non-government organisations.

39. The Ministry of Health commissioned the Social Wellbeing Agency in 2021 to create a disability indicator using the IDI and look at vaccination coverage for disabled people. The creation of this disability indicator within the IDI significantly expanded the amount of disability data and insights available to inform the COVID-19 response.
40. The Social Wellbeing Agency created this indicator by combining several datasets in the IDI<sup>5</sup>. This methodology estimated a disabled population of approximately 1.2 million people, a much larger group than had been established through identifying the people who receive funded supports from the Ministry of Health or ACC.
41. A key insight gained from IDI analysis with information from November 2021 was that disabled people had higher vaccination coverage than non-disabled. This was also true for Māori disabled people. 84 percent of Māori disabled had at least their first dose, compared to 74 percent Māori non-disabled people.

*Longer-term work to improve the quality of disability data in the health system*

42. While the disability indicator provided population wide insights, many of the issues raised by the Tribunal related to a lack of person-level administrative data to be used to target vaccination efforts. The disability indicator in the IDI does not fill this gap as it may only be used to create anonymised snapshots of outcomes, rather than granular targeting of services or real-time monitoring in line with specific population groups.
43. Work is underway by the Ministry of Health to improve the quality of disability data at a more granular level as part of the Patient Profile and National Health Index Project (PPNHI) in partnership with disabled people. One key aim of PPNHI is to identify disabled people by NHI identifier, including tāngata whaikaha.
44. PPNHI is undergoing a shift to both bolster its tāngata whaikaha participation towards genuine partnership and extend the timeline to enable a greater focus on key equity groups including tāngata whaikaha and disabled rangatahi and tamariki. As a part of this shift, it has included additional tāngata whaikaha voices including input from the claimants.
45. It is expected that the project will significantly improve the quantity, quality and breadth of data available on disabled people and tāngata whaikaha in the health system over the longer-term.

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

46. The Tribunal outlined that while it had some concerns about the quality of the data available to the Crown to monitor its health response for Māori, it indicated that there is sufficient data available to the Crown to be able to identify early whether or not its policies are having the desired effect for Māori.
47. The Tribunal recommended that the Crown strengthen its monitoring regime to enable it to identify, in as close to real time as possible, whether or not its policy settings in relation to Māori are working as expected, so as to enable the Crown to change those settings to achieve the desired and intended results (**Recommendation 4**). The Tribunal also recommended that Crown partner with Māori to determine what elements of the pandemic response should be monitored and how that monitoring should be reported (**Recommendation 5**).

*Monitoring of Māori outcomes*

48. The Ministry of Health have identified some existing mechanisms for monitoring the impact of the COVID-19 response on Māori. The COVID-19 Māori Monitoring Group (MMG) enables

<sup>5</sup> This included the 2018 Census data, which employed the Washington Group Short Set of Questions on Functioning (WGSS). Other datasets were also used to identify more people with functional impairments in line with the WGSS questions - Walking, Seeing, Hearing, Remembering, Washing, and Communication.

Māori leadership from across different sectors and communities to provide independent insights to the Ministry of Health as part of their ongoing response to COVID-19, with a particular focus on longer-term recovery. The Group acts as an accountability and monitoring mechanism to track the Ministry's progress against Whakamaua: Māori Health Action Plan 2020-2025 and to ensure the Ministry continues to progress and prioritise equity-centred, Tiriti-compliant workstreams. Further information on the MMG's surveillance and monitoring of COVID-19 specific actions is included in [Appendix 1](#).

49. Ngā Mana Whakahāere a COVID-19 Rōpū (NMWC), which includes national Māori stakeholders, has also been established by the New Zealand Māori Council to provide advice on the COVID-19 pandemic. The Ministry of Health has supported this establishment with \$132,140 provided to the NZ Māori Council to provide secretariat support for NMWC. Engagement between this newly established group and the Crown started prior to the release of the Haumarū Report.
50. The Ministry of Social Development (MSD) also provides weekly dashboard reporting on the Care in the Community welfare response, including the ethnicity of people requesting welfare support. MSD is currently working on having a fuller breakdown of data to understand the number of Māori who are receiving support through the Care in the Community welfare response, including household breakdowns of support and referrals that have been managed through community providers. Much of this information will be available through the new Reporting tool for Community Connectors and Food Providers which was live from 28 March, with data available in May.
51. The Ministry of Health have also been working to improve the visibility and cohesiveness of work underway specific to the disabled community as part of the COVID-19 response. This has included the implementation of a regular dashboard (the All of Government COVID-19 Disability Response Tracker), requested by the Minister for Disability Issues, that tracks the progress of work relating to disabled communities<sup>6</sup>. A number of the workstreams relate directly to iwi Māori and Māori providers, for example one key workstream relates directly to increasing vaccination rates within these communities. The tracker is one of the tools being used to inform the government's response to the Disability Rights Commissioner's recent inquiry.
52. Each agency, including the Ministry of Health and MSD, collects data on Māori outcomes and Māori-led and targeted programmes. The strengthened engagement approach (outlined in paragraphs 64 to 70 of this briefing) will provide Māori pandemic groups a greater visibility over COVID-19 outcomes for Māori. Having both data and insights provided together in real time will help to facilitate a greater opportunity for these groups to engage more effectively on the COVID-19 response and to advise on changes to the approach if necessary.
53. A strengthened monitoring approach, in partnership with Māori, will ensure we can assess the effectiveness of Māori-led and mainstream initiatives in supporting Māori outcomes.

*The new Māori Health Authority will also play an ongoing health system monitoring role*

54. The creation of the Māori Health Authority within the reformed health system may create opportunities to improve monitoring of the COVID-19 response. If passed, the Pae Ora (Healthy Futures) Bill will establish key system monitoring functions within the Māori Health Authority, including:
  - a) Providing accessible and understandable information to Māori on health system performance;

---

<sup>6</sup> This dashboard is compiled by the Ministry of Health but has input from the Ministry of Social Development, Accident Compensation Corporation, Office for Disability Issues, the Ministry of Education and DPMC.

- b) Monitoring the delivery of hauora Māori services by Health New Zealand;
  - c) Monitoring, in co-operation with the Ministry of Health and Te Puni Kōkiri, the performance of the health system in relation to hauora Māori; and
  - d) Supporting and engaging with iwi-Māori partnership boards.
55. The Māori Health Authority's monitoring role is expected to focus on health system performance (including public health, primary and community care, and secondary care), the performance of Health New Zealand and other central health agencies, and the wider social, cultural and economic determinants of health.
56. The creation of iwi-Māori partnership boards may create further opportunities to improve monitoring. Iwi-Māori partnership boards will have a statutory function to represent local Māori perspectives on the needs and aspirations of Māori in relation to hauora Māori outcomes, how the health system is performing in relation to those needs and aspirations, and the design and delivery of services and public health interventions within localities. The Māori Health Authority expects to monitor the performance of localities in partnership with iwi-Māori partnership boards.

**Recommendation 6: Ensuring the paediatric vaccine and booster vaccine rollout is equitable**

57. The Tribunal determined that the vaccine rollout for Māori adults had been inequitable due to the sequencing framework applied, which did not make an age adjustment for Māori and recommended that the Crown partner with Māori to design and implement an equitable paediatric and booster vaccine sequencing framework for Māori (**Recommendation 6**).
58. The sequencing framework applied to the adult roll-out in 2021 which managed initial vaccine scarcity did not prioritise Māori aged 50 years and over. However, this age group did achieve equitable uptake rates with the non-Māori, non-Pacific population. The reasons for this are not yet fully understood but will be partly due to the focus of DHBs and Māori providers on this age group applied early in the campaign.

*Progress on the paediatric vaccine and booster roll out*

59. Vaccination rates for younger Māori continue to be lower than for other ethnicities, including for booster vaccines. As noted above, at 26 April 55 percent of the Māori population aged over 18 and eligible for a third (booster) dose had received it compared with 71 percent of the total eligible population over 18. However, for the older population, the differences between ethnicities are smaller with 89 percent of the Māori eligible population over 65 having received a booster compared with 92 percent of the non-Māori non-Pacific eligible population over 65 (as at 18 April).
60. Unlike the roll-out of the COVID-19 vaccination programme to the general population in 2021, sequencing of access to vaccinations for 5–11 year-olds was not required due to sufficient vaccine supply and provider capacity available to be able to offer COVID-19 vaccination to all 5-11 year-olds at the same time. However, targeted support will continue to be needed to maximise uptake for tamariki Māori for who, as at 26 April, first dose uptake is 35.2 percent compared to 54.2 percent uptake for all children.
61. There is significant work underway by the Ministry of Health, in conjunction with Māori providers, to maximise the paediatric and booster vaccine roll outs for Māori. For example, the National Immunisation Programme (NIP) staff are working with:
- a) Māori health providers to connect them with local kura kaupapa and schools with high Māori populations to support tamariki vaccinations;
  - b) Māori health providers and DHBs on several local vaccination events such as the recent four-week long sprints campaign;

- c) NIP Regional Account Managers, DHBs and hauora providers to engage with local community groups such as sports clubs and/or schools and kura to support whānau who face barriers to attending vaccination clinics during weekday hours; and
- d) Ngā Mana Whakahāere on vaccination misinformation and vaccine hesitancy.

62. Many sprint events have resulted in high numbers of Māori vaccinations. Some events yielded only a small number of vaccinations delivered, however these numbers were often significant in the context of the communities they were provided in, for example small rural communities impacted by the Omicron outbreak and with high levels of vaccine hesitancy.

**Recommendation 7: Empowering Māori to coordinate the Māori pandemic response, including strengthening engagement between Māori and the Crown**

63. The Tribunal identified that one of the key tensions of the COVID-19 response is that, while government agencies provided contestable policy advice and Māori and other groups wield important influence, Cabinet ultimately makes the final policy decisions. It highlighted that only the proper recognition of tino rangatiratanga, as manifested through iwi, hapū, and other Māori collectives, can reflect a true Te Tiriti o Waitangi partnership.

64. The Tribunal recommended that future engagement between Māori and the Crown, should reflect a number of key principles, including that it must give effect to tino rangatiratanga in its constitution and decision-making and must be broadly representative of Māori, iwi, providers, and other national groups (**Recommendation 7**). A full list of these principles is included in [Appendix 2](#).

*Strengthened engagement between iwi Māori and the Crown*

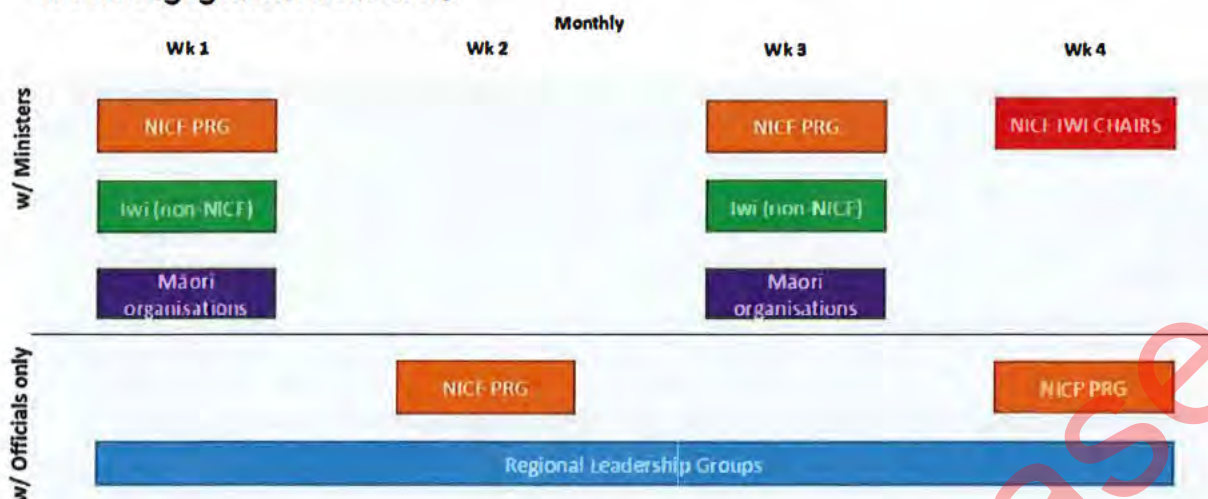
65. In response to the Tribunal's recommendations, the government strengthened COVID-19 engagement between iwi Māori and the Crown. In January 2022, the Minister for Māori Crown Relations, Te Arawhiti, approved and implemented a revised Crown approach to engaging with iwi Māori on the COVID-19 response which built on and strengthened the previous approach by planning ahead and streamlining government engagement as much as possible.

66. A key aim of the revised engagement approach was for Māori views to have a stronger and earlier input into policy and decision-making processes relating to COVID-19. In order to achieve this, the revised framework features various streams of engagement, including with:

- a) The National Iwi Chairs Forum - Pandemic Response Group (NICF-PRG);
- b) Other iwi groups not affiliated to the NICF; and
- c) National Māori Organisations (including the New Zealand Māori Council and Ngā Ngaru Rautahi o Aotearoa).

67. The diagram below outlines the revised framework for regular COVID-19 engagement between iwi Māori and the Crown:

**Māori engagement framework**



68. The updated engagement process between the Crown, iwi leaders, and Māori organisations was an important step in addressing the findings in the Waitangi Tribunal's report. However, government agencies were expected to proactively use engagements to inform early policy thinking and delivery for it to be effective. The Department of the Prime Minister and Cabinet (DPMC) has used this process to inform early policy thinking on the COVID-19 post-peak response and Reconnecting New Zealanders, and include feedback from iwi and Māori in advice to Ministers. There are opportunities for agencies to use this engagement framework more consistently and effectively to inform other elements of pandemic response policy.

69. With New Zealand having passed its first Omicron peak and the move to a more steady-state of pandemic management, the frequency of engagement is likely to reduce. However, agencies remain connected to key contacts and are able to continue engaging with them on ongoing policy issues. The formal infrastructure remains in place should the need for future (bespoke or regular) engagement arise.

70. While the scale of this engagement series created some administrative complexities for the Crown, it helped ensure broad and inclusive engagement with iwi Māori representatives on the COVID-19 response. Conversations with some Māori leaders have demonstrated a preference for their relative groups to engage directly with the Crown, rather than as part of broader groupings of leaders based on Māori interests.

71. The framework above provided a balance to ensure broad representation among iwi and Māori. It is noted however, that iwi Māori may remain open to working together on particular kaupapa with a defined purpose (e.g., monitoring), and the nature of engagement across iwi and Māori groups will continue to be kept under review as the COVID-19 response adjusts.

*Improving the quality of Te Tiriti o Waitangi analysis in Cabinet papers*

72. Te Arawhiti is also working, both in the short and long-term, to improve the quality and visibility of Te Tiriti o Waitangi analysis. Te Arawhiti has allocated resources to support COVID-19 policy development, including assisting lead agencies with Te Tiriti-based analysis of their proposals. They have taken on the Tribunal's advice of preserving the space to include independent Te Arawhiti comment in Cabinet papers as part of their system leadership function.

73. DPMC have developed internal guidance for undertaking Te Tiriti analysis, based on existing government guidance to consider the impacts decisions and options have on Māori, particularly in the context of COVID-19. DPMC is working with Te Arawhiti and Crown Law to refine the guidance.

## Continuous improvement of the pandemic response

---

74. Iwi Māori continue to express concerns about various operational matters and health and social service system issues relating to the COVID-19 response, particularly the vaccine roll-out and the provision of welfare. Note further gaps and areas of focus continue to be identified and considered through the engagement streams outlined above.
75. For example, on 22 February, the National Iwi Chairs Pandemic Response Group (PRG) sent a letter to Government highlighting additional gaps in the Crown's pandemic response, including:
- Addressing mis/disinformation;
  - Reinforcing the use of health outcome-based policy design and decision-making; and
  - Clear and consistent messaging as approaches and requirements change rapidly.
76. DPMC has had initial discussions on addressing COVID-19 disinformation with a working group of the PRG (including the New Zealand Māori Council), and work on this will be ongoing.
77. DPMC has also published an updated communications approach on addressing disinformation. Key examples of work that has come as a result includes guidance to support schools and communities to respond to misinformation and updates to the Unite Against COVID-19 website that promote official content in plain English and a wide variety of languages including te reo Māori.
78. DPMC, in consultation with Te Arawhiti, has also developed guidance to support how marae can operate within the rules of the COVID-19 Protection Framework. Officials continue to update this guidance, with feedback from iwi representatives, as the COVID-19 response changes.

## Māori involvement in the future of the pandemic response

---

79. Significant work is underway to prepare for the long-term stage of the COVID-19 response. The long-term strategy will consider surveillance, immunisation programme, access to treatment, targeted protection, behaviour and culture change, and institutional settings. This work provides an additional opportunity to consider how the government can further support and include Māori in the management of these factors for their communities. Further engagement on the long-term domestic strategy and variant planning will take place with iwi/Māori groups in May.
80. It is important that the government's long-term strategy to managing the COVID-19 response meets our obligations under Te Tiriti o Waitangi, particularly that equity is a key focus for all agencies and Māori-led approaches are supported. The government will need to consider how we give effect to the strategy to achieve our equity objectives, including pursuing equity in COVID-19 health outcomes for Māori and developing measures to support Māori response to and recovery from COVID-19 in partnership with Māori.
81. The new Māori Health Authority provides an additional opportunity to ensure that protection for Māori is provided in a way that is consistent with Te Tiriti o Waitangi, through more effective monitoring of Māori health outcomes. Māori pandemic response groups should also continue to play a role in ensuring response measures are designed in partnership with Māori.
82. In general, continuing to address the findings and recommendations of the Haumarū Report will help to support a meaningful Tiriti partnership, and health, economic and social outcomes for Māori.

## Government response to the Haumaru report

---

### *Responding to Kaupapa inquiries*

83. The Waitangi Tribunal's urgent hearing into the Crown's COVID-19 pandemic response is part of a wider Health Services and Outcomes Kaupapa Inquiry (Wai 2575) looking at the broad state of Māori health and healthcare in New Zealand. In July 2019, the Tribunal released the Hauora Report at the end of Stage One of Wai 2575, which focussed on primary healthcare.
84. Although a lot of work has been done on the recommendation from Stage One, the government has not provided a formal response to the findings and recommendations of the Hauora Report and expectations of some form of government response remain. For example, the Minister and Associate Minister of Health recently received a letter from the Wai 2575 Stage One claimants requesting to negotiate matters relating to that claim, in particular the historical underfunding of Māori Primary Health Organisations and primary healthcare to Māori.
85. The Crown's response to Wai 2575 to date has been consistent with the developing approach to resolving contemporary Te Tiriti o Waitangi issues, and particularly Kaupapa inquiries, and this could continue for this next part of the inquiry. The government has taken significant action to address a number of these recommendations through the development of legislation, policy and strengthening of services for Māori such as the development of the new Māori Health Authority.

### *Responding to the Haumaru report*

86. There is no established practice on how the Crown should formally respond to Tribunal reports in Kaupapa inquiries, as well as no legislative requirement to respond. Rather, the Crown's responses so far have primarily come through its actions, informed by what it heard in and from the Tribunal.
87. We consider that the Government's response could include:
- Acknowledging the findings and recommendations of the Tribunal;
  - Continuing to develop the long-term COVID-19 response in a way that is consistent with Te Tiriti, informed by the work of the Tribunal;
  - Continually adjusting parts of the Crown's pandemic response in line with feedback from iwi/Māori as per the Tribunal's recommendations; and
  - Responding publicly to the Tribunal report.
88. Given the public interest in the Crown's COVID-19 response, an initial public response to the Tribunal on the Haumaru Report may be appropriate, particularly given the urgent nature of the COVID-19 pandemic response. This would provide clarity to the public that the findings in the Tribunal report are being actively addressed.
89. The Ministry of Health has indicated that there is a risk that responding to the Haumaru report without formally responding to the Hauora report may cause concern for Stage One claimants.
90. Any public response to the Haumaru Report would therefore need to take into account progress on Stage One of the Hauora Report. There is an option for Ministers to provide a public response outlining the government's response to the Hauora recommendations to date at the same time. For example, development of Whakamaua (the Māori Health Action Plan) and establishment of the Māori Health Authority.
91. We consider that this public statement could be done alongside a meeting with the lead claimants (the New Zealand Māori Council) to discuss work underway across government to address the findings and recommendations. This approach could signal the intention of

government in continuing to work constructively, and in partnership with Māori, towards addressing these findings through ongoing policy changes.

### Next steps

---

92. DPMC will work with Te Arawhiti, the Ministry of Health and Te Puni Kōkiri to prepare communications material to support a public announcement on the government's response to the Haumarū and Hauora reports.
93. An agenda item related to the Haumarū and Hauora reports will be added to the agenda for the engagement meetings with the NCIF-PRG, other iwi groups and Māori organisations (including the NZMC) in May.

Proactively Released

## Appendix 1

### Māori Monitoring Group – Advice as part of the COVID-19 response

The Māori Monitoring Group's advice on the COVID-19 response has included;

- a) Surveillance and monitoring of COVID-19 specific actions to;
  - i. actively protect the health and wellbeing of whānau, hapū, iwi and Māori communities;
  - ii. ensure equitable outcomes for Māori and other priority population groups, this includes equity of access, quality and health outcome;
  - iii. mobilise resources and services to areas/populations of greatest need.
- b) The quality and completeness of the information on the surveillance, pathology transmission and management of COVID-19 for Māori;
- c) Best practice solutions to clinical management of risk, clinical quality and patient safety;
- d) Technical and scientific (including epidemiological) matters in relation to testing management and contact tracing for Māori communities;
- e) Reports, evidence-based research and scientific investigations on the international situation of COVID-19 including infection prevention and control efforts in other countries that are relevant to the Aotearoa context.

## Appendix 2

### Principles for future Māori – Crown engagement

The Tribunal recommended that future engagement between Māori and the Crown, with the [national collective proposed by the claimants] and with other Māori groups, should reflect the following principles:

- a) It must give effect to tino rangatiratanga in its constitution and decision-making processes;
- b) It must be broadly representative of Māori iwi, providers, and other national groups including but not limited to all of the interested parties who participated in this priority inquiry;
- c) Similarly, it must have access to a broad range of expertise, including from Māori health, Whānau Ora, and disability service providers;
- d) It must meet regularly;
- e) Māori must influence the agenda;
- f) Key Ministers should be actively engaged, which at a minimum should include the COVID-19 Response Minister, the Minister and Associate Ministers of Health, the Minister for Social Development, the Minister for Māori -Crown Relations, and the Minister for Māori Development;
- g) Key Crown officials should be actively engaged, which at a minimum should include the chief executives or other senior officials from the COVID-19 All-of Government Response Group, the Ministry of Health, the Ministry for Social Development, Te Arawhiti, and Te Puni Kōkiri; and
- h) Any pending Cabinet papers that materially impact on the Māori pandemic response should be tabled, and discussed.



DEPARTMENT OF THE  
PRIME MINISTER AND CABINET  
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

Item 2 - Attachment B

# Action in response to Waitangi Tribunal's Haumaru: The COVID-19 Priority Report

12 August 2022

Proactively Released

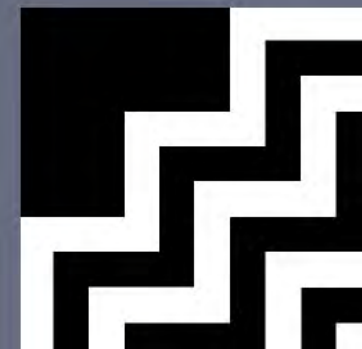


# Tirohanga Whānui - Overview

- Context and Setting
- Actions and progress in addressing key findings and recommendations from Haumaru: The COVID-19 Priority Report
- Wānanga | Discussion

# He whakatau i te kaupapa Context and Setting

Proactively Released



# Tiro Whakamuri - Background

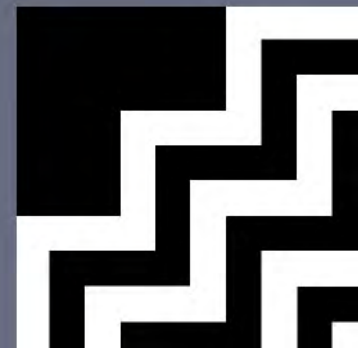
**‘E anga whakamuri te titiro, kia pai ai te anga whakamua.’**  
‘Look to the past to inform the future.’

- The Waitangi Tribunal held a priority hearing from 6-10 Dec 2021 into Governments COVID-19 response.
- Key findings: Breaches to Te Tiriti o Waitangi and its overarching mātāpono/principles, specifically of active protection, equity, options, tino rangatiratanga, and partnership.
- Key recommendations from the report suggest Government will remain in active breach until findings resolved.

## Recommendation 1

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

Proactively Released



# Ngā kaupapa: Initiatives supported

## Actions and progress in addressing recommendation 1:

- \$70.58 million to support rapid vaccination activities across Aotearoa
- \$39.23 million to build the resilience of vulnerable hapori Māori
- \$20.42 million to assist Māori to manage the impact of COVID-19

# Ngā kaupapa: Initiatives supported

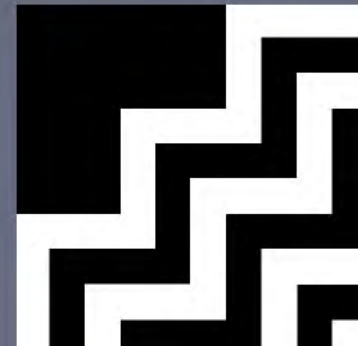
Following calls from Iwi for a 'By Māori, For Māori' marketing campaign to lift vaccination rates, Karawhiua was established. Its success has largely been due to:

- Partnership with Iwi Communications Collective
- On-going support from Iwi and hauora providers, who have been involved in inputting into the campaign strategy and delivering it at a regional level.
- High levels of trust and buy-in among Māori for the Karawhiua brand

## Recommendation 2

Improving collection of, and reporting on data relating to ethnicity of people with disabilities

Proactively Released



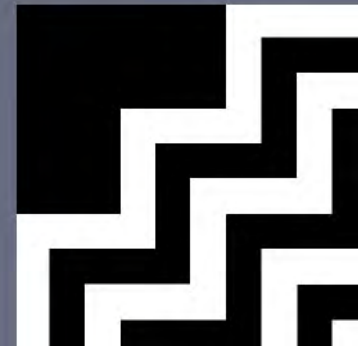
# Ngā kaupapa – Initiatives supported

- Steps have been taken to address the undercounting of Māori in vaccination rates. [link](#)
- Social Well-Being Agency developed a disability indicator which showed that disabled people had higher vaccination coverage than non-disabled, including for Māori disabled people.
- Strengthening the Ministry of Health's data sharing capability and capacity, which includes being able to share more data on COVID-19 vaccination uptake with Māori providers.
- Ministry of Health has work underway to improve the quality of disability data at a more granular level.

## **Recommendation 3**

**Strengthening the monitoring of the pandemic response to ensure accountability to Māori**

Proactively Released



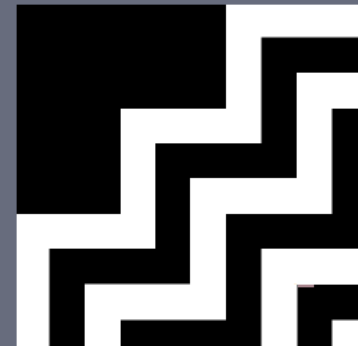
# Pandemic response

- Health reforms strengthened stewardship, policy, and monitoring roles of Te Manatū Hauora.
- Establishment of ***Te Aka Whai Ora*** (Māori Health Authority) and ***Te Whatu Ora*** (Health New Zealand) will further bed-in mechanisms to support accountability.
- Te Puni Kōkiri working collaboratively with Te Aka Whai Ora and Te Whatu Ora on a monitoring approach.

## Recommendation 4

Ensuring the paediatric vaccine and booster vaccine rollout is equitable

Proactively Released



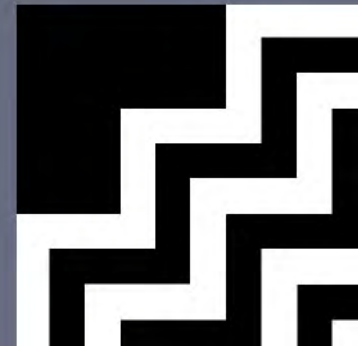
# Pandemic response

- Approaches have evolved to help increase COVID-19 and flu vaccination coverage and put in place other measures to mitigate pressures on the health system and community. The 'winter package' announced in June includes:
- Widened free eligibility for COVID-19 second booster for Māori and Pacific peoples aged 50 years and older
- Improved access and expanded eligibility for COVID-19 antiviral medicines for Māori and Pacific peoples
- Significantly expanded access to free RATs and masks
- Working with Ngā Mana Whakahaere on vaccination misinformation and vaccine hesitancy.

## Recommendation 5

Empowering Māori to coordinate the Māori pandemic response, including strengthening engagement between Māori and the Crown

Proactively Released

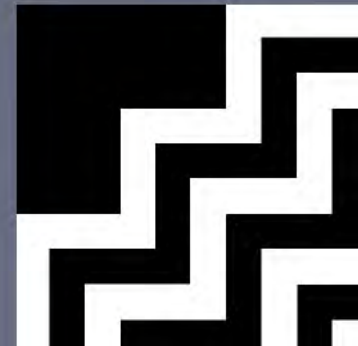


# Strengthening engagement

- Engaging with National Iwi Chairs Forum on post-winter strategy and implementation of the baseline measures.
- Engaging with the National Iwi Chairs Forum on future pandemic legislative framework.
- Engaging with the Iwi Communications Collective on post-winter campaigns and advertisements for COVID-19.
- Engaging with National Māori Organisations and Iwi on post-winter strategy and implementation of the baseline measures.
- Engagements will allow partners to ask questions and have concerns addressed specific to the on-going pandemic response.

# He aha ki tua | Next steps

Proactively Released



# Next phase of pandemic management

- The Government's approach to managing COVID-19 continues to evolve. At present, there is significant work underway across agencies to support the evolving approach to COVID-19 management.
- We are interested to hear your preferences for engagement on the next phase of pandemic management.

Proactively Released

# Wānanga | Discussion

Proactively Released

