

What whānau tell us



I just really haven't trusted the health system because I just felt like I wasn't getting the answers that I was needing. I was being ignored.

"I just don't trust them at all. I barely go unless I'm half dying."

WHĀNAU VOICE · ERODED TRUST

The data confirms what whānau describe. The system is not reaching them, and the commissioning decisions that would change this have not been made.

Whānau name the same barriers repeatedly: **cost, distrust, and a system that was not built for them.** These are not individual failures. They are the

predictable result of commissioning that funds mainstream delivery while the trusted relationships that make engagement possible go unresourced.

Kaimahi hold the line because the system has not closed the gap. That is not a compliment to kaimahi. It is an indictment of commissioning.

Current accountability conditions that sit in this domain PUBLIC & POPULATION HEALTH

Both at Monitoring status, each tests whether commissioning reaches Māori at the scale the evidence requires



CONDITION 01 · CANCER SCREENING

Implementation of equity-led commissioning of cancer screening

Monitoring



CONDITION 02 · IMMUNISATION

Immunisation commissioning prioritises kaupapa Māori and Māori-led delivery

Monitoring

WHY THESE TARGETS MISLEAD



High performance can mask inequity

Government targets measure the system **for those already inside it.** A fast cancer-treatment number says nothing about the wāhine Māori who never reach screening, and a national immunisation average hides the gap that opens at the very first milestone.

Both conditions ask the same question: **does commissioning resource Māori-led delivery,** or only fund the mainstream services the data shows are not reaching whānau?

7,886



eligible Māori unscreened

across the bowel, breast and cervical programmes.

OUR ROHE



44–46%

of eligible Māori complete **none** of the three screening programmes. The front door to early detection never opens.

WHĀNAU VOICE · THE BARRIERS BEHIND THE NUMBERS



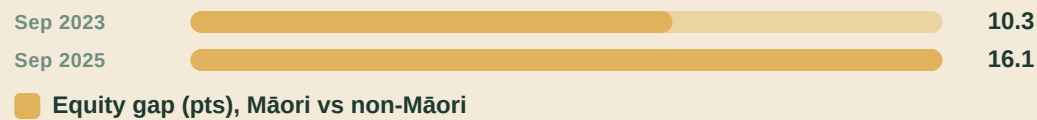
My experience personally in health is that it's not fit for purpose for Māori... we have a lot of whānau that go in and don't come out.

ERODED TRUST

BREAST SCREENING · THE WIDENING GAP

16.1_{pts}

equity gap for wāhine Māori as at **Sep 2025**, up from 10.3 pts in Sep 2023 as Māori coverage fell while non-Māori coverage rose. OUR ROHE



THE UPSTREAM SUPPRESSOR

Food insecurity drives immunisation down



69.1%

of tamariki Māori live in **food-insecure households**, a direct suppressor of immunisation uptake. Whānau struggling week to week do not have the slack the schedule assumes. OUR ROHE



Mid-Central's got one of the worst immunisation rates in the country. So that's a real focus that all of our kaimahi...are always saying, have you been immunised?

IMMUNISATION GAPS · KAIMAHI



49% OUR ROHE

of Māori 14-year-olds are **fully immunised against HPV**, a direct future cervical-cancer risk for wāhine Māori.

Two government targets, 2025/26 Q2 OUR ROHE

High performance can mask inequity. These targets measure the system only for those already inside it

Māori Non-Māori



MASKING · CANCER SCREENING

Wāhine Māori reach this pathway through emergency presentation, not early screening. This number does not measure equity. It measures how sick Māori have to become before the system sees them.

The 62-day referral-to-treatment pathway is suppressed in **all 6 consecutive quarters** (fewer than 6 cases), confirming it does not reach Māori at volume.



MASKING · IMMUNISATION

The 72% figure is a local result against a 95% target, and sits above the 68% national Māori rate. It does not count the tamariki never enrolled with a GP — those most at risk were never visible to the system at all.

A genuine, named gap. It **opens at 6 months (-19 pts)** and persists across every milestone. Immunising our Tamariki cut the gap from **28 to 11 points** since June 2024. Base funding was reduced for 2025/26. A scale-up application was partially granted. The model continues at reduced capacity.

The gap persists at every milestone OUR ROHE

Māori immunisation shortfall vs non-Māori



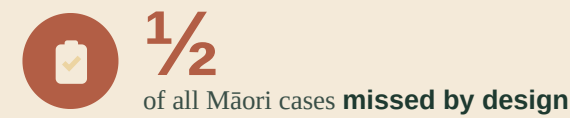
The shape is **consistent with initial-contact failure**, not point-intervention failure: the gap is set at the first milestone and never recovers.

ROOT CAUSE · THE FIRST TOUCHPOINT

Many tamariki never enter the schedule

With only **81% Māori enrolment** in primary care, many tamariki Māori miss the first touchpoints that bring them into the immunisation schedule at all. This is not a failure at one milestone. It is a failure to make contact before the first dose is due.

EXCLUDED BY DESIGN · BOWEL



The bowel programme starts at **age 56**, but Māori have earlier onset of bowel cancer. This is not an equity gap. It is a commissioning decision that excludes the Māori population from preventive benefit.

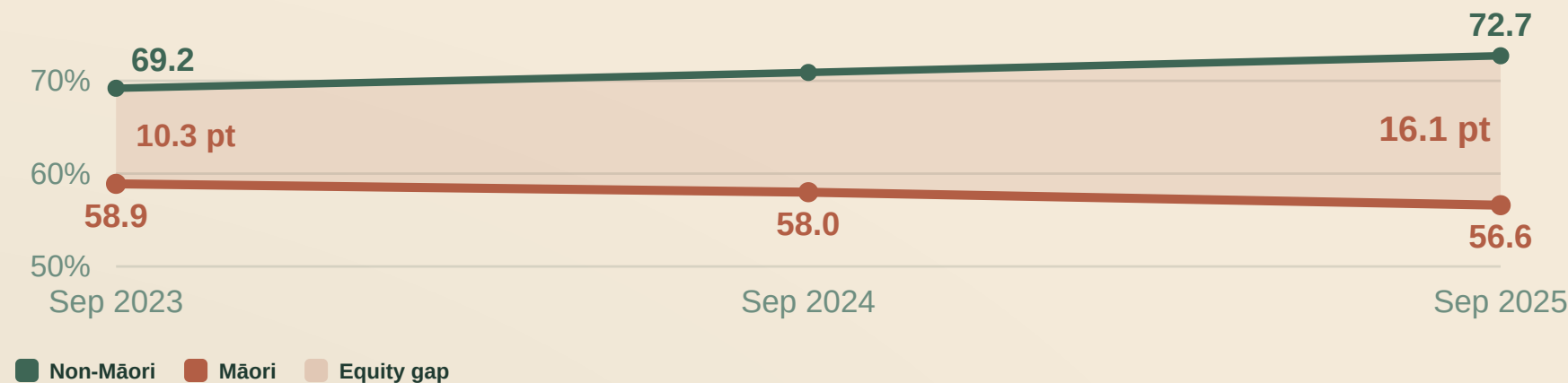
DATA INTEGRITY · CANCER PATHWAY

All 6 quarters
The 62-day referral-to-treatment pathway for Māori is **suppressed** (fewer than 6 cases). The pathway does not reach Māori at volume.

Lowest
Māori participation of all programmes is in **breast screening**, and the gap there is widening, not closing (see below).

Wāhine Māori coverage is falling as the gap widens OUR ROHE

Breast screening coverage · wāhine Māori vs non-Māori, Sep 2023 – Sep 2025



Māori coverage fell 58.9% → 56.6% across three periods while non-Māori rose to 72.7%. The programme is improving its overall numbers while actively worsening equity for wāhine Māori.

INSIDE THE MĀORI POPULATION · DEPRIVATION

26.6 pts
gap within the Māori population by deprivation. Most deprived wāhine Māori: 46.8% screened. Least deprived: 73.4%.

23.1 pts
equity gap for the 45–49 age group, where the system fails youngest wāhine Māori most severely.

WHAT THE TARGETS ALSO HIDE · OUR ROHE

97%
treated fast, via late presentation

14.7%
tamariki with no WCTO contact

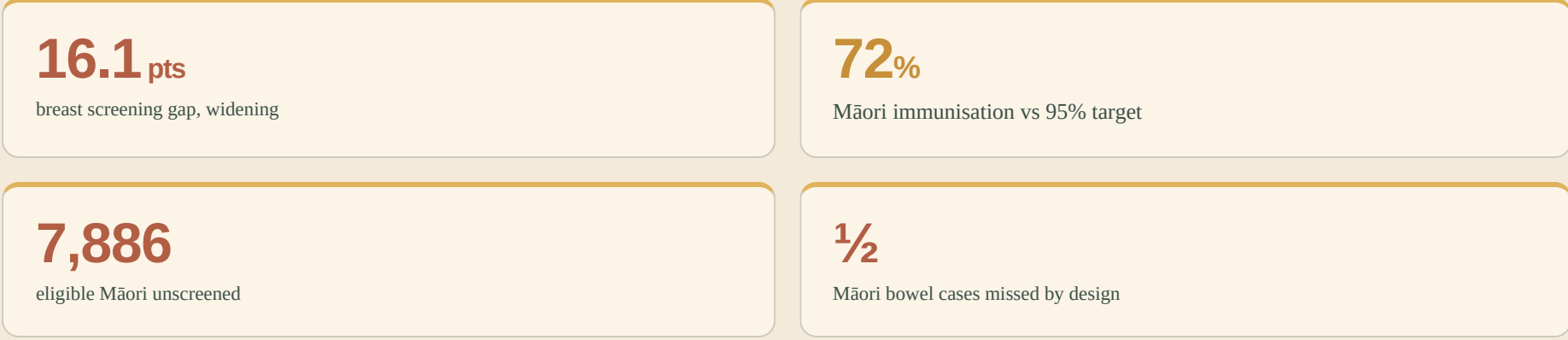
49%
Māori 14-yr-olds HPV immunised

69.1%
tamariki in food-insecure homes

WHAT THIS REVEALS · THE PATTERN AND THE FAILURE

Screening and immunisation gaps compound for Māori

The system consistently delivers lower coverage for Māori across every programme, and does not resource the kaupapa Māori delivery that closes the gap. It has the evidence and has not acted. Targets measure only whānau **already inside the system**, masking late diagnosis and tamariki denied protection from the first milestone.



THE CHANGE WE EXPECT TO SEE

This harm is preventable. These are six decisions that would prevent it.

Both accountability conditions, equity-led commissioning of cancer screening and kaupapa Māori and Māori-led immunisation delivery, turn on the same structural fixes.

- Equity-led commissioning criteria**
Prioritise Māori-led outreach, recall and navigation across screening and immunisation.
- Contracting certainty**
Funded certainty for Māori-led outreach, recall and follow-up.
- Navigation, follow-up & time-bound pathways**
Resourced for completion, with diagnostic escalation and ethnicity reporting.
- Investment shifted to iwi & Māori providers**
Resource Māori-led delivery models at the scale required.
- Māori-led outreach & recall operationalised**
Across bowel, cervical, breast and at immunisation milestones.
- Quarterly ethnicity-disaggregated reporting**
Embedded across all programmes, with documented actions where gaps persist.

PROOF IT WORKS · KAUPAPA MĀORI BEST PRACTICE ALREADY DELIVERING IN THE ROHE

01 Immunising our Tamariki
Manawatū · Immunisation

WHAT THEY DID
Hauora Māori providers finding and supporting whānau directly — Te Wakahuia Manawatū, Ngāti Kahungunu ki Tāmaki nui-a-Rua, He Puna Hauora, Muaūpoko Tribal Authority, Te Puna Oranga o Ōtaki, Ngā Kaitiaki o Ngāti Kauwhata and Māori Womens' Welfare League.

RESULT
Lifted tamariki Māori immunisation **64%** → **72%** in 12 months and cut the equity gap from **28 to 11 points**.

AT RISK
The model that closed the gap was funded at reduced capacity for 2025/26. A scale-up application was partially granted. The initiative continues, but not at the scale the evidence warrants.

“Heaps of whānau had heaps of questions, and between us we answered all their worries.”

“We do home visits because another big barrier for our whānau is not actually being able to make it to the appointments.”

02 Cancer Coordination
Whakapai Hauora · Palmerston North

WHAT THEY DID
Māori Cancer Coordinators give whānau wrap-around support and fill gaps in screening outreach, catching cancer earlier.

WHAT WOULD HELP
The service is **not yet appropriately funded**. Māori Cancer Coordination exists in Palmerston North. It does not exist in Manawatū. Wāhine Māori in Manawatū have no dedicated navigation pathway between screening, diagnosis and treatment. Fund the service. Extend it across the rohe.

THE COMMISSIONING DECISION
The evidence is documented. The decision has not been made.

The evidence of harm is documented. Breast screening coverage for wāhine Māori is falling. 7,886 eligible Māori are unscreened. There is no pre-diagnosis navigation in the Manawatū district. The bowel programme excludes Māori by design. These are commissioning decisions. They can be changed.

“Our [funded] mahi typically begins post-diagnosis, with crucial wrap-around services for whānau facing cancer.”

“Our health services are relying on us as whānau to be there... but I don't feel that there's that connection well enough.”

WHĀNAU VOICE · WHĀNAU & COMMUNITY STRENGTH

THE STANDARD WE EXPECT · ENFORCED, NOT ASPIRATIONAL

≥95%
tamariki fully immunised, equity gap closed

Parity
screening for Māori, all three programmes

Written into commissioning, contracts and reporting as **requirements, not aspirations**. Where the system meets them, the gap closes.

Whānau Voice is the tuakana dataset. It is the evidence the data below must answer to. Source: Whānau voice, Te Pae Oranga engagement, 2025/26. DATA SOURCES: NZ Health Survey, 2022/23–2024/25, IMPB-filtered, Ministry of Health · Health NZ Government Targets, 2025/26 Q2, IMPB-filtered · IMPB Dashboard, 2025/26 Q2 · BreastScreen Aotearoa (2023–2025) district coverage extract · Hauora Māori Advisory Committee, Priority 2 Key Insights, February 2026 · Service Provider Report, 2026