

Report to the United Nations Special Rapporteur on the rights of indigenous peoples

Foreword

1. In October 2020, the UN Special Rapporteur on the rights of indigenous peoples presented a report to the UN General Assembly on the impact of the COVID-19 on the rights of indigenous peoples. The New Zealand Government thanks the Special Rapporteur for his report and seek the opportunity to share its experience on the impact of COVID-19 on Māori and its response to the pandemic.
2. The New Zealand Government acknowledges all indigenous communities cited in the Special Rapporteur's report. The collective indigenous experiences of the pandemic revealed the exacerbation of pre-existing health, social and economic disparities. Many issues in the report reflect the experience of Māori communities, for example in relation to self-isolation, health risks, threat to livelihood, education, cultural impact, as well as a strong sense of community solidarity and resilience.
3. The New Zealand Government acknowledges the Special Rapporteur's recommendation to act collectively and in solidarity with indigenous peoples and to ensure they actively participate in national pandemic contingency plans.

Executive summary

4. This report outlines New Zealand's response to COVID-19 and identifies a range of activities undertaken to limit the impact of COVID-19 on Māori communities and the country as a whole. The examples provided in this report illustrate the various degree of Māori and Government involvement in the response, from Māori communities exercising their self-determination, to locally-led and centrally-supported activities, to partnership projects.
5. This report outlines the health, economic and socio-cultural impact of COVID-19 on Māori. COVID-19 has magnified the inequalities between Māori and non-Māori in New Zealand, including many of the long-standing wellbeing deficits experienced by Māori communities. Māori have been heavily affected by the impact of the pandemic and they are likely to experience a slower recovery in comparison to non-Māori.
6. This report also reflects on the overall engagement between the Government and Māori. Many Māori communities prepared time to implement local responses to the pandemic as soon as the seriousness of the situation overseas and the implications for New Zealand became clear. The Government supported Māori organisations developing locally-tailored solutions to assist the most vulnerable within their communities alongside the many tribal organisations who also provided funding.
7. The immediate response to the pandemic has demonstrated the benefits of Māori exercising self-determination and working in partnership with the Government to achieve better outcomes for Māori and the communities they live in. The ongoing pandemic response is an opportunity for the New Zealand Government to strengthen its partnership with Māori and for Māori to exercise their self-

determination. This is also an opportunity for the Government and Māori to work together to address long-term inequities.

Introduction

8. During the 1918 flu epidemic, Māori died at seven times the rate of non-Māori. In the 2009 H1N1 influenza pandemic, the rate was 2.6. Māori historical experience, along with other epidemics, influenced both the Māori and New Zealand Government response to COVID-19. When COVID-19 started spreading around the world, it soon became apparent that older people, and those with underlying health conditions such as diabetes, heart disease and cancer, were at greater risk of dying from the virus.
9. Iwi (tribal) leaders across the country front-footed the response to the pandemic by voluntarily closing marae prior to the government asking iwi to do so, controlling access to tribal areas (especially regionally isolated communities), visiting elders and vulnerable whānau, delivering thousands of care and food parcels, and proactively adapting tikanga (traditional customs) in response to health advice. These tribal-led initiatives alleviated the negative impact of COVID-19 across the country during lockdown and afterwards. As of 20th December, 25 people died from COVID-19, of which 20% were Māori (5 individuals). The total number of COVID-19 cases is 2,116. Of these cases, 190 are Māori, which represents 9% of all cases. Māori represent 16.5% of the total population of New Zealand.
10. The New Zealand Government recognised the potential risk to Māori and other vulnerable communities in New Zealand and took swift action to reduce avoidable deaths. This is one of several reasons a nationwide lockdown was put in place, with the establishment of a four-level alert system, strict border measures and rigorous contact tracing.

Government response to COVID-19

Coordinated Government response

11. As soon as New Zealand entered into Alert Level 4 (lockdown), an All-of-Government COVID-19 National Crisis Management Centre was established to coordinate the Government response to the pandemic. Engagement with the National Iwi Chairs Pandemic Response Group (a group of iwi representatives established to ensure Māori communities were prepared to fight COVID-19) to identify and address the needs of Māori communities was part of this response.
12. A national cross-agency workstream, the Caring for Communities (C4C), was set up to ensure the welfare needs of individuals, whānau, iwi and communities were met during the pandemic. It brought together agencies, non-government organisations, civil defence and emergency groups, iwi and community organisations to deliver results to communities and ensure effective communication to priority groups.
13. C4C engaged early with iwi, hapū (sub-tribes) and Māori organisations in the regions to ensure that regional planning, response and recovery activities included Māori representation at the decision-making table alongside local government, central government and other community representatives.

Data gathering

14. A key challenge during lockdown was accessibility to and timeliness of the data needed to assess and respond to the pandemic, as well as the availability of data

related to iwi. Māori also raised concerns about the volume of data activity and requirement arising in response to COVID-19.

15. Statistics NZ led survey coordination efforts across agencies to minimise the data demand pressures placed on Māori and developed a COVID-19 data portal to facilitate data access.
16. The website Manaaki Promise was established for Māori organisations, Pacific organisations and community groups to record COVID-19-related issues and activities occurring within their communities.
17. Ensuring that system-wide collection of and reporting on Māori data reflects Māori structures (iwi, hapū) and is done in partnership with iwi leaders, will be critical to ensure active protection throughout the nation's immediate response and beyond. This will allow the Government to support iwi in identifying where the system is or is not delivering for them.

Funding

18. In March 2020, the Government released \$56.5 million for a Māori-specific response action plan, including \$30 million for Māori health services, and \$15 million to Whānau Ora commissioning agencies to support vulnerable whānau (Māori families). Whānau Ora is a culturally anchored approach to social policy that places whānau at the centre of decision-making and empowers them to lift their wellbeing.
19. Whānau Ora commissioning agencies independently set up supply chains sourcing valuable food and hygiene items and distributed over 60,000 care parcels in the first two weeks of lockdown.
20. Many other Māori health providers, iwi social services and the like did the same.
21. In May, Budget 2020 allocated funding to support whānau, hapū and iwi to deal with the negative implications of COVID-19. The package included:
 - a. \$400 million for Māori education;
 - b. \$200 million for Māori employment;
 - c. \$200 million for Te Kōhanga Reo (Māori language early childhood education centres);
 - d. \$109 million for the promotion of the Māori language and culture; and
 - e. \$40 million for Māori housing.
22. A further \$136 million was allocated to Whānau Ora to support the recovery of whānau from COVID-19 over the next two years.
23. Other agencies made significant funding investment to support Māori providers and organisations across New Zealand to address immediate issues faced by communities. For example, grant funding is available to Māori communities, via the Community Capability and Resilience Fund, to provide community-led solutions to enhance wellbeing, and maintain and grow resilience and social cohesion.
24. The Ministry for Culture and Heritage will provide \$20 million over two years to specifically support iwi, hapū and whānau to protect mātauranga (traditional systems of knowledge and understanding) central to Māori cultural identity from the impact and ongoing threat of COVID-19.

Māori response to COVID-19

25. Many Māori communities rapidly implemented local responses to support the most vulnerable within their communities. The following sections illustrate a range of Māori-led initiatives with varying degrees of Government involvement.

Examples of initiatives driven by Māori communities

26. Prior to the country moving to lockdown and as Māori became aware of the seriousness of Covid-19, many iwi and hapū voluntarily closed their marae, which remained closed long after the country came out of lockdown as well as actively encouraging Māori to alter some traditional practices.
27. As the country moved to lockdown, iwi leaders took rapid measures to protect their communities, both Māori and non-Māori. Checkpoints were established on the major roads leading into their rohe (tribal areas), especially in regionally isolated communities where Covid-19 has the potential to wreak havoc, to check the health of those entering and to protect vulnerable people such as kaumātua (elderly) and people with pre-existing health conditions. The checkpoints were initiated by Māori communities and after some time were supported by the police, local authorities, civil defence and the local community.
28. In many regions, Māori communities have partnered with other groups (such as the refugee and migrant community) to pool resources and support vulnerable whānau and the wider local population. They have acted as a hub for food and supplies for elders and the most vulnerable whānau.
29. Te Rōpū Whakakaupapa Urutā, the National Māori Pandemic Group, was independently formed by Māori medical and health experts including primary care specialists, public health experts, public health physicians, Māori nurses and iwi leaders. The group provided Māori (including Māori health practitioners) with access to tailored and relevant information, resources and practical guidance and advice on how to manage the pandemic.
30. During lockdown, these examples of self-determination have been critical in making sure vulnerable members continue to be well supported. They played a significant role in growing community resilience and were successful because the solutions were tailored to the needs of their community.

Examples of Māori-led and centrally-supported initiatives

31. The Māori health and disability sector is well connected and agile. Communities and providers were able to mobilise quickly in the initial outbreak to protect and support their whānau and communities. The Government would not have been able to reach out to Māori communities without the support and leadership of Māori organisations.
32. Whānau Ora utilises a decentralised commissioning approach which enables whānau to determine their own needs and aspirations and provide input on the services and support they should receive to achieve those aspirations. The commissioning agencies are non-government agencies that liaise directly with whānau and providers to determine where investment should be focussed.
33. The Whānau Ora approach proved successful during lockdown, empowering Māori to identify their own needs and aspirations and provide input on which services and support it would be the most appropriate for them to receive to achieve those aspirations. While there has been feedback that funding was too slow to be deployed to where it was needed, Whānau Ora commissioning agencies used higher trust models to enable providers to respond flexibly to community needs. For example, releasing providers from their contract deliverables while they reoriented

resources to respond to the immediate COVID-19 needs was a critical part of the success of the response.

34. Iwi and Māori organisations are conscious that the social and economic impacts of COVID-19 will persist for a long period of time and are preparing to support their people for the long-term. As an example of Māori-led and centrally-supported initiatives, a Māori provider, Te Hiku Iwi Development Trust, is setting out a long-term recovery response, with funding support from the Government. The strategy includes investing in education and vocational training, employment, housing, community infrastructure, support and wellbeing, and local service delivery.
35. Budget 2020 allocated \$51 million to support iwi and Māori organisations to provide facilitation and brokerage services between Māori learners and whānau and local education services.
36. Government made \$5 million available to support Māori health and disability providers to be better positioned to respond to and support their communities. This allowed providers to continue to deliver essential health and disability services to their Māori clients and whānau, and to redeploy resources to COVID-19 related responsive activity.

Examples of partnership initiatives

37. The following examples illustrate the Government working in partnership with iwi to develop targeted responses to COVID-19:
 - a. The Te Arawa COVID-19 Response Hub (comprised of marae, hapū, health and community organisations) is working with the Ministry of Health and the local community to trial a COVID contact tracing card to reach isolated and at-risk whānau. This trial is part of a larger toolbox of technologies the Government is exploring to enhance contact tracing.
 - b. Tribal organisations issued guidelines for tangihanga (traditional funerals) which were impacted by the limited number of people allowed to attend. As a consequence, the Ministry of Health developed national guidelines in partnership with Māori experts. These guidelines recognised the importance of traditional practices to Māori while adapting (by limiting numbers) to the challenges created by COVID-19.
 - c. The National Iwi Chairs Pandemic Response Group and Statistics NZ developed specialised datasets to support the iwi response to the pandemic. Statistics NZ also supported the Data Iwi Leaders Group in their development of Te Whata, an online data platform, and are seeking to include additional information to help iwi understand the impact of and recovery from COVID-19.
 - d. The Ministry of Education met regularly with the Māori medium education entities during lockdown to discuss specific issues about Māori medium education and shape the Māori medium education programmes broadcasted on one of the Māori language channels.

Impact of COVID-19 on Māori

38. COVID-19 has magnified the inequalities between Māori and non-Māori in New Zealand, including many of the long-standing wellbeing deficits experienced by Māori communities. A great number of communities throughout the country have been heavily affected by the impact of the pandemic and, for many, this is expected to compound and increase.

Health

39. Māori are at increased risk of negative impacts from COVID-19. In the initial outbreak of COVID-19 (up to 17 June 2020), Māori made up 9% of COVID-19 cases, most of which were directly related to people coming from overseas. The August 2020 outbreak has seen Māori making up to 21% of the cluster. The overall mortality rate for Māori stands at 20%.
40. Modelling has estimated the infection fatality rate of COVID-19 for Māori would be at least 50% higher than that of non-Māori. Māori women were at greater risk of death as a result of COVID-19 than other ethnic groups, due to a range of factors, including inequitable access to healthcare, higher likelihood of an underlying health condition and over-representation in the delivery of essential services during lockdown. These factors put Māori (men and women) aged 60 years and over in the same risk profile as Pākehā aged 70 years.

Personal protection equipment

41. The distribution of personal protection equipment (PPE gear) to vulnerable communities and essential workers (where Māori are over-represented) was a key issue in the early stage of lockdown. Delays in receiving PPE gear meant volunteers were unable to assist vulnerable Māori communities until they received the appropriate equipment. As the lockdown progressed, the Government prioritised the distribution of PPE gear in Māori communities living in rural areas. A mobile outreach service was initiated to provide testing and care to whānau living in rural and isolated communities. Mobile testing stations were also rolled out throughout the country to ensure easy access to testing.
42. As part of the Government's wider plan to respond and recover from COVID-19, Oranga Tamariki (the Ministry for Children) invested \$1.6 million to distribute hygiene kits to support Whānau Ora commissioning agencies working with vulnerable whānau.

Mental health and disability

43. Māori are disproportionately represented in statistics for mental health and suicide. Prior to COVID-19 Māori suicide rates were more than twice as high than non-Māori rates. During lockdown, Whānau Ora providers expanded their services to help reduce the impact of isolation overall during the COVID-19 pandemic and ensure Māori were offered adequate mental health services. These included online and phone services providing support and advice for people seeking wellbeing support (including youth).
44. In May 2020, the Ministry of Health developed a COVID-19 Psychosocial and Mental Wellbeing Recovery Plan to guide collective efforts to support individuals, whānau and communities to respond and adapt to the context of COVID-19. The plan, underpinned by the Treaty of Waitangi and equity, takes a holistic approach to mental wellbeing. The plan is currently being updated to highlight specific actions targeted to supporting Māori mental wellbeing.
45. Approximately \$2.8 million has been allocated to provide targeted mental health support for Māori. This includes initiatives to provide targeted wellbeing messaging (via the Health Promotion Agency, iwi, and multimedia campaigns), national coordination support for Māori mental health and addiction providers, and a contestable Māori mental health and addiction provider support fund.
46. Additionally, the National Telehealth Service is a digital telehealth service which offers free health and disability, mental health and addiction services across

different channels including voice, webchat, and text. These services reach 19% of Māori.

Exposure to COVID-19 in detention

47. Māori are overrepresented in New Zealand prisons and keeping people in prison COVID free was a priority. The Department of Corrections took measures to minimise the risk of COVID-19 being introduced to prisons. Temperature scanners were introduced and health screening and hygiene measures were increased. Visits, release to work activities and other non-essential movements in and out of prison sites were temporarily suspended and replaced with increased support for people to maintain contact through phone calls, letters and emails. As a result of these measures no one contracted COVID-19 while in prison.

Economic

48. Māori workers and communities are most vulnerable to rising unemployment as they already have unemployment rates more than twice that of the rest of the workforce. Māori are more vulnerable to the pandemic and its economic impacts and are slower to recover.

Finance

49. Financial impact was a primary concern for most whānau over COVID-19. The loss or reduction in income impacted access to food, accommodation, security and payment for essentials such as power and heating. The lockdown also increased power and food costs for families. Whānau Ora commissioning agencies pivoted their operations to offer short-term financial relief options to meet these immediate needs.
50. The Government has been experiencing a significant increase in demand for a broad range of supports, services and financial assistance during and following the initial lockdown.

Employment

51. Past recessions in New Zealand have had a greater impact on Māori. In June 2020, accommodation and food services, manufacturing, construction and retail trade were the sectors with the highest projected increase in unemployment. Māori are highly represented in the primary and trade industries and Māori women have high rates of employment in tourism and sales. These sectors were negatively impacted by COVID-19 and resulted in Māori being disproportionately affected by employment and income issues.
52. The ongoing economic downturn further amplifies existing unemployment inequalities, which put more strain on whānau. Māori women typically experience greater responsibilities for childcare and looking after the sick and elderly, making them more prone to underemployment.
53. During lockdown, Māori employed in essential services faced issues regarding isolating from at risk whānau members in their homes and access to childcare. Oranga Tamariki and the Ministry for Social Development advocated for iwi and Māori organisations to be considered essential service providers to allow them to travel freely around their communities and to help whānau.
54. The Government is now focussing on a recovery plan for the country and seeks to reduce the disproportionate effects of economic crises felt by Māori by increasing access to education and training for rangatahi (Māori youth) and increasing the Māori labour force participation across a wider range of industries.

Māori businesses

55. In 2019, Māori businesses were growing at a faster rate (52%) than all other New Zealand businesses (15%). Their biggest assets derived from agriculture, fishing and tourism. The Government economic recovery package has been tailored to help businesses and employment opportunities and prioritised \$1 million to a needs' assessment for Māori businesses.
56. Māori businesses are generally more resilient than non-Māori businesses because of the diversity (and often low-risk management) of their portfolios, their intergenerational approach to business and their strong social and environmental drivers.
57. While parts of the Māori economy, in particular tourism and hospitality have been hard-hit, the primary food producers (dairy, sheep and beef, and horticulture) are well-placed to take advantage of the ongoing market demand for their products. Both international and domestic demand for New Zealand-grown food increased during COVID-19.
58. The challenge is for the Government to continue to support Māori businesses in their response to COVID-19 and create opportunities for them to thrive during the recovery and beyond. One initiative put in place by the Government is social procurement whereby a minimum target for government agencies to ensure at least 5% of their contracts are awarded to Māori businesses. This is intended to increase the diversity of suppliers and provide more opportunities for Māori business.

Housing

59. Leilani Farha, UN Special Rapporteur on the right to housing, visited New Zealand before the pandemic (in February 2020) and noted the housing crisis faced by the country. She reported that the most marginalised section of the population was most affected, namely Māori, Pacific peoples, people with disabilities, single parents, LGBTQI+ and immigrants. COVID-19 has further emphasised those inequalities:
 - a. Homelessness: During lockdown, iwi and the Government focussed on addressing homelessness and finding accommodation facilities. Many marae (communal meeting places) were used as temporary accommodation for struggling whānau and provided access to food and clothing. Reports found that rough sleepers overall wellbeing improved as a result of adequate accommodation being provided during lockdown.
 - b. Overcrowded housing: Whānau are more likely to live in poor and overcrowded housing and the negative impact of these circumstances was exacerbated during lockdown. Overcrowded conditions created added pressures on food, power bills and mental health during lockdown.
 - c. Housing shortage: This remains a critical issue for many whānau. The public housing waiting list continues to increase with a 22% increase since April 2020. Nearly half of these applicants are Māori.
60. Solving the long-term challenge that is the housing crisis is a key priority for the Government. Te Puni Kōkiri (the Ministry of Māori Development) housing investment programmes have been reset to support the Government's response to COVID-19 and boosting the New Zealand economy.
61. Priority will be given to projects involving essential repairs to sub-standard homes owned and occupied by low income whānau. Priority will also be given to building whānau financial capability and supporting communities with high numbers of whānau under housing and employment stress.

62. The Government is reviewing the Homelessness Action Plan and bringing forward long-term actions to respond to the challenges COVID-19 poses. This work includes collaborative partnership with Māori to accelerate the supply of quality housing stock on Māori land to lift wellbeing and deliver better housing outcomes for whānau.

Social and cultural wellbeing

63. Whānau faced significant challenges in terms of access to education, their ability to follow cultural practices, access to food and communication. They will continue to be the most at risk in terms of the longer-term impact and their social and cultural wellbeing.

Education

64. Māori learners and families had a diverse range of education experiences during the COVID-19 alert levels. In some cases, existing education inequities were highlighted and amplified.

65. Distance learning options for learners in both Māori and English medium pathways from early learning to secondary schooling were implemented at short notice during COVID Alert Levels 4, 3 and 2. These included online learning, television education programming and physical resources mailed out to whānau to ensure that all learners had access to at least one form of learning support. Distance learning options remain available should the country move back to Alert Levels 4, 3 and 2 either locally, regionally or nationally. Supports will be coordinated either nationally, regionally or locally by kura and schools depending on alert level restrictions.

66. The Government also introduced a range of bespoke measures to support Māori learners including distance learning options for Māori Medium Education; support for iwi and Māori organisations to provide facilitation and brokerage support for Māori learners, whānau and education services; targeted support for Kōhanga Reo; and expansion of Māori language initiatives to support the identity, language and culture of Māori learners during and after the COVID-19 alert levels. These measures will remain for at least four years to ensure Māori learners and their whānau continue to receive these supports for the longer-term.

67. As a result of education moving to an online platform, some whānau did not have the resources necessary (digital devices) or had reduced access to the internet and technology (particularly whānau in rural communities) to support online learning for their children. This presented a challenge when education programmes were delivered online, particularly within households with multiple children. A number of whānau approached Whānau Ora commissioning agencies requesting support to access resources such as laptops and internet connections.

Cultural practices

68. Traditional cultural practices can strengthen resilience through social connectedness, safety, empowerment and collective preparedness. Research on the psychosocial impacts of civil defence emergencies on Māori and theory on the determinants of indigenous resilience support a COVID-19 response based on Māori systems of knowledge and understanding of Te Ao Māori (Māori worldviews).

69. Māori communities responded to COVID-19 and found strength through cultural practices. However, the lockdown period also limited the full expression of traditional practices and required temporary adjustments. For example:

- a. Rāhui, or prohibition practices, were put in place to protect and empower communities to take responsibility and support each other. While these measures aligned with the guidelines around movement during lockdown, they

also created a physical and spiritual disconnection for Māori at times when such connections could be central to recovery and wellbeing.

- b. The majority of marae either shut down or temporarily adapted their tikanga (customs) to protect elders, with younger members taking over some of their traditionally-held roles during this time.
 - c. Tangihanga (funeral) guidelines were developed in collaboration with Māori experts to balance tikanga and health requirements. Restrictions around movement and gathering made tangihanga physically and spiritually challenging and tribal organisations played a key role in adapting traditional practices to best respond to the circumstances. A key area of tension remained around the number of people allowed to attend funerals and criticism around government-imposed practices.
 - d. Many whānau were unable to hunt, fish and gather other food during the lockdown. Emergency food assistance programmes alleviated some, but not all, of the pressure and Māori values such as manaakitanga and whanaungatanga (looking after yourself and family) played a key role during the lockdown.
70. Cultural events, such as national or local kapa haka competitions, and community events (such as whānau gatherings at marae) were either postponed or cancelled due to alert level restrictions and the risks of hosting large numbers of performers and spectators in one place.

Home life

71. The lockdown period and the subsequent economic impact of COVID-19 disproportionately affected whānau. Elderly Māori, being more likely to suffer from chronic health conditions and complications caused by COVID-19, were rapidly isolated to prevent potential contamination. Whānau Ora utilised their networks to support vulnerable kaumatua with care packs, the delivery of medication and maintaining social connection.
72. Domestic violence, which disproportionately impacts whānau, increased during the lockdown period. Oranga Tamariki remained an essential service during lockdown and worked closely with the police child protection teams to support children and whānau deemed at risk, and with other organisations in response to reports of family harm and reports of concern. Emergency housing rooms were available for whānau that were at high-risk of violence in their household.

Communications

73. Public service announcements were available (through a range of media) in te reo Māori (the Māori language), and government messaging supported and aligned with tikanga and Māori values. The Government worked closely with iwi radio during lockdown to ensure that tailored advice and key messages were broadcast widely to Māori communities. Iwi radio, a network of radio stations throughout New Zealand, and Māori Television took a strong leadership role as trusted media sources for Māori communities. The Ministry of Education developed distance learning content and key messages that were broadcast on one of the Māori language channels.
74. Social media were used across the board, by whānau, Māori organisations and the Government during lockdown and after. Social media platforms were used to keep whānau connected, through videos, hui and activities aimed at mental health and wellbeing. Whānau Ora commissioning agencies and their provider network used social media to quickly distribute accurate health information to communities,

correct misinformation, enable access to support and educate whānau on what they could do to keep themselves safe.

75. The Ministry of Education developed an information portal for Māori education services and whānau to support the provision of timely and accurate information about education issues during and after COVID-19 alert levels. The portal aimed to bring together information to support iwi and Māori audiences to increase their knowledge and have the opportunity to be more actively involved in supporting their children's learning.
76. Informing and supporting isolated whānau in rural locations was challenging during the lockdown period and iwi and Māori organisations played a critical role in disseminating key information to whānau across the country. Government services established connector positions across the country to enable better access to information and services needed to recover from the impact of COVID-19.
77. \$1.75 million was granted for a whānau-centred communication to provide Māori with up-to-date information on protecting their wellbeing throughout the pandemic response. The latest messaging is now on the elimination strategy, focussing on border controls, case detection and surveillance, contact tracing and quarantine, and strong community support of health measures.

Ongoing recovery and improved partnership

78. Many Māori organisations were prepared ahead of COVID-19 arriving to New Zealand to implement local responses to the pandemic. Resources were quickly allocated to enable Māori organisations to provide immediate support to vulnerable members of the communities.
79. The immediate response to the pandemic demonstrated the benefits of Māori exercising self-determination and working in partnership with the Government to achieve better outcomes for Māori and the country as a whole. Partnership and decentralisation of services have proved successful during the immediate response to COVID-19 and continue to be implemented. For example, the Ministry for Social Development has increased the funding available to Māori service providers to strengthen their organisational capability and better respond to the needs of their communities in the long term.
80. Following the 2020 general election, New Zealand has historically the highest number of Māori representation in Cabinet, with Māori Ministers securing 25% of all Cabinet seats and 22 key portfolios. In addition to seven seats in Parliament dedicated to Māori representation, 24 out of 113 Members of Parliament (or 21.2%) are Māori. The Government has a strong Māori voice and is committed to addressing the socio-economic disparity between Māori and non-Māori while implementing a robust health and economic recovery plan.
81. Ongoing effects of COVID-19 are likely to further exacerbate existing inequities, particularly in relation to mental health, education and employment. The ongoing pandemic response is an opportunity for the New Zealand Government to strengthen its engagement with Māori to achieve better outcomes for Māori and New Zealand as a whole, for Māori to exercise self-determination and for the Government to support them. This is also an opportunity for the Government and Māori to work together to address long-term health, economic and social inequities.

Glossary

- Hapū – Subtribe
- Iwi – Tribe
- Kaumātua – Elderly man or woman – a person of status in a whānau
- Kōhanga Reo – – Māori language early childhood education centres
- Marae – A communal and sacred meeting place that serves religious and social purposes in Māori societies. This place usually includes a complex of buildings and designated spaces to fulfil different functions of a marae’s purpose
- Mātauranga – Knowledge, understanding, wisdom, education
- National Iwi Chairs Pandemic Response Group – A group made up of iwi representatives to provide a collaborative platform for iwi and Māori groups to elevate critical needs to urgent decision making during the pandemic
- National Māori Pandemic Group (Te Rōpū Whakakaupapa Urutā) – A group made up of Māori doctors, nurses, health providers and iwi leaders to provide accurate and consistent evidence-based information for Māori about COVID-19
- Oranga Tamariki – Ministry for Children
- Rāhui – to put in place a temporary ritual prohibition, ban, reserve
- Rangatahi – younger generation, youth
- Rohe – tribal boundary, district, region (of land)
- Tangihanga – Funeral, rites for the dead which include important cultural imperatives and protocols
- Te Ao Māori- Māori worldviews
- Te Arawa – A tribe situated in the centre of the North Island, specifically in the Rotorua – Maketu region
- Te Puni Kōkiri – Ministry of Māori Development
- Tikanga – Customs, correct procedure, habit, lore, method
- Whānau – A family group, extended family
- Whānau Ora – A whānau centred initiative driven by Māori cultural values to achieve better outcomes in areas such as health, education, housing, employment and income levels
- Whānau Ora commissioning agencies – These agencies are contracted by the government to work with Māori communities across the country to determine the best ways to support their development and invest in initiatives and services.