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Māori are protected from communicable diseases across the life-course

What measures and why we are looking at them

The lead measures of this priority focus on the key funded immunisation indications: coverage at 24-months, MMR for rangatahi and flu immunisations for kaumātua (65 years and above). There is currently limited data available for MMR and flu immunisations.

Supplementary measures provide information on the vaccination workforce, immunisation-related funding to Māori providers, and where Māori are getting vaccinated. Immunisation coverage for milestone ages 18-months and 5-years are used to help understand if tamariki Māori missed at the 24-month milestone were reached by a later milestone.

54.1% of Māori 65+ were immunised against the flu

60.8% of the total 65+ population were immunised against the flu

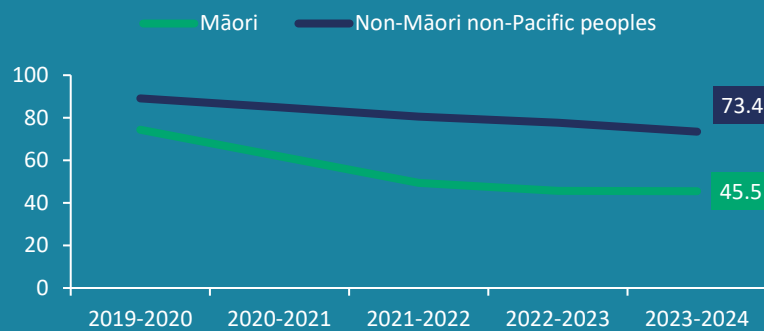
33,575 Māori 65+ years were immunised against the flu in 2024

Influenza hospitalisations peaked in July 2024, with 5 per 100,000 people

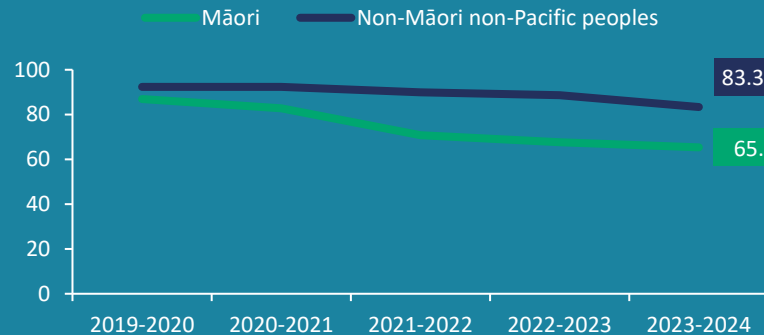
Percentage of Māori and non-Māori non-Pacific peoples fully immunised (%) over time

Māori and non-Māori non-Pacific children have seen an overall decrease in immunisation coverage for their age, dropping markedly between 2020 and 2022. Māori consistently have lower immunisation rates at each milestone age than non-Māori non-Pacific children. The equity gap decreases at each milestone age (from 18 months to 5 years old).

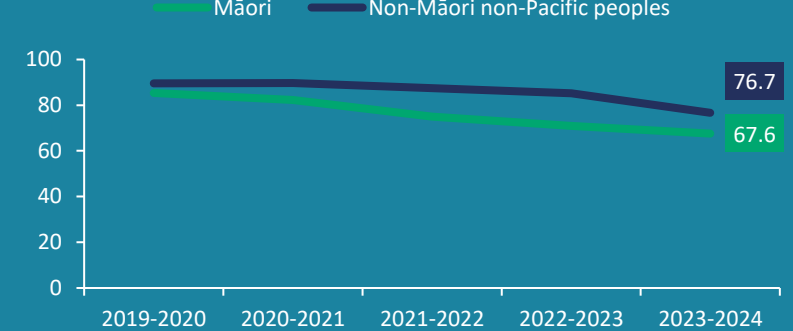
18 months old



24 months old

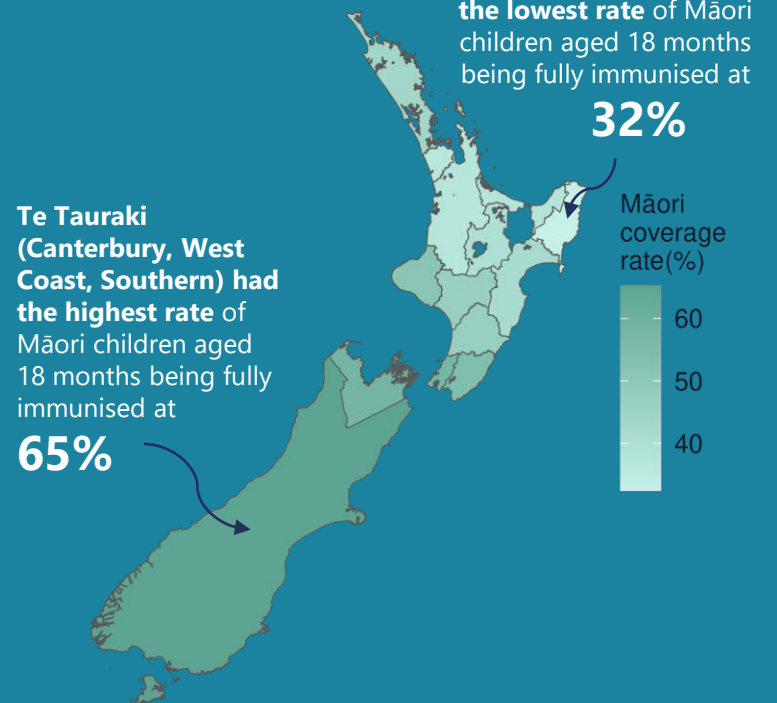


5 years old

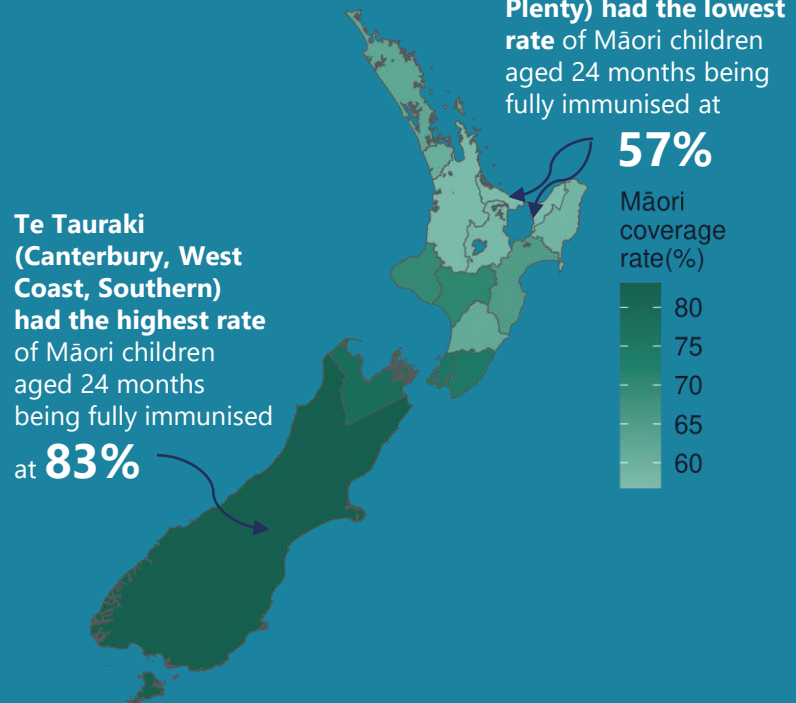


Percentage of Tamariki Māori fully immunised by milestone age and Iwi-Māori Partnership Board in April 2023-March 2024

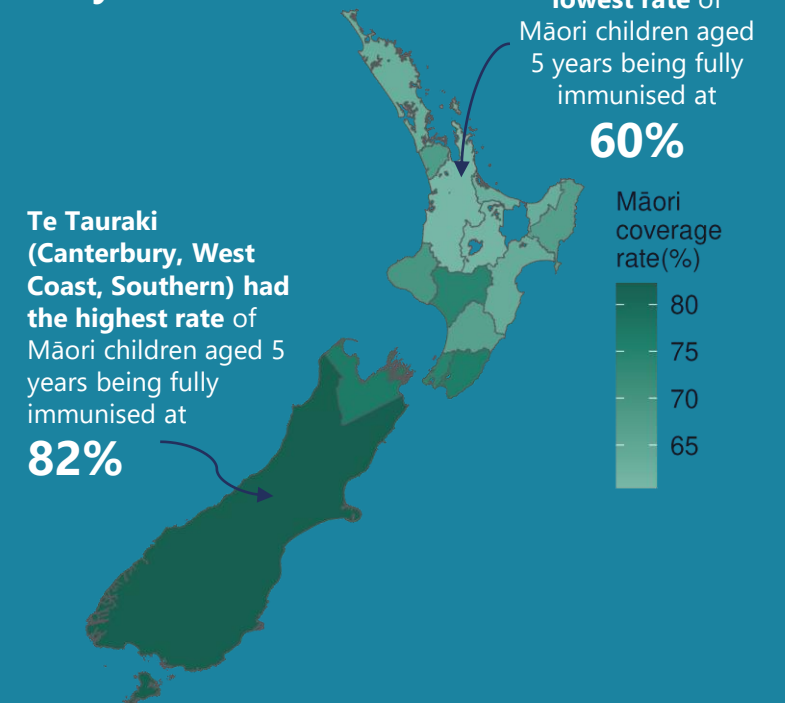
18 months old



24 months old



5 years old





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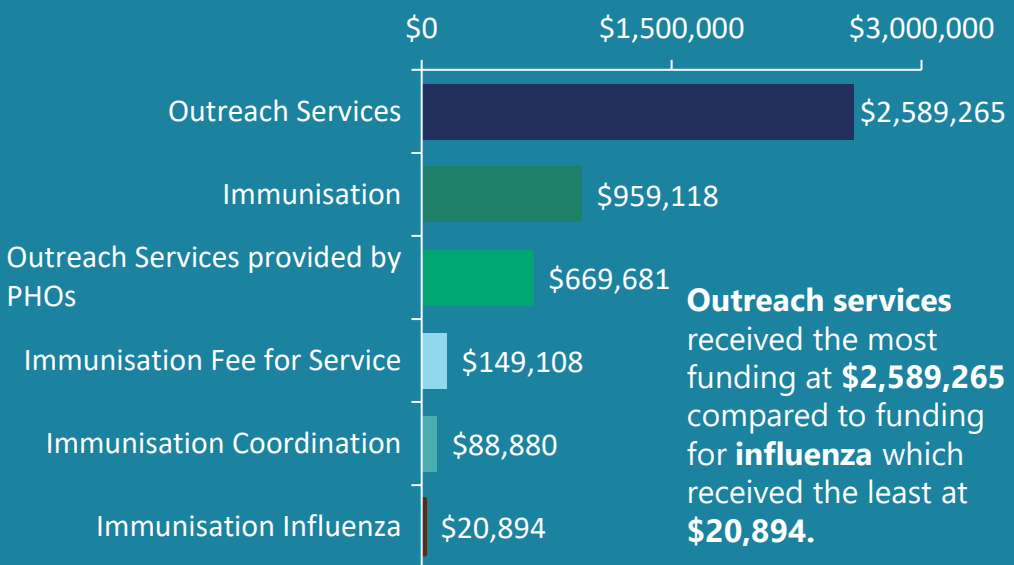
Māori are protected from communicable diseases across the life-course

Immunisation related funding to Māori providers 2022/23



\$4,476,946 total funding to 49 Māori providers in 2022/23 (0.5% of funding to Māori providers)

Immunisation Funding Breakdown – 2022/23

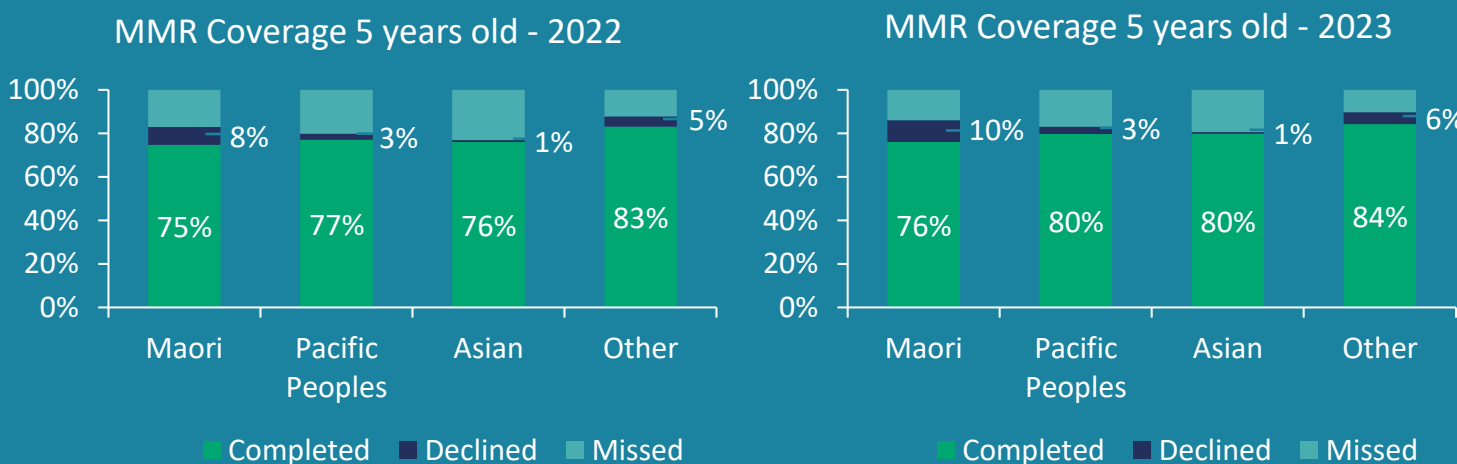


MMR Coverage – 5-year-olds



For 2022 and 2023, Māori children aged 5 years old had the **lowest coverage for MMR at 75-76%**, whilst Other had the most at 83-84%. Māori also had the highest rate of **declining MMR vaccinations at 8-10%**.

Between 2022 and 2023, MMR coverage for Māori children aged 5 increased between 2022 and 2023, **by 1 percentage point**, similar to Other.



Workforce going through vaccinator training 2019-2024

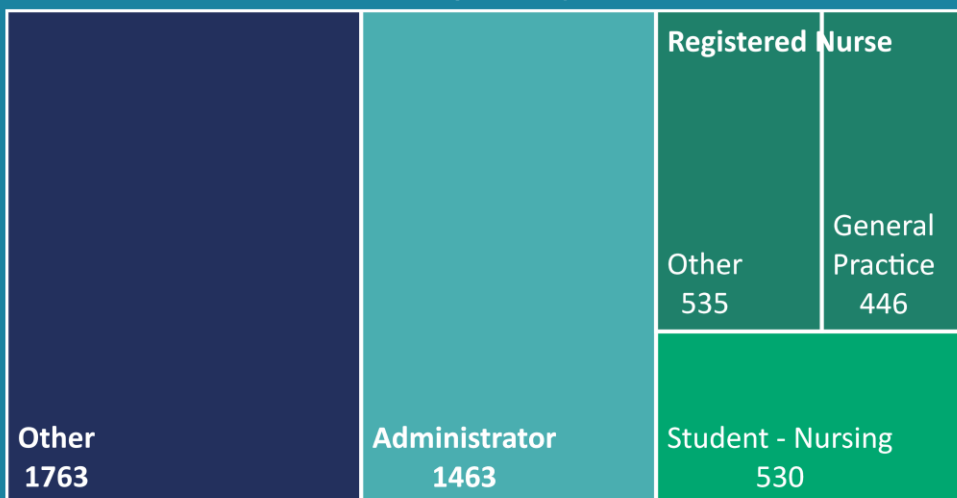


5,338 learners completing vaccination courses since 2019 are Māori

11% of all learners completed training were Māori

Administrator role was the most common occupation

Learners by occupations



Where Māori are getting vaccinated

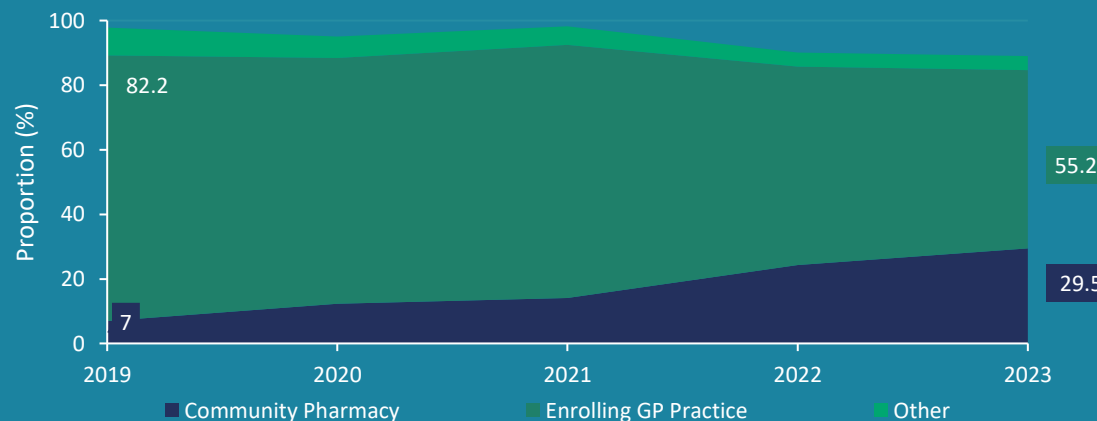


More flu immunisations are provided **at Community pharmacies** for Māori kaumātua, whilst enrolling GPs becomes less popular.



In 2023, **4.4% of Māori under 6 years old** were vaccinated **at a DHB hospital** compared to 0.8% of non-Māori non-Pacific peoples.

Flu vaccination facilities for Māori over time (%)



20% of flu immunisations are provided to Māori kaumātua at **Māori General practices**

Priority 1 System actions and delivery reporting

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GPS 2024–2027 Priorities	Te Whatu Ora Actions	Reporting on actions
<h3>Access</h3> <ul style="list-style-type: none"> Expand access to community-based supports to improve prevention and management of non-communicable diseases, including kaupapa Māori and Pacific-led options. Work in partnership with IMPBs and local communities to ensure primary and community care services are increasingly tailored to better respond to people’s needs, including family and community-based services. Make health sector information available to local communities and IMPBs to support their role in service design and delivery. Deliver immunisation services that meet the needs of communities, especially for those with the poorest immunisation rates, including Māori and Pacific peoples. 	<p>NZHP Draft (1)</p> <ul style="list-style-type: none"> Implement actions to increase antenatal, childhood and teenage immunisation and achieve the Immunisation Health Target. <p>Te Pae Tata (2)</p> <ul style="list-style-type: none"> Implement an immunisation and screening catch-up programme including those delivered by Māori and Pacific providers. Design immunisation and Well Child Tamariki Ora services that work for Māori and build off a strongly integrated maternity service. <p>Whakamaua (3)</p> <ul style="list-style-type: none"> Invest in innovative tobacco control, immunisation and screening programmes to increase equitable access and outcomes for Māori. 	<p>HNZ Improved Immunisation Plan (4)</p> <ul style="list-style-type: none"> Implement the Enabling Pharmacies Project to onboard pharmacies through a streamlined process to deliver childhood immunisation. This commenced in April 2024 and will be a phased implementation across 3 years, concluding in June 2027. This will leverage the growth of the pharmacy vaccinator workforce and increase options for whānau to access immunisation. Redesign of vaccinator training and support services to enhance workforce capacity and capability, with particular focus to increase access for high needs groups. This will be implemented by Q3 24/25.
<h3>Timeliness</h3> <ul style="list-style-type: none"> Ensure that people can access general practice services and mental health and addiction services within a reasonable timeframe. Support strengthened public and population health initiatives for non-communicable diseases to reduce pressure on the health system. Diversify people’s entry points into the primary and community health care system, to ease acute wait times, and support more point of care diagnostic testing for putting people on the care pathway they need sooner. 	<p>NZHP Draft (1)</p> <ul style="list-style-type: none"> <u>National Health Target</u>: Improved immunisation for children – 95% of children to be fully immunised at 24 months of age. 	<p>HNZ Improved Immunisation Plan (4)</p> <ul style="list-style-type: none"> Improve and enhance a cohesive newborn enrolment system to support timely access to immunisations. Key partners include maternity services, midwives, general practice, hauora providers, pacific providers and hospital birthing units. This will be implemented by Q4 26/27. Invest \$4.6m into General Practice to support best practice pre-call and re-call activity to provide 6-week immunisations. In addition, \$1.6 million is being provided to PHOs to provide local coordination support for general practice pre-call and recall. This will be implemented by Q4 24/25.
<h3>Quality</h3> <ul style="list-style-type: none"> Strengthen clinical and lived experience networks in key service areas to support national and regional leadership, knowledge gaps, and quality improvement. Improve data on communities, including data collection, reporting, monitoring and sharing for providers and treaty partners and enable outcomes to be monitored by ethnicity, gender, age, rurality, and disability. Improve the national approach to gathering feedback and responding to and learning from complaints and health care harm, including the development of culturally-appropriate and accessible feedback channels, as well as restorative practice. 	<p>Immunisation Strategy Draft (5)</p> <ul style="list-style-type: none"> Improve use of plain language and culturally appropriate messaging to grow health literacy and reduce the opportunity for mis- and disinformation, particularly amongst priority cohorts. sentiment using behavioural insights to inform communication strategies and use this evidence to tailor policy and practice. Co-design local action and engagement approaches to ensure key messages reach and resonate with priority communities. 	<p>HNZ Improved Immunisation Plan (4)</p> <ul style="list-style-type: none"> Implement health promotion activities including communication and social marketing informed by existing reviews and insights, local evidence, research, subject-matter expertise, and evaluation; codesign with priority communities. This will be implemented by Q4 26/27. Invest in community action and engagement approaches that are holistic, whānau centred and build trust to support uptake of childhood immunisation. This will be implemented by Q4 26/27. Ensure data-sharing agreements are in place with all hauora Māori partners, Pacific health partners, and Iwi Māori Partnership Boards. This will enable access to data that supports regional and local immunisation uptake initiatives and ensure outreach and follow up services are targeted to priority groups. This will be implemented by Q4 25/26.

GPS 2024–2027 Priorities	Te Whatu Ora Actions	Reporting on actions
<p>Workforce</p> <ul style="list-style-type: none"> • Improve access to domestic training pathways to deliver a culturally competent and home-grown workforce that better reflects the population of New Zealand as a whole. • Develop leadership programmes, including investing in aspiring Māori health leaders and rangatahi, as well as Pacific peoples and disabled people. • Ensure public health, primary, and community health care services better enable local leadership in their design, delivery, and integration. 	<p>Immunisation Strategy Draft (5)</p> <ul style="list-style-type: none"> • Redesign vaccinator training and support services to reduce barriers to becoming an authorised vaccinator and create a more efficient vaccination authorisation process. • Vaccinators have support nationally and locally to effectively onboard and access resources needed for delivery. • Maintain and expand recruitment and support programmes into tertiary study for Māori, Pacific and people from rural backgrounds. • Pathways into clinical, non-clinical and leadership roles for Māori, Pacific peoples, disabled people and others with lived experience. 	<p>HNZ Improved Immunisation Plan (4)</p> <ul style="list-style-type: none"> • Expand the vaccinator workforce to provide accessible immunisation services for our priority populations through opportunistic vaccinations. This will be implemented by Q4 26/27. Examples include: <ul style="list-style-type: none"> o Investment in Well Child Tamariki Ora, general practice, Hauora Māori partners, Pacific partners and Whānau Awhina Plunket o Midwifery services o Authorise Pharmacists to become 'Whole of life vaccinators' o Public health nurses • Establish processes for ensuring hospital inpatient and outpatient delivery of immunisations to expand vaccinator workforce and increase access to opportunistic vaccination. Partner with regions to establish processes/support. This will be implemented by Q4 25/26. • Enhance current outreach immunisation service that is nationally consistent, regionally delivered, and effectively coordinated through national principles, to assist providers in prioritising high-risk groups to reduce inequity. This includes fully implementing the childhood immunisation prioritisation matrix. This will be implemented by Q4 26/27. • Implement a centralised vaccinator authorisation portal and review vaccinator authorisation cycle to ensure a national and regional view of the vaccinating workforce and ensure we are growing vaccination workforce to improve access. This will be implemented by Q4 25/26. Data will be captured over 24/25 and 25/26 as part of the two-yearly vaccinator authorisation renewal cycle.
<p>Infrastructure</p> <ul style="list-style-type: none"> • Continue to progress digital initiatives to enable care closer to home • Enable flexible and adaptive decision-making on emerging technologies such as precision health, nanotechnology, artificial intelligence and medical devices, for example by updating evaluation frameworks (including the Health Technology Assessment). 	<p>Immunisation Strategy Draft (5)</p> <ul style="list-style-type: none"> • Enhance investment in data infrastructure to ensure systems and technologies work effectively and are well-integrated into the wider ecosystem. • Use disaggregated data to build a comprehensive picture of service reach and coverage gaps so we know where to focus our efforts. • Use disaggregated data to build a comprehensive picture of service reach and coverage gaps so we know where to focus our efforts. 	<p>HNZ Improved Immunisation Plan (4)</p> <ul style="list-style-type: none"> • Re-establish Clinical Oversight Group to provide guidance and advice to immunisation sector and support successful implementation of initiatives. This will be implemented by Q4 24/25. • Progress transformational digital solutions to reduce administrative burden, support opportunistic and agile immunisation delivery, enable strategic programme planning, provide accurate and current vaccination status information, enable individuals to self-manage vaccination needs, enable quality systems, and support clinical decision making. Examples include Aotearoa Immunisation Register (AIR), Vaccinator Authorisation Portal, and Newborn enrolment service integration via Whaihua. This will be implemented by Q4 25/26.

Case Study: Past Vaccination Programmes

<p><u>Māori Vaccination Programmes 2020 and 2021</u></p> <p>In 2020 and 2021, two targeted vaccination programmes for Māori were delivered – the Māori Influenza Vaccine Programme, (MIVP) and the Māori Measles and Influenza Vaccine Programme (MMIVP). This was achieved by working with Māori providers and utilising the core strategies of 1) going directly into communities to offer vaccinations to whānau, 2) taking a whānau-centric approach and creating a welcoming and safe environment, and 3) increasing the number of Māori staff able to administer vaccinations. (6)</p> <p>Although the MIVP and MMIVP programmes outperformed the general campaign, consistent with a social investment approach, the MIVP evaluation set out seven recommendations for improving outcomes for Māori in a vaccination programme: 1) put relationships with providers first, 2) let communities lead, 3) invest in people, 4) support a culture of continuous learning, 5) handover decision-making and funding to Māori, 6) hold the health system accountable for Māori health equity through clear targets, public monitoring, and evaluation, and 7) recognise that Māori leadership is critical for Māori health equity. (7)</p>	<p style="text-align: center;"><u>Data sharing to support vaccination efforts</u></p> <p>Alongside vaccination initiatives, Manatū Hauora entered into data sharing arrangements with providers, making it easier for them to deliver vaccination services. Data sharing agreements are now in place with 10 Māori providers, 16 iwi and five Māori commissioning agencies. Reporting on these arrangements in September 2022 indicated that data sharing has given Māori providers insights into the needs of their communities and supported them to target vaccination to where it is most needed. For example, a Māori provider that could use shared data went on to provide 21% of all COVID-19 vaccinations to Māori in the North Island. (8)</p>
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