



Kahungunu Health Authority Wānanga BACKGROUND MATERIAL

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Foreword

This material has been prepared to support your discussions on the potential of an iwi-led health authority.

It brings together whakaaro, system evidence, and indigenous governance insights to support informed, honest, and future-focussed kōrero.

It is designed to help you collectively explore why iwi authority in health, hauroa, oranga may be necessary, what a shared long-term vision could look like, and what purpose and functions such an authority would need to hold with integrity.

The focus is deliberately placed on whānau, hapū, iwi, and mokopuna.

The questions raised are intended to surface values, test assumptions, and clarify whether holding authority — not just influence — is something we are prepared to do for future generations.

This document is offered in the spirit of rangatira-to-rangatira dialogue and intergenerational responsibility.

Session 1 – WHY?

This SECTION supports an opportunity to explore the rationale (the WHY) for establishing an iwi-led health authority. It draws from the Kahungunu Health Authority (KHA) wānanga materials and is strengthened by insights from Mara Andrews’ doctoral thesis (2025) on *Tribal Self-Governance in Health Care*.

Its purpose is to ground kōrero in lived realities, system evidence, and indigenous governance and leadership experience, and to surface a shared understanding of why iwi authority in health is necessary, credible, and achievable.

Why This Conversation Matters Now

Across Aotearoa, Māori experience persistent inequities in health outcomes despite repeated system reforms. Reviews, restructures, and new agencies have not altered the underlying reality: the system was not designed by us, nor is it accountable to us.

Mara Andrews’ research reinforces a key lesson from international Indigenous experience: **when Indigenous peoples hold authority over health systems, different results become possible.**

This wānanga asks whether continuing to rely on a structurally misaligned system is acceptable — or whether iwi-led authority is now required.

What the System Is Telling Us

Across kōrero and evidence, the same questions recur:

- Where does the public health system consistently fail our whānau?
- What barriers cannot be fixed from inside the system?
- What opportunities require iwi authority to unlock?

Similar questions led Tribes in the US to pursue Self-Governance because incremental change was insufficient. **System failure, fragmentation, and lack of cultural legitimacy were not accidental - they were structural.**

Why Iwi Authority — Not Just Better Services

A central finding is that some barriers **cannot be solved from inside the system**. Indigenous Tribes pursued Self-Governance because decision-making power sat too far from communities, funding rules constrained solutions, and accountability flowed upward to government rather than outward to citizens.

Self-Governance shifted the question from “How do we deliver services better?” to **“Who has the authority to decide what matters?”**

PĀTAI

- Which system barriers are structural — not operational — and therefore require authority to shift?
- What would change if iwi were recognised as governors of health — not participants in it?

Evidence That Indigenous Self-Governance Works

Mara Andrews' research validated **nine Critical Success Factors** for Indigenous Self-Governance in health, based on decades of U.S. Tribal experience. Together, they show that Indigenous governance in health is not aspirational — it is **operational**.

Key lessons include:

- Indigenous governance improves **responsiveness, innovation, and cultural legitimacy**
- Authority enables services to be redesigned around whānau and community realities
- Self-governing Tribes consistently report stronger systems, not weaker ones

Self-Governance is not about rejecting partnership — it is about **resetting where authority sits**.

PĀTAI

- What evidence gives us confidence that iwi authority can succeed here?
- What conditions must be true for KHA to replicate the success of other Indigenous nations?
- What early wins would demonstrate that iwi authority is working?

From Participation to Authority

The critical shift identified is:

- From participation to decision-making power
- From consultation to mandated authority
- From contracts to government-to-government relationships

PĀTAI

- What would change if iwi were recognised as governors of health — not just participants?

Intergenerational Responsibility

Self-Governance succeeded where Tribes in the US made decisions for future generations, accepted short-term risk for long-term wellbeing, and designed systems their mokopuna would inherit.

Tribal Self-Governance succeeded because Tribes:

- Made decisions for future generations, not election cycles
- Accepted short-term risk for long-term wellbeing
- Designed systems their mokopuna would inherit

An iwi-led health authority carries the same responsibility.

PĀTAI

- **What do our mokopuna need us to do differently now?**
- **What decisions would we make differently if mokopuna were the primary audience?**
- **What is the cost to future generations if we do not pursue iwi authority?**

Unity, Mandate and Cultural Legitimacy

Self-Governance only works where there is:

- Clear Indigenous mandate
- Unified leadership (with space for diversity)
- Accountability to citizens, not just funders

Authority without legitimacy fails. Legitimacy without authority is constrained.

An iwi-led health authority must be **owned by whānau**, not merely endorsed by institutions.

The Real Question

“If Indigenous nations do not govern their own health systems, the system will continue to govern them.”

This wānanga asks whether we are ready to hold authority — not just influence — over health and wellbeing.

Reflection

Take a moment to reflect:

“If we do not hold authority over health and wellbeing for our people, who will — and at what cost to future generations?” Your answer is part of the WHY.

Session 2 – VISION

This SECTION supports the exploration of a vision for an iwi-led health authority. It prompts whakaaro and kōrero grounded in existing visions of iwi, Taiwhenua, PSGE’s and Hauora Māori providers across the rohe.

What We Already Know

Entity	Vision Statement (verbatim or formally stated)
Ngāti Kahungunu Iwi Incorporated	<i>“Ki te whaiao, ki te ao mārama – The continuous pursuit of excellence.”</i>
Kahungunu Executive ki Te Wairoa	<i>“Te Oranganui o ngā Whānau o te Wairoa – Our Wairoa whānau will be healthy and well.”</i>
Hineuru Iwi Trust	<i>“Ka tupu, ka ora, ka rea – We grow, we thrive, we prosper.”</i>
Tātau Tātau o Te Wairoa	<i>“The whānau, hapū and iwi of Te Rohe o Te Wairoa are prosperous, healthy and aspirational; proudly identifying and connecting with Te Ao Māori; kaitiaki for a restored natural environment; and informed key decision-makers for our future.”</i>
Ngāti Pāhauwera Development Trust	<i>“Te Oranganui o Ngāti Pāhauwera – A supportive, healthy, vibrant, prosperous and united iwi.”</i>
Te Kupenga Hauora – Ahuriri	<i>“A healthy, strong, well-educated and informed community.”</i>
Te Taiwhenua o Te Whanganui ā Orotū	<i>“Kia tupu, kia hua, kia puāwai – To grow, prosper and thrive.”</i>
Te Taiwhenua o Heretaunga	<i>“Strong whānau actively living in prosperous, healthy and vibrant communities.”</i>
Te Taiwhenua o Tamatea	Strategic focus on whānau wellbeing, marae/hapū participation and community uplift.
Wairoa Taiwhenua / Tihei Wairoa	<i>“All whānau across the Wairoa District are thriving.”</i>
Maungaharuru Tangitu	<i>“a future where we are all living our dreams with our whānau prospering culturally, socially, spiritually and economically”</i>
Ngāti Kahungunu ki Wairarapa Tāmaki-nui-a-Rua Settlement Trust	Stated aspiration: whānau thriving socially, culturally, economically and environmentally through iwi-led systems.
Kahungunu ki Wairarapa (regional iwi structures)	Aligned to <i>KAHUNGUNU2050</i> – mana motuhake and intergenerational wellbeing.
Ngāti Kahungunu ki Tāmaki-nui-a-Rua	No formal slogan. Strategy emphasises whānau thriving across all hauora domains.
Tihei Takitimu Iwi Māori Partnership Board	<i>“Whānau voice – shaping the evolution of hauora”</i>

Across the rohe, vision statements consistently emphasise:

- Thriving whānau
- Oranga rather than narrow health outcomes



- Strong, vibrant communities
- Cultural identity and connection to whenua
- Intergenerational wellbeing

Few centre systems, contracts, or services. Most vision statement centre **people** and **future generations**.

PĀTAI

- **If this is what we already hold in common, what must an iwi-led health authority exist to protect and enable?**
- **What do these existing visions tell us about what matters most to our people?**
- **What themes are already shared across iwi, Taiwhenua, and providers — and what do they reveal about our collective aspirations?**
- **What must an iwi-led health authority exist to protect and enable?**
- **What would it mean to design a vision that centres whānau and mokopuna, not institutions?**

Vision as Responsibility

In an iwi context, vision is not branding. It is a statement of responsibility. A vision for an iwi-led health authority may need to:

- Answer first to **whānau, hapū, iwi, and mokopuna**
- Endure beyond political and funding cycles
- Be grounded in **whakapapa, tikanga, and lived experience**

PĀTAI

- **Who does this vision answer to first — and how do we ensure that remains true over time?**
- **What responsibilities do we carry that no other entity can carry?**
- **What would our mokopuna expect this authority to stand for?**
- **What must endure in this vision for the next 25, 50, or 100 years?**

Health or Oranga?

Many Hauora Māori providers already operate across housing, income, education, culture, and connection.

This raises a key tension:

- Is the aspiration a **health authority**?
- Or an **oranga authority** that includes health?

PĀTAI

- **What becomes possible if we frame the vision around oranga rather than the health system?**
- **What limitations arise if we restrict ourselves to “health” as defined by Crown structures?**
- **What domains of wellbeing must be included if we are serious about intergenerational change?**
- **How do we ensure the vision reflects the realities of whānau, not the boundaries of government agencies?**

Unity Without Erasure

Our rohe is diverse. Taiwhenua, hapū, and iwi hold distinct histories and priorities. A shared vision must:

- Unite without flattening difference
- Align without centralising power
- Allow local expression while holding collective direction

PĀTAI

- **What must be shared across the rohe — and what must remain local?**
- **How do we hold unity without erasing hapū and Taiwhenua identity?**
- **What does a vision look like that honours diversity while enabling collective action?**
- **How do we ensure the vision is legitimate across all parts of Kahungunu?**

Mokopuna Time

An iwi-led health authority vision must think in 25-, 50-, or 100-year horizons AND may need to:

- Explicitly centre **mokopuna**
- Accept short-term discomfort for long-term wellbeing
- Measure success differently from annual system targets

PĀTAI

- What would we decide differently if mokopuna were the primary audience for this vision?
- What long-term outcomes matter more than short-term wins?
- How do we design a vision that future generations will thank us for?
- What does intergenerational wellbeing look like in practice?

Power, Not Just Participation

Existing visions often imply **authority**, not simply access to services. This suggests a shift from:

- Participation → **Decision-making power**
- Service delivery → **System influence and redesign**

PĀTAI

- Is our vision brave enough to claim rangatiratanga?
- What does it look like to move from participating in the system to shaping it?
- What forms of authority must be embedded in the vision for it to be meaningful?
- How do we ensure the vision is not constrained by Crown expectations?

Impact and Realism

A vision must be bold — but also grounded in what is achievable with the right mandate, structure, and functions.

PĀTAI

- What impact do we hope to gain through an iwi-led authority?
- How will whānau be better off if this vision is realised?
- What promises must we avoid making if they cannot be delivered?
- What conditions must be true for this vision to become reality?

Sessions 3 and 4 – PURPOSE AND FUNCTIONS

This SECTION explores the purpose and core functions of an iwi-led health authority. It is a thought piece designed to move from why and vision toward clarity about what the authority exists to do — and what it must never lose sight of.

Its role is to help the collective move from **why** we need iwi authority, and **what we aspire to**, toward clarity about **what an iwi-led health authority exists to do — and what it must never lose sight of**.

This is not an operating model or organisational chart. It is a **thought piece** to support shared understanding.

Part One: Purpose

Purpose must endure while structures, funding, and policies change. A grounded purpose anchors decision-making and protects the authority from becoming another layer in the system it was meant to transform.

Working purpose statement:

An iwi-led health authority exists to exercise rangatiratanga over health and wellbeing, by setting direction, holding the system to account, and creating the conditions for whānau, hapū, and iwi to thrive — now and for future generations.

This DRAFT PURPOSE STATEMENT centres:

- **Authority**, not service delivery
- **Whānau and mokopuna**, not institutions
- **System change**, not incremental adjustment

PĀTAI

- **Does this draft purpose reflect the authority we intend to hold — or is it still too constrained by Crown expectations?**
- **What elements of this purpose resonate most strongly with our iwi, hapū, and hapori realities?**
- **What must be strengthened or clarified to ensure this purpose is bold enough?**
- **How do we ensure the purpose remains focused on system change, not service delivery creep?**

What Purpose Is – and Is Not

Purpose is:

- A statement of responsibility to whānau and mokopuna
- A guide for decision-making in complex environments
- A touchstone when trade-offs are required

Purpose is not:

- A list of activities

- A funding justification
- A restatement of the health system's goals

PĀTAI

- **If this authority existed for 50 years, what would still need to be true about its purpose?**
- **How do we ensure our purpose guides decisions when political or financial pressure comes?**
- **What trade-offs will we inevitably face — and how will purpose help us navigate them?**
- **What must this authority *never* become, even if funding or system incentives push us in that direction?**

Part Two: Core Functions

From Purpose to Function

Purpose **anchors** the authority. Functions describe **how that purpose is given effect**.

Drawing on:

- iwi and Taiwhenua experience,
- Hauora Māori practice, and
- international Indigenous Self-Governance evidence,

five core function groupings consistently emerge.

PĀTAI

- **What functions are essential to give effect to our purpose — and which are optional?**
- **Which functions must sit at iwi level, and which must remain with hapū, PSGE, Taiwhenua, IMPB or providers?**
- **How do we ensure our functions serve the purpose, not the other way around?**
- **What early functions will demonstrate that our purpose is real and actionable?**

Five core function groupings consistently emerge from iwi experience and Indigenous self-governance evidence.

The Five Core Functions of an Iwi-led Health Authority

1. Whānau-centred System Direction

Setting the direction for health and wellbeing on iwi terms.

This function includes:

- Defining iwi-level priorities for oranga
- Articulating what success looks like for whānau and hapū
- Ensuring decisions are guided by whakapapa and lived experience

This is about **setting the compass**, not managing the journey.

PĀTAI

- **What does “setting the compass” look like in practice for Kahungunu?**
- **How do we ensure direction-setting is grounded in whakapapa and lived experience, not Crown frameworks?**
- **What mechanisms ensure whānau voice shapes priorities?**
- **How do we define success in ways that reflect oranga, not just health system metrics?**
- **What decisions must iwi lead — and what decisions can remain elsewhere?**

2. Strategic Commissioning and Investment Influence

Shaping how resources flow to meet iwi priorities.

This function may include:

- Influencing or determining investment priorities
- Ensuring funding settings enable prevention, equity, and innovation
- Advocating for flexible funding aligned to whānau realities

The focus is not volume of services, but **value and impact**.

PĀTAI

- **What level of commissioning or investment influence is essential for iwi authority to be meaningful?**
- **How do we shift from funding volume to funding value and impact?**
- **What funding constraints currently limit whānau-centred solutions — and how could iwi authority change that?**

- **What commissioning decisions must iwi hold, and what can remain with Te Whatu Ora or others?**
- **How do we avoid becoming a service-delivery agency by default?**

3. Accountability and System Stewardship

Holding the system to account on behalf of whānau.

This includes:

- Monitoring whether commitments to Māori are being met
- Requiring transparency on outcomes, not just activity
- Ensuring accountability flows back to whānau, not only to funders
Key shift: accountability to communities, not just contracts.

PĀTAI

- **What accountability mechanisms do whānau expect from an iwi-led authority?**
- **How do we ensure accountability flows outward to whānau, not upward to funders?**
- **What data, reporting, or transparency tools are required to steward the system effectively?**
- **What does iwi-led monitoring look like in practice?**
- **How do we ensure accountability is relational, not bureaucratic?**

4. Whānau Voice, Insight, and Intelligence

Ensuring whānau experience drives system learning and change.

This function includes:

- Gathering and elevating whānau voices
- Owning and using Māori data and insight
- Supporting evidence-based advocacy grounded in lived reality

This is not research for its own sake — it is **insight for transformation.**

PĀTAI

- **What data and insight must iwi own to exercise authority?**
- **How do we ensure whānau voice is not tokenistic but drives real system change?**
- **What forms of insight (qualitative, quantitative, whakapapa-based) matter most for iwi decision-making?**
- **How do we protect Māori data sovereignty?**

- **What intelligence systems do we need to build from day one?**

5. Leadership, Advocacy, and System Influence

Exercising leadership beyond organisational boundaries.

This includes:

- Representing iwi interests across the health system and beyond it
- Building and sustaining high-trust partnerships
- Advocating for policy and legislative settings that enable rangatiratanga

An iwi-led authority must be **visible, credible, and courageous**.

PĀTAI

- **Where must iwi be visible and influential to shift system settings?**
- **What partnerships are essential for success — and what makes them high-trust?**
- **What legislative or policy changes are required to enable iwi authority?**
- **How do we ensure iwi leadership is unified, legitimate, and grounded in whakapapa?**
- **What does courageous advocacy look like in practice?**

What These Functions Avoid

To protect its purpose, an iwi-led health authority should be cautious about:

- Becoming a large-scale service provider by default
- Duplicating the role of Hauora Māori providers
- Absorbing functions better held locally or by hapū

PĀTAI

- **Which functions must sit at iwi level – and which must not:**
- **What belongs at hapū or Taiwhenua level – not iwi level?**
- **What functions must we avoid to protect the integrity of iwi health authority?**
- **How do we ensure we do not duplicate or undermine Hauora Māori providers?**
- **What boundaries must be set early to prevent function creep?**
- **How do we maintain clarity between governance, commissioning and service delivery?**

Holding It Together – Purpose as the anchor

Purpose and functions must remain in constant relationship:

- Purpose **anchors** the authority
- Functions **serve** the purpose

When pressure comes — political, financial, or operational — the test is simple: **“Does this decision strengthen or dilute our purpose?”**

PĀTAI

- **How will we test whether each function strengthens or dilutes our purpose?**
- **What governance mechanisms ensure alignment between purpose and function?**
- **How do we prevent external pressures from reshaping our functions?**
- **What indicators will tell us whether our functions are delivering for whānau?**

Reflection – Purpose and Functions

Consider the question: ***When this authority is successful, what will whānau experience differently in their everyday lives?*** Your answer points to both purpose and function.