Final report summary

COVID-19 and National Immunisation Programme research

Submitted by
Te Atawhai o Te Ao

Project title
PROP-031 Whānau, hapū and iwi responses to the vaccination rollout

Section 1: Contact information

1.1 Point of Contact for this report

Item	Detail
Contact person	Miriama Cribb
Position	Researcher (Project Coordinator)
Phone number	(06) 3452680
Mobile number	021 313 615
Email address	miriama@teatawhai.maori.nz

Section 2: Reporting

2.1 Overview

The Covid-19 pandemic and the associated government response was unprecedented in Aotearoa New Zealand, and so too was the Covid-19 vaccination rollout. Our study looked into whānau, hapū, and iwi Māori experiences and impacts of the Covid-19 vaccine rollout (Te Wero). Te Wero set out to understand Māori experiences both nationally and for our rohe (region) of Whanganui through the lens of Kaupapa Māori theory, without judgement, and grounded in te ao Māori. Te Wero found that while there was widespread acceptance of such restrictions in the early stages of the pandemic, this social license had reduced by the time a vaccine and related mandates were rolled out across the country.

For whānau, almost half of the respondents thought the vaccine rollout was okay and that it was easy to get vaccinated. While most of those who chose to be vaccinated, did so to protect themselves and their whānau, many highlighted that to some extent the rollout felt like coercion. Over two fifths of respondents felt the mandates impacted them and their whānau, which was often linked to divisions between those that vaccinated and those that chose not to. Advocacy and support for people with different viewpoints was seen as missing in the rollout, with people needing more time and space to make the right decisions for them. There were, however, also positive experiences associated with getting vaccinated by Māori health providers.

For iwi in the Whanganui region, the vaccine rollout, certificates, and mandates were more than simple public health measures. They raised fundamental questions of how iwi and the Crown can have an effective relationship that recognises and respects tino rangatiratanga and kāwanantanga as envisaged by Te Tiriti o Waitangi. It seemed to most of those we spoke to that the rift between those who vaccinated and those who did not could have been mitigated earlier if there had been better support to whānau who decided not to vaccinate. This includes providing services that could keep whānau protected against Covid-19 in other ways (for example, access to saliva testing). The most successful elements of the vaccine programme were built off the exercise of manaakitanga and whanaungatanga, including the support given by kaimahi working in hauora and social service providers.

For hapū (represented by marae) in the Whanganui region, some serious challenges were presented by vaccine mandates. These challenges were felt sharply for marae, which are ordinarily seen as a place for whānau togetherness and kotahitanga. Most marae who responded to our survey did not enforce vaccination certificates and mandates. The main reasons given were that it would label and divide whānau. Several marae indicated that while they were not enforcing certificates or mandates, additional requirements for visitors existed, including Covid-19 testing. The divisions between those that were pro-vaccination and those who were anti-vaccination has left ongoing issues for some marae to deal with, meaning future mandates may not have support from respondents.

We identify ten key recommendations, which are focused on systematic operational and implementation improvements for future rollouts, and actionable solutions tailored to improving outcomes for whānau Māori. Our recommendations are consistent both with the findings of the Waitangi Tribunal in its 2021 Haumaru report and the recommendations of Te Rau Ora in its 2023 report *Review of the equity response to COVID-19: Final report for Ministry of Health*. Our final observation is that ongoing monitoring, research, and evaluation is needed across all public health activity to ensure it meets the needs and aspirations of whānau Māori and that it achieves equitable outcomes without causing division or ongoing harms to whānau, hapū, iwi, and Māori communities.

All research projects undertaken by Te Atawhai o Te Ao undergo an internal process to gain ethics approval. Due to this process being an internal one, the original tikanga rangahau application is not publicly available, but the process and its respective guidelines do draw on key publicly available Māori and indigenous ethics guidelines. These include, the Mataatua Declaration on Cultural and Intellectual Property Rights of Indigenous People, Canadian Institute of Health Research Involving Aboriginal Peoples, A Mi'kmaq Ethics Code, and the Hopi Research Protocol. Together, these guidelines focus on the safety and well-being of all individuals (such as research participants, staff, and others) and collectives (such as whānau, hapū, iwi, and other indigenous communities), and the protection of their knowledge when research is undertaken. The project team acknowledge the limitations of this project, which include a short turnaround for data collection, impacting

our efforts to gather a higher response rate for our hapū survey. Improvements have also been noted in the research design phase of the study, particularly regarding the qualitative nature and volume of questions being posed in a quantitative survey.

2.2 What is the problem or issue that your research investigated?

Prior to starting Te Wero, there existed a growing body of literature reflecting the positive and effective responses to the Covid-19 pandemic. However, the change in response to the rollout of the vaccination, including mandates, was not as simple and straight forward as previously seen in the Covid-19 response. Despite there being a communication and engagement approach developed, slogans such as 'protect your whakapapa', were heatedly debated with whānau Māori and communities divided. Reflective of this, were criticisms of the vaccine mandates, low rates of vaccination uptake by Māori, and priority populations having the worst access to vaccination services, resulting in claims that the Ministry of Health-led vaccination rollout failed Māori. On reflection, Te Atawhai o Te Ao understand that a lot of the processes were reactive, there was minimal to no time dedicated to wānanga (debate) issues before the rollout and that the vaccination rollout was not localised to the demographics. Our study wanted to explore this feedback by understanding not only the experience of whānau, hapū, and iwi in our rohe and beyond, but develop an evidence-base of knowledge and information that can inform future implementation of vaccination rollouts in other regions.

2.3 What are the practical solutions and implementation options that you recommend?

From our study, we have identified ten key recommendations, which are focused on systematic operational and implementation improvements for future rollouts, and actionable solutions tailored to improving outcomes for whānau Māori. We have combined the considerations (2.4) that need to be taken into account when implementing the solutions.

1. All future pandemic responses must be done in a way that gives effect to the guarantees of Te Tiriti o Waitangi. This extends to recognising that Māori may exercise rangatiratanga through a range of groupings, be they hapū, iwi, or iwi collectives and that it is not for the Crown to unilaterally decide which group they will work with.
2. A decision-making framework is needed that ensures national-level decisions are informed by Māori health and tikanga expertise and that as much as possible balances kāwanatanga with the rangatiratanga of hapū and iwi, so that Māori can make decisions over Māori matters, including around the application of tikanga and restrictions that apply to marae.
3. Manaakitanga, whanaungatanga and kotahitanga should underpin all decisions around vaccine rollouts and the use of public health powers and restrictions. This includes the need for decisions to consider the ongoing impact for whānau of the divisions created by mandates.
4. Improving the quality of government administrative data is essential, especially to understand how effective pandemic responses are for tāngata whaikaha Māori. However, this must be underpinned by Māori data sovereignty and cannot replace local Māori community knowledge about what works for whānau Māori.
5. Ongoing investment into Māori health providers and kaimahi Māori is an essential part of pandemic preparedness and must be increased. This would serve as a partial recognition that many of the successes of the vaccine rollout were a direct result of Māori provider credibility and connection with whānau Māori.
6. Addressing the wider determinants of health in equitable ways, including ensuring access for all whānau to healthy and secure housing, is essential to the success of any future pandemic responses and must continue to be a priority for government funding.
7. There must be better support provided to whānau and individuals who make informed decisions not to vaccinate. Vaccine rollout and the use of restrictive public health powers need to be implemented alongside better access to wellbeing supports, such as rongoā Māori, and to alternative public health safeguards (like saliva testing).
8. There should be increased investment into Māori-led vaccination responses so that whānau are able to access culturally and clinically appropriate care. This would allow both more Māori vaccination clinics and for Māori vaccination clinics to be able to provide a wider range of complementary services in line with holistic Māori models of care.
9. Communications to Māori whānau and communities must be Māori-led, and national messages must be able to be tailored to local communities.
10. Measures to address burnout of kaimahi Māori (both those employed and those working voluntary roles) needs to be factored into all vaccine rollout plans. This would be complemented by moves to increase the Māori health workforce overall, and increased investment in Māori-led vaccination responses.