



Provisional Health Plan for the Ngāi Tahu Takiwā



Contents

Introduction	4
Amplify Whānau Māori Voice	6
Whānau Māori Voice	8
Monitoring the System	10
Influence the Crown	12
Ngāi Tahu Takiwā Health Priorities	14
Alignment of Plans and Measures	19
Appendix 1: Provisional Health Plan for Ngāi Tahu Takiwā – Summary	23
Appendix 2: What Te Tauraki IMPB needs to fulfill the plan.	24
Appendix 3: Ngā Ara Hauora o Te Takiwā o Ngāi Tahu	27
Appendix 4: Monitoring the Priorities in the Ngāi Tahu Takiwā Jul 2024 - Jun 2027	28

Introduction

Te Tauraki holds the Iwi-Māori Partnership Board (IMPB) function for the Ngāi Tahu Takiwā.¹ In 2022, in response to health reforms, Te Rūnanga o Ngāi Tahu (Te Rūnanga) agreed to the development and establishment of a single IMPB for the Ngāi Tahu Takiwā. Under the korowai of Te Rūnanga and the eighteen Papatipu Rūnanga who exercise rangatiratanga and mana motuhake in the Ngāi Tahu Takiwā, Te Tauraki IMPB was established as the vehicle for Māori health and wellbeing aspirations for whānau Māori, Ngāi Tahu and mātāwaka in the Ngāi Tahu Takiwā. Therefore, the primary obligations of Te Tauraki IMPB are to whānau Māori, Papatipu Rūnanga and Te Rūnanga.

An effective Te Tiriti o Waitangi partnership in the health sector must be consistent with the Ngāi Tahu Settlement² and give effect to Te Tiriti o Waitangi principles. It must provide mechanisms for Ngāi Tahu participation in ministerial decision-making and at governance, strategic, policy and operational levels. Te Tauraki IMPB has an Iwi-mandated role to influence in each of these areas, to lead in discussions, and to advise on health matters that impact on Māori.

The Minister of Health has requested a community health plan setting out how Te Tauraki IMPB will deliver



its legislative functions as an IMPB, including a local needs assessment to determine Māori community health priorities, annual and other plan priorities, and accountability and monitoring arrangements.³

The Ngāi Tahu Takiwā (the Takiwā) covers an extensive geographic area, consisting of Rakiura and 86% of Te Waipounamu, making it approximately half of the country's land mass and Te Tauraki IMPB with the largest coverage area. It is home to a significant population made up of diverse rural and urban communities. Of the approx. 1 million total population within the Takiwā, there are 132,000 Māori or 13.5%.⁴ For these reasons, this plan is provisional. It covers the Takiwā and encompasses multiple communities; a Provisional Health Plan for the Ngāi Tahu Takiwā (this provisional plan).

A one-page summary of this provisional plan is attached as Appendix 1.

The table is titled 'Appendix 1: Provisional Health Plan for the Ngāi Tahu Takiwā - Summary'. It is organized into three main columns: 'Amplify Māori voice', 'Monitor the system', and 'Influence the Coast'. Each column contains several rows of text, likely representing different strategic priorities or objectives. The table is dense with information and includes various icons and sub-sections.

Te Tauraki IMPB, with the support of Te Rūnanga, has an established, highly skilled board and an effective operations team (tetauraki.co.nz/our-team-a-matou-tima). Te Tauraki will execute the legislated functions of an IMPB⁵, and is ready to extend its role into commissioning for hauora (if resourced). See attached Appendix 2: What Te Tauraki IMPB needs to fulfill the plan.

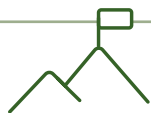
Guided by our Iwi-mandated Strategic Plan*, Te Tauraki IMPB is currently focused on objectives that enable us to **Amplify, Monitor** and **Influence**. Below, we outline what we have done to date and what we will do next to achieve these objectives.

1. Schedule 1, Te Rūnanga o Ngāi Tahu Act 1996
 2. Ngāi Tahu Claims Settlement Act 1998
 3. Cabinet Paper of Hon Dr Shane Reti: Vision and priorities to address Māori health need, 24 June 2024
 4. Te Whata, Demographics, Census 2023
 5. Sections 29 and 30 of the Pae Ora (Healthy Futures) Act 2022.
- * You can read our Strategic Plan. tetauraki.co.nz/what-we-do-a-matou-mahi

Amplify Whānau Māori Voice

Objective: Ensure that the experiences, needs, and aspirations of whānau Māori are central to all health system decisions.

Completed to date:



- Defined whānau Māori voice to be combination of quantitative data and qualitative information
- Requested, obtained and analysed available qualitative information and data
- Completed a review of available whānau Māori voice within the Ngāi Tahu Takiwā, and made this available on the website for Te Tauraki IMPB*
- Progressed Papatipu Rūnanga mandated hauora lead structure for flow of local voice and information
- Commenced engagement with hauora Māori providers on whānau Māori experiences.

Actions:



- Further develop and implement a framework to gather whānau Māori voice
- Seek underrepresented voice of rangatahi Māori and tāngata whaikaha Māori
- Share findings through regular reports and updates through various communication avenues
- Ongoing collaboration with Papatipu Rūnanga, hauora Māori providers, health agencies, local councils and community entities to identify further community-specific priorities and needs across the Takiwā
- Supporting ongoing engagement with Papatipu Rūnanga, hauora Māori providers, urban marae and mātāwaka entities in the Takiwā
- Ongoing representation and participation at Iwi, ngā mātāwaka, and other relevant events or hui
- Use whānau Māori voice to influence the Crown.

* You can read the Whānau Voice information on our website tetauraki.co.nz/whanau-maori-voice

Outcomes:



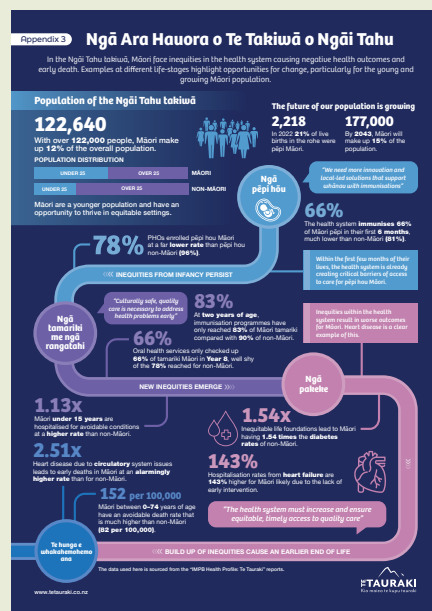
- Increased representation and recognition of whānau Māori voices in health decisions
 - Better alignment between services and community needs, impacting positively on Māori.
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Amplifying whānau Māori voice aligns to section 30 of the Pae Ora Act - legislated functions for IMPBs - s30(1)(a), (b), (c), (d), (f).



Whānau Māori Voice

Māori currently experience inequities in the health system. Understanding what is important to whānau Māori in our Takiwā helps us to achieve the best health outcomes, improve performance and shape the health services and public health interventions to have maximum benefit for Māori. Our Te Tauraki IMPB website provides a summary of what we already know about the needs and aspirations of whānau Māori in our Takiwā and identifies areas where there are gaps in our knowledge that we will work to address. Visit tetauraki.co.nz/whanau-maori-voice for more information and detail. A summary is below and an infographic attached as Appendix 3.



Whānau Māori aspirations and hopes for health and wellbeing and the wider determinants of health.

- Whānau Māori in the Ngāi Tahu Takiwā see hauora as a holistic concept
- Being well requires a connection to our Māori culture and to Ngāi Tahutanga for Ngāi Tahu whānau in the Takiwā
- Mātauranga Māori must be respected and valued as part of a commitment to Māori health
- Whānau Māori aspire to be in control of the decisions that affect their lives
- Having local Māori decision-making in health services and funding supports whānau Māori aspirations and trust and confidence in the health system.

Data and other evidence related to the demographics and health status of whānau Māori in the Ngāi Tahu Takiwā.

- The Māori population in the Takiwā is growing, particularly in the 65 years and over age group. It is good that we have more Māori living longer, but life expectancy remains two years lower for wāhine and three years lower for tāne than non-Māori
- Many whānau Māori in the Takiwā report being in good health – yet the data shows they have poorer health than others
- The leading cause of death for Māori in the Ngāi Tahu Takiwā between 2014 and 2018 was Ischaemic heart disease
- While most Māori in the Takiwā had whānau of ten people or less (57%), nearly a quarter (23.6%) had 11 – 20 members
- Pēpi Māori were more likely to be born prematurely than non-Māori between 2018 and 2021
- Māori in the Takiwā were 1.5 times more likely than non-Māori to have diabetes in 2022
- Māori in the Takiwā were 2.4 times more likely to die from lung cancer than non-Māori between 2016 and 2020.

Health and well-being services in the Ngāi Tahu Takiwā.

- The primary health care system has not enrolled 14.8% of Māori in the Ngāi Tahu Takiwā compared to 1.4% of non-Māori.
- Tamariki Māori aged 0–4 years were less likely to be enrolled for free dental care (82%) than non-Māori (93%) in 2021.
- There remain several challenges as the health system strives to deliver culturally safe care for all whānau Māori, including tāngata whaikaha Māori (Māori with lived experience of disability). Te Tauraki IMPB will seek more information in the coming year.
- Determinants of health are the things outside of the health sector that contribute to our overall health and wellbeing. When things are going well, the determinants of health can help us to stay healthy and prevent us from getting ill. Data for the Ngāi Tahu Takiwā highlights the unfair and unjust differences for many whānau Māori with access to determinants of health. They include relative deprivation, cost of living, rurality, transport, telecommunications, housing, education and employment.



Monitoring the System

Objective: Assess the performance and outcomes of the health system to inform evidence-based decisions that achieve health equity for Māori.

Completed to date:



- Baseline data from Te Whatu Ora, ACC and Whaikaha sought, and some received
 - Established relationships with many of the 30+ hauora Māori providers, specialist providers and Primary Health Organisations (PHOs) in the Takiwā to access whānau Māori voice, activity and outcome information.
 - Established a Te Tauraki IMPB Data Sub-Komiti of experienced leading Ngāi Tahu epidemiologists
 - Embedded monitoring and data specialist roles in the operations team.
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Actions:



- Finalise reporting dashboards and frequency with Te Whatu Ora – Hauora Māori Services, ACC, Whaikaha and Health Quality and Safety Commission (HQSC)
 - Connect with Te Aho o Te Kahu – Cancer Control Agency, based on identified priorities
 - Confirm 2024/2025 spending on hauora Māori specific services within the Takiwā and further develop new outcomes reporting
 - Finalise the monitoring framework to progress a mixed method, values orientated approach that is responsive to available information and arising issues
 - Collect and analyse whānau Māori voice information on two different priorities each year (see the timeline at end of plan). Ongoing participation in PHO, Te Whatu Ora, ACC and Whaikaha monitoring, working and leadership fora
 - Ongoing use of data to advocate for a shift of power and resources to communities
 - Ongoing use of data in evidence-based decisions for service funding and allocation of resources within the Takiwā.
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Outcomes:



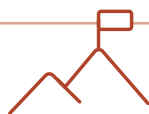
- Decisions are evidenced-based and lead to increased impactful activities and improved outcomes for Māori
 - The health system performs in alignment with Māori health priorities within the Ngāi Tahu Takiwā and delivers meaningful outcomes.
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Monitoring the system aligns to section 30 of the Pae Ora Act – legislated functions for IMPBs – s30(1)(b), (c), (d), (e).

Influence the Crown

Objective: Support a shift of power and resources to communities, actively advocating for Papatipu Rūnanga, Māori communities, and whānau Māori in the Ngāi Tahu Takiwā.

Completed to date:



- Commenced integration into Te Whatu Ora business planning, service design and monitoring processes regionally
- Established relationships with key contacts such as ACC, Whaikaha, Te Puni Kōkiri, Social Investment Agency, Regional Public Service Commissioners, and others
- Well connected with IMPBs nationally, particularly those in Te Waipounamu region (including Rēkohu/Wharekauri) and collaborating where appropriate
- Provided feedback and shaped the Te Waipounamu Regional Health & Wellbeing Plan (RHWP), feedback to Te Pae Waenga/ NZ Health Plan and other key documents.

Actions:



- Continued participation and influence in Regional Integration Team, Cross-Directorate Steering Groups, Community Integration work, Prevention Leadership Group, Regional Clinical Governance Committee and Rural Redesign work.
- Engage with a Mental Health and Addiction monitoring, commissioning and/or leadership group
- Continue participation in Te Whatu Ora working groups
- Integrate with Whaikaha, Ministry of Social Development and ACC business planning, service design and monitoring
- Ongoing advocacy and influence on national policy, strategy and plans.

Outcomes:



- Te Tauraki IMPB influence in hauora decision-making at strategic, policy, operational and commissioning fora
 - Services are adapted and commissioned to better meet whānau Māori needs and aspirations in the Takiwā.
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Influencing the Crown aligns to section 30 of the Pae Ora Act legislated functions for IMPB - s30(1)(a), (c), (e).





Ngāi Tahu Takiwā Health Priorities

In his speech to IMPBs on 4 July 2024, the Minister of Health requested community health plans with specific health outcomes aligned with needs analyses.⁶

To identify the provisional Ngāi Tahu Takiwā specific priorities, Te Tauraki IMPB utilised:

- Available data from Te Whatu Ora, ACC and Whaikaha
- The whānau Māori voice review undertaken by Te Tauraki IMPB
- Volumes One and Two of the IMPB Health Profiles
- Engagement with, and feedback from, Papatipu Rūnanga and hauora Māori providers on the provisional priorities for the plan.

The Provisional Health Plan for the Ngāi Tahu Takiwā has seven priorities. These include four of the stated priorities of the Minister and three further hauora priorities identified by Te Tauraki IMPB as specific to the Takiwā.

6. Rt. Hon Minister Reti, Speech to IMPBs Rotorua 4 July 2024



Equitable access to quality care across the Ngāi Tahu Takiwā.

Inequities in accessing the health system inhibits prevention and treatment interventions. Primary and community care services are the gateway to accessing all health services for all conditions. Primary healthcare providers need to ensure appropriate services and engagements best meet whānau Māori health needs in a timely manner. Promoting regular and empowered engagement is important for whānau Māori. Finding ways to enable this will reduce hospitalisation, Accident and Emergency presentations, and more intensive interventions, reducing inequitable health outcomes. Navigation support, extended hours, cost reduction, telehealth, mobile services, Māori specific services and health education programmes may all improve engagement and ultimately outcomes. Increasing and upskilling the health workforce, especially the Māori health workforce across the Takiwā, and at all levels, will assist with improving access and engagement.

Why is this important for the Takiwā?

- The system enrolls less Māori in primary care, newborn services, and oral health compared to non-Māori in the Takiwā
- The system has fewer outpatient visits and higher preventable hospitalisations for Māori than non-Māori in the Takiwā
- Financial and transport barriers are greater for Māori, affecting their healthcare access, and exacerbated by rurality
- Māori health workers have reported cultural insensitivity, racism, and isolation in the health system (TIPU MAHI project)
- All health environments must be culturally safe for Māori, both as workplaces and services
- Research and evaluation say whānau Māori engage better with kaupapa Māori services and hauora Māori interventions.



Improved mental health outcomes for whānau Māori in the Takiwā.

Mental health and addiction issues are prevalent for whānau Māori. Though broader social determinants are significant causative factors, the distress experienced, and level of mental illness resulting, impacts on all health outcomes and whānau members, and must be treated as a priority health issue.

Why is this important for the Takiwā?

- 22% of wāhine Māori 15 years+ experience high psychological distress compared to 12% for non-Māori women, yet Māori receive fewer antidepressants than non-Māori
- Tāne Māori are hospitalised for mental health and addiction issues at over twice the rate of non-Māori
- Māori hospitalisation for self-harm in 2023 was 1.5 times that of non-Māori, and suicide was a leading cause of death between 2014–2018
- Hauora Māori providers in the Takiwā consistently highlight mental health and addiction as major issues
- Te Waipounamu reports higher addiction rates; with 40% of national IV drug equipment dispensed in Te Waipounamu and over 20% of Needle Exchange users in Te Waipounamu being Māori.



Whānau Māori are protected from communicable diseases through immunisations*

Māori immunisation rates in the Takiwā are low across the life course immunisation programme. More targeted and culturally appropriate immunisation initiatives are needed to improve this first line of prevention for whānau Māori. The protection to individual health that immunisation offers extends to whānau and hāpori. Te Tauraki IMPB aspires for the life course immunisation programme to engage all whānau Māori to avoid and minimise the harm of communicable diseases.

Why is this important for the Takiwā?

- In 2023, the system only immunised 55.8% of Māori from the 2009 birth cohort with the final dose of the HPV immunisation
- As of June 2024, the system only immunised 80% of tamariki Māori by 24 months, the lowest rate of all ethnic groups in the Takiwā.

* Protecting whānau from communicable diseases through immunisation was identified as both a Te Tauraki IMPB Takiwā priority and one of the Ministers five identified priorities.

In addition, Te Tauraki IMPB supports and adopts four priorities identified by the Minister of Health as the most pressing of the nine domains of the Hauora Māori Advisory Committee. These are:



Pakeke are accessing primary and community healthcare early with positive outcomes and experiences relating to diabetes

Why is this important for the Takiwā?

- Māori in the Takiwā are 1.5 times more likely than non-Māori to have diabetes.
- The system prescribes less diabetes medication (metformin or insulin) for Māori than non-Māori.
- Between 2019 and 2021, Māori in the Takiwā had double the rate of hospitalisations for renal failure with diabetes.



Pakeke are accessing primary and community healthcare early with positive outcomes and experiences relating to cardiovascular disease

Why is this important for the Takiwā?

- Whānau Māori are 1.5 times more likely to be hospitalised for circulatory system disease and 2.4 times more likely for heart failure than non-Māori.
- Māori in the Takiwā experience stroke hospitalisations at 1.4 times the rate of non-Māori, and it is a leading cause of death.
- Ischemic heart disease is the top cause of death for Māori, occurring at more than twice the rate of non-Māori.



Detection, screening and diagnosis of cancers are timely, comprehensive and effective

Why is this important for the Takiwā?

- Lung cancer was the second leading cause of death for Māori in the Takiwā from 2014–2018.
- Liver cancer death rates were 4.29 times higher for tāne Māori and 3.56 times higher for wāhine Māori compared to non-Māori.
- In 2023, only 60.2% of Māori aged 60–74 years were screened for bowel cancer, 68.7% of wāhine for breast cancer, and 63.8% for cervical cancer, all at lower rates than non-Māori.



Rangatahi experience stronger mental health and resilience through better access to preventative and clinical mental health services

Why is this important for the Takiwā?

- There is little baseline data to measure changes in rangatahi Māori mental health in the Takiwā. We will work with the system and whānau to address this knowledge gap.
- In 2023, 48% of Māori in the Ngāi Tahu Takiwā were under 25 years of age.

Alignment of Plans and Measures

We will ascertain if we have been successful through the ongoing monitoring of health outcomes. We have developed a monitoring programme for the seven priorities with targets, indicators and measures (Appendix 3). We have aligned these to those of the Government Policy Statement on Health 2024–2027 (GPS)* where possible, with the intent of achieving and demonstrating equity in Māori health outcomes.

The initial focus of Te Tauraki IMPB is to ensure we have a thorough picture of health activities and outcomes in the Takiwā, and we are currently working with various organisations, hauora Māori providers and Papatipu Rūnanga to identify further community-specific priorities and needs. Information on tāngata whaikaha and rangatahi needs is identified as lacking and will be specifically sought.

Further local/community priorities will be identified through Local Needs Assessment (LNA) processes undertaken by forming community collaborations across the Takiwā. These will be incorporated into future iterations of this provisional plan. Te Tauraki IMPB does not assume

that every community will experience the same health challenges and priorities but will work with whānau and the system to ensure dynamic and community-specific responses and services are provided throughout the expansive Takiwā.

Te Tauraki IMPB will ensure the seven priorities, and the monitoring of same, are in the forefront of commissioning discussions and decisions.

Both the GPS and this provisional plan share common objectives around improving access to healthcare, increasing timeliness of services, focusing on equity, and developing the health workforce that is required in the Takiwā. Both plans emphasize addressing mental health, chronic diseases, improving cancer screening, and enhancing infrastructure, particularly digital health solutions. Additionally, both plans aim to improve health outcomes for Māori, though this provisional plan places greater emphasis on culturally safe services and the Māori workforce.

The priorities identified for the Ngāi Tahu Takiwā align well to the five priority areas set out for the health system in the GPS 2024–27 and how the GPS priorities will be achieved. The table on the following page demonstrates the alignment between the GPS and this provisional plan.

* For information on the Government Policy Statement on Health (GPS) go to www.health.govt.nz/publications/government-policy-statement-on-health-2024-2027

Priority Area and Vision	Objectives (GPS)	Expectations (GPS)	Objectives (this provisional plan)	Expectations (this provisional plan)
1. Access Every person can access services when they need them.	1.1 Improve access and choice of primary care, particularly in high-need areas.	Improve immunisation rates, meet the needs of priority populations, enhance cancer care access.	1-7 – Equitable access to care across the Ngāi Tahu Takiwā, focusing on Māori-specific services, tāngata whaikaha and rurality.	Improve access to culturally safe services, address financial, transport barriers, and upskill the Māori workforce.
	1.2 Develop models of care to better meet the needs of Māori and Pacific.	Promote choice of well-care options, expand primary care access.	1,2,3 – Provide kaupapa Māori services, specialist and telehealth options for whānau Māori.	Tailor care models to Māori preferences, including NASC, mobile services and telehealth.
	1.3 Ensure access to medicines, including cancer medications.	Improve cancer access to medicines and services.	6 – Timely access to screening and cancer diagnosis for Māori.	Increase cancer screening rates for Māori (lung, liver, bowel, breast, cervical).
2. Timeliness People can access care in a timely way.	2.1 Reduce waiting times for specialist appointments.	Decrease time for treatment, surgery, and mental health services access.	2,4,5 – Early access to community healthcare for diabetes, cardiovascular disease and mental health.	Support early intervention and diagnosis for chronic diseases and mental distress to reduce hospitalisations.
	2.2 Faster access to primary and community services.	Reduce the time to access first specialist assessments.	2,7 – Improve timeliness of mental health services, especially for rangatahi Māori.	Better access to rangatahi mental health services with culturally tailored care.
3. Quality Health care and services are safe, effective, and people-centred.	3.1 Benchmark and improve quality of care, focusing on equity.	Reduce avoidable hospital admissions, improve health system accountability.	1-7 – Improve the quality of care with a focus on culturally appropriate services for Māori.	Advocate for culturally safe environments for Māori health workers and whānau Māori.
	3.2 Use processes for quality improvement.	Strengthen quality monitoring and data-sharing arrangements across sectors.	1-7 – Strengthen data collection for Māori and create equity -focused monitoring frameworks.	Leverage Māori data sovereignty to monitor service delivery outcomes and gaps.
4. Workforce The health workforce is equipped and supported to meet current and future needs.	4.1 Improve training pathways, develop culturally safe workforce.	Strengthen mental health and addiction workforce, increase Māori and Pacific representation.	1 – Grow and develop the Māori hauora workforce across the Ngāi Tahu Takiwā.	Promote culturally safe environments, enhance workforce development initiatives, and upskill Māori workers.
	4.2 Support workforce retention.	Increase support for the workforce in rural and high-needs areas.	1 – Increase training and pathways for Māori workforce in rural and urban health.	Improve retention rates and offer additional training to Māori health providers.
5. Infrastructure The system has the right infrastructure to deliver quality care.	5.1 Long-term national planning for physical and digital health infrastructure.	Ensure timely and sustainable investment in infrastructure, including digital solutions.	1-7 – Improve rural health infrastructure, increase telehealth and digital care solutions.	Focus on rural health infrastructure, enabling digital access through telehealth.
	5.2 Evidence-based digital solutions.	Expand digital services and ensure the health system remains agile and responsive.	1-7 – Use data-driven decision-making to improve service provision across the Takiwā.	Encourage local data for evidence-based planning and improving digital health solutions.

Three-year Estimated Timeline

	Year 1 (24/25)	Year 2 (25/26)
Whānau Māori Voice Engage and communicate	<ul style="list-style-type: none"> Review of existing whānau Māori voice Implement whānau Māori Voice Framework Focus on immunisations - Oct to Feb Focus on tāngata whaikaha - Jan to Jun Share findings (wānanga, hui, website) 	<ul style="list-style-type: none"> Expand collection of whānau Māori voice, particularly rangatahi and tāngata whaikaha Māori Identify analytic tools for systematic qualitative data collection Focus on mental health, rangatahi Māori mental health - Jun to Dec Focus on cardiovascular disease - Jan to Jun Share findings
Evaluate current state of hauora	<ul style="list-style-type: none"> Participate in and consider reviews and health plan developments Identify rural re-design opportunities Access and analyse data Embed social investment approach 	<ul style="list-style-type: none"> Participate in and consider reviews and health plan developments Access and analyse data Complete annual review Share findings
Monitoring Monitoring performance	<ul style="list-style-type: none"> Baseline data obtained and analysed Embed analytic skills in team Test monitoring framework Construct a mixed dataset for monitoring priorities 	<ul style="list-style-type: none"> Receive regular data reports on priorities Assessment of health sector performance Monitor with Working Groups and RIT priorities, activities and outcomes
Report to Māori	<ul style="list-style-type: none"> Identify gaps, changes in service provision, outcomes Summarise and share (wānanga, hui, website, reports, pānui, infographics) 	<ul style="list-style-type: none"> Identify gaps, changes in service provision, outcomes Summarise and share
Influencing and Commissioning Develop priorities	<ul style="list-style-type: none"> Confirm Provisional Health Plan for the Ngāi Tahu Takiwā Work with Te Whatu Ora to progress Local Needs Assessments (LNA) RHWP adjusted to incorporate updated Health Plan for the Ngāi Tahu Takiwā 	<ul style="list-style-type: none"> Te Waipounamu Regional Health and Wellbeing Plan (RHWP) incorporates Provisional Health Plan for the Ngai Tahu Takiwā LNA completed Influence and inform future strategic direction and initiatives
Support Kaupapa Māori investment and innovation	<ul style="list-style-type: none"> Identify all existing hauora Māori commissioned services Develop whānau centred commissioning processes Engage with RIT to map services and priorities Identify budget process and design 	<ul style="list-style-type: none"> Work with Te Whatu Ora, ACC and Whaikaha to design and plan services Work with Primary Health Organisations (PHOs), hauora Māori providers to design and shape services (priority focus) Contribute to budget process and design Work with RIT to re-design rural hauora services

Year 3 (26/27)	Ongoing
<ul style="list-style-type: none"> Established whānau Māori voice collection practice Focus on access - Jun to Dec Focus on diabetes - Jan - Jun Share findings 	<ul style="list-style-type: none"> Continue whānau Māori voice practice and processes Focus on cancer screenings - Jun to Dec Share findings
<ul style="list-style-type: none"> Participate in and consider reviews and health plan developments Access and analyse data Complete annual review Share findings 	<ul style="list-style-type: none"> Participate in and consider reviews and health plan developments Access and analyse data Complete annual review Share findings
<ul style="list-style-type: none"> Receive regular data reports on priorities Monitor with Working Groups and RIT priorities, activities and outcomes Assessment of health sector performance 	<ul style="list-style-type: none"> Future commissioning work shaped by whānau Māori voice and priority outcomes Local Needs Assessment (LNA) informed commissioning decisions
<ul style="list-style-type: none"> Identify gaps, changes in service provision, outcomes Summarise and share 	<ul style="list-style-type: none"> Identify gaps, changes in service provision, outcomes Summarise and share
<ul style="list-style-type: none"> Health Plan for the Ngāi Tahu Takiwā adjusted to incorporate all LNA Influence and inform future strategic direction and initiatives 	<ul style="list-style-type: none"> RHWP adjusted to incorporate updated Health Plan for the Ngāi Tahu Takiwā Influence and inform future strategic direction and initiatives
<ul style="list-style-type: none"> Work with Te Whatu Ora, ACC and Whaikaha to design and plan services Work with PHOs, hauora Māori providers to design and shape services Contribute to budget process and design 	<ul style="list-style-type: none"> Future commissioning work shaped by whānau Māori voice and priority outcomes LNA informed commissioning decisions

Vision and mission

The vision of Te Tauraki IMPB is a health system that delivers on the guarantees and promises of Tiriti o Waitangi and truly meets the needs and aspirations of whānau Māori, particularly in the Ngāi Tahu Takiwā.

The mission of Te Tauraki IMPB is to influence hauora systems by holding the Crown to account for improved quality, access, and outcomes for whānau Māori.

Strategic priorities

Amplify whānau Māori voice

Monitor the system

Influence the Crown

Te Tauraki IMPB priority areas

Equitable access to quality care for whānau Māori in the Takiwā



Improved mental health outcomes for whānau Māori in the Takiwā



Whānau Māori are protected from communicable diseases through immunisations



Pakeke are accessing primary and community healthcare early, with positive outcomes and experiences relating to diabetes



Pakeke are accessing primary and community healthcare early with positive outcomes and experiences relating to cardiovascular disease (CVD)



Detection, screening and diagnosis of cancers are timely, comprehensive and effective



Rangatahi experience stronger mental health and resilience through better access to preventative and clinical mental health services



Why this is important

The system enrolls fewer Māori in primary care, newborn services, and oral health compared to non-Māori.

Whānau Māori have fewer outpatient visits and higher preventable hospitalisations than non-Māori.

Financial and transport barriers are greater for Māori, affecting their healthcare engagement.

Māori health workers report cultural insensitivity, racism, and isolation in the health system.

All health environments must be culturally safe for Māori, both as workplaces and as services.

Research and evaluation inform us that whānau Māori engage better with kaupapa Māori services and hauora Māori interventions.

Suicide is a top five cause of death for Māori in the Takiwā, but not for non-Māori or Māori nationally.

22% of wāhine Māori 15+ experience high psychological distress, yet Māori receive fewer antidepressants than non-Māori (12% for non-Māori women).

Tāne Māori are hospitalised for mental health and addiction issues at over twice the rate of non-Māori.

Māori hospitalisation for self-harm in 2023 was 1.5 times that of non-Māori, and suicide was a leading cause of death from 2014-2018.

Hauora Māori providers consistently highlight mental health and addiction as major issues.

Te Waipounamu reports higher addiction rates; 40% of national IV drug equipment is dispensed there, with over 20% of users being Māori.

In 2023, only 55.8% of Māori from the 2009 birth cohort received the final dose of the HPV immunisation.

As of June 2024, the system had immunised only 80% of tamariki Māori by 24 months, the lowest rate of all ethnic groups in the Takiwā.

Māori in the Takiwā are 1.5 times more likely than non-Māori to have diabetes.

The system prescribes less diabetes medication (metformin or insulin) to Māori than non-Māori.

Between 2019 and 2021, Māori in the Takiwā had double the rate of hospitalisations for renal failure with diabetes.

Whānau Māori are 1.5 times more likely to be hospitalised for circulatory system disease and 2.4 times more likely for heart failure than non-Māori.

Māori in the Takiwā experience stroke hospitalisations at 1.4 times the rate of non-Māori, and it is a leading cause of death.

Ischaemic heart disease is the top cause of death for Māori, occurring at more than twice the rate of non-Māori.

Lung cancer was the second leading cause of death for Māori in the Takiwā from 2014-2018.

Liver cancer death rates were 4.29 times higher for tāne Māori and 3.56 times higher for wāhine Māori compared to non-Māori.

In 2023, only 60.2% of Māori aged 60-74 were screened for bowel cancer, 68.7% of wāhine for breast cancer, and 63.8% for cervical cancer, all at lower rates than non-Māori.

There is little baseline data to measure changes in rangatahi Māori mental health. Te Tauraki IMPB will work with the system and whānau to address this.

In 2023, 48% of Māori in the Ngāi Tahu Takiwā were under 25 years old.

Type of priority

Te Tauraki IMPB identified

Te Tauraki IMPB identified

Te Tauraki IMPB identified / Minister identified

Minister identified

Minister identified

Minister identified

Minister identified

GPS priorities (aligned)

Access, Timeliness, Workforce

Access, Workforce

Access, Timeliness

Access, Timeliness, Quality

Access, Timeliness, Quality

Access, Timeliness

Access, Timeliness, Quality

Measures

[Subject to further work]

N/% of Māori visiting a health care provider in the past year

Median wait time for Māori patients to receive care

Number of health providers per capita in rural communities

Number of scripts filled/not filled

Māori use of pharmacy provided services

N/% of Māori reporting financial barriers to access health care

N/% of Māori using telehealth services

N/% of Māori NASC assessment processed within 20 working days

N/% of Māori visiting a rongoā services provider

N/% of Māori population that engage in alcohol or substance misuse

N/% of Māori reporting high/very high psychological distress

Number of community intervention engagements

Number of hospitalisations due to MH&A disorders per year

Number of suicide deaths reported per year

N/% of Māori receiving recommended vaccines

N/% of Māori in rural areas receiving recommended vaccines

N/% of Tamariki receiving vaccines on schedule

Median days to receive overdue vaccines once identified

N/% of Māori aged 24 months who complete the full series of recommended vaccinations (GPS)

Incidence rate of vaccine-preventable diseases

Hospitalisation rates for vaccine-preventable diseases

N/% of Pakeke with identified risk factors associated to diabetes

N/% of at-risk Pakeke who receive regular health check-ups

N/% of Pakeke with diabetes having regular HbA1c monitoring

N/% of Pakeke receiving metformin or insulin

Rate of hospitalisations admissions per 100,000 Pakeke for diabetes-related occurrences

N/% of Pakeke who have died from diabetes annually

N/% of Pakeke with at-risk factors associated to CVD

N/% of Pakeke participating in preventive and early intervention services

N/% of Pakeke enrolled in management programs

Rate of hospital admissions per 100,000 Pakeke

N/% of Pakeke who have died from CVD annually

N/% of Pakeke with self-reported positive experience

N/% of eligible Māori who received HPV immunisation

N/% of eligible Māori who participated in screening services

Median days from presenting to first test

Median days from diagnosis to treatment (GPS)

N/% of Māori being diagnosed with stage 3 cancer

N/% of Māori dying within 5 years of initial diagnosis

N/% of Māori accessing primary and secondary mental health services

N/% of Māori who can access appropriate mental health services

N/% of Māori referred seen within 3 weeks

N/% of Māori who have reported missing an appointment

N/% of Māori who participate in preventative mental health programs



Appendix 2

What Te Tauraki IMPB needs to fulfill the plan

In 2024 the Pae Ora (Healthy Futures) Act 2022 was amended, dis-establishing Te Aka Whai Ora - Māori Health Authority and extending the function of Te Tauraki IMPB as an IMPB. Other changes in multiple Crown entities, also occurring in 2024, have other impacts on the role and expectations of IMPBs. For example, the disestablishment of the Māori advisory group at Pharmac in November 2024, *“In order to put more focus on partnership arrangements, (including those) with Iwi Māori Partnership Boards”*.⁷

Te Tauraki IMPB flexes and responds to these changing expectations wherever possible within existing resources. Te Rūnanga has provided its mandate, support and the ability to leverage of its well-established experience and infrastructure. Te Tauraki IMPB has established and will maintain multiple partnership relationships. To be most effective, Te Whatu Ora must ensure that: Te Tauraki IMPB is fully resourced to meet current and new expectations; meaningfully informs, consults, engages and involves Te Tauraki IMPB in Te Waipounamu decision making processes; and is able to focus on Te Tauraki IMPB identified priorities.

Te Tauraki IMPB is rapidly building its understanding of whānau aspirations, need and local provision, alongside growing and strengthening key relationships across the Takiwā and hauora sectors. The Minister of Health has given his assurance that IMPBs will be “powered up” to be direct commissioners.⁸ As a result, Te Tauraki IMPB is ready and well positioned to commission hauora services in the Ngāi Tahu Takiwā.

7. Rt. Hon Minister Reti, Speech to IMPBs, Ōtautahi 6 March 2024

8. Paula Bennet Chair of Pharmac as reported by Radio NZ, Stff and NZ Herald 11 Nov 2024

1. Amplifying whānau voice in commissioning

Te Tauraki IMPB is actively preparing to commission hauora Māori services from 1 July 2025. To do so, Te Tauraki IMPB requires:

- Clear information and data that provides an accurate picture of what is currently being commissioned in the Takiwā
- A transition of knowledge, information and support from Te Whatu Ora on all commissioning activities, outcomes and processes relating to the hauora Māori services appropriation and contracts
- Ongoing support with information and analysis
- Continued Te Whatu Ora provision of the contracting and procurement function but with the direct oversight of Te Tauraki IMPB
- Co-design in the future design of Te Whatu Ora Hauora Māori Services.

Additionally, Te Tauraki IMPB is preparing to co-commission with Te Whatu Ora from 1 July 2025. Over 70% of Māori access mainstream health services. Te Tauraki IMPB will influence the 97% of Vote Health and what services are delivered and commissioned, impacting on Māori, including investment and disinvestment.

To do so, Te Tauraki IMPB requires the following:

- Good quality, consistently collected ethnicity data that aligns with the Takiwā and Te Tauraki IMPB priorities (Appendix 4)
- Clarification and integration into Te Whatu Ora business planning, service design and monitoring processes regionally
- Continued and extended participation in Te Whatu Ora national and regional governance and leadership
- Continued and extended participation in ACC and Whaikaha planning processes relating to the Takiwā
- Ongoing trusted relationships and transparent collaboration with Crown agencies and representatives
- A share of Te Whatu Ora staffing resource to build resource and capability of Te Tauraki IMPB to meet expectations.

Te Tauraki IMPB will ensure its commissioning approaches align with Whānau Ora and social investment approaches and develop further relationships with other government agencies such as Corrections, Oranga Tamariki, Ministry of Social Development and Ministry of Education on priority health initiatives.

2. Monitoring the performance of the health system

Te Tauraki IMPB will monitor the health system as a whole and hauora Māori solutions specifically. The whānau Māori voice and data received for the Takiwā to date will be a base line to measure the difference, effectiveness and value of decisions on innovative and continued hauora interventions in the coming years.

To do so Te Tauraki IMPB requires Te Whatu Ora to ensure:

- A requirement to collect and share whānau Māori voice is incorporated into all commissioning and provider contracting processes
- Development of quarterly outcomes reports (Commissioning for Outcomes) of Hauora Māori providers. We expect the reports to be collated, analysed and communicated within two months of the reporting period. We ask for dynamic reports to be able to identify types of mahi and districts
- As Hauora Māori providers submit separate activity and outcomes information on mental health and addiction service (PRIMHD), we require reports on this information to be collated and analysed six monthly. Te Tauraki IMPB are yet to receive these reports
- Further development of regular reporting on outcomes and activities for each of the priorities identified in the plan as identified in the monitoring table (Appendix 3)
- Timely discussion and responses to ad hoc outcomes and data requests made of Crown entities.

3. Influencing

Te Tauraki IMPB will use the insights from system monitoring activity and commissioning processes to better influence Crown entities' policies and design at a local, regional and national level.

To do so Te Tauraki IMPB requires Te Whatu Ora to:

- Reflect and consider this provisional plan in health policy and design for the Te Waipounamu region
- Enable Te Tauraki IMPB to be represented and actively participating in decision making fora for the Te Waipounamu region and national issues significant to the region. Te Tauraki IMPB will determine its interests and limits in relation to participation and links to health priorities.
- Ensure Te Whatu Ora informs and engages Te Tauraki IMPB in a timely way, allowing for proper representation and decision-making, on upcoming commissioning, health system reform and restructure processes.

Ngā Ara Hauora o Te Takiwā o Ngāi Tahu

In the Ngāi Tahu takiwā, Māori face inequities in the health system causing negative health outcomes and early death. Examples at different life-stages highlight opportunities for change, particularly for the young and growing Māori population.

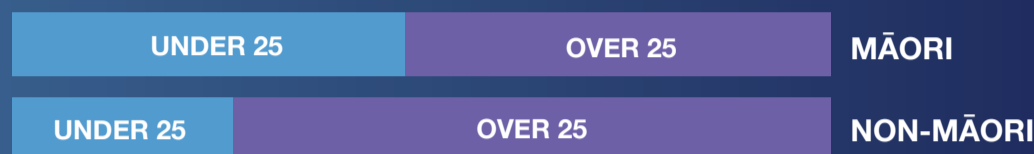
Population of the Ngāi Tahu takiwā

122,640

With over **122,000** people, Māori make up **12%** of the overall population.



POPULATION DISTRIBUTION



Māori are a younger population and have an opportunity to thrive in equitable settings.

The future of our population is growing

2,218

In 2022 **21%** of live births in the rohe were pēpi Māori.

177,000

By **2043**, Māori will make up **15%** of the population.

Ngā pēpi hōu



"We need more innovation and local-led solutions that support whānau with immunisations"

66%

The health system **immunises 66%** of Māori pēpi in their first **6 months**, much lower than non-Māori (**81%**).

Within the first few months of their lives, the health system is already creating critical barriers of access to care for pēpi hou Māori.

78%

PHOs enrolled pēpi hou Māori at a far **lower rate** than pēpi hou non-Māori (**96%**).

INEQUITIES FROM INFANCY PERSIST

"Culturally safe, quality care is necessary to address health problems early"

83%

At **two years of age**, immunisation programmes have only reached **83%** of Māori tamariki compared with **90%** of non-Māori.

Inequities within the health system result in worse outcomes for Māori. Heart disease is a clear example of this.

Ngā tamariki me ngā rangatahi

66%

Oral health services only checked up **66%** of tamariki Māori in **Year 8**, well shy of the **78%** reached for non-Māori.

NEW INEQUITIES EMERGE

1.13x

Māori **under 15 years** are hospitalised for avoidable conditions at a **higher rate** than non-Māori.

2.51x

Heart disease due to **circulatory** system issues leads to early deaths in Māori at an **alarmingly higher rate** than for non-Māori.



1.54x

Inequitable life foundations lead to Māori having **1.54 times the diabetes rates** of non-Māori.

143%

Hospitalisation rates from **heart failure** are **143%** higher for Māori likely due to the lack of early intervention.



"The health system must increase and ensure equitable, timely access to quality care"

Te hunga e whakahemohemo ana

152 per 100,000

Māori between **0-74** years of age have an avoidable death rate that is much higher than non-Māori (**82 per 100,000**).




BUILD UP OF INEQUITIES CAUSE AN EARLIER END OF LIFE

The data used here is sourced from the "IMPB Health Profile: Te Tauraki" reports.

Monitoring the Priorities in the Ngāi Tahu Takiwā

Jul 2024 - Jun 2027


Appendix 4

	Targets	Indicators	Measures	Review cycle (Timeframe)
 <p>Equitable access to quality care for whānau Māori in the Takiwā</p>	<ol style="list-style-type: none"> 1. Increase in Māori patient visits to a health care provider 2. Reduction in first appointment wait times 3. Increased access to rural health care providers 4. Increased use of pharmacy provided services 5. Reduction of financial hardship to improve access to health care 6. Improved telehealth integration in health services 7. Increase in NASC assessments processed within 20 working days 8. Increase in Māori accessing rongoā services 	<ol style="list-style-type: none"> 1. Utilisation of health care services by Māori 2. Appointment wait times (medical and surgical) 3. Health services access in rural communities 4. Utilisation of pharmacy services by Māori 5. Financial barriers to accessing primary care 6. Utilisation of telehealth services including referrals and follow up pathways 7. NASC assessment processing time 8. Access to rongoā services 	<ol style="list-style-type: none"> 1. N/% of Māori visiting a health care provider in year 2. Median wait time for Māori patients to get care 3. Number of health providers per capita in rural communities 4. Number of scripts filled/not-filled by Māori 5. Māori use of pharmacy provided services 6. N/% of Māori reporting financial barriers to access health care 7. N/% of Māori using telehealth services 8. N/% of Māori NASC assessment processed within 20 working days 9. N/% of Māori visiting a rongoā services provider 	<p>Review cycle is to be completed on a 6-month period aligning with reporting. However, quarterly data updates to be provided for available measures</p>
 <p>Improved mental health outcomes for whānau Māori in the Takiwā</p>	<ol style="list-style-type: none"> 1. Reduction of hazardous alcohol use 2. Reduction in individuals experiencing psychological distress 3. Increase in MH&A disorder community interventions 4. Reduction of MH&A disorder hospitalisations 5. Reduction in suicide rates 	<ol style="list-style-type: none"> 1. Substance and alcohol misuse 2. Level of psychological distress 3. Community intervention engagements 4. Hospitalisations for MH&A 5. Suicide rates 	<ol style="list-style-type: none"> 1. N/% of Māori population that engage in alcohol or substance misuse 2. N/% of Māori reporting high/very high psychological distress 3. Number of community intervention engagements 4. Number of hospitalisations due to MH&A disorders per year 5. Number of suicides deaths reported per year 	<p>Review cycle is to be completed on a 6-month period aligning with reporting. However, quarterly data updates to be provided for available measures</p>
 <p>Whānau Māori are protected from communicable diseases through immunisations</p>	<ol style="list-style-type: none"> 1. Increase of immunisation rates for Māori to that of non-Māori rates 2. Increase of immunisation rates for rural Māori to that of non-Māori rates 3. Increase of children receiving vaccinations within 14 days of due date 4. Increase of completed vaccinated schedules for Māori at 24 months of age (GPS) 5. Decrease in vaccine-preventable incidences 6. Decrease in vaccine-preventable hospitalisations 	<ol style="list-style-type: none"> 1. Immunisation rates among Māori 2. Immunisation coverage in rural Māori populations 3. Timeliness of immunisation delivery for children 4. Overdue vaccination catch-up timing 5. Completion of immunisation schedules at 24 months (GPS) 6. Incidence rate of vaccine-preventable diseases 7. Hospitalisations due to vaccine-preventable diseases 8. N/% of eligible 	<ol style="list-style-type: none"> 1. N/% of Māori receiving recommended vaccines 2. N/% of Māori in rural areas receiving recommended vaccines 3. N/% of tamariki receiving vaccines on schedule 4. Median days to receive overdue vaccines once identified 5. N/% of Māori aged 24 months who complete the full series of recommended vaccinations (GPS) 6. Incidence rate of vaccine-preventable diseases 7. Hospitalisation rates for vaccine-preventable diseases 	<p>Review cycle is to be completed on a quarterly period aligning with reporting.</p>

The monitoring programme continues on the following page...

*(GPS) refers to Government Policy Statement on health identified targets. Te Tauraki IMPB will measure outcomes against the GPS targets.

The four priorities below are identified by the Minister of Health

	Targets	Indicators	Measures	Review cycle (Timeframe)
 <p>Pakeke are accessing primary and community healthcare early, with positive outcomes and experiences relating to diabetes</p>	<ol style="list-style-type: none"> 1. Reduction in regular use smokers 2. Increase in use of preventative and early intervention service 3. Increase in chronic disease management program engagement 4. Reduction in hospitalisation rates for cardiovascular disease (CVD) related incidences 5. Reduction in deaths from CVD 6. Increase in patients reporting a positive experience in the treatment of CVD 	<ol style="list-style-type: none"> 1. At-risk factors (regular smokers) 2. Community preventative and early intervention service use 3. Chronic disease management program engagement 4. Hospitalisation rates 5. Rate of death from CVD 6. Patient satisfaction 	<ol style="list-style-type: none"> 1. N/% of Pakeke with at-risk factors associated to CVD 2. N/% of Pakeke participating in preventive and early intervention services 3. N/% of Pakeke enrolled in management programs 4. Rate of hospital admissions per 100,000 Pakeke 5. N/% of Pakeke who have died from CVD annually 6. N/% of Pakeke with self-reported positive experience 	<p>Review cycle is to be completed on an annual period aligning with reporting. However, quarterly data updates to be provided for available measures</p>
 <p>Pakeke are accessing primary and community healthcare early, with positive outcomes relating to cardiovascular disease</p>	<ol style="list-style-type: none"> 1. Reduction in regular use smokers 2. Increase in use of preventative and early intervention service 3. Increase in chronic disease management program engagement 4. Reduction in hospitalisation rates for cardiovascular disease (CVD) related incidences 5. Reduction in deaths from CVD 6. Increase in patients reporting a positive experience in the treatment of CVD 	<ol style="list-style-type: none"> 1. At-risk factors (regular smokers) 2. Community preventative and early intervention service use 3. Chronic disease management program engagement 4. Hospitalisation rates 5. Rate of death from CVD 6. Patient satisfaction 	<ol style="list-style-type: none"> 1. N/% of Pakeke with at-risk factors associated to CVD 2. N/% of Pakeke participating in preventive and early intervention services 3. N/% of Pakeke enrolled in management programs 4. Rate of hospital admissions per 100,000 Pakeke 5. N/% of Pakeke who have died from CVD annually 6. N/% of Pakeke with self-reported positive experience 	<p>Review cycle is to be completed on an annual period aligning with reporting. However, quarterly data updates to be provided for available measures</p>
 <p>Detection, screening and diagnosis of cancers are timely, comprehensive and effective</p>	<ol style="list-style-type: none"> 1. Increase in Māori receiving HPV immunisation 2. Increased participation across all screening services 3. Patients receiving diagnosis quickly 4. 90% of patients to receive management within 31 days of decision to treat (GPS) 5. Decrease of cancer detections at stage 3 6. Decrease in cancer deaths 5 years after initial diagnosis 	<ol style="list-style-type: none"> 1. HPV immunisation rates 2. Screening participation 3. Time of first diagnostic test from initial presentation 4. Time of management plan following decision to treat (GPS) 5. Cancer stage detection 6. 5-year survival rates 	<ol style="list-style-type: none"> 1. N/% of eligible Māori who participated in screening services 2. Median days from presenting to first test 3. Median days from diagnosis to treatment (GPS) 4. N/% of Māori being diagnosed with stage 3 cancer 5. N/% of Māori dying within 5 years of initial diagnosis 	<p>Review cycle is to be completed on an annual period aligning with reporting. However, quarterly data updates to be provided for available measures</p>
 <p>Rangatahi experience stronger mental health and resilience through better access to preventative and clinical mental health services</p>	<ol style="list-style-type: none"> 1. Increase in Māori accessing primary or secondary mental health services 2. Increase in Māori reporting they have access to appropriate services 3. Increase in referred Māori being seen within 3 weeks (GPS) 4. Decrease in Māori reporting a missed appointment 5. Increase in Māori participating in preventative mental health programs 	<ol style="list-style-type: none"> 1. Primary and Secondary mental health services use 2. Accessibility to appropriate services 3. Timeliness of mental health service access (GPS) 4. Frequency of mental health care 5. Community-based preventative mental health program use 	<ol style="list-style-type: none"> 1. N/% of Māori accessing primary and secondary mental health services 2. N/% of Māori who can access appropriate mental health services 3. N/% of Māori referred seen within 3 weeks 4. N/% of Māori who have reported missing an appointment 5. N/% of Māori who participate 	<p>Review cycle is to be completed on a 6-month period aligning with reporting. However, quarterly data updates to be provided for available measures HPV</p>