

## **Healthy Futures (Pae Ora) Amendment Bill 179-1 (2025)**

Asian Family Services (AFS) welcomes the opportunity to provide feedback on the proposed amendments to the Pae Ora (Healthy Futures) Act 2022. AFS is a national non-government organisation providing multilingual and culturally grounded health and social services to Asian communities in Aotearoa New Zealand.

Our submission responds to specific clauses in the Amendment Bill, identifying opportunities and risks for equitable health outcomes. We focus on ensuring that the restructured legislative framework continues to uphold the principles of equity, cultural responsiveness, and timely access to care for all New Zealanders, including Asian communities.

### **1. Ensuring equal outcomes**

#### **Relevant Clauses:** 5, 6–7, 9, 10

We are concerned that the repeal of the Health Sector Principles (Clause 9) and the removal of the NZ Health Charter (Clauses 6–7, 10) remove important system-level commitments to equity and cultural responsiveness.

We recommend that culturally tailored care including consideration of ethnicity, language, and cultural needs be explicitly embedded in other statutory instruments, such as the NZ Health Plan, the Government Policy Statement on Health, or relevant strategies.

Asian communities make up 20% of the New Zealand population and have complex and diverse needs. A “one-size-fits-all” approach will not enable these communities to meet national health targets. Without targeted approaches, Asian populations are more likely to experience barriers in navigating the health system, resulting in delayed access to care and avoidable emergency department presentations. These outcomes are not only inequitable but also create higher costs for the health system.

We note that Auckland interpreting services alone cost approximately \$10 million annually. Investment in culturally and linguistically tailored primary and community care would reduce system costs over time and deliver better health outcomes.

Removing statutory commitments to equity does not remove the need, and without clear obligations they risk continuing to go unmet. Our previous submissions have outlined the nature of these needs and why tailored services, including those shaped by culture, are essential to an equitable health system.

## **2. Access & Timely Service Delivery**

**Relevant Clauses:** 5, 13, 14

We support Clause 5's new statutory purpose emphasising "timely access to quality health services." For this principle to be meaningful for Asian communities, timeliness must include the prompt availability of translated information, culturally appropriate resources, and interpreter services.

We recommend that Health NZ measure timeliness by population subgroup, including Asian communities, to ensure performance reporting identifies where inequities persist. Without disaggregated data, barriers experienced by specific communities remain invisible, and system performance cannot be meaningfully improved.

## **3. Representation & Governance**

**Relevant Clauses:** 12, 18A–18D, 20–21

We recommend that the expanded skills-based appointment criteria in Clause 12 be used to increase representation from diverse ethnic communities, including Asian New Zealanders, on Health NZ boards and committees.

Where infrastructure committees are established under Clauses 20–21, AFS seeks visibility of their work and opportunities for involvement, particularly where proposed facilities or capital investments may impact or serve Asian populations. Boards and committees should reflect the communities they serve to ensure equitable and culturally informed decision-making.

## **4. Infrastructure Planning & Private Provider Inclusion**

**Relevant Clauses:** 13, 14, 20–21

Clauses 13 and 14 open greater scope for private provider collaboration and infrastructure development. We recommend safeguards to ensure these arrangements remain user-centred, non-commercialised in ways that disadvantage those in need of care, and aligned to public health priorities. Regulation must prevent private interests from undermining equitable access.

AFS recommends that Health NZ proactively engage with Asian community organisations in identifying infrastructure priorities. Front-facing systems such as digital platforms, clinical facilities, or health solutions must be designed from the outset to

serve the diversity of New Zealand, including Māori, Pacific, Asian, rainbow, and other communities.

Infrastructure should be future-proofed to avoid repeating situations like those experienced during the COVID-19 pandemic, where the health system struggled to meet the needs of all communities. Capital planning should ensure readiness for future crises and a health system that is fit for purpose for all.

## **5. Data, Measurement & Accountability**

### **Relevant Clauses: 18A–19, 33**

We recommend the inclusion of ethnicity-specific key performance indicators (KPIs) in future strategies, the NZ Health Plan, and other statutory instruments to maintain transparency and accountability following the removal of equity principles.

Population-based, data-driven decision-making must be underpinned by high-quality, disaggregated data. Currently, national data collection systems are not fit for purpose. A robust data strategy should sit within the infrastructure committee's remit, ensuring that data is captured, analysed, and used to design effective, targeted solutions.

Evaluation frameworks should be built into procurement and programme delivery, with clear accountability for achieving National Health Targets. Without accurate data collection and transparent reporting, it will not be possible to monitor progress or address inequities in a timely manner.

## **Concluding statement**

Our population's needs are diverse, and our health system must reflect that diversity in both design and delivery to meet the National Health Targets. We recommend that the Healthy Futures (Pae Ora) Amendment Bill must retain clear legislative commitments to meet the distinct needs of all New Zealand communities, including Asian New Zealanders, by:

- placing statutory commitments to equity through other instruments in the legislation such the NZ Health Plan or Government Policy Statement,
- including translated information and access to interpreter services as part of the definition of “timeliness” in the new Statutory Purpose in Clause 5,
- ensuring boards and committees reflect the communities they serve,
- ensuring any private sector collaboration remain centred around the service user and public health priorities,
- engaging with Asian community organisations like AFS to identify infrastructure priorities and collaborate on its design,
- collecting accurate, disaggregated population data, and
- embedding evaluation frameworks from procurement through to programme delivery with clear accountability to achieving the National Health Targets.

We also like to acknowledge the following organisations in their support for our submission:



The Ethnic Health Collective has also kindly provided a letter which we have attached as an Appendix.

The Ethnic<sup>1</sup> Health Collective (EHC) Strategy Group<sup>2</sup> expresses our strong support for the feedback on the Healthy Futures (Pae Ora) Amendment Bill 179-1 (2025) provided by Asian Family Services. The Ethnic Health Collective is an independent think tank, and our work focuses on influencing government policy and broader public debate about ethnic health experiences and equity.

We commend Asian Family Services for providing feedback on the proposed Amendment Bill. By doing so, they serve as an essential voice for ethnic communities and the organisations that support them. We support all the points made in their submission and would like to emphasise that the issues and concerns raised in the submission that affect our Asian communities are also experienced by other minoritised ethnic groups, including Middle Eastern, Latin American and African peoples.

We particularly want to highlight the critical commitment to health equity, cultural responsiveness, and timely access to care for all New Zealanders, including ethnic communities, that should be reflected in all legislative and strategic obligations of the health system.

As part of implementing the restructured legislative framework, we therefore urge enhanced engagement with ethnic communities by Governmental Ministries, Organisations and Agencies. Current engagement is insufficient to ensure that the diverse needs of these communities are adequately reflected in the strategic planning, design and delivery of services that shape health and wellbeing outcomes in New Zealand.

Vishal Rishi  
Chair, Ethnic Health Collective

---

<sup>1</sup> When Ethnic Health Collective uses the term "Ethnic," we acknowledge the diversity, complexity, and intersectionality of identities and experiences. Consequently, we have chosen not to define ethnicity in a fixed or exclusive way, and we do not take a position of exclusion of any ethnic groups from our definition. Rather, our primary focus is on individuals who identify their ethnicity as Asian, Middle Eastern, Latin-American, and African. This includes new and temporary migrants, former refugees, asylum seekers, long-term settlers, and those born in New Zealand

<sup>2</sup> The perspectives expressed by Ethnic Health Collective Strategy Group members are their own and do not reflect the opinions of their organisations, or the opinion of EHC's membership. The role of the Strategy Group is to provide overall strategic direction for EHC's work and be a collective voice for the health and wellbeing of ethnic communities.